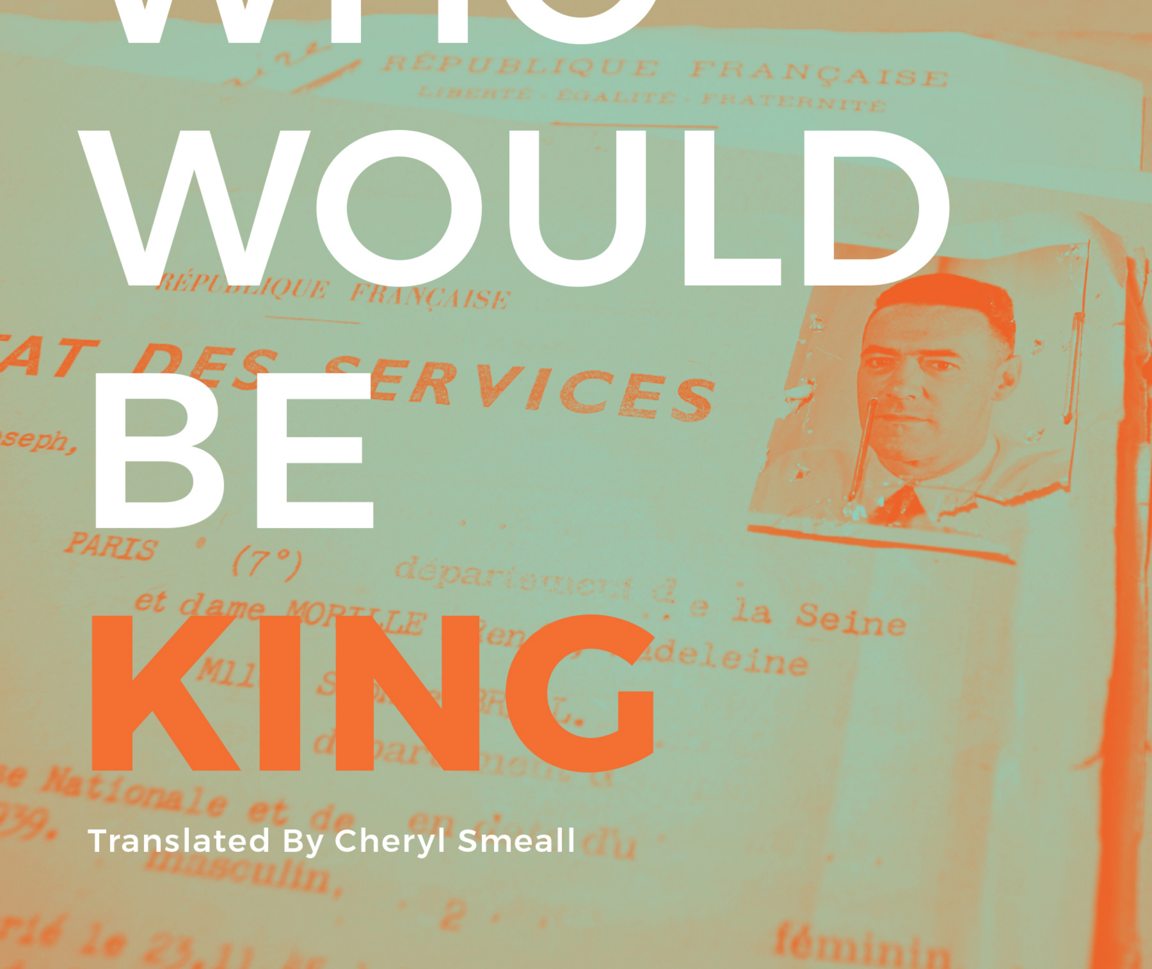
THE DOCTOR WHO WOULD BE KING

Guillaume Lachenal



Translated By Cheryl Smeall

THE DOCTOR WHO WOULD BE KING

A THEORY IN FORMS BOOK
Series editors Nancy Rose Hunt and Achille Mbembe

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Guillaume Lachenal

Translated by Cheryl Smeall

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Utopia, the show which always closed on opening night.

—JONATHAN LETHEM, *The Fortress of Solitude*, 2003

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During the Second World War, one doctor was responsible for governing an entire region of Cameroon. He was trying to bring about a utopia: a place where medicine would guide all politics and where politics would be the medicine of society. He was called the Emperor of Haut-Nyong.

In the 1930s, one doctor was responsible for governing the island of Wallis in the Pacific. He was called King David.

Dr. Jean Joseph David was an officer in the French Colonial Army.

THIS BOOK IS ABOUT THE TRACES HE LEFT BEHIND.

Introduction • 1

PART I. THE MANDATED TERRITORY OF CAMEROON, 1939–1944

1 A Showcase for Colonial Humanism • 17
2 An Archipelago of Camps • 22
3 Madame Ateba • 26
4 Advocating for a Regime of Exception • 31
5 A French Dream • 36
6 Haut-Nyong Must Be Saved • 40
7 Lessons in Medical Administration • 45
8 Paradise: A Guided Tour (December 2013) • 52
9 A Real-Life Experiment • 58
10 The Invisible Men • 63
11 Social Medicine, French Style • 69
12 Life Has Returned • 75
13 Colonel David Will Become a General • 84
14 The Missionaries' Nightmare • 92
15 The Dark Waters of the Haut-Nyong • 95
16 Rubber for the Emperor • 100
17 "Here We Are the Masters" • 106
18 Koch! Koch! • 111

PART II. THE FRENCH PROTECTORATE OF WALLIS AND FUTUNA, 1933–1938

19 King David • 125

20 Uvea, Desert Island • 129

21 Chronicles of the Golden Age • 140

22 *I te Temi o* Tavite (In the Time of David) • 153

23 Doctor Machete • 160

24 Becoming King, Part I: Coup d'état at the Dispensary • 165

25 Becoming King, Part II: The Wallisian Art of Governing • 172

26 Becoming King, Part III: Kicking Custom to the Curb • 178

27 Te Hau Tavite • 183

28 Tavite Lea Tahi (David-Only-Speaks-Once) • 190

29 Doctor Disaster • 198

PART III. EPILOGUES

30 Afelika (Africa) • 215
31 Dachau, Indochina • 223
32 The Light Riots • 232

Afterword: Global Health Utopias from David to COVID-19 • 238
Acknowledgments • 245
Notes • 249
Index • 293

INTRODUCTION

On October 25, 1939, after three weeks of travel, Dr. David disembarked in Douala, in the mandated territory of Cameroon. He was about to begin an assignment of a few years' duration with the Health Service. There were several hundred colonial doctors across the empire just like him, practicing in bush clinics and major hospitals in capital cities. They were members of the French Colonial Army, but the bulk of their activities were centered on the health of local populations. They led the battle against the tropical diseases that were hindering the development of the colonies.

Major-Doctor David's mission was a very special one. Assisted by five other doctors, he was preparing to take command of an entire region. The doctor would be granted the highest power, greater than that of any administrative or military authority. Not only would he be responsible for maternity wards and vaccinations, but he would also take charge of all governmental activities, which from then on would be entirely subject to the humanistic and scientific principles of medicine. His role would extend beyond the realm of public health: David would undertake a real-life experiment in an attempt to revitalize a region depopulated by epidemics. From family nutrition to school programs, from gymnastics to improving sheep breeds, the doctors were required, in their own words, to "teach" the locals "how to live" and reorganize their world according to rational terms; in short, to reinvent a new society based on healthy foundations. In early November 1939, Dr. David took up his post in Abong-Mbang, the administrative center of the Haut-Nyong Medical Region, an isolated area in the heart of the eastern forests of the colony, situated several days' travel from the capital at Yaoundé.

This book takes this utopian project, sometimes referred to as the Haut-Nyong experiment, as its starting point. It is a minor story, almost an anecdote, but in a way, it summarizes the entire history of European colonialism, or at least its most fundamental principle. This principle was laid out by Joseph

Conrad in his 1899 novel, *The Heart of Darkness*, in a few short lines that remain well known:

> The conquest of the earth, which mostly means the taking it away from those who have a different complexion or slightly flatter noses than ourselves, is not a pretty thing when you look into it too much. What redeems it is the idea only. An idea at the back of it; not a sentimental pretence but an idea; and an unselfish belief in the idea—something you can set up, and bow down before, and offer a sacrifice to.[1]

This idea, powerful and yet contradictory in its very terms, was the one behind the emancipatory mission of the colonial enterprise. Liberating the native from misery, ignorance, and sickness; liberating the native by fair means or foul: colonial policies were based on a messianic, authoritarian, utopian fantasy that the story of Dr. David illustrates in its purest form. This book is a study of the sometimes-disastrous material effects of this political dream, of the affective misunderstandings it gave rise to, and of the bizarre mix of megalomania and desire for failure that fueled it.

At the same time, the Haut-Nyong experiment was also the realization of a dream of the European medical profession, that of making the imperatives of public health the driving force behind a complete reform of the laws, government, and economy, giving doctors the role of policy guides. This oft-repeated and always thwarted dream is woven through the medical literature from the beginning of the nineteenth century, when the doctor and deputy Pierre Thouvenel stated, “it is important for the happiness of all that man be placed under the sacred power of the physician [. . .] that he be brought up, nourished, clothed after his counsel and that the systems according to which he should be governed, educated, punished, etc., be designed by him,”[2] until 1935, when the eugenicist and Nobel laureate Alexis Carrel envisioned a Supreme Court of doctors overseeing the higher good of the “race.” The story of Dr. David illustrates how entrepreneurs in hygiene and modern public health saw the colonial world as an opportunity, an exceptional space where it was possible to break free from the constraints and intrigues of normal political life. Lands of epidemics and death, the colonies also became perfect places, so-called laboratories where modern medicine could demonstrate its capacity to transform society and cultivate life. With France at war, the colonial doctors of Haut-Nyong could envision this dream coming true. They were enthusiastic and resourceful. They wanted to cure society.

Abong-Mbang, May 2015

Asphalt only made its first appearance in Abong-Mbang in 2012, after years of roadwork financed by Kuwait. The city is only a few hours away from Yaoundé, but time seems to have stood still there. The course of the Nyong River, once navigable, is overgrown with grasses and water hyacinths. The new road crosses it and heads toward the north and the east of the country, and then on to the Central African Republic and Chad. Enormous trucks, tractor trailers and logging trucks, circulate on it day and night, sometimes stopping for gas. At night, you can have a beer on the terrace above the service station and watch the headlights come and go in the dark. There is no electricity, most of the time.

Leaving the N10, one enters the city, passing by the large brick market warehouses that were built by the Germans at the beginning of the twentieth century, just like the small fort that is now used as a prison. The dirt roads are wide and straight, blocked by mud puddles; beautiful colonial houses with tile roofs, large lawns, and old trees bear witness to the former grandeur of the city in the time of the coffee plantations. A little farther along, a monumental building with a colonnade bears the inscription "Regional School 1942" in the elegant typography of the era. The educational complex spans hundreds of meters. Everything is green, red, and calm. Students in uniforms play under a tree. A rim from a car, hanging from a pole, is used as the bell to sound recess. Right next to the school is an old brick house, doubtless one of the oldest in the city. Sitting on the veranda was an elderly man in a wheelchair, spending his day watching the street.

It was the sub-prefect who suggested we go see this "old man" as soon as possible and hope that he would be in a good mood. Valentin Angoni, the driver who worked with me on this investigation, parked the pickup. We approached cautiously. Valentin was wearing dark sunglasses and an American football jersey with shoulder pads, which gave him a look somewhere between that of Jay-Z and a plainclothes police officer. I adopted a more discreet style: jeans, a button-up shirt, and leather shoes. In general, we made a good team. I asked the questions and Valentin took photos and smoothed things over with jokes and small bills. Speaking loudly and slowly, I explained to the elderly man that we were working on a history of Abong-Mbang and had been told that he was the great historian of the city, the elder to whom we had to speak at all costs, or something similarly vague and flattering. One of his sons, who was around our age, brought us chairs and leaned on the railing to listen. I took out my business card and my digital recorder.

GUILLAUME LACHENAL: You say you're ninety-one years old?

JEAN-MARIE MEVAA EVINA: Yes. Or I will be, next June 23.

GUILLAUME: And your name?

JEAN-MARIE: Evina, Mevaa with two *a*'s, Jean-Marie.

GUILLAUME: Okay. And so, you were born here in Abong-Mbang?

JEAN-MARIE: In Abong-Mbang, on June 23, 1925.

GUILLAUME: And then you went to school here?

He pointed to the school just next to us. "I did my fourth grade there. In 1941." He was in the first graduating class. A motorbike passed by.

I continued, being careful not to say his name, not to say "Dr. David."

GUILLAUME: So, what I'm particularly interested in is the history of the doctors here . . .

JEAN-MARIE: The what?

GUILLAUME: The doctors.

JEAN-MARIE: Yes. I know all about that.

GUILLAUME: Ah! Okay. Which doctors did you know?

JEAN-MARIE: There were several of them here. When the war broke out, I was in Obala [in the center of Cameroon], but my father made me come back here. It was a military government: everything was run by the military. The district commander, or the prefect: in the military; the paymaster: in the military; even health workers were in the military; everything, everything was run by the military. They sent us a colonel-doctor named Jean David. An Israeli. He's the one who brought light to Abong-Mbang. Colonel Jean David. I can tell you about him.

Evina then told us how David, "a guy who worked hard," ordered that the cornerstones of the different hospitals in the Abong-Mbang region be laid at the same time, on the same day, in Doumé, Messamena, and Lomié, which were all built according to the same blueprint. "He's the one who brought us light": I repeated this sentence at the end of our interview and everyone smiled indulgently when I asked whether this meant that he brought electricity to the city. The expression is a metaphor, apparently common in Cameroon, for "evolution," "modernity," or "development."

“David is a man who did a little bit of everything. He shook things up.” Evina spoke quickly, with a somewhat hoarse but joyful voice. He seemed somewhat amused to be telling us all of this. With his wife, there were four of us listening to him on the veranda.

> Mr. David! He wanted everything to be moving. Sports: that’s what he wanted, he said. He had a sports [field] built there [. . .]; it was the first stadium in Cameroon, the first, it beat the Yaoundé Hippodrome. [. . .] He created a team, Étoile d’Abong-Mbang [The Star of Abong-Mbang], they were hot. They were hot! They were a threat to all teams, except maybe the team from Douala, and Yaoundé.

I had spent several years trying to find traces of Dr. David. His family in France was polite but not very talkative, and apart from two official reports, I found almost no archival material about his time in Cameroon. Old Evina was like a gift from above.

> GUILLAUME: I’m pleased to hear that, because I had seen “Dr. David, Dr. David, Dr. David” in the archives in France, but I’ve never met anyone who’s seen him.
>
> JEAN-MARIE: Jean David, a strong guy! Strength: he had that, and everything. Blunt! [*Laughs*] You wouldn’t mess around with him or he’d punch you in the face. [*Imitating his voice*] “Let’s go! Put him in the box!” He’d throw you in the slammer!
>
> GUILLAUME: He could put people in prison?
>
> JEAN-MARIE: [*Laughs*] And how! He’s the one who made Abong-Mbang the way it is. Without him, we wouldn’t grow coffee, cocoa, nothing.

Listening to it, I realized that this story would be complicated to tell, that there would not be just one way to write about this burly “Israeli” doctor, hospital builder, and soccer coach, without whom “Abong-Mbang would not be Abong-Mbang,” but who was born in Normandy into a Catholic family, who complained about the locals throughout his reports, who beat them up and threw them in prison. I also realized that it was going to be a pleasure. Although the sub-prefect had described him to us as a tough old man, Evina spent the interview laughing, especially when he imitated David getting angry, and so did we. A laugh can say a thousand things. Did Evina also laugh in 1942, at the age of seventeen, when he watched the young doctor get angry? Was he laughing because there was something comical

about it? Was it a laugh of fear or admiration? Distressed laughter? Mocking? Dumbfounded?

The story is not really funny, but one must be faithful to that laugh in telling it. First, one must give an account of the unprovable, ambivalent, bizarre, even indescribable, part of this story as it was experienced. Then, one must give an account of David's presence in the present: the burst of laughter is not really, or not only, a punctuation, a modulation of the narrative, a tone of memory; it is also, simply, something from the past that returns and "replays," as geologists say, an emotional, embodied, shared, and material presence from the past. For these reasons, I wanted to play with this story of medical utopia, to try to tell it several times, in different ways, by untangling the threads that lead to it and connect us to it; to tell it as it came to me, first in Cameroon and then in the middle of the Pacific, with its jumps in time and space, its disorder, its repetitions, its surprises. The challenge is not to reconstruct a slice of the colonial past, or even less so, to deliver a calm truth. Rather, it is to make it a playful visit, starting from the rust and mud of Abong-Mbang, with an old man who looked at his fourth-grade school and laughed while imitating the colonel. More than a narrative contained within the confined time of history, what I propose is a stroll through a past that takes place only in the present, in bricks, ruins, jokes, gestures, documents that are crumbling away. This book is a journey into the traces of Dr. David, but also a work on traces themselves. It is the affective geography of a colonial moment, the archaeology of a utopia, the ethnography of what remains and what returns in the present of an investigation.

Wang Sonné

The rediscovery of the episode of the Haut-Nyong Medical Region was made by a Cameroonian historian, Wang Sonné. He wrote an article on the subject, which he presented in 1996 in Italy at a conference on ethnopharmacology.[3] Wang Sonné was, as the expression goes, the kind of historian they don't make anymore, trained at a time when budget cuts had not yet decimated African universities, and his work on the history of health in Cameroon remains an important reference. He specialized in the study of the history of sleeping sickness, a parasitic disease also known as trypanosomiasis, which at the beginning of the twentieth century was responsible for an epidemic that ravaged all of Central Africa and was therefore the main health priority of the colonial powers.

I met him in 2002. I was a student, coming to Yaoundé for the first time, and I wanted advice for my MPhil on the history of medical research in Cameroon. I was late for our appointment and he gave me a cold welcome, ending the interview

quite quickly after giving me a list of archives to consult and people to interview. He had an office at the Organization for the Coordination of the Fight against Endemic Diseases in Central Africa (OCEAC), a health organization inherited from French colonial medicine, located in a somewhat empty 1970s building where some army doctors and French foreign aid workers were still working. The Cameroonian historian was part of a team of biologists specializing in sleeping sickness, most of them expatriates. As a "local executive," he probably earned five or ten times less than his French colleagues, but at least he had a computer, electricity, and paper, all of which were almost impossible to get at the university; French cooperation had made this mixture of humiliation and benevolence its operating principle. Wang Sonné did not hesitate to speak out against it. I saw him do so during a conference in Paris. His comments were received with shoulder shrugs.

Wang Sonné died of a stroke a few days after our conversation, in May 2002. He was conducting field research in Bipindi, in southern Cameroon, where he was tracing the history of one of the last outbreaks of sleeping sickness in the country. He left behind a widow and three children.

Ten years later, I visited them in their house in Biyem-Assi, a neighborhood in the south of Yaoundé, in the company of Jean Lucien Ewangue, a historian close to the family. Once the introductions were taken care of, I jokingly told his wife Elise and son Daniel that I remembered Wang Sonné well, that he had "told me off" the only time he had seen me. Apparently, this did not come as a surprise to anyone. The family had emptied his office at the OCEAC and had kept his archives in large plastic bags: dozens of cassettes, envelopes of photos, stacks of photocopies, files, rough drafts of articles, student theses, and, with the archives, the suitcase and pair of shoes he had with him the day he died. "I didn't touch anything, I left everything as it was," Elise told me. While going through his papers, I found the files containing the work he had done on Haut-Nyong.

In a way, it is "his" history that I have written here. This is something that historians are not supposed to do, and I am not sure he would have liked it. I started my work after he died, he was never able to read what I wrote, and we had never discussed Haut-Nyong, but I followed in his footsteps in search of Dr. David, and I will never have his help. A year ago, with the money from the project that financed my trips in Cameroon, I bought cardboard boxes, iron cases, a scanner, and a laptop computer to protect and digitize his archives, in part as a means of settling my debt to him, even if I do not really know precisely what it is.

Wang Sonné worked with a Bic pen, on small sheets of paper, half pages, sometimes cut from university administrative forms. To research his article on the Haut-Nyong Medical Region, he had taken copious notes at the National Archives in Yaoundé. He made himself reminders, noting chronologies, important

figures, and definitions of syphilis and gonorrhea from medical textbooks. He had searched the *Journal officiel* (Official journal) of Cameroon to track the appointments and movements of doctors. He had also copied the speech in which the governor-general of Cameroon, Richard Brunot, announced the launch of the experiment in a 1940 issue of the *Journal officiel* that I was never able to find in France, probably because the war had interrupted shipments to Paris. He had underlined the last sentence of the speech twice: "I thought it important to clarify my thinking," said the governor after presenting the principle of experiment, "because this initiative has caused some surprise."[4]

Since the early 1980s, Wang Sonné had often returned to the region, to Abong-Mbang, Messamena, and Lomié, to interview elderly people who had lived during the time of the Medical Region. I think Dr. David fascinated him a little, that he felt that there was something more to this story of the Medical Region than a history of epidemic and public health, something else, something a little surprising, in this group of young doctors who had taken over the governing of an entire society during a war. His file includes several transcripts of interviews. The one with Joseph Dobo, a retired teacher who was eighty-one years old in 1992, is sixty pages long:

> WANG SONNÉ: In Yaoundé, I was told that you are a mine of information, a living library, and that I should do everything possible to meet you. [. . .] Since I'm a historian of health, what we will focus on most during this interview is the Medical Region, the famous Medical Region, Koch, Soubde, Raymond, Colonel David, Major Pape. [. . .]
>
> JOSEPH DOBO: '39. It was the Second World War. General mobilization. The country was empty. The epidemics were there too. Yeah! It was at that time that Colonel David, district commander, was sent to Abong-Mbang, Major Pape to Doumé, Koch to Messamena, to manage them. [. . .]
>
> WANG SONNÉ: What about Major David or Colonel David? What was his personality like?
>
> JOSEPH DOBO: The colonel!
>
> WANG SONNÉ: What was his personality like?
>
> JOSEPH DOBO: A very authoritarian gentleman! We called him "Emperor!" "Emperor of Haut-Nyong." Very authoritarian with everyone, with blacks, whites, civil servants, administrators.[5]

It was this mention of "emperor" that piqued my curiosity.

JOURNAL OFFICIEL NO. 477 OF NOVEMBER 15, 1939
BY DECISION OF OCTOBER 30, 1939

Major-Doctor David is appointed district commander of the region of Haut-Nyong to replace Mr. Seyert, deputy administrator of the colonies.

Decision No. 2852
The High Commission of the French Republic to Cameroon

Art. 1.
Major-Doctor David, district commander of the region of Haut-Nyong, is authorized to exercise on the territory of this region the disciplinary powers provided for by the decree of August 8, 1924.

Art. 2.
Captain-Doctor Pape, commander of the subdivision of Abong-Mbang
Captain-Doctor Gailhbaud, commander of the subdivision of Doumé
Lieutenant-Doctor Koch, commander of the subdivision of Messamena are entitled to exercise on the territory of their respective subdivisions the disciplinary powers provided for in the decree of August 8, 1924

Yaoundé, November 17, 1939

Signed RICHARD BRUNOT

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PART I.

THE MANDATED TERRITORY OF CAMEROON

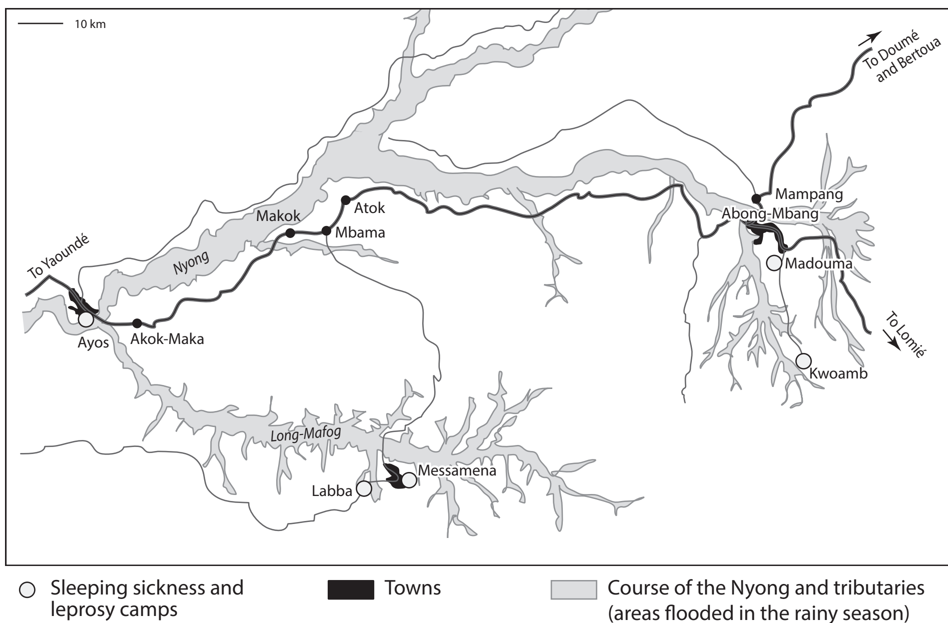
1939–1944

Die Medicin ist eine sociale Wissenschaft,
und die Politik ist weiter nichts als Medicin im Grossen.

Medicine is a social science, and politics is
nothing more than medicine on a grand scale.

RUDOLF VIRCHOW, 1848

MAP 1. Cameroon and the Haut-Nyong region (dotted line). © d-maps.com. https://d-maps.com/carte.php?num_car=4582.



MAP 2. Haut-Nyong region (detail). Source: Guillaume Lachenal.

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1. A Showcase for Colonial Humanism

In atlases of the French Empire, the word *rubber* is written across the Abong-Mbang region. When Major-Doctor David arrived in November 1939, Haut-Nyong was no longer really a useful region, but it bore the marks of its brutal integration into the world economy at the very beginning of the twentieth century. The military conquest of the upper reaches of the Nyong River between 1905 and 1910 had coincided with the boom in rubber, the main export of the German colony of Kamerun. The world needed tires, and rumors were spreading about the region's swamp forests, which were said to have the richest rubber in all of Africa. As in the Congo or the Amazon rain forest, the latex rush, during which rubber was harvested directly from the forest by tapping different species of vines and wild trees, had been synonymous with forced labor and unspeakable violence. It caused a great deal of tension in an area that was simultaneously being devastated by fierce repression by the German army.[1] In this context, the Nyong was a strategic axis: navigable over a 250-kilometer stretch to Mbalmayo, where the road and then the railway led to the port of Douala, the river allowed latex to be drained from the forests in the eastern part of the German colony, which porters then transported to Abong-Mbang where the river route began. At the time, the region experienced a brief period of growth, with a sudden influx of money and goods, which was halted by the collapse of world rubber prices in 1913 and the First World War.

The Rubber Age was one of a terrible epidemic of sleeping sickness, which had spread throughout the entire region in just a few years. Doctors were quick to make the connection: latex harvesting in the forest, caravans of porters, war violence, and river transport provided an ideal environment for the epidemic. Both the Nyong River and rubber cakes caused the disease to spread. Tsetse flies, which transmit trypanosomes, the parasites responsible for the disease, abounded along the river and its tributaries, infecting paddlers of pirogues, as well as porters, soldiers, and laborers.

Crossed by a river that is both providential and cursed, the region where David arrived was marked by a history of illness and death, "ghost villages," and abandoned fields. However, Dr. David also inherited a more glorious past. Since German times, Haut-Nyong had been a showcase territory for colonial medicine, a land of epidemics and saviors, scrutinized by imperial propaganda, where a story of redemption through medicine had been written. The launching of the Haut-Nyong experiment was simply an extension of this, one which would hopefully bring the story to a successful conclusion. Even though he had never set foot there before, the colonial army doctor arrived in familiar territory.

Haut-Nyong was a prime location for colonial medicine, conducive to health utopias. Having become a French territory under the mandate of the League of Nations after the First World War, Cameroon was a distinct colony where the French were under international supervision. The mandate system, established by the Treaty of Versailles in 1919, entrusted the victors of the conflict with the former German and Ottoman colonies with a "sacred mission": to ensure the "well-being and development" of peoples considered, in the words of the treaty, to be "not yet able to stand by themselves under the strenuous conditions of the modern world."[2] The mandate system thus legitimized the idea of colonial humanism, making Europe's "civilizing mission" an obvious principle of international politics.[3]

Although the League of Nations had no real influence on the racist, violent, and extractive nature of colonial policies in the mandated African territories (which also included Togo, Ruanda-Urundi, and Tanganyika), it was a game changer in terms of health, which was subject to unprecedented constraint of publicity. The health effort, an area of intervention that was both consensual and quantifiable, became in a way the benchmark of colonial benevolence, the subject of evaluation and comparison through questionnaires, statistics, visits by experts, and conferences. The chapter on health in Cameroon's annual report to the League of Nations was thus examined each year at the Permanent Mandates Commission, where German and British delegates liked to interrogate

the governor of Cameroon regarding tropical medicine. During the interwar period, the health services of mandated territories were largely privileged in comparison with those in other colonies of the various empires, as the need for visibility determined, through a game of anticipation and self-control, the priorities and nature of the imperial powers' health programs. "Representing the 'civilizing mission'" became a crucial issue,[4] not only after the fact, when the reports were being drafted, but also beforehand, as medical action had to be financed, conceived, and practiced as a spectacle. The League of Nations brought international public health into an era of glossy paper and press conferences. Starting in the 1920s, Cameroon got a preview of this new reality.[5]

The German shadow, in a colony that had been considered the jewel of the Reich's African possessions, added an additional dramatic element. The game was simple: on the German side, where a virulent colonial lobby had been organized, French inaction in health matters seemed to be an irrefutable argument for demanding the return of the colony, in the name of the humanitarian principles required by the League of Nations; on the French side, the Germans' colonial experience in the medical field was both ignored and used to demand greater financial support from the French state. "Cameroon, which had become almost entirely French since the war, was for the Germans an admirable field for colonial experimentation [. . .] . It would be disastrous, for our national self-esteem and for the prestige of the 'great civilizing nation,' if the prosperity of this rich domain did not increase rapidly in our hands,"[6] wrote Albert Calmette, deputy director of the Pasteur Institute in Paris, in 1923.

The comparison with Germany served as a point of reference for French physicians. Upon arriving in the territory escorted by Allied troops, they discovered the devastation caused by the sleeping sickness epidemic, and the vestiges of the German system set up to control it. The verdict was both admiring and critical: "Our predecessors in Cameroon made enough mistakes from the point of view of colonization that we can do them justice with regard to their medical organization in this colony,"[7] acknowledged Gustave Martin, a Pasteurian doctor whose book on public health in Cameroon, published in 1923, included over one hundred pages of translations of German documents.[8] Relying on the infrastructure, archives, and Cameroonian nurses left behind by the Germans, the French launched their own program to combat sleeping sickness focused on the main area of the epidemic identified by the Germans: the administrative subdivisions of Akonolinga, Abong-Mbang, and Doumé, which formed the "Haut-Nyong Sleeping Sickness Prophylaxis Sector" from 1921 onward.[9] Inherited from German plans, which had envisaged the division of Kamerun into numbered "action clusters" corresponding to the main centers of the epidemic,

Haut-Nyong began its existence as an epidemiological and health territory, even before becoming an administrative entity.[10]

I IMAGINE THAT DAVID knew the rest of the story by heart. Having graduated in 1929 from the Pharo School in Marseille, the school where future colonial doctors undertook their specialization internships and learned the bush stories of their elders, he was part of a generation that pursued their studies at the time when, on the banks of the Nyong River, the "Jamot mission" was at its height. Dr. Jamot's campaigns to combat sleeping sickness were attracting journalists, politicians, writers, and photographers, and his doctors had access to resources unparalleled throughout the empire. David, who graduated near the bottom of his class, had surely not ranked high enough to join them.[11]

Dr. Eugène Jamot, a doctor with the Colonial Army, had been assigned to the area in 1922. His stay there would have a profound impact on the region. The main difficulty I faced during my time in Haut-Nyong was to explain that I was *not* working on Jamot, while politely listening to people recite his biography and tell me where to find traces of his time there. Given that most of the health facilities built in Haut-Nyong in the first half of the twentieth century were named after him, "Jamot" has become the generic name for colonial medicine.

Building on Belgian and German experiments in the domain, Jamot had developed a systematic approach to fighting sleeping sickness, based on the screening of trypanosome carriers in their villages by mobile teams, followed by the treatment of those infected with the disease with injections of Atoxyl, an arsenic derivative developed in Germany. The epidemic was catastrophic, exacerbated by the violence and destruction of the war. Along the Nyong River, villages had up to an 80 percent infection rate; more than fourteen thousand people in total faced death without treatment.[12] The epidemic originating on the Nyong decreased in severity the farther away from the river one got but seemed to be spreading, following the newly built roads, throughout central and southern parts of the country, including the area around the capital, Yaoundé.[13]

The Jamot mission, launched in 1926, is a well-known chapter in the history of modern humanitarianism.[14] Its creation owes much to Jamot's entrepreneurial talent: he knew how to use the media to forge an alliance between the medical profession, the Pasteur Institute, the French state, the Parisian colonial lobby, and the pharmaceutical company Rhône-Poulenc. While a press campaign denouncing the current health crisis in Cameroon was raging across

the Rhine, Jamot increased his public presence in Paris. He played a clever and risky game, which manipulated the German specter to construct the crisis he was offering to resolve. His catastrophic accounts of the sleeping sickness epidemic were widely reported, even in the newspaper *L'Illustration* (Illustration), and within a few weeks convinced the Ministry of the Colonies to finance a "permanent mission of sleeping sickness prophylaxis in Cameroon" with the aim of fighting the epidemic to the point of "extinction."[15] The announcement was timely: a few weeks later, the Permanent Mandates Commission examined the case of French Cameroon.[16] Summoned to explain the decrease in the number of doctors and to respond to the accusations of German publications,[17] the governor of Cameroon was able to announce the organization of the Permanent Sleeping Sickness Mission in the French mandate and receive congratulations from the commission.[18]

The Jamot mission had marked a change of scale: for the first time in history, Paris was directly financing colonial health action. A therapeutic and administrative machine, which included hundreds of Cameroonian nurses and laborers, was set in motion throughout the country. Jamot and his teams became figures of imperial propaganda, photographed and filmed at work, and the Nyong River, the subject of international politics. Reports to the League of Nations now included an illustrated supplement, with graphs and images of Jamot. The mission's figures provided strong arguments to French diplomats, who were ritually heckled by German members of the Permanent Mandates Commission on the subject of sleeping sickness. Therapeutic injections numbered in the millions, and press clippings on the subject of the mission piled up on desks at the Ministry of the Colonies. In 1931, at the Colonial Exhibition in Vincennes, visitors were able to see the doctor's good-natured face in a film produced by Spécia, the branch of Rhône-Poulenc that sold the leading medications used for trypanosomiasis. Just before the word "Fin" (End), with violin strings sounding in the background, a voice comments on images of the Nyong Valley: "It can be estimated that 100,000 Cameroonians escaped certain death thanks to the intervention of his teams. Three years after the beginning of the prophylactic operations, Jamot was able to announce [. . .] the success of the mission he had led. Life had returned, the rivers had resumed their quiet courses, and Cameroon, reawakened, could once again safely set off toward its new destiny."[19]

I do not know whether David saw the movie.