The Art of Medicine
The doctor who would be king

The utopia of a medical government—giving the political commands to doctors—has been a recurring dream in the history of public health. Sanitarians, hygienists, and eugenicists liked to envision themselves as rulers and reformers of society, and even turned the fantasy into a literary genre—examples include Benjamin Ward Richardson’s *Hygeia: A City of Health* (1876) or Walter Carr’s *Life and Problems in a Medical Utopia* (1923), which imagined daily life under “the despotism of some benevolent autocracy, such as a super-ministry of health”. But reveries and hubris apart, the transformation of politics into “medicine on a great scale” remained an unattainable goal. Physicians-politicians, although they were well represented in European parliaments, just faced too many constraints to fully realise their aspirations. That is, at least, the conclusion of many western-centred histories of public health.

But on one extraordinary occasion, in colonial Africa, the utopia was put into practice. In May, 1939, the Governor of French Cameroon handed over the direction of an entire province to doctors. The aim of the experiment, which was presented as such, was to test if a radical approach to public health could improve the situation of the Haut-Nyong province, a poor and underpopulated area of east Cameroon where sleeping sickness, or human African trypanosomiasis, was endemic. Undisrupted by World War II, the Haut-Nyong experiment in “medical administration” lasted 11 years, during which time a handful of young doctors reigned over a territory as vast as Switzerland. Although colonial officials considered it a success, the archives reveal that the experiment ended in a sanitary disaster. This catastrophic attempt tells us what can happen, for good or worse, when a medical dream materialises.

A young doctor from the Colonial Troops, Médecin-Capitaine Jean David, was chosen to lead the experiment. Appointed as Chief of Province, David was seconded by six other doctors. In east Cameroon, he was following in the footsteps of a long line of ambitious colonial doctors who had, from the early 1920s, undertaken intense campaigns against sleeping sickness in the French Empire. During the interwar years, French public health legislation in Cameroon included laws that enforced racial segregation, forced resettlements, and compulsory medical campaigns. Yet the colonial doctors kept asking for more. In 1939, David eventually accomplished the wish and colonial administration in the Haut-Nyong became medicine on a great scale. As he was launching the experiment in early 1940, Richard Brunot, the Governor of Cameroon, explained the doctors’ mission: “Their policy will be essentially devoted to the blooming of bodies and the development of families. In a word, they will do medical administration. Planning, breeding, feeding, curing: this is their role.” Beyond its paternalistic hue, the approach was typical of the colonial obsession with demographic decline and manpower shortage. To “produce the men” needed for development, a medical state of exception had to be declared.

The ambition of the project reached far beyond freeing the medical services from the constraints of the bureaucratic state administration. Influenced by the ideals of social medicine, the aim was “to introduce large-scale reforms in native societies”: to conceive a political and economic system integrally guided by public health. The initiatives of the doctors-administrators ranged from prenatal care, hygiene lessons, and school meals to the organisation of model villages and football championships. The scale of their measures was exceptional. Expectant women, for example, were systematically screened by mobile teams in their villages, and a month before their delivery date, they were brought to a maternity camp for 45 days. There they could benefit from a special feeding programme, “get out of customary chores and [be taught] the elementary hygiene of newborns”, wrote David. 2000 people followed the scheme in 1942. The school system was reorganised, to “teach the teenager how to live” and, David hoped, to form “a class of small farmers and modest craftsmen, open to our ideas and trusting our methods”. Sport also inspired grandiose projects. “To place the totality of native youth under medical control”, David organised a daily lesson of physical education and a provincial championship culminating in a final, over which he insisted on presiding. Agriculture was another priority: the doctors systematised small village plantations and selected and introduced new crops and breeds of cattle. David also ordered the repatriation from the rest of Cameroon of vagrants and prisoners from the Haut-Nyong—a quick way to make population figures rise. Among these efforts, medical action appeared almost secondary, although the long-established campaigns against sleeping sickness continued.

David insisted on the need to document and prove the effect of this “medical administration”. Individual cards and files multiplied, and the technique of medical tours, initially applied to disease control, was extended to the follow-up of newborn babies, schools, and workers in cocoa fields. Results were communicated to scientific circles in Europe. In London, Adolphe Sicé, a high-ranking French colonial official, reported on “the interesting experiment [which] was made in the Cameroons...In one
district the incidence of sleeping sickness and malaria was so widespread...that the economic output of the district was reduced to nothing. The whole administration of the district was handed over to the medical authorities; the result has been remarkable; not only have these diseases been effectively got under control, but the effect on the health and happiness of the population has surpassed all hopes.” The success was, at first, proved by statistics: the weight of newborn babies, for example, was found to increase with the duration of mothers’ internment.

By 1943, however, the reports from David mentioned hardly any numbers. The project, in many respects, had already failed. The “medical province” was understaffed, and the war economy exacerbated its inner contradictions. World rubber prices boomed, after the fall of far eastern plantations, and local populations resumed the collection of, and trade in, wild latex, which had already been abandoned since the 1910s. As local people deserted David’s agricultural projects, there was a surge in rates of sleeping sickness. The routine exposure of latex gatherers to tsetse flies and their convergence in towns for markets made them the ideal victims and propagators of the infectious disease. Wartime industrial needs also boosted the prices of minerals from Africa. After the discovery by the colonial health service of deposits of rutile (a titanium oxide) in the sandbanks of the Nyong river, the last available workers of the province joined the extraction sites opened along the river banks, which were notoriously infested with tsetse flies.

Unable to recruit anyone for public works, David had to reassess his humanitarian principles: he reimposed forced labour (abolished in Cameroon in 1937) and passed a decree to put to work, “in exchange for food and shelter” the patients interned in treatment camps for sleeping sickness, leprosy, or syphilis. Many patients escaped—to “disseminate their germs”, noted David. In that context, the doctors could only note their powerlessness—that they actually aggravated the situation was certainly too difficult to accept. Official reports no longer mentioned any demographic data; epidemics of pneumonia devastated entire villages and rates of endemic diseases rocketed.

The most ironic aspect of the Haut-Nyong experiment is that its failure left colonial doctors voiceless. Their failed attempt coincided with the return of sleeping sickness, which had been steadily decreasing in the region during the 1930s. The “annihilation” of sleeping sickness by mass campaigns during the interwar years was the founding myth of the colonial doctors’ professional body. Moreover, they could not, for once, blame their failure on their favourite enemy: the administration and its “narrow-minded bureaucrats”. For the doctors were, this time, the “politicians”.

The contradiction was certainly hard to bear. It may explain why David, who died after the war, left troubled memories in the province—memories of medicine and madness. “I have heard”, wrote one French priest in his correspondence, “that Dr David has turned completely nuts”. Feared by missionaries as well as local people, he was called, as the Cameroonian historian Wang Sonné documents, “The Emperor of the East”. In the 1960s, his tomb turned into a site of superstition—it was said that schoolchildren would lay their notebooks on the grave to get good grades at their examinations. His adjunct in the Haut-Nyong, physician Henri Koch, remained faithful to the experiment’s ambition. In 1964, he published an esoteric hope, The Medicine of Hope. The tone of the book—a praise for Druidic medicine—is another suggestion that in the Haut-Nyong, the medical government and its “men of action” were, sometimes, not quite far from collective delirium.

The story may be taken as a parable. Words have changed, but doctors’ success stories and promises are still a familiar pattern in contemporary public health at a time when global health has become an increasingly influential field, with its hypes, hopes, and halls of fame. The story of David, the Médecin-Capitaine turned Emperor, reminds us that the line is thin between utopianism, megalomania, and impotence. As visionary doctors touch on power and glory, they also risk losing their critical voice—and possibly even their minds, too.

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