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Guillaume Lachenal (Translated by Noémi Tousignant), *The Lomidine Files: The Untold Story of a Medical Disaster in Colonial Africa*. Baltimore: Johns Hopkins University Press, 2017. 240 pp. 15 photos. 2 maps. \$34.95 (hb). ISBN: 978-1-4214-2323-4.

Review by Reuben Loffman, Queen Mary University of London.

Colonial bio-politics continues to fascinate scholars. Path-breaking titles on medical themes have appeared of late--not least Nancy Rose-Hunt's *A Nervous State* (2016) that focused on the Belgian Congo but has much relevance for scholars working outside Central Africa.[1] Rose-Hunt argued that the colonial state, far from being a confident and hegemonic force, was undermined by a range of contests and contradictions that acted to precipitate rather than alleviate what she described as "nervousness" on the part of colonial officialdom. *The Lomidine Files*, by Guillaume Lachenal, draws very much on this vein of scholarship and, much like *A Nervous State*, the Belgian Congo features heavily in it. Yet, the geographical scope of Lachenal's book extends far beyond the Congo River Basin.

Lachenal traces the history of a drug, Lomidine, also known as Pentamidine, which colonial officials initially believed would protect their African subjects from sleeping sickness. Although a range of tests, using potentially dubious methodology, initially indicted that Lomidine could be a "wonder drug" (pp.20-28), it turned out to have had few of the preventative properties its advocates had believed. Worse still, Lomidine actually killed people and endangered the lives of hundreds more across Africa during the early 1950s. Although the book goes into a great amount of detail about the drug's development, with this topic covering the first two chapters, it really comes alive in chapter seven when it deals head on with some of the first Lomidine-related deaths. This fast-paced chapter examines what happened in Yokadouma, Cameroon, in December 1954, when a number of Africans were injected with Lomidine. By the end of December, there had been 28 deaths from Lomidine poisoning with 17 "critical cases" and another 117 "serious cases" (p.121).

The colonial administration was initially at a loss to know how to respond to these failures and, in a series of hastily convened inquiries, decided to blame African medical staff instead of the drug itself. Yet colonial agents continued to face hostility from Africans who naturally wanted justice after the Lomidine deaths. European regimes, however, took any protests as an opportunity to paint the Lomidine disaster(s) as a crisis of colonial order rather than a failure on their part to properly understand the properties of a drug they were imposing on African communities on a massive scale (p.127). More than this, French colonial administrations in French Equatorial Africa (*Afrique Équatoriale Française*) (AEF) and Occidental Africa (*Afrique Occidentale Française*)

(AOF) archived Lomidine inquiries in such a way as to impede information being passed on to successive heads of the Service de Santé Colonial (p.158). Indeed, colonial responses to Lomidine's failure represent a key theme in Lachenal's work--*bêtise*--or the "pig-headedness" (p.13) that resulted in "unshakable trust [in Lomidine] despite a context of profound uncertainty and insecurity" (p.12).

But Lachenal's book is far more than a simple examination and indictment of imperialists' pig-headed insistence on continuing Lomidine campaigns. In fact, Lachenal uses medical disasters, such as that which occurred in Yokadouma, to reveal a good deal more about colonial epistemologies. In a revealing passage in chapter five, for example, we are told that "for Europeans, Lomidine was dangerous and painful, while for Africans . . . it was compulsory" (p.92). Colonial doctors, then, viewed Africans as a collective, with any deaths obscured by the benefits to communities as a whole, whereas they regarded Europeans as individuals and only used Lomidine injections for white people in rare circumstances. Lomidine tells us much, therefore, about the unequal racial hierarchies involved in colonial medical projects.

In following the history of a failed drug, Lachenal also adds to our understanding of the ways in which sleeping sickness was confronted--even if ineffectively--by colonial forces. In her otherwise remarkably well-researched book, *The Colonial Disease*, Maryinez Lyons did not go into the history of Lomidine's development and failures even if she did highlight the convoluted response the Belgian administration in the Congo in particular had to sleeping sickness.[2] Put differently, there are few histories of *failed* drugs used in colonial contexts and this distinguishes Lachenal's work among a crowded field. Lachenal has, therefore, given us a very different kind of colonial empirical case study and one that is impeccably researched.

Tracing the development of a drug, as anyone who reads *The Lomidine Files* will surely appreciate, involves digging into archives across the world and making sense of the actions of a wide range of different actors and institutions. Lachenal's book provides a model of how to undertake this kind of research. Not only did he amass detailed information about institutions but one also must be impressed by his ethnographic detail. I was particularly struck by the "Sleeping Sickness Song" that was sung by Cameroonians in the 1950s in the Department of Lékié (p.96). According to the person who collected this song in 2005, Hubert Mvogo, it was sung to "pluck up courage" during the colonial inoculation campaigns "because many people fled" (pp.96-97).

Lachenal's use of ethnographic data in bringing our attention to the "Sleeping Sickness Song," for example, made me wonder what other gems might be available in the collective memory of those communities in Cameroon and elsewhere in Africa that were hit by Lomidine injections. Lachenal has done fabulous archival work but it would have been good to have seen more interviews used to flesh out what these campaigns meant to the people and communities involved in them. To be sure, many--though perhaps not all--of those who remember the Lomidine campaigns in the 1950s have probably died. But, as Mvogo's revealing of the "Sleeping Sickness Song" suggests, there may be more valuable evidence about Lomidine in contemporary African memory.

Lachenal's book does touch on the contemporary in his epilogue, though this chapter focuses on Lomidine's legacy from the perspective of the former British May & Baker (M&B) factory that first synthesised the drug in Dagenham, East London, rather than on the African contexts. While it would have been interesting to go back to Yokadouma, Gribi, Nkoltang and other disaster sites

to see what Lomidine's legacy was there, the British side of Lomidine's legacy is nonetheless important. We are told that Lomidine remarkably had a second life as a drug used in the treatment and prevention of pneumocystis pneumonia (PCP), "a serious parasitic infection associated with immunosuppression" (p.186). Given that the rate of AIDS infections in the 1980s skyrocketed, together with the immunosuppression that accompanied it, this second life was significant even if the drug was priced out of the reach of most of those who needed it. But the resuscitation of Lomidine did not save the M&B factory as business slowed in the 1990s. The company that took the factory over, Sanofi, transformed it into what they now present as a job creation and urban revitalisation scheme called Business-East after they chose to manufacture drugs elsewhere (pp.188-189).

Taken as a whole, Lachenal's work gives us a deeply original case study that sheds light on a range of facets not only of colonial medicine but of colonialism in general. What is more, there are few histories of colonial Africa that use the idea of *bêtise* to interrogate their archives. In this sense, Lachenal's case study has offered us an original theoretical insight. Admittedly, many of his other theoretical findings will be familiar to those who have read contemporary works on colonial medicine. It would be hard to find a book published in the last few decades that argued, for example, that medical practices were not informed by racial hierarchies or that Europeans were not a privileged social aggregate in colonial contexts. Likewise, colonial archival inconsistencies and epistemological uncertainties have been examined before by Ann Laura Stoler.^[3] Indeed Lachenal draws much from Stoler's path-breaking work. Likewise, some themes could have been developed further. For example, the fact that the French regimes used African intermediaries as scapegoats in the Lomidine cases so as to shore up European authority goes against the grain of much of the literature that argues that intermediaries often acted to destabilise colonial states.^[4] I was also surprised to see that Helen Tilly's magnificent *Africa as a Living Laboratory* (2011) did not feature much in this book as Lechanel's findings seemed to reflect a number of the themes that Tilly elucidates so eloquently. But overall Lachenal's painstaking research deserves credit and admiration. Having tried to amass the kind of rich institutional and ethnographic data he has in this study (and often failed!), I can say with confidence that this book is a tremendous achievement.

NOTES

[1] Nancy Rose-Hunt, *A Nervous State: Violence, Remedies and Reverie in Colonial Congo* (Durham: Duke University Press, 2016). Other examples of recent books on colonial medicine include: Anna Greenwood, (ed.), *Beyond the State: The Colonial Medical Service in British Africa* (Manchester: Manchester University Press, 2016); Michael A. Osborne, *The Emergence of Tropical Medicine in France* (Chicago: University of Chicago Press, 2014) and Helen Tilly, *Africa as a Living Laboratory: Empire, Development, and the Problem of Scientific Knowledge, 1870-1950* (Chicago: Chicago University Press, 2011).

[2] Maryinez Lyons, *The Colonial Disease: A Social History of Sleeping Sickness in Northern Zaire, 1900-1940* (Cambridge: Cambridge University Press, 2002).

[3] Ann Laura Stoler, *Along the Archival Grain: Epistemic Anxieties and Colonial Common Sense* (Princeton: Princeton University Press, 2009).

[4] Benjamin N. Lawrance, Emily Lynn Osborn and Richard L. Roberts, (eds), *Intermediaries, Interpreters, and Clerks: African Employees in the Making of Colonial Africa* (Madison: University of Wisconsin Press, 2006).

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