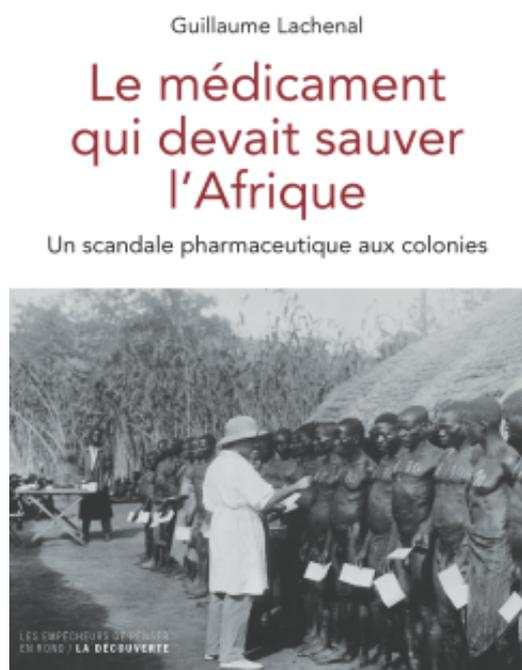


<http://somatosphere.net/2015/04/guillaume-lachenals-le-medicament-qui-d-avait-sauver-lafrique.html>

Guillaume Lachenal's *Le médicament qui devait sauver l'Afrique*

2015-04-01 09:00:17

By Pierre-Marie David



[Le médicament qui devait sauver l'Afrique](#)

by [Guillaume Lachenal](#)

La Découverte, 2014, 250 pages.

[Update: now available in an English translation as [The Lomidine Files: The Untold Story of a Medical Disaster in Colonial Africa](#) (Johns Hopkins University Press 2017).]

Guillaume Lachenal's *Le médicament qui devait sauver l'Afrique* – the English-language title provided by the publishing house is *The hidden history of the medicine meant to save Africa* – is devoted to a pharmaceutical scandal in colonial Africa that remains absent from the

official history. The drug in question is Lomidine, which promised to eradicate sleeping sickness, a disease that threatened both the health of local populations and the colonial project. Yet the medication became problematic because of its toxicity when used carelessly (treatment campaigns caused dozens of deaths in Central Africa in the 1950s). It is through the lens of Lomidine use and misuse in Central Africa that Lachenal reimagines the relationships between medicine and colonialism. His fascinating book explores not only the limits of rationality and beliefs surrounding the design and use of this drug, but also the production of knowledge, memory, and oblivion by colonial doctors and administration.

Lachenal's 238-page book is based on ten years of research in Africa (Cameroon, DRC, Senegal) and Europe (France, Belgium, Great Britain). In it, he addresses the ambivalent relationship between medicine and colonialism by showing how this apparent wonder drug – experimented with during the Second World War, injected intramuscularly and quite painfully – was a vector of colonial power. Indeed, the term “lomidinisation,” coined during this period, represented the frenzied campaigns (at times more than 80 people injected per hour) of the colonial hygienist project and its links to modernization. Millions of so-called preventive injections were administered in the 1950s in French, Belgian, and Portuguese colonies. By tracing this history, *Le médicament qui devait sauver l'Afrique* shows how the colonial social experience influenced the biomedical revolution of the second half of the twentieth century.

Lachenal uses the story of Lomidine to explore what he calls an “anthropology of colonial foolishness,” or *bêtise* – a difficult term to translate. Absurdity would come close, but does not exactly fit in the philosophical tenor of his study. Other potential translations, including stupidity, nonsense, and idiocy, would not accurately represent Lachenal's argument as it addresses the “unreason present within the principles of rationality, authority and scientificity” (9) of colonial modernization policies. *Bêtise* reflects what Lachenal describes as the result of the stubbornness or the pigheadedness of particular social and scientific policies.

Lachenal demonstrates how the story of Lomidine, which does not fit with the grand narratives of colonial medicine in Africa (whether hagiographic or critical), reveals a new field of investigation around the “impotence, hubris and irrationality of the colonial government^[1]” (19). One of the main and original arguments of the book is precisely to show how the colonial desire to know and to intervene was based in a culture of ignorance and impotence. Thus this historic and ethnographic investigation is not about the quest for order and knowledge, but rather about identifying ways of *not knowing*, which led colonial administrators to use Lomidine despite the mounting evidence of its negative side effects. For Lachenal, it is the trust

of physicians and others in this medication and its administration, within a context of great uncertainty, which falls into the realm of foolishness. In other words, *bêtise* is not located outside of reason, but rather in the excessive practice of reason in a confident, bull-headed, and arrogant mode.

If the theoretical challenge is ambitious, the practical way to account for this *bêtise* is equally important. Indeed how does one account for this stupidity without taking an outside view? As a result, Lachenal writes from an insider's perspective, so as to understand the inner rationale for absurd behavior. Combining present tense writing, newspaper and scientific vignettes, photos and attention to detail, this historical and ethnographic investigation binds together diverse sites such as the African villages that experienced the treatment, Rhodia archives in Besançon, and professional and friendship networks between colonial doctors moving between the Department of Hygiene and Mobile Prevention, and the French Ministry of Overseas and Specia, a Rhône Poulenc subsidiary that manufactured Lomidine. Lachenal's direct writing style is a good match for exploring the "poetics of the time" (75), where the need for numbers fed and justified an eradication project based on coercion, racialization (white people often received different treatments), and faith in hazardous and extreme treatments targeting individuals as a measure of population care.

In 1954, a lomidinisation accident in Gribi (East Cameroon), resulting from the use of unsterilized water in the preparation of the medication, killed more than 30 people and resulted in more than 300 gangrenous wounds. In chapters 7 through 9, Lachenal's depiction of the colonial administration's reactions to the accident allows us to understand the depth of his project, which applies ethnographic methods not only to interviews with health workers of the time (which the author conducted in Cameroon in the early 2000s), but also to archives, a move inspired by Ann Stoler. Following this approach, the author not only analyzes what the archives "reveal" – the accident, the uncertainty of the administration, the fear of being lynched by local populations – but also what they "do." Specifically, their performativity, including documentation of political action to demonstrate how officials were proactive or how financial compensation was a demonstration of affection at the end of the colonial period. This ethnographic method allows Lachenal to consider the archives not only as a source of information, but also as a subject "whose rationale for production, classification, conservation and destruction is involved in the definition and the resolution of the case" (167). Lachenal convincingly demonstrates how the official documents in the archives served to silence the scandal that followed the 1954 accident, as they made conclusions of investigations unclear. The repetition of such accidents, impacting dozens of victims in Batouri, Nkoltang, and Fort Lamy, suggests that the colonial

bureaucracy worked not only as a “filing machine,” but also as a “forgetting machine.”

In the final chapter, Lachenal addresses the technical and material enigma of the medication and its unintended effects, at once too troublesome for the official histories and too technical for social scientists. Central to this enigma is the fact that Lomidine was shown to be effective: the prevalence of trypanosomiasis declined sharply in the 1950s, but not because of individual prevention – the reason presumed at the time.^[ii] By presenting scientific studies conducted in the 1970s in Kinshasa, Lachenal reveals the last piece of the puzzle in this final chapter. The medication was effective as a form of early *treatment* for those people infected, who had not been identified as such because of the poor sensitivity of tests, rather than because of the *preventive role* of Lomidine.

Overall, *Le médicament qui devait sauver l’Afrique* is a significant contribution to the fields of history and medical anthropology. First, as a social history of science and biomedicine in Africa, Lachenal’s research opens new avenues of inquiry for the analysis of the mechanisms of power as not only rationalizing but also comprised of failures, scandals, and sometimes stupidity. This enables the problematization of the biomedical encounter as a moment defined by both domination and critical opportunities. Second, Lachenal’s research enlightens the present time. Indeed, the book offers a new angle for the critical anthropology of global health crises such as Ebola in West Africa and new strategies in the fight against AIDS, notably by underscoring the need to remain vigilant vis-à-vis purely technical fixes to African health problems and the adverse effects of eradication dreams.

Finally, by presenting and describing the limits of reason, insofar as it becomes nonsense, Lachenal provides a new perspective on what has been called pharmaceutical reason^[iii], sometimes presented as the ventriloquized voice of the pharmaceutical industry, other times as a window onto the neutral sociality of evidence, or even as a simple strategic logic. Conversely, *Le médicament qui devait sauver l’Afrique* addresses the complexity and mediocrity of this reason when attached to drug-related symbolic and material power. Setting this reason within an historical context allows one to question and investigate the power to create, beyond reason itself, therapeutic and technical cultures through dreams of eradication, and increasingly through “preparedness scenarios.”

[ii] All quotes are original translations. Any mistakes in the translation or lapses of judgement are my responsibility.

[iii] It is worth noting the massive “lomidinisation” campaigns aimed at using individual treatment as collective prevention; a rationale which

upholds the new strategies in the fight against AIDS such as Treatment as Prevention (TasP). See Lachenal, G. (2013). A genealogy of treatment as prevention (TasP) in Giles-Vernick, T., & Jr, J. L. A. W. (2013). *Global Health in Africa: Historical Perspectives on Disease Control*. Ohio University Press.

[iii] Lakoff, A. *The pharmaceutical reason*, Cambridge, 2005.

[Pierre-Marie David](#) is a sociologist and pharmacist, and is currently a lecturer at the Faculty of Pharmacy, University of Montreal, in the Department of Medications and Population Health. He is also the scientific coordinator of the research group Méos (*Medications as social objects*). He received his PhD from the University of Lyon and University of Montreal. His doctoral dissertation is entitled *The oblivion treatment: the ordeal of antiretroviral drug embodiment and AIDS treatment temporalities in the Central African Republic*.

AMA citation

David P. Guillaume Lachenal's Le médicament qui devait sauver l'Afrique. *Somatosphere*. 2015. Available at: <http://somatosphere.net/2015/04/guillaume-lachenals-le-medicament-qui-devait-sauver-lafrique.html>. Accessed December 10, 2018.

APA citation

David, Pierre-Marie. (2015). *Guillaume Lachenal's Le médicament qui devait sauver l'Afrique*. Retrieved December 10, 2018, from Somatosphere Web site: <http://somatosphere.net/2015/04/guillaume-lachenals-le-medicament-qui-devait-sauver-lafrique.html>

Chicago citation

David, Pierre-Marie. 2015. Guillaume Lachenal's Le médicament qui devait sauver l'Afrique. *Somatosphere*. <http://somatosphere.net/2015/04/guillaume-lachenals-le-medicament-qui-devait-sauver-lafrique.html> (accessed December 10, 2018).

Harvard citation

David, P 2015, *Guillaume Lachenal's Le médicament qui devait sauver l'Afrique*, *Somatosphere*. Retrieved December 10, 2018, from <<http://somatosphere.net/2015/04/guillaume-lachenals-le-medicament-qui-devait-sauver-lafrique.html>>

MLA citation

David, Pierre-Marie. "Guillaume Lachenal's Le médicament qui devait

sauver l'Afrique." 1 Apr. 2015. Somatosphere. Accessed 10 Dec. 2018.<<http://somatosphere.net/2015/04/guillaume-lachenals-le-medicament-qui-de-vait-sauver-lafrique.html>>