Sie waren gut informiert und ihr Gesundheitsbild geprägt von biomedizinischen Ideen zu Hygiene, Ernährung und Jugendlichkeit. Zu Beginn der Studienperiode wiesen sie häufig Medikamente aus Angst vor Toxizität zurück. Dies änderte sich jedoch schnell, wenn dessen Effizienz offensichtlich wurde, so z.B. bei Salvarsan. In den 1930er Jahren waren die beliebtesten Medikamente tonische oder antiseptische Präparate, welche eher unspezifische Symptome wie allgemeine Schwäche bekämpften. Es ist aber wichtig zu betonen, dass andererseits viele Vietnamesen immer abhängiger von Lohnarbeit wurden. Sie konnten sich weite Wege oder grosse Ausgaben (zum nächsten Arzt oder Spital) für Medikamente nicht leisten.

Kapitel 9 behandelt den medizinischen Pluralismus wieder aus einer eher französischen Perspektive und dient als Zusammenfassung einiger Befunde: Vor dem Ersten Weltkrieg erklärte man die vietnamesische Vorliebe für ihre eigene Medizin mit Misstrauen, Ignoranz, Indolenz und Naivität. Die Diskurse der 1920er Jahre zeigen dann die *Agency* der Vietnamesen auf. Traditionelle Medikamente wurden nicht nur aus politischen Gründen und historischer Verbundenheit bevorzugt, sondern waren oftmals auch schlichtweg einfacher zu bekommen. Trotzdem führte der soziale Wandel eben auch vermehrt zum Konsum von westlichen Medikamenten, falls vorhanden. Dies kann man, wie Monnais es tut, durchaus als Akzeptanz der westlichen Medizin interpretieren.

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Osborne, Michael A.: **The Emergence of Tropical Medicine in France**. Chicago, The University of Chicago Press, 2014. 328 p. Ill. \$ 50.–. ISBN 978-02-2611-4521 (e-book: 978-02-2611-4668)

Michael A. Osborne examines the early history of French colonial medicine around his notion of place, understood “also as site of meaning and attachment” (p. 4). This proves very useful in the course of the book. The author moves away from historiography’s focus of Paris. The first three chapters turn around the naval schools in Brest, Rochefort, and Toulon, established between 1722 and 1731. As places, these cities differed socially and economically from the surrounding countryside where many students came from. These men were then trained on the sea, in the colonies and at the port, where they were in frequent contact with prisoners and forced laborers. As a result, naval medicine differed significantly from its civilian and even military counterparts. Its disease ecology was rather specific and its exponents rather traditional. Their concept of disease was founded in biogeographical theories, which led to the belief that medicine should be adapted to the local context and its people.

The mid-19th century quest for the cause of dry colic serves as a first example of how naval doctors imagined disease. One group around Jean-Baptiste Fonssagrive attributed it to climatic conditions on tropical seas, because all ships had the same level of hygiene, but the disease only occurred there. Another group around Amédée Lefèvre, who finally prevailed, related dry colic to the presence of lead and the changes it underwent in high temperatures and further linked it with new technologies to filter fresh water. Place also took a central role in naval medical discourses about yellow fever and race in the 1860s to 1880s. Naval physician Armand Corre explained susceptibility to yellow fever in racial terms: Europeans bore the greatest

risk, Africans possessed a relative immunity. Only in the late 1880s a Creole navy doctor, Albert Clarac, provided an alternative view that was still based on place: “partial immunity and susceptibility to the disease were less questions of ethnicity or race than of acclimatization and prior exposure” (p. 106). Osborne does not forget to mention that discourses on race were present within France and within the navy recruitment process: people from the coast were favoured, whereas Bretons were perceived as tough guys with a weakness for alcohol, Provençaux as impatient and clean.

In these first three chapters, Osborne finely interweaves information from numerous books published at that time, some archival material and secondary literature. In a concise manner, he provides important background information, such as a short general history of yellow fever or details on the recruitment processes in the army and navy. The book always remains highly readable. The author achieves this by integrating various anecdotes, such as the tale of a French-Algerian inmate friendship and a murder in a naval prison in chapter 1 to illustrate the racial tone of research done at these institutions or a story involving letter-bombs in chapter 4 to illustrate the tension between Paris and the port cities. Osborne’s narrative is structured around the men who shaped the naval medical institutions and their ideas. This biographical approach is entertaining for most of the time. Only sometimes in the following chapters, the accumulation of all these similar life stories might provoke some confusion and obscure the main arguments.

Chapter 4 and 5 are more detailed and have a stronger focus on institutional developments. They are about internal and external criticism of naval medicine and its eventual relocation to Bordeaux in 1890 after the reconfiguration of naval and colonial organisational structures. Throughout the 19th century, civilian doctors thought that naval ones should also need an official degree before going to practice on sea. Naval doctors criticised inadequate competences, lack of standardisation and of career opportunities and the persistence of family ties. Finally, substantial reforms came from above in 1886. However, conflicts continued and Bordeaux could not keep its central place for long. From the 1870s onwards, navy medical men trained in Toulon were the driving forces behind the shaping of the Marseille institutions of colonial science and medicine. Osborne claims that this cosmopolitan Mediterranean city was a different place than other French towns: it possessed different administrative structures and a more diverse economy. Further, it attracted more immigrants and witnessed various outbreaks of epidemics. Professors had a different idea of science than their colleagues in Paris, as Osborne demonstrates on Édouard Heckel’s research on Kola nuts. The Alsatian doctor worked empirically. The field (or the sea) was his preferred scientific proof, not the laboratory, which clearly differed from the “therapeutic rationalism founded on rigorous physiological research, animal experimentation, and clinical evaluation” practised in Paris (p. 176).

The last chapter examines more closely how colonial medicine had emerged at the Faculty of Medicine in the French capital. It is mainly based on the biography of Raphaël Blanchard. He established the chair of Parasitology in 1906 and had a more universal view of disease than his naval colleagues. He thought that “most colonial diseases and many others, were parasitical in origin and could only be addressed through extra clinical measures and study” (p. 200). He wanted to consolidate field and laboratory and often asked naval doctors and explorers to collect material, because he rarely did fieldwork himself. The place of this last chapter, if I may put it that

way, seems a bit at odds. However, it serves as a fruitful comparison and provides useful insights and valuable context to better understand the developments presented in the previous chapters.

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