Au, Sokhieng


*Mixed Medicine* is a rich, strongly argued work that uses medicine as a window onto the cultural interaction between Cambodian society and French colonial rule during the period from the end of the nineteenth century to the end of World War II. Sokhieng Au analyses how, during these fifty years, French medicine, with all its epistemic complexities, changes, and contradictions were understood, dealt with, and largely ignored by the Cambodians. This research is welcome for several reasons: firstly, it sheds light on the social and cultural history of Cambodia, which is still often neglected in modern Southeast Asian studies. Secondly, it helps complete the picture of French colonial medical policy in Asia, following Laurence Monnais-Rousselot’s work (1999) on the medical structures and policies within the French colonial Government of Indochina, and Florence Bretelle-Establet’s work (2002) on the adaptation of these central rules in the French sphere of influence in Southern China. By focusing on Cambodia, Sokhieng Au allows us to compare how the central objectives and policies were negotiated and put into practice in these various environments, which were politically and geographically less or more peripheral from Paris and Hanoi and where different health cultures preexisted French intervention. Thirdly, it brings a new element to the scholarship on medicine in colonial contexts. Informed by this scholarship that has developed extensively in the last three decades, as well as by gender and subaltern studies, the author confirms many aspects of the colonial medical enterprise.

However, by paying close attention to the actors on both sides of the story, Sokhieng Au seeks to go beyond relying on political tensions between the colonizer and the colonized to explain the relatively weak influence of French medicine in Cambodia and the Cambodian ‘resistance to integration’. As the author states, French medicine did not arrive in a vacuum; there were a wide variety of medical practices and preexisting modes of social relationships between patients and healers. By examining indigenous medical cultures and practices, Sokhieng seeks to highlight the processes by which the different actors interacted and negotiated with each other. Beyond colonial tensions, she argues, ‘culture insolubility’ was a key element to explain the limited impact of the French medicine in the Khmer medical landscape.

The book, which draws on Cambodian and French archives, is divided into seven chapters. Chapter one introduces the setting for the development of
Western medicine in French colonial Cambodia. It recalls the way in which France colonized Cambodia and the beginnings of French medical interventionism in the country, which initially consisted in a handful of navy doctors treating mostly European and Vietnamese soldiers and operating mobile vaccination clinics, before the establishment of an Assistance Medicale Indigène (AMI) corps in 1905. It also casts light on the pre-colonial medical landscape, which included practices based on Islamic, Chinese, Theravada Buddhist, Ayurvedic, and animistic medicine. No clear epistemological or social demarcations seem to have yet existed among the healers.

Chapters two, three, and four focus on the handling of Cambodia’s health matters by the French, which included three key phases: mass vaccination programs, the formation of an AMI corps, and the social hygiene movement. These chapters reveal the great difficulties the French colonial authorities had in implementing the rules and policies issued by Paris and Hanoi, and the wider difficulty of convincing the Khmer population to embrace Western medicine: the rapid turnover of the small number of French doctors, the poor road infrastructure before the 1920s, the French preference for the Annamese that exacerbated the long-standing animosity between the Khmer and that population, the problems of language, and the translation of Western concepts of disease, all made communication difficult between the French and the Khmer. All these factors help explain the lack of enthusiasm among the Khmer for the French doctors and their hospitals. In spite of compromises throughout this period, such as the incorporation of indigenous practices and the relaxation of hospital regulations, French doctors themselves were not popular. While their remedies were valued and sought after, patients preferred to send relations to obtain the medicines rather than consulting the doctor directly. The social significance of the remedies, the author argues, was more malleable than that of the French doctor and could therefore be understood in different ways by the Khmer population.

Chapters five and six focus on particular segments of the population, women and lepers respectively, and show, perhaps even more than in previous chapters, the extent to which colonial administration was in conflict with local culture and social organization. There is no doubt that the predominantly male French institutions and the absence of indigenous female doctors, as was so often the case, alienated women who, at that time, were largely confined to the domestic sphere and had very little contact with the colonial power. Other reasons, linked with indigenous beliefs and practices concerning health, disease, pregnancy, and childbirth prevented the adoption of the Western obstetrics practiced in hospitals: the presence of sickness and death was incompatible