EMPIRES AND RACIAL THINKING

The construction of racial knowledge by colonial medicine in Africa

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ABSTRACT

The construction and definition of racial categories began in the eighteenth century, a period during which living beings were frequently organized into taxonomies. Colonial medicine, which developed in the mid-nineteenth century, was instrumental in classifying humanity into races. It helped expand and deepen racial knowledge and presuppositions, diffuse them in the metropole, and put them into practice within a colonial framework.

Anatomy lesson at Madagascar's medical school, 1902.
Source: Archives nationales d'outre-mer, Fonds Gallieni, 44PA169/182.

Expertise and empiricism: from the Parisian study to the colonial field

From the mid-eighteenth century, famous naturalists such as Linnaeus, Buffon, and Blumenbach divided humanity into four – then five – races. During the following century, progress in medicine and comparative anatomy, as well as the birth of anthropology and the expansion of colonization led to the development of studies on human races. During the nineteenth century, doctors from the French Ministry of the Navy and the Colonies played a

crucial part in developing knowledge on human races. Metropolitan scholars, far removed from colonial realities, considered colonial doctors to be essential actors of "raciology" (the science of human races), as they provided information deemed essential because it originated in the field. They forwarded data gathered from a direct observation of bodies, anthropometric measurements, and photographs. To conduct their studies, colonial doctors used the interpretative frameworks, measurement tools, and methods developed by raciologists in the metropole. While cooperation between metropolitan scientists and colonial doctors continued until the end of the colonial period, the latter were not simply field observers. From the early twentieth century, they presented themselves as experts on races. So did Claude Chippaux or Gaston Muraz, who were both trained at The Pharo School (Tropical Medicine Institute) in Marseille.

Medicine, races, and colonial policy

"Bush" doctors, who practiced their craft in remote colonial outposts, were instrumental in updating ethnic categories, which in turn influenced colonial policy. From the mid-nineteenth century, doctors from the Ministry of the Navy and Colonies—who were tasked by the metropole to conduct anthropometric research among natives —did not limit themselves to answering the questionnaires provided by their colleagues or to sending body parts (feet, hands, skulls, and even entire corpses) to the metropole for analysis. Through meticulous descriptions of the anatomies and moral character of populations, they contributed to the racialization of Africans. Relying on the heritage of physiognomy, according to which the body is a reflection of the soul, colonial doctors tried to define the moral characteristics of the people they mixed with, in an effort to provide detailed portraits of various African races. The results gradually gave rise to subdivisions within larger races. For example, in Senegal in particular, the "negro race" included the Wolof, Bambara, Diola, Toucouleur, and Fulani (Peul) peoples. According to French doctors, the black race was no longer a monolithic whole, but comprised numerous peoples each with their own physical, intellectual, moral, and cultural characteristics. Their studies also helped emphasize, during the first half of the twentieth century, how human differences were not innate but acquired, thus gradually reducing the role of nature and biological factors. Customs, "body techniques," environment, and diet were increasingly used by field observers to characterize each people. While the diversity of populations on the African continent was slowly brought to light through close contact between doctors and the indigenous subjects they studied—as well as efforts to inventory peoples and their customs—essentialization remained. The stereotypes previously ascribed to the entire black race, such as idleness, hypersexuality, a taste for dance, and intellectual inferiority, were often simply redistributed among ethnic groups.

Aside from their "scientific" interest, these field studies had an economic and political purpose, as the accurate identification of colonized peoples was put in the service of the colonial project. Understanding populations facilitated their administration, and made it possible to "produce black" (*faire du noir*)—in the words of the Minister of the Colonies Albert Sarraut in 1923, or the colonial doctor Gustave Lefrou in 1943—which is to say to boost the African birth rate and preserve the health of natives in order to increase the workforce and potential number of colonial soldiers. The different groups were assigned tasks and responsibilities that were supposed to match their racial characteristics. For example, preconceptions regarding Bambara's strength and docility, or Wolof's intelligence and obedience, were instrumental in organizing work as well as in recruiting the indigenous

workforce in Senegal. According to the same logic, some groups were deemed fit to serve in the Navy, while others were destined for heavy labor, or were predisposed to become colonial soldiers. A robustness index, based on precise physical criteria deemed to be specific to black people, was designed by doctor Lefrou to facilitate the colonial administration's recruitment of infantrymen for colonial troops.

The pragmatic racialization of African populations by "bush" practitioners thus reveals the links between medicine, economics, and politics within a colonial context.

Racialization and health practices

The racial stereotypes of colonial doctors, such as the resistance of black bodies to pain, did not just drive statistics and representations, they sometimes had an influence on medical practice itself. Doctors from the Ministry of the Navy, such as doctor Thaly in 1866, validated the prejudice regarding the sturdiness of Africans—a characteristic inherited from slavery—and tried to offer scientific explanations for it. They believed this robustness stemmed from an intellectual inferiority that weakened the nervous system's reactiveness, thereby eliminating sensations of pain. The practices of doctors could change as a result, as certain sources mention surgical operations performed on black men and women without anesthetics, either for a lack thereof or because they were deemed unnecessary. Until the mid-twentieth century, a great many doctors mentioned the rapid recovery of Africans following what were considered risky and painful medical procedures, even though the reasons given at the time were cultural rather than racial (emphasis was placed on the role of the environment and the history of African peoples in acquiring a resistance to pain).

The discourses and representations produced by the medical community in the colonies sometimes had a direct impact on the lives of the colonized, especially in determining their recruitment as soldiers or laborers, or by influencing the medical treatment they received. They also helped to entrench stereotypes regarding African populations in France.

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