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to think through. No doubt it will spur additional explorations of the Arabic cosmopolis to which we can look forward.

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Sokhieng Au, *Mixed medicines: Health and culture in French colonial Cambodia*. Chicago/London: University of Chicago Press, 2011, viii + 263 pp. ISBN: 9780226031637, price: GBP 61.50 (hardback); 9780226031644, 22,50 (paperback).

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It seems both apparent and uncontroversial that Western medicine cannot be reduced merely to a colonial weapon nor a proof of benevolence, that native populations were not merely guinea pigs for nor lucky recipients of Western medical blessings. But it is revealing to learn just how this deeply ambivalent generalization plays out in particular historical instances, and that is precisely what Sokhieng Au's meticulous book has done. It once was thought that 'the tyranny of public health and the tyranny of imperialism work neatly together', but today most historians subscribe to Sokhieng Au's view that 'once medicine expands into the realm of public health or public hygiene, its implementation becomes a negotiation between collective good and individual freedom' (p. 96). Nevertheless, in some cases Western policies certainly did pursue colonial interests. 'Anti-colonial' medical historiography begins from questioning the assumption (common even today among doctors) that whatever happened in the colonies, physicians' and the medical establishment's intentions were always good, and therefore their work remains valuable. Au's book provides shocking insight into colonial hubris as well as medical callousness (and cluelessness), even from the illustrious Pasteur Institute.

Although French colonial rule of Cambodia lasted from 1863 to 1954, Au focuses on the period between 1907 (when the native medical service became operational) and 1940 (when the Vichy government ended), an era in which medical care expanded. Hospitals were erected, healthcare institutions and a legal framework were established, and French economic and political influence on the Cambodian countryside grew. But Au's story begins in 1880, when the first vaccinators entered Khmer villages in what must have been a strange and fearful experience for locals. Often these health care providers were the first French people that the villagers had ever seen, and these strangers wanted to stick needles in them claiming it was for their own good. This often proved not to be the case. But according to Au, Khmers did not so

much distrust colonial, French, 'non-Khmer' vaccination; rather, they simply refused unknown, ineffective, and even dangerous treatments. Nevertheless, although French healthcare was often distrusted (especially by Cambodian women), French medicines in general were popular. One of the achievements of *Mixed medicine* is to show how Cambodian attitudes toward French medicine were complex and ambivalent.

Typically a Khmer relied upon his own medication before seeking a French doctor, who therefore often saw the worst patients, resulting in a rather high mortality rate, damaging his reputation. Au reveals the connections between colonial medicine and the European medical (r)evolution, and she highlights the importance of the colonial periphery in the colonial experience. For this she introduces the term 'cultural insolubility', which can 'limit the diffusion of one culture through others, but this is driven in part by a tendency for people to stay within the enclaves of their own cultural thought worlds' (p. 2), and this included both natural and supernatural elements (witchcraft, ghosts, astrology). Cultural differences, between the French and the Cambodians as well as between the Khmer and the former ruling Vietnamese, hindered the implementation of French medicine, for example in the 1900 French campaign against bacteria. But these were only the most obvious distinctions. Cambodia also has several ethnic groups, each with their own medical views and practices, further complicating the picture. Au offers nuanced perspectives, pointing out for example that French catholic nurses believed Vietnamese were more open than Khmer to adopting Christianity, and non-believing French physicians sometimes argued the nuns were more interested in 'making angels' than in healing their patients.

Simply put, the French medical system radically differed from the beliefs and traditions of many Cambodians, and so even well-intended policies often failed miserably. Mosquito nets to prevent malaria were a good idea, but the French did not provide the nets and Cambodians simply did not have the money to buy them. Another example of misguided policy was the attempt to turn a well functioning Khmer leprosy village into a model of French anti-leprosy policy by making it more 'efficient' and 'rational'. Lepers (to whom Au rightfully dedicates an entire chapter) were dramatic and (often long) living proof of failed Western medicine. Deeply compounding these problems was the belief of French doctors that Cambodia was third best, while France of course was the top ranked and Vietnam came in second. Given all this, no one should be surprised by the misery caused by the French medical establishment, even when intentions were not overtly malicious.

In fact, French authorities sent few physicians to Cambodia: there were just four in 1907, and by 1939 out of a population of three million, this number had risen to a mere 29 Indochinese and nine French doctors, who typically held a military rank, regardless of whether they were employed by the Pasteur

Institute or the Assistance Médicale. This would seem to justify Cambodian perceptions of the close relations between French medicine and French colonial practices. Civilian doctors did eventually come to Cambodia, but they were often regarded as inferior by their military colleagues. And this attitude extended to Cambodian doctors who had been educated in Western medicine. They were paid less and were more severely punished for mistakes. Furthermore, 'the ethnic categories constructed by the French' only stoked Khmer doctors' distrust of the colonial administration. As Au illustrates, 'As an Indian among Indochinese, he was charged with the duties of a doctor. As an Indian among French medical staff, his presumed capabilities and duties diminished considerably.' (pp. 72-3) In Khmer eyes, a doctor was someone who had proven he could heal, regardless of whether he had a degree, and a Khmer doctor was not only a healer but often as well a farmer, monk, or housewife. Khmer doctors were seen as part of society, while French doctors stood outside it.

All this does not mean French public health policy in Cambodia was a complete failure. Although not eradicated, yaws and smallpox substantially decreased. But a sweeping success of Western benevolence, it certainly was not. In an admirably nuanced way Au makes perfectly clear why. She looks at clashes between the French and the Khmer and between the Khmer and the Vietnamese, and she pictures cultural differences and socioeconomic problems severely compromising the implementation of healthcare policy. It indeed is 'a story of how norms, institutions, geography, economics, and various other factors directly and indirectly affected' the negotiations mentioned above, and a 'history of men and women and how they have negotiated the multiplicity of their identities, ideas and actions' (pp. 190-1).

There is in fact just one remark I want to make: it truly is a pity Au herself states that her book is 'innovative' (p. 1) and 'more nuanced' (p. 5) than other books on the subject of colonial medicine. One can only wonder why an author says about his or her own work that it 'has approached medicine in a way that productive histories of medicine in 'noncolonial' settings do: by examining in both descriptive and theoretical depth the wider cultural framework of medical ideologies and practice'. (p. 188) Why downgrade other books? Why not leave judgments like these to readers? Her book is not in need of self-congratulation.

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Kobkua Suwannathat-Pian, *Palace, political party and power: A story of the socio-political development of Malay Kingship*. Singapore: NUS, 2011, xxiv + 447 pp. ISBN: 9789971695071. Price: USD 30.00 (paperback).

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Kobkua Suwannathat Pian's latest book, like her *Kings, country and constitutions: Thailand's political development, 1932-2000* (2003), charts the survival of kingship at a time when monarchies elsewhere were becoming extinct. Both these works describe in detail the vulnerability yet adaptability of Malay and Thai monarchies to modernization and democratic politics. In the case of Thailand, the principal threats were Western imperialism, faction fighting, and the military, while in Malaysia the autonomy of indigenous rulers was progressively pared by colonial rule, the Japanese occupation, and the independence movement led by the United Malays National Organisation (UMNO). As in *Kings, country and constitutions*, so in *Palace, political party and power* Kobkua examines not only the kings' political predicaments but also their constitutional positions. Making no secret of her royalist sympathies, she argues that, despite the rapid turn-over of constitutions in Thailand, King Bhumibol fashioned a 'Southeast Asian model of constitutional monarchy' by dint of 'his consistent hard work, dedication and devotion to win the hearts and minds of his subjects' (p. 409). In Malaysia, by contrast, she shows how the independence constitution has proved more durable; it has underpinned the special position of Malays, the rights of non-Malays, and the socio-political status of the Malay Rulers.

*Palace, political party and power* begins with a brief discussion of the development of Malay kingship from the Melaka sultanate to the colonial period. Exposing the 'misleading' and 'self-serving' claims of early scholar-administrators that Malay rule was nothing but 'oriental despotism' (pp. 15-6), Kobkua argues that by the time of British intervention the principle of royal legitimacy had shifted from unquestionable divine right to personal competence and virtue. She then examines the reduction of monarchical power and authority under foreign rule (chapters 2 and 3). Between 1874 and 1941, the British stripped sultans and rajas of their power but endeavoured to embellish their status. The Japanese reduced them still further to 'mere ordinary subjects of the Emperor' (p. 122); by 1945 Malay Rulers were unable to offer protection to their subjects who in turn would 'abandon their traditionally unquestioned loyalty and obedience to the Rulers' (p. 110).

The shift in popular support from princes to politicians and the swings in their relative fortunes are the subject of the next four chapters. Chapter 4 pro-