

INCLUSION/EXCLUSION: REPRESENTATION OF THE VIETNAMESE
IN FRENCH COLONIAL MEDICAL DISCOURSE

A THESIS SUBMITTED TO THE GRADUATE DIVISION OF THE
UNIVERSITY OF HAWAI'I IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF ARTS

IN

ASIAN STUDIES

MAY 2004

By

Lara J. Iverson

Thesis Committee:

Barbara Watson Andaya, Chairperson

Kathryn Hoffmann

Stephen O'Harrow

Copyright © 2003 by Lara J. Iverson

ACKNOWLEDGMENTS

The author wishes to express sincere appreciation to a number of people who have made this research project possible. Although the research and writing often seemed like a solitary endeavor, it was aided throughout by the comments, encouragement and support of several people over the past three years.

First of all, I would like to thank my committee members for their individual contributions, although I list them here in no particular order: Barbara Watson Andaya for pushing me to pursue this project when I first came to her with the medical texts, rather than work on something that may have been easier and for believing in my ability to bring it through to completion when I was feeling discouraged; Stephen O'Harrow for his humor, numerous chats over cheap coffee and for having faith in my potential "warts and all;" and Kathryn Hoffmann who has continually compelled me to push my work further and for her fellow enthusiasm for the 'icky-ness' of body 'stuff.'

Others have provided insight and commentary on my work as well: Michel Fournié provided material and contacts in Paris; Michael Osborne generously allowed me to 'crash' his panel at the History of Science Society Annual Meeting after a scheduling mistake and encouraged me to continue this research in the future; and both Kathy Ferguson and Leonard Y. Andaya provided insightful comments on earlier renditions of the thesis.

At the University of Hawaii Hamilton Library, there are also people to who I am indebted for helping me with the research component of this project, no matter how bizarre my requests: Melvin Yee and Malia McGoldrick of the Interlibrary Loan Office for hunting down assorted forgotten books and articles throughout the world; Paul Wermager, Head of the Science and Technology Department for allowing me to keep obscure medical texts on extended 'special permission' status; and Eileen Herring for her willingness to find and photocopy articles while I was 'off-island.'

My friends played a large role in encouraging and supporting this project, always cheering me on to follow my heart, wherever it may have lead me. For over a decade,

two friends in particular, Matthew Porter and Barb Simpson have shown unconditional love and for that, I am grateful.

To my former midwifery students in India, you are always in my heart and my work:
“Mai yad karte hum.”

Finally, to my family who have supported and encouraged me to pursue my interests (even if they did not always understand them), I appreciate everything that you have given me. Last but not least, my love and appreciation goes to Justin Hyunho Yoo, who consistently has been my personal cheerleader, supportive friend and confidant both throughout the development of this project and in my life.

ABSTRACT

Similar to other agencies of colonial expansion, medicine permeated multiple political and sociological layers—at home and abroad—during the creation of the French colonial empire. Within the volumes of medical discourse, representation of the Vietnamese served as a barometer for metropolitan politics, reflecting the constantly changing French self-perception during the turbulent decades from the beginning of World War I to the defeat at Điện Biên Phủ. Medical texts, as a forum for ‘valid’ scientific research, codified the tensions between alterity and ‘normalcy’ within colonial thought, presenting the dissected ‘Other’ to an eager public. The bodies of their *indochinois* subjects were a tableau in which not only the political insecurities of France could be etched, but also served to assuage fears about the French place in the ‘order of things.’

TABLE OF CONTENTS

| | |
|---|-----|
| List of Abbreviations | iv |
| List of Figures | iii |
| Acknowledgements..... | iv |
| Introduction | 1 |
| Chapter I: Envisioning the New Body of ‘Greater France’ | 5 |
| <i>L’École française d’Extrême-Orient: Orientalism and Education in</i> | |
| Indochina..... | 7 |
| Medical Texts Under the Museological Lens | 13 |
| Đỗ Xuân Hợp Continued | 17 |
| Chapter II: The Fragmented Body: <i>Mélanges indochinoises</i> | 29 |
| Eugenics, Colonialism and Medical Discourse..... | 31 |
| <i>Craniométrie</i> and <i>Céphalométrie</i> | 33 |
| Women in the ‘Body Politic’ | 44 |
| The Impact of French Women’s Movements in Indochina..... | 51 |
| Chapter III: The Constructed Pelvis | 55 |
| Pelvises of the ‘Yellow Races’ | 58 |
| Anthropology in Indochina: An Argument for Segregation..... | 60 |
| Reproduction and Motherhood: Fear and Loathing in the Colony | 64 |
| A Question “As Old as the World” | 68 |
| Chapter IV: Conclusion | 80 |
| Bibliography..... | 88 |

LIST OF FIGURES

| <i>Number</i> | <i>Page</i> |
|---|-------------|
| 1. Frequency of Medio-Frontal Suture..... | 40 |
| 2. Frequency of Metopism..... | 41 |
| 3. <i>Céphalométrie des Indochinois actuels (vivants)</i> | 43 |
| 4. Vannier Family..... | 74 |
| 5. 'Lisbeth' | 78 |
| 6. Cambodians..... | 81 |

LIST OF ABBREVIATIONS

CMJ *The Chinese Medical Journal*

RA *Revue d'Anthropologie*

RFGO *Revue française de gynécologie et d'obstétrique*

RI *Revue indochinoise (Extrême-Asie)*

RMFEO *Revue médicale française d'Extrême-Orient*

SERGEO *Bulletin du Service géologique de l'Indochine*

TRAV *Travaux de l'Institut anatomique de l'Ecole supérieure de médecine de
l'Indochine*

Introduction

The Vietnamese—as they are portrayed in medical texts—had no agency, no voice. Their disembodied bodies are by their very nature, silent, voiceless entities. Vietnamese bodies sometimes were shown in their entirety, but mostly in parts, dissected for both the pleasure of the spectacle and the impulse to create taxonomies. Any separation based on racial categories presented in the medical texts was artificial—the weighing, measuring, and dissection were all part of an elaborate endeavor to justify colonial expansion, exercise social control and assure Europeans of their superiority. Racial science in French Indochina had a more insidious, voyeuristic quality as well. The exhibited bodies—in part or in whole—as portrayed in *Travaux de l'Institut anatomique de l'École de médecine supérieure de l'Indochine* and the *Revue médicale française d'Extrême-Orient* provide a fascinating look into France's relationship with her colony. Finding much of Vietnamese life and customs impenetrable, French medical doctors nevertheless attempted to expose the inhabitants of Indochina through the creation of new, medicalized histories.

While it is fairly easy to seek out and analyze the French interpretation of the colonial experience from these medical texts, the Vietnamese point-of-view is obscured or wiped out altogether. Despite many of the articles having been written by French-trained Vietnamese doctors, the journals reveal little about the Vietnamese reaction to or participation in medical research. As is the case in many colonies, economics and class mobility were determinants in the choice of profession for Vietnamese doctors. Despite being participants in the construction of the Vietnamese body, they operated under the

aegis of French doctors and operated within a strict scientific methodology. We are unable to know if the Vietnamese doctors believed in their 'inherent inferiority' or were merely entertaining French notions for personal gain. However, science (*khoa hoc*) did excite Vietnamese intelligentsia, appealing to the desire to "break conceptual barriers, to smash myths that had held [them] back for so long."¹ There is some evidence of Western medicine's role in the Vietnamese anti-colonial movement since the Hanoi Medical School was shut down temporarily in 1904, two years after opening, because it had become a 'hotbed' of sedition. Many of the Vietnamese doctors who trained there eventually joined the resistance movement, using this French institution to their own advantage.

A number of intellectual and societal changes swept through Europe from the eighteenth to the twentieth centuries, having a particularly transformative effect in the medical and scientific fields. Colonial and anti-colonial movements; pro- and anti-feminist sentiments; and general political upheaval fed into scientific discoveries such as Darwin's theory of evolution or the inherited traits among Mendel's flies. Science never operated entirely on its own and was always being provoked or shaped by external forces such as the aftermath of the First World War or the eugenicist movement.

Women's roles were evolving and with these changes came a new interest in fecundity, pregnancy and maternity. The female body was categorized on its own and separated from the male. Scientists paid particular interest in the differentiating qualities of women: menstruation, their "darkly mysterious" physiology and anatomy. The female body was an anomaly from 'normal' body of the male. Certain procedures were

¹ David Marr, *Vietnamese Tradition on Trial, 1920-1945*. Berkeley: University of California Press, 1981:342.

developed to ‘cure’ the ‘failings’ of a particular gender. For example, ovaries were surgically removed from women to ‘cure’ sexual excesses.² By the twentieth century, tensions surrounding women’s changing legal, social and economic status was having a more direct impact on the use of science to link society to the State. Their intrinsic reproductive capabilities made women one of the most important resources in France for economic and social vitality.

The *facteur raciale* further complicated the construction of ‘woman’ in medical literature. These influences resulted in the visual and textual representation of Vietnamese women in colonial medical literature. Inspired by popular racial and social theories of metropolitan France at the beginning of the twentieth century, colonial scientists began to ‘find’ empirical evidence to support the prevalent racist mood, reaffirming French cultural superiority over ‘lesser’ peoples. Through the cataloging and curating of the *Indochinois*, French researchers were able to rank their colonial *sujets* according to intelligence, fecundity, or any other ‘racial trait.’ During this process of categorization, the boundaries of science and exhibition became either very porous or disintegrated altogether. ‘Exotic’ Vietnamese women were either eroticized or represented as repellent entities capable of causing the deflagration of the French ‘race.’

Medical texts represented ‘life in miniature.’ There is little difference in the power of art and science in their ability to affix permanently an image or a ‘fact’ in the minds of an audience. This is the great illusionary power of science. Science grapples with making the world more comprehensible. Western thinking relies on signs and fixed frameworks to make the world more understandable, which explains the reliance on art to

² Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud*. Cambridge, MA: Harvard University, 1990:200.

document our world and on science to articulate it. When both modalities are used together, such as the use of photography in medical literature, the power to persuade is even more effective.

With this in mind, it is important to look at events occurring in the *hexagone* and how they are transmogrified and filtered through the production of science in the colonies. Colonial science was different from metropolitan science in that it did not have the luxury of being geographically removed from the realities of life in a colony. Metropolitan influences and local pressures worked as a vice, creating a compression chamber of sorts for colonial science. Journals such as the *Revue médicale française d'Extrême-Orient* and *Travaux de l'Institut anatomique de l'École supérieure de médecine de l'Indochine* showcased these tensions, which can be seen in the research on *métissage* becoming more explicit as the *métis* population rapidly increases during the 1930s.

To my knowledge, a study like this one has not been undertaken before in the field of Southeast Asian Studies. Many scholars have analyzed the 'making of empire' through media, the social history of medicine and political science. Ann Laura Stoler has examined racial politics in Indonesia and Indochina. Laurence Monnais-Rousselot has written widely on the creation of a medical establishment in Indochina. Herman Lebovics has analyzed the cultural wars in France during the beginning of the twentieth century. Focusing primarily on the *Travaux de l'Institut anatomique de l'École supérieure de médecine de l'Indochine*, this study endeavors to continue forward with their work, combining medicine, museum theory, social history and historiography to highlight the complications and intricacies of a colony struggling to define itself in the

midst of constant upheaval. The medical texts are a vehicle in which to examine different historical, political and social processes at work.

Chapter I

Envisioning the New Body of 'Greater France'

“It is *désolante* to think, to *know*, that many of these poor mortals were born, were created so! But it appears to me to make little difference in the *sentiment* of the question whether they came into the world without their wits, or whether they lost them afterwards. And so, I would add, it makes little difference whether the mental inferiority of the Negro, the Samoyede, or the Indian, is natural or acquired; for, if they ever possessed equal intelligence with the Caucasian, they have lost it; and if they ever had it, they had nothing to lose. One party would arraign Providence for creating them originally different, another for placing them in circumstances by which they inevitably became so. Let us search out the truth, and reconcile it afterwards.”

Letter from Samuel George Morton to George R. Gliddon, May 30, 1846³

“What man is may be so entangled with where he is, who he is, and what he believes that [what man may be] is inseparable from them.”

Clifford Geertz, *The Interpretation of Cultures*, 1973⁴

In 1939, a young Vietnamese doctor, Đỗ Xuân Hạp, published an article, “*Recherches sur le bassin de la femme annamite*,” a comprehensive study on the pelvic structure of Vietnamese women. The article was based on a culmination of his earlier work on Vietnamese female anatomy, contemporaneous of research conducted in Europe during the 1930s in that it encompassed both anthropological and medical perspectives. Similar to other medical articles during this time, it echoed eugenicist and neo-Lamarckist sentiments⁵, ranking body parts according to racial composite and stratifying ethnic groups. This article provided empirical evidence to support the separation among the ‘races of man’ through extensive measurements, paying particular attention to the minute differences that occurred between them. “*Recherches sur le bassin de la femme*

³ Published in J.C. Nott and George R. Gliddon, *Types of Mankind, or Ethnological Researches Based Upon the Ancient Monuments, Paintings, Sculptures and Crania of Races and Upon Their Natural, Geographical, Philological and Biblical History*. London: Trübner and Co., 1854.

⁴ Clifford Geertz, *The Interpretation of Cultures*. New York: Basic Books, 1973.

⁵ The idea that acquired traits are inheritable and in 1930s France, this was further extended to provide justification for selective breeding policies proposed by the pro-Eugenicist movement. This was particularly popular in France following the demographic devastation of World War I. See further Chapter 2.

annamite” was in many ways, a typical example of French medical literature and meshed neatly with current European scientific trends that examined the nexus of race and reproduction. However, this article was published in Vietnam by a Vietnamese man.

“*Recherches sur le bassin de la femme annamite*” embodies several elements prevalent in medical literature of the 1930s and 1940s, not least of which was the use of the human body to reinforce political ideologies of inter-war Europe. It was a study in *morphologie*, or the development of the body to determine the evolution of humans. The research focused on not only the pelvis, but among other subjects, the development of the spinal cord, the physiology of Vietnamese women, and the measurements of newborn heads. The range of topics and the fact that they are all covered under the umbrella of ‘Research about Annamite female pelvises’ situates the work clearly in the domain of racial politics of the time, whether that was the author’s intent or not. Đỗ Xuân Hợp had written extensively on the topic before the publication of this 1939 article, although his earlier research was under the auspices of his French mentor, Doctor Huard.

Đỗ Xuân Hợp began working for Dr. Pierre-Alphonse Huard seven years before this article’s publication upon his completion of a correspondence course (*học hàm thụ*) in medicine in 1932 through the University of Paris.⁶ Aspiring Vietnamese medical students typically studied in France, often receiving colonial government scholarships to attend university if they did not come from a wealthy family. Students who studied in France sometimes came from merchant families or were children of exiled royalty. In the shifting political climate of twentieth-century Vietnam, any young student who wanted to become employed in one of the burgeoning fields of commerce, science or medicine

⁶ All biographical information on Đỗ Xuân Hợp is from Lê Minh Quốc, *Đỗ Xuân Hợp Ông Vua Của Ngành Giải Phẫu Học Việt Nam*. <http://www.ykhoa.net/skds/DANHNHAN/84-16.html>.

sought a French education. Instead of studying in Paris, Đỗ Xuân Hợp remained in Vietnam to work, while beginning his education in medicine at the Hanoi Medical School (*Trường Y khoa Đông Dương*). Although he graduated in 1929, Đỗ Xuân Hợp continued to work to help his family, being unable to afford further medical training.

Then, in the spring of 1932, an unlikely event changed the course of Đỗ Xuân Hợp's life. He witnessed a robbery and single-handedly restrained the thief who had fled the crime scene. When French Army officers approached the crowd that had formed around the two Vietnamese men, they saw that Đỗ Xuân Hợp had confronted and held the robber. As a reward, Đỗ Xuân Hợp was invited to the military post and financially compensated for his role in capturing the thief. With this money, he was able to buy the necessary documents and register for the correspondence course in medicine. Upon finishing his correspondence course, Đỗ Xuân Hợp earned a position at the Hanoi Medical School as a teacher's aide for Dr. Huard, conducting on-the-job training for Vietnamese medical students. He was the first Vietnamese doctor to fill this position⁷ and his work with Dr. Huard would prove to be fruitful. The two men later collaborated on a number of publications on Vietnamese anatomy throughout Đỗ Xuân Hợp's academic and professional careers. In 1939, he became Chief of Practical Anatomy at the medical school, which was unique in a faculty comprised of French doctors.

The *École française d'Extrême-Orient*: Orientalism and Education in Indochina

Before analyzing the work of Đỗ Xuân Hợp further, it is important to examine the influence of the *École française d'Extrême-Orient* on French education in the colony and

⁷ According to Lê Minh Quốc.

its role in the *Institut indochinois pour l'étude de l'homme*, which was affiliated with the Hanoi Medical School. The tentacles of the *École française d'Extrême-Orient* reached into different research institutions in Indochina, including establishments dedicated to medical science. This influential institution not only permeated the 're-education' of young, educated Vietnamese, but also indoctrinated French-trained Vietnamese doctors in the objectification the 'Vietnamese body.'

The idea of the *mission civilisatrice* began when the term, 'civilization' was first used in France around the year 1766 and was intended to denote the 'triumph' of metropolitan France over the "uncivilized world of savages, slaves and barbarians."⁸ This idea of civilization was applied to both the *hexagone* and abroad as France struggled to annex her culturally-distinct provinces into an ideologically-unified 'nation.' Before the latter half of the nineteenth-century, there was little in France to indicate any common culture. It was not until the repeated exposure to an ideological 'France' through the inroads of acculturation—the construction of roads and railways, the circulation of printed matter, and the imposition of public health programs—that the annexed provinces became part of a unified, albeit amorphous entity.⁹

'Greater France' was full of contradictions and the notion of a unified empire did not coincide with the realities of racial politics in colonial society or with the underlying assertion of a distinct hierarchy to which everything under the 'imperial gaze' of France was subjected. This well-defined 'order of things' became murkier as the French

⁸ Alice L. Conklin, *A Mission to Civilize: The Republican Idea of Empire in France and West Africa, 1895-1930*. Stanford: Stanford University Press, 1997: 14.

⁹ See Eugene Weber, *Peasants into Frenchmen: The Modernization of Rural France 1870-1914*. Stanford: Stanford University Press, 1976. Weber examines further the annexation of the French provinces and the political forces which provoked the ideological shift. Also, see Benedict Anderson's work on the use of printed matter in the construction of nationhood, *Imagined Communities*.

involvement in her colonies increased, causing political turmoil at home and raised questions regarding identity, citizenship and ‘Frenchness.’ While many of these questions have been previously studied within the context of marriage and race regeneration¹⁰, it is also important to examine the evolution of the concepts of race as they interfaced with the *École française d’Extrême-Orient*. The EFEO was the most influential learned society for the developing science of ‘Orientalism’ in France and was not only responsible for the creation of ideas pertaining to the ‘Orient,’ but also in the development of the field of *les sciences humaines*, which dove-tailed neatly with French Orientalism. The use of the word, ‘science’ in this discipline signified the close relationship that these nascent academic fields had with the methodologies of *les sciences exactes*, such as astronomy or physics.

‘Orientalism’ was never separated from the influences of politics. Beginning with its birth in Egypt as part of Napoleon’s 1789 expedition, Orientalism continued to be the forum of formal French discourse on the ‘uncivilized’ world and the ‘necessity’ of a *science coloniale française* to make order out of chaos. The definition of this order insisted upon the implementation of scientific method and the formation of institutions dedicated to its study. From this order created through scientific method naturally arose the hierarchy inherent in science, giving legitimacy to the ‘scientists’ of Orientalism through their designated role as the creators of these Orientalist taxonomies.

Despite the fact that Napoleon’s expedition was one hundred years before the inauguration of the *École française d’Extrême-Orient*, the institution continued to be influenced by the same methodology that was created by the *savants* in Egypt. Orientalism had continuity in French thought and was considered a tradition that had

¹⁰ See Alice L. Conklin (1997, 1998) and Ann Laura Stoler (1990, 1995, 1997).

developed its own defined approach: “L’étude systématique de terrain.”¹¹ The “terrain” encompassed an imaginary and physical space, which brought within its operational perimeters contradictions and pretensions imposed by the technological and scholarly advances of the French bourgeoisie.

During the nineteenth-century, the European scholar’s view of the world changed into something more complicated with the increasing involvement of imperial expansion. Early Orientalists sought clarity in the organization of the societies that they studied, but also the ‘novel,’ the ‘strange’ and the ‘obscure.’ Prior to the establishment of the EFEO in 1898, there were two predecessors: the *École française d’Athènes* (1846) and the *École française du Caire* (1880). Both of these schools focused on archeology and the creation of a ‘true’ scientific method that would be applicable to everything in the Orientalists’ view. The French Orientalists were largely inspired by the British societies such as the Royal Asiatic Society. These schools allowed for the amateurish and enthusiastic creation of inconsistent methodologies, which were largely naïve attempts to create a discipline or an emerging ‘science.’

During the 1890’s, the attitudes regarding imperial expansion and the creation of a colonial empire changed. France’s earlier ‘assimilationist’ policies came under heavy criticism from everyone involved in the process of colonialism—doctors, military generals, administrators—influencing a shift in political ideology and fueling the campaign for ‘association’ in the French colonies. This change in ideology was considered “less progressive, but pragmatic”¹² and for many Orientalists embodied a more respectful stance on colonial administration, particularly in Indochina. This change

¹¹ Pierre Singaravélou, *L’École française d’Extrême-Orient ou l’institution des marges (1898-1956): Essai d’histoire sociale et politique de la science coloniale*. Paris: L’Harmattan, 1999:27.

¹² Ibid, 1999:59.

in the French temperament concerning their colonies in Asia greatly influenced the tone of the *École française d'Extrême-Orient* during its inception.

An integral part in both the formation of the EFEO and the larger colonial endeavor was the implementation of an educational system in Vietnam. From the beginning, the purpose of the French educational system established in Vietnam was to lure the elite and literate classes into cooperation with France. Later, it was used to sustain a localized administrative structure and reinforce colonial dominion in the region. The French educational system established in Indochina also reflected the *mentalité* of the EFEO, which was in many regards, a more important element in the indoctrination of Vietnamese into the colonial system.

In his study on the *École française*, Trinh Van Thao separates the educational system in Indochina from the end of the nineteenth to the mid-twentieth century into three phases. The first phase (1878-1907) was the creation of the system of *les écoles franco-indigènes* established in conjunction with the court of Hué. Merely a guise for the pacification of the Vietnamese, *les écoles franco-indigènes* was a mediocre and unorganized attempt without financial support or definitive programs. Phase Two (1908-1918) was the “official liquidation” of the *écoles franco-indigènes* into the administrative body of the *Règlement général de l'instruction publique*. During this period, the University of Hanoi was established, including the School of Medicine in 1902. This second phase was in many respects, the most ambitious with the implementation of a three-sector (*les écoles françaises, franco-indigènes, professionnelles*) educational system in Indochina. The last phase (1918-1945) was the longest and underwent the most

change and culminated in the most successful reproduction of a French model educational system in a colonial setting.¹³

Once the French committed to a deliberate program for overseas expansion in the 1890's, colonial policies became more aggressive and more intrusive—with technological intervention and the idea of 'progress' at the forefront of the movement. Certain patterns emerged in early French colonial policies that reappear during France's later involvement in Indochina: fluctuating and capricious policymaking; the idea of 'empire' as national prestige; and the French lack of desire for direct rule in the colonies. Science and its role in the civilizing mission contained many layers, which must be examined through the inherent structure of 'science' as well as in its ideological or political context. The hierarchical nature of science was responsible for the re-ordering of society and of the idea of 'mankind,' which reverberated loudly throughout colonial policy. Science was also an instrument for the physical enforcement of the ideas that accompanied 'societal order' through the 'scientific studies' on race. All parts worked together and created an ideological mechanism that would saturate colonial politics and define for the French, their role in the human race.

France monopolized European science during the late nineteenth and early twentieth centuries. Shortly after public enthusiasm for colonial expansion was revived during the last decade of the nineteenth century, a Pasteur Institute was founded in Saigon in 1891. Tied closely to the *Corps de Santé Colonial* and the *École de Santé Navale*, the new institute employed a group of trained military doctors who would follow Pasteurian methods. French domination of science and medicine continued with Louis Pasteur pioneering the study of microbiology. When the plague epidemic broke out in Canton

¹³ Trinh Van Thao, *L'École française en Indochine*. Paris: Éditions Karthala, 1995:38-56.

and Hong Kong in 1894, one of his pupils, Alexandre Yersin, arrived in Asia once he obtained permission from the French government. After Yersin successfully diagnosed and found a cure for the bubonic plague, he was able to secure funding from the government to establish a second overseas Pasteur Institute in Nha Trang in 1895, as Saigon had the first.¹⁴ The progression from naval medicine to world-renowned research played a significant role in the national pride of France, as well as providing legitimization for the *mission civilisatrice*.

Laced with formal and informal power relationships, metropolitan science grew according to formulations made at the core of the scientific community in Paris. Officially, there was little to demarcate between policies devised in the metropole and experiments carried out in the colonies. One must keep in mind, however, that the ideological construct of 'Greater France' differed from the realities of colonial politics and the intrinsically hierarchical nature of science. These two elements created the development of a colonial science that often embodied the rebellious nature of colonial life. Science in the colonies, therefore, was not only influenced by policymaking decisions in Paris, but by the murky and defiant environment of French colonial society.

Medical Texts under the Museological Lens

The dissected parts of the 'Other' body all contributed to the taxonomy of difference that was meticulously displayed in French medical discourse—as well as in its counterpart publications throughout Europe and America. French medical literature

¹⁴ Gabrielle M. Vassal, *Three Years in Vietnam (1907-1910): Medicine, Chams and Tribesmen in Nhatrang and Surroundings*. Bangkok: White Lotus Co., Ltd., 1999:53-54.

from the Hanoi Medical School was often no more than voyeurism—decontextualizing Vietnamese bodies and providing a caption to complete the story. As is the case with all exhibits, the relationship of the audience to the display was pertinent to the construction of the image of the *indochinois* in French colonial thought. Medical texts were part of a larger body of work that participated in the relocation of the colonial *sujet* into the metropolitan mass-consciousness. Since it was a dialectical relationship, scientific literature was also informed by temperamental public opinion and political shifts within the metropole. Medical journals can be viewed as a vehicle in which the “tensions of empire”¹⁵ are clearly laid out—from the semiotic realm of the text to the manifold messages conveyed by the photographic image.

If examined as a development correlative with the construction of the museum, medical discourse could also provide a forum for the “policing, militarization, and hygienicization”¹⁶ of the complicated and murky world of colonial knowledge. This organization of knowledge was linked to the transformation of a variety of institutions, especially hospitals, prisons, and universities. Medicine, as an agency closely tied to the politics of the *hexagone* was also susceptible to political sentiments as France struggled to rebuild herself after a series of defeats within Europe and abroad. Medical discourse is multi-layered and nuanced, making it a particularly useful text in which to examine the interconnected and sometimes opposing influences on colonial policy.

¹⁵ A term coined by Daniel Hedricks to denote ambiguities in the colonial project.

¹⁶ Donald Preziosi, “Modernity Again: The Museum as Trompe l’oeil” in *Deconstruction and the Visual Arts: Art, Media, Architecture* eds. Peter Brunette and David Willis. Cambridge: Cambridge University Press, 1994:142.

The birth of the museum signaled a massive reorganization of education into different disciplines and the transformation of the school, the hospital and the prison into places in which knowledge could be codified and stabilized.¹⁷ In the case of colonial Indochina, these sites also served as a living exhibit of French insecurities and projections. For instance, the representation of the ‘yellow races’ in the ‘Exposition Coloniale 1931’ and its supporting publication, *Cochinchine 1931* provides insight into the recontextualization of the ‘exotic’ in a manner similar to that of medical discourse. The emasculation of *La mère patrie* during the First World War had created a sense of insecurity combined with a fortified desire for French colonial expansion. Also, the previous defeat of the Russians by the Japanese in 1905 had complicated the concept of the ‘inferior’ Asian. Journals such as the *Revue indochinoise* published articles addressing the ‘psychology’ of the Japanese,¹⁸ seeking distinctiveness in this particular group of Asians, whereas other ethnicities were lumped together in an amorphous category of ‘despotic’ peoples.

The Exposition addressed these two concerns in a manner that both lifted national pride and reconstituted old perceptions of the ‘lesser’ races. Pictures of ‘natives’ making handicrafts and selling their wares in outdoor markets appeared in chapters alongside photographs of the stately structures of the Saigon Chamber of Commerce and the ‘Lycée

¹⁷ While the location of these sites is indebted to Michel Foucault, David Arnold has highlighted the use of these spaces, which he termed, ‘colonial enclaves’ for British medical research in India. In a similar manner, French scientists such as Paul Broca used schoolchildren as subjects for experiments on intelligence and this tradition continued in Indochina at the Hanoi Medical School. Many of the test subjects in studies on puberty were taken from French schools where headmasters and mistresses tallied, measured and documented their pupils for scientific research.

¹⁸ S.I. Motono, “Psychologie du Peuple Japonais,” *RI*, October 1929, no. 40. Saigon: Les Éditions d’Extrême-Asie. Although a French citizen did not write this article, it appeared in a journal that was decidedly pro-colonialist and published columns on the state of affairs in Indochina, as well as excerpts from other publications. The medical justification for the separation of Japanese from other Asian peoples appeared twenty years later in a 1949 issue of *RMFEO*.

Pétru Truong-vinh-ky.' *Cochinchine 1931* constructed a very particular kind of history, one in which France had never succumbed to defeat and still had the ability to transform societies as the world's living example of 'civilization.' In the case of the 'Exposition Coloniale,' the 'native' was removed from his or her context, disassembled and reconstructed in Paris, thereby creating the 'exotic' image of the colonial *sujet* as a reconstituted element of the French colonial legacy. The 'native' in this context embodied no essential element of inherent 'native-ness,' but rather a collection of pieces reassembled after being put through the sieve of French popular imagination. This process created the 'exotic.' As Peter Mason states in his study on the representation of non-Europeans,

The exotic is produced by a process of decontextualization: taken from a setting elsewhere (it is this 'elsewhere' which renders it exotic), it is transferred to a different setting, or recontextualized. It is not the 'original' geographic or cultural contexts which are valued, but the suitability of the objects in question to assume new meanings in a new context.¹⁹

Similar to the 'Exposition Coloniale' of 1931, medical discourse was but one commentary among a set of overlapping narratives in which racial anxieties could be articulated and European identity could be 'protected' from the fears of disintegration. French identity had been in crisis since the loss of Alsace-Lorraine in 1870 and the two World Wars did little to stabilize the political and ideological fears of France. By putting the 'Other' in a museological context, it became something tangibly different, while being safely separated by having been cordoned off and sanitized. Barbara Kirshenblatt-Gimblett explains the "museum effect" of recontextualizing objects as "bleeding into the

¹⁹ Peter Mason, *Infelicitities: Representations of the Exotic*. Baltimore: The Johns Hopkins University Press, 1998:3.

ubiquity of the common-sense world, the museum effect brings distinctions between the exotic and the familiar closer to home. Calibrations of difference become finer. The objects differentiated draw nearer.”²⁰

By having been re-created, the colonial *sujet* was now less person and more ethnographical object. These objects could now be placed on exhibit and the narrative re-written. The colonial subject was a fragment in a larger picture, truly ethnographic in nature. Now de-humanized, this “ethnographic fragment [was] informed by a poetics of detachment.”²¹ Subsequently, this detachment made the creation and appreciation of these fragments possible. This concept operated synchronously with the hierarchical nature science, aiding in the creation of a ‘taxonomy of difference.’

Đỗ Xuân Hợp Continued

Đỗ Xuân Hợp’s 1939 article, “*Recherches sur le bassin de la femme annamite*,” should be read alongside another publication, “*Recherches sur la Physiologie feminine en Indochine et en Extreme-Orient (Menstruation, fécondité, ménopause)*” that appeared a year earlier. While he was still a medical student at the Hanoi Medical School, Đỗ Xuân Hợp had co-authored this 1938 article with Doctors Huard and Alfred-Alphonse-Léon Bigot and it also happened to be the topic of his thesis at Hanoi Medical School.²² The article describes in detail the measurements of the ‘Annamite’ pelvis in relation to other

²⁰ Barbara Kirshenblatt-Gimblett, “Objects of Ethnography” in *The Poetics and Politics of Museum Display* (eds.) Ivan Karp and Steven D. Lavine. Washington, DC: Smithsonian Institution Press, 1991:410.

²¹ *Ibid.*, 1991:388.

²² P. Huard, A. Bigot, and Do-Xuan-Hop, “Recherches sur la Physiologie feminine en Indochine et en Extrême-Orient (Menstruation, fécondité, ménopause)” in *TRAV* vol. 3. Hanoi: Imprimerie d’Extrême-Orient, 1938. This study plus his later publications dissecting the Vietnamese body eventually won Doctor Đỗ Xuân Hợp a position as the Chief of Practical Anatomy at the Hanoi Medical School.

races jaunes; the percentage girls' first menstruation based on age and race; and the number of births per women in differing age groups. Many articles by Đỗ Xuân Hợp, Huard and other doctors that published the same year that took apart the Vietnamese body and especially, the female body, in the name of medical science.

This article contains a methodological approach popular in French medical publications: first, there is an examination of the physical aspects of 'Far Eastern' adolescents; secondly, the authors organize and compare sub-categories of 'races' such as the *Annamites* and *Tonkinois*; and thirdly, they list the result of these differences as they culminated in the fecundity and age of first parturition. The women's age of marriage and first pregnancy throughout the Asia also are tabulated. This last section includes studies on fecundity and menopause as well. An 'ethnographic' study makes up the fourth section to analyze "ceremonies and popular Indochinese beliefs regarding menstruation"²³ and it is followed by a conclusion. Similar to other studies published in the 1930s and 1940s on Vietnamese reproductive capacity, the authors include studies by other scientists on Chinese girls and women. They also exploited the "colonial enclaves"²⁴ of Indochina—the schools and hospitals—to find their test subjects. 'Métis' also becomes a distinct category of its own, explicitly separating them from the 'yellow' and 'white' races.

Throughout this study, the outcomes of the research by Huard et al. is as important as the methodological approach, since all data is affected by methodology.²⁵

²³ Huard, Bigot and Đỗ Xuân Hợp, "Recherches sur la Physiologie féminine en Indochine et en Extrême-Orient (Menstruation, fécondité, ménopause)" *TRAV*, vol. 3. Hanoi: Imprimerie d'Extrême-Orient, 1938:194. All translations are by author unless otherwise indicated.

²⁴ Term used by David Arnold to describe prisons, hospitals and army barracks in British India, whose enclosed and vulnerable populations were used by scientists testing vaccines and other medications. *See earlier footnote.*

²⁵ Lecture by Kathy Ferguson on data, methods and methodology.

There is a “methodological importance for work in the human sciences of finding and formulating a first step, a point of departure, a beginning principle”²⁶ because the concluding data cannot help but contain the assumptions which prompted the study in the first place. Within medical studies published on race and gender the initial assumption is ‘difference.’ In the introduction of “*Recherches sur la Physiologie féminine en Indochine et en Extrême-Orient (Menstruation, fécondité, ménopause)*,” the authors state that although studies already have been completed on the reproductive cycles of Chinese and Japanese women, many authors cited in this article “take into account racial diversity.”²⁷ Therefore, the strength of this particular study is its clinical and anthropological approaches taken by the authors to insure that *difference* is taken into consideration. The fulcrum for all medical studies on physiology or anatomy of the ‘Indochinese’ conducted at the Hanoi Medical School has been the galvanization of *difference*.

The first section, “Physical Aspects of Adolescence in Young Girls of the Far East” is short, focusing mostly on breast development and the appearance of axillary and pubic hair in Chinese, not Vietnamese girls. While not particularly informative, it does confess to the inability of French scientists and doctors to overcome Vietnamese taboos on female nudity. They also express frustration that breast development cannot be observed in young Vietnamese girls because of the traditional shirt (*áo*) worn by women in the countryside. Unless the women are vulnerable and entrapped in one of the many French *hospitaliers* in the villages, no voluntary test subjects were available to the doctors.

²⁶ Edward Said, *Orientalism*. New York: Vintage Books, 1978:15.

²⁷ TRAV 1938:193.

The authors begin the second section, “Menstruation in the Far East” by documenting the ‘pathologies’ of menses caused by ‘precocious sexuality’²⁸ and climate. Conditions as diverse as hydrocephaly, ovarian tumors, and endocrine abnormalities were all linked to ‘precocious sexuality.’ Environmentalist ideas about the affects of climate in the etiology of disease or human development had not entirely subsided from scientific thought and certainly pervaded this particular study. The authors agreed that climate had a role in reproductive development, stating that on average, European girls living in India had their first menses earlier than they would have had they remained in Europe.²⁹ They also quoted a study that reported Eurasian girls living in India and in ‘the East’ having their first menstrual period earlier than Europeans, coinciding with the average age of indigenous girls.

According to the authors, these deviations and ‘pathologies’ of menses made Vietnamese fertility different than European, which further justified the dissimilarities between the ‘races.’ These differences were illustrated in numerous charts in the study comparing the onset of menses between *Annamite*, Cambodian, Chinese, and *métis* girls. This section was the longest in the study and began by citing a previously published American article on menstruation and its disorders³⁰ to examine linkages between the onset of puberty in young girls and medical pathologies. The doctors Huard, Bigot and Đỗ Xuân Hợp investigated over 1,200 young girls and women of Vietnamese, Chinese and Eurasian descent in Hanoi. Although, despite the restraints of being limited to the

²⁸ “Precocious sexuality” is the literal translation from the French and is defined as the early onset of puberty.

²⁹ *TRAV*, 1938:197.

³⁰ Huard, Bigot and Đỗ Xuân Hợp cited Hugo Ehrenfest, “Menstruation and its Disorders” *American Journal of Obstetrics and Gynecology*, vol. 34, nos. 3-4-6, September, October, December 1937.

city of Hanoi, the authors devised definitive conclusions regarding the reproductive cycles of Vietnamese women and ethnic minorities throughout Indochina.

By starting the study with an analysis of the ‘abnormal,’ the authors again reveal themselves to be in search of *difference* within their research. Upon reading the study further, it becomes clear why the authors have chosen this approach. According to research cited in “*Recherches sur la Physiologie féminine en Indochine et en Extrême-Orient (Menstruation, fécondité, ménopause,*” premature ovarian activity is directly related to pathologies in female reproduction. One study quoted linked the occurrence of hydrocephaly (the development of increased levels of intra-cranial fluid) with “sexual precocity,” stating that patients with this disorder had active pituitary glands (which release hormones related to the reproductive system).³¹

Another question entertained by the authors concerns the influence of climate. As mentioned earlier, medical science of the early twentieth century still had not completely shaken off the influences of ‘environmentalist’ paradigms popular in the 1800s and one significant difference between their European and Non-European test subjects is the climate. According to Huard, Bigot and Đỗ Xuân Hợp, the “age of sexual maturity in women appears to coincide with the isotherms.”³² Sexual maturity is directly linked to the endocrine system, and more specifically, to the pituitary gland. To prove further the differences between tropical- and temperate-climate populations, the authors list statistics on the onset of menstruation from locations as diverse as Scotland, Russia and Brazil. They also included the previously cited figures on young Europeans who inhabit India to illustrate the influence of climate on physiology. With the backdrop of neo-Lamarckist

³¹ Ibid., p. 196.

³² Ibid., p. 197.

politics of the time, this sentiment can be carried further to the conclusion that women who are sexually precocious (which is defined by the authors as having an active pituitary gland at an early age) run the risk of abnormal deliveries and reproductive cycles. Directly or indirectly, this implies that abnormal reproductive functions lead to abnormal babies predominantly *in the tropics*.

Three other variables are added to the equation: the effect of seasonal change, the level of physical exertion, and the *facteur racial*. Seasonal change and its influence on the first menstruation were dependent upon the geographical location of the study. Similar to the study on seasonal influences, the research on physical exercise was also truncated. Comparatively, the authors dedicated much of their study to the ‘racial factor’ in women’s reproductive cycles. Within this study and others similar to it, the ‘racial factor’ is where the scientific and anthropological overlap. The doctors cite a study conducted on the first menses of Jewish and “non-Jewish” Polish girls to illustrate “in their opinion, the racial factor is of great importance and *ambiance* is of little importance” (“à son avis, la grosse importance du facteur ‘race’ et peu d’importance de l’*ambiance*”).³³ However, they also present a 1936 German study that arrived at a different conclusion, stating that [scientists] are “unable to affirm that racial differences in physiological order is a strong pathological determinant: statistics which pretend that menstruation and menopause are different among certain races are unreliable” (“*Les différences raciales d’ordre physiologique à plus forte raison pathologique, ne peuvent être affirmées: les statistiques qui prétendent que la menstruation et la ménopause sont*

³³ Ibid, p. 199. The word, ‘*ambiance*’ portrays an idea or sense beyond the physical environment, which perfectly captures the French conception of multiple impalpable factors influencing human development.

différentes dans certaines races sont sujettes à caution”).³⁴ Despite acknowledging this contradiction within scientific literature of the period, the doctors continue to categorize according to race in their own studies.

Huard and his colleagues admit that there are variations among studies of the female reproductive system when looking solely at the impact of race or climate on human development, which leads them to explore another variable: the role of social conditions in development of the reproductive system. The French doctors believed that “Social class and habitat are the stimulation for late or precocious puberty” (“*la classe sociale et l’habitat sont étroitement liés à une stimulation sexuelle tardive ou précoce.*”)³⁵ Huard and his colleagues noticed a difference between Vietnamese girls in the city and in the country—the *campagnardes* having “rudimentary” genitalia³⁶ unlike their city-dwelling sisters. While social class, nutrition and a girl’s “state of health” should be taken into consideration, the authors argue, “the climate and especially, the temperature are the principle factors which retard or advance the onset of menses” (“*le climat et spécialement la température sont les principaux facteurs qui retardent ou avancent la première période menstruelle*”).³⁷ Regardless of earlier studies by other scientists about European female fecundity that potentially dispelled any notions about the impact of climate on menstrual cycles (one researcher found that blonde Dutch girls began to ovulate at an earlier age than their brunette counterparts),³⁸ these French doctors continue to insist that geographical location and temperature are important variables when examining human reproduction.

³⁴ Ibid, p. 199.

³⁵ Ibid., p. 202.

³⁶ Ibid., p. 202.

³⁷ Ibid., p. 202.

³⁸ Ibid., p. 199.

Of the 1,200 test subjects in the doctors' study, most of them were from French schools and hospitals established in Hanoi. In the primary or secondary schools, either the young students would recall their age at the time of their first menses on a questionnaire or in one case, the headmistress documented the exact date. At the hospitals, the doctors excluded from their statistical analysis women who were ill with a disease that might adversely affect their menstrual cycles, such as syphilis or tuberculosis. The questionnaire included relatively simple questions: age and place of birth; age and if possible, month of first menses; duration of menstrual bleeding; length of menstrual cycles; effect of seasonal differences between summer and winter; 'individual particularities'; and age of cessation of period. Nearly one hundred pairs of twins were also part of this study to determine if there were any significant differences in age of onset of menses (the doctors concluded that there were not).

The Vietnamese girls are then compared to individuals in other studies. A number of statistical tables are presented in the study on the Vietnamese girls themselves and in relation to other ethnic groups. In one interesting comparison, the authors illustrate that *Annamite* girls menstruate later than *métisse* students (average age of 13.5 years versus 13 years and 3 months). The *métisses* are broken down into racial sub-categories with age of first menses: half-Vietnamese (maternal side), Indian, African, and two *quateronnes*. Interestingly, the two *quateronnes* are presented as the most sexually precocious, both having their first menstrual cycles at the age of eleven.³⁹ The next tables in this section are of three studies conducted by Doctor A.T. Mondière who had written

³⁹ Ibid., p. 207.

widely on the demography of Cochinchina in the nineteenth century.⁴⁰ Vietnamese girls from the south are in the first chart, Cambodians in the second and the *Sino-annamites* in the third. The results of Mondière's study illustrate that the majority of young women in each of these categories begins her menses at a later age, typically between the ages of fifteen and eighteen. After presenting this data, the authors remind their readers, "Remember that we had found among the Eurasians that 13 years and 3 months was the average age of first menses" ("*Rappelons que nous avons trouvé, chez les métisses européo-annamites, 13 ans 3 mois comme âge moyen de la première menstruation*").⁴¹

In the next section, the "Chinese and other Mongoloids" are examined, both on their own and in relation to the Vietnamese. In a figure entitled, "Age of onset of Menses in Comparison to Women of the Yellow Races in Other Lands," the four columns are labeled by author, race, number of individuals, and average age of first menses. Included in the 'Yellow Races' column are inhabitants of the circumpolar regions, such as 'Eskimos' and the inhabitants of Greenland. According to their findings, 'Eskimos' of Alaska, Vietnamese from Hanoi, and the *métisses* begin their periods the earliest compared to all of the other 'yellow races.' In fact, within this particular study, the Eurasians are the most sexually precocious of all the 'races' with the exception of the 'Eskimos' who many scientists considered to be at the bottom of the racial hierarchy of 'yellow races.'⁴² While this comparison explicitly states that the probability of reproductive disorders is less in Vietnamese than in the *métisse*, relegating 'Eskimos' and

⁴⁰ Huard and his colleagues reference Mondière's article, "Monographie de la femme annamite" *Bulletin de la Société d'Anthropologie*, vol. 2, 1875. Other studies by this anthropologist include, *Statistique des naissances et des décès dans la population annamite de la Cochinchine Française pendant les six années 1872 à 1876* and *Monographie de la femme de la Cochinchine. Femmes annamite, chinoise, minhuong, cambodgienne : anthropométrie, physiologie, position sociale...*, both published in the 1880s.

⁴¹ TRAV, 1938, p. 209.

⁴² See Nott and Gliddon, *Indigenous Races of the Earth* (1857) and *Types of Mankind* (1854).

Eurasians to the same low rung of the racial ladder contradicts the earlier sentiment that problems associated with precocious sexuality can only be found in the tropics due to climate. Having undermined any ‘environmentalist’ theories, the focus in this part of the study shifts to the racial factor.

In the third section of this article, “Marriage and Pregnancy,” the authors remove the *facteur raciale* from the center of their examination of the remaining aspects of Vietnamese, Cambodian and *métisse* fertility including age of first parturition and menopause. Instead, they focus on population growth in the colony. In their study on the average age of first parturition, women are separated into North Vietnamese, South Vietnamese, *Minh-Huongs*, and Cambodians using both their own data and Mondière’s 1875 study. They conclude that Vietnamese and Sino-Vietnamese women on average marry at the age of 18 and procreate by the age of 20. Cambodian women have their first pregnancy later, at the age of 22.

Given the importance of fecundity for the economic welfare of Indochina, statistics on birth and infant mortality are greatly detailed in this study. In the maternity ward at René Robin Hospital in Hanoi, the doctors found 1,444 women to include in their research. The doctors compare their own research with annual statistics because they believe that not all births are recorded by their Vietnamese *sujets*—especially female children—despite it having been enacted into law in 1883. This section is a fairly concise listing of statistics and unlike the preceding study on menses, has little commentary by the doctors on the influence of race or climate on fertility until the part on “Menopause Among Far-Eastern Women.” According to their research, most Vietnamese women arrive at menopause between the ages of 43 to 50, slightly younger than their European

counterparts. They also note that European women who live in tropical and sub-tropical climates do not differ greatly in age of the onset of menopause than women who live in Europe.

Although the doctors conclude that age of puberty directly correlates with the end of the female reproductive cycle, they do not investigate further, instead commencing with the fourth and final section, “Ceremonies and Popular Beliefs During the Menstrual Period.” This section primarily focuses on the beliefs of Indochina’s minority populations since the Vietnamese do not have any special significance attached to menses. More interesting than the content of this section is the question of why it is here. Huard and Bigot include similar ‘anthropological’ or ‘ethnographic’ studies in other articles they have authored, attempting to integrate the scientific with the anthropological. But, the only real purpose of this section appears to be to showcase the ‘bizarre’ behaviors of non-Europeans.

A separate five-page article by Bigot in this 1938 issue entitled, “*Recherches sur la croissance des eurasiens au Tonkin*” appears directly after “*Recherches sur la Physiologie feminine en Indochine et en Extreme-Orient (Menstruation, fécondité, ménopause)*.” Bigot’s article focuses on the rate of growth of Eurasians living in Indochina compared to the development of both French and *Cochinchinois* adolescents. In the beginning of his article, the author explicitly explains that this study, despite being scientific, was directly related to issues of economic capital.⁴³ Bigot notes that official documents estimate that the number of *known* Eurasians was 2,724 in Tonkin, making the annual rate of birth 257 in 1936.⁴⁴ The purpose of his research using orphaned *métis*

⁴³ Ibid., p. 233.

⁴⁴ Ibid., p. 233.

children (primarily boys in this particular study) was to see whether or not the hypothesis put forward by other scientists that height is dependent on race was true. He concluded, “the development of Eurasian boys’ stature is comparable with French, but their weight gain is closer to that of the Vietnamese” (“*la croissance staturale est comparable à celle du Français; la croissance pondérale le rapprocherait plutôt de l’Annamite*”).⁴⁵ Citing the anthropologist Pierre-Louis-Emile Millous,⁴⁶ Bigot agreed that research on the *Indochinois* would “enormously serve”⁴⁷ scholarship on military hygiene, anthropometrics and anthropology. Its other purpose—to locate difference among the races—is also well served. Bigot’s addendum to the preceding article written by he and his colleagues more clearly reveals the motives that provoked research of this nature and the desire to situate the position of science within French racial politics.

The new body of ‘Greater France’ was a collection of different bodies positioned in a distinct, racially defined order. The Vietnamese body was in the process of being redefined as each anatomical element was assigned meaning in the shifting political tides of early twentieth-century France. Vietnamese doctors, alongside their French mentors contributed to the reconstruction of the bodies of the ‘Other’ through participating as active agents in the labeling and categorization body parts, displaying the ‘novel,’ ‘strange’ and ‘obscure’ to a European audience. Science became exhibit as medical literature helped the relocation of Vietnamese bodies into empirical data.

⁴⁵ Ibid., p. 237.

⁴⁶ The study cited is Pierre-Louis-Emile Millous, “Quelques considerations a propos de mesures anthropologiques des garçons des ecoles de Mytho” *Bulletin de la Societe medicochirurgicale* [Author’s note: uncertain whether it is *de l’Indochine* or *de Paris*], 1926: 138-145.

⁴⁷ *TRAV*, 1938:237.

Chapter Two

The Fragmented Body: Mélanges Indochinoises

“The chimpanzee and the gorilla do not differ more from one another than the Mandingo and the Guinea Negro: they together do not differ more from the orang [sic] than the Malay or the white man differs from the Negro...for I maintain that the differences observed among the races of men are of the same kind and even greater than those upon which they anthropoid monkeys are considered as a distinct species.”

Louis Agassiz, 1853

By the repetition of certain ideas and images, medical literature published in Hanoi was able to create a viable sense of ‘truth’ in racial discourse. Images such as the detached Vietnamese pelvis or deformed newborn were centralized in debate through their continued presence in medical texts. This process in turn, created a sense of normalcy concerning extreme forms of ‘Otherness’—the deviations of the ‘Other’ perhaps becoming more ‘normal’ to readers of these texts than healthy Vietnamese. The ‘poetics of detachment’⁴⁸ that constituted scientific studies of the ‘Vietnamese body’ helped to sustain this sense of difference as well since Vietnamese bodies were not actually bodies at all. Rather, they were decontextualized fragments that could be utilized and studied in a manner that was not present with European bodies.

Also, it should be pointed out that there was not one ‘Vietnamese body,’ instead *Annamite, Tonkinois* or *Cochinchinois* bodies, distinguished racially only by geographic boundaries superimposed by the French when dividing Indochina into the four protectorates and the colony of Cochinchina. However, there could be an *Indochinois* body which appeared in certain iconographic spaces, particularly when tossed into a larger study on ‘races’ or as an anthropological curiosity. The word, *indochinois* first

⁴⁸ Term coined by Barbara Kirshenblatt-Gimblett.

appeared in the French dictionary, *Le Robert* in 1846 defined as an inhabitant of the Indochinese peninsula and was solely a geopolitical term.⁴⁹ *Indochinois* was a word that had been problematic since its inception, existing merely through its cartographic roots. It denoted a singular, complete identity of a people who never existed outside the French imagination, although they were continually visible in an iconographic space, dressed in a likeness accorded to them. The word, *vietnamien* did not come into being until after the final French defeat at Điện Biên Phủ.⁵⁰ Although, for the sake of this study and the purpose of clarity, the term, ‘Vietnamese’ will be used when discussing *Annamite*, *Tonkinois* or *Cochinchinois* bodies in these medical texts.

Medical journals of twentieth-century France served as prisms for ideological shifts and played a key role in the transformation of a national French identity in the midst of war and political upheaval. They served as a forum for ‘valid’ scientific research, which codified the tensions between alterity and normalcy within colonial thought, while bringing the most extreme forms of ‘difference’ into the realm of ‘normal Otherness.’ Intelligence and reproductive capacity were tightly wound elements in this debate, becoming centralized during the 1930s and 1940s as both neo-Lamarckism and France’s role as a colonial power peaked. The dissected parts of the ‘Other’ body all contributed to the taxonomy of difference that was meticulously displayed in French medical discourse—as well as in its sister publications throughout Europe and America.

European men historically occupied a privileged position in the scientific search for “translation, convertibility, mobility of meanings, and universality” where one

⁴⁹ Panivong Norindr, “L’*Indochinois* dans l’imaginaire occidental” in *L’Autre et Nous. Scènes et types* (ed.) Pascal Blanchard et al. Paris : ACHAC, 1995 :33.

⁵⁰ After Điện Biên Phủ, “*Les Viets*” was a derogatory term used by the French, perhaps linked to the “Viet Minh,” Ho Chi Minh’s army who revolted against colonial rule (per author’s discussion with Dr. Stephen O’Harrow).

language or worldview is “enforced as the standard for all the translations and conversions.”⁵¹ Meanings in French colonial discourse were malleable, changing with the capricious nature of politics in France as various short-lived governments rose to power and then fell, attributing to a sense of insecurity which permeated every societal domain. Medical journals, too reflected these shifts as men’s authority—to which women’s identities were inevitably hinged—was transformed, bringing the sentiments of racism that had previously only echoed in scientific literature to a reverberating crescendo.

Eugenics, Colonialism and Medical Discourse

The racial discourse of the early twentieth century was particularly infused by popular assumptions in anthropology on the dispersion and differentiation of the various ‘races.’ French fears of ‘national decline’ were not only wrapped up the ‘numbers’ of the declining birth rate, but also the ‘quality’ of citizen produced. Neo-Lamarckism became the basis for a French eugenics movement that would both replicate and differ from similar trends in Britain, Germany and the United States during the first decades of the twentieth century. The French brand of neo-Lamarckism was particularly concerned with the degeneration of the ‘French race’ through the inheritance of ‘inferior’ qualities by the offspring of parents—one or both— who may have ‘defective’ attributes. This concept fitted neatly within the frameworks of Gregor Mendel’s (1823-1884) hybridization theories and Charles Darwin’s (1809-1882) research on evolution, reinforcing the work

⁵¹ Donna Haraway, “Situated Knowledge: The Science Question in Feminism and the Privilege of Partial Perspective” *Feminist Studies* 14 (Fall 1988):187.

of the French Eugenics Society to ‘protect’ the French population against negative hereditary and environmental influences.

One of the most prominent eugenicists in France during the turn of the century was Doctor Adolphe Pinard,⁵² professor of obstetrics and gynecology at the Paris Medical School, who also later became president of the French Eugenics Society. He reasoned that inherited characteristics came from the level of parents’ health at the time of conception as well as that of the mother during pregnancy. A 1904 article written by Pinard implored parents to refrain from procreation “if they suffered from a variety of illnesses and urging them to think of themselves as ‘seed-bearers’ with ‘a sacred duty to their descendants.’”⁵³ As the founder of the new discipline of *puériculture*, Pinard wielded considerable influence, monopolizing on his position as a doctor during the democratization of healthcare in France in the 1920s and 1930s to promote his theories on the ‘betterment’ of maternity for national prestige.⁵⁴ Fears of degeneration were also linked to birth rate in the common belief that lower classes were producing more children than those in the upper strata, perpetuating the spread of a variety of disorders such as alcoholism, syphilis, and tuberculosis.⁵⁵

After World War I, the objectives of the eugenicists clearly included the ‘perfection’ the human races, although the French Eugenics Society disagreed with the

⁵² See Yvonne Knibiehler and Catherine Fouquet, *La Femme et les Médecins: Analyse historique*. Paris: Hachette literature générale, 1983: 238-240.

⁵³ Adolphe Pinard’s article, “De la conservation et l’amélioration de l’espèce” *Bulletin medical* (1898) p. 146 was reprinted in William Schneider, “Toward the Improvement of the Human Race: The History of Eugenics in France” *Journal of Modern History* 54 (June 1982):272-73. Translation by Schneider.

⁵⁴ Knibiehler and Fouquet, 1983:240. From 1928 to 1930, public administrators negotiated with medical organizations to create a universal system to control maternal healthcare in France.

⁵⁵ *Ibid.*, p. 273.

measures that other countries advocated to reach this goal.⁵⁶ The role of the Society, which was founded in 1912 was to lobby both the medical community and popular support in issues concerning marriage and motherhood to protect the population against “defective offspring.”⁵⁷ French eugenicists believed that they could successfully use eugenics in moderation, avoiding the stigma of anti-Semitism and racism that was associated with the movement from the 1930s until the 1940s. Although France outwardly condemned the practices of selective sterilization and race segregation promoted by German and American eugenics societies during the interwar period, studies of the ‘races’ as they were tied to concepts of intelligence and reproduction were consistently published in medical, scientific, and anthropological journals with the objective being to rank according to qualities. Therefore, by the very nature of France’s relationship to her colonies, the eugenicist movement in France could not help but infiltrate French colonial outposts, adapting to suit politics on the periphery.

Craniométrie and Céphalométrie

By 1927, the proceedings of the French Eugenics Society were published in the *Revue anthropologique*, a journal of the École d’Anthropologie, that was already engaged in the study and ‘scientific’ classification of humankind similar to its sister publication, *Revue d’Anthropologie*. As early as 1875, the *Revue d’Anthropologie* had published

⁵⁶ Schnieder, p. 279. According to Schnieder, other European eugenicist societies advocated screening for “negative traits” and emphasized the need to control population growth among certain segments of the population. The French Eugenics Society originally sought to target the general health of the entire population to avoid opposing the natalist organizations, which had gained political momentum during the interwar years.

⁵⁷ Ibid., p. 287.

studies on “The Brain of an Imbecile” (“Le Cerveau d’une imbécile”), which compared the brain of an African ‘Bushwoman’ with that of the “Brains of two Idiots of European Descent”⁵⁸ and presented the work of Paul Broca, who championed the idea that the “human races could be ranked in a linear scale of mental worth.”⁵⁹ Broca’s research on the orbital index of the human skull was part of a long tradition that had started decades prior with the work of Georges Cuvier. Paul Broca, professor of clinical surgery in the faculty of medicine and founder of the Anthropological Society of Paris, refined the technique of using lead gunshot to determine cranial capacity, creating the first objective methodology in the science of craniometry in 1866—one that continued to be employed by scientists into the twentieth century.

Human skulls occupied a special place in the scientific study of the human ‘race.’ Their study encompassed not only empirical research, but the study of history as well. Since the time of Baron Georges Cuvier,⁶⁰ who had long been considered the ‘Aristotle of France,’ scientific study of the species blended with history, paleontology and geology. Skulls, like the flora and fauna of the places where they were found, ‘belonged’ to certain geographical areas—their formation and unique characteristics shaped by the climate and terrain.⁶¹ In the nineteenth-century, scientific literature was dedicated to separating the ‘races’ according to geographical location. These studies often chose the most visually

⁵⁸ Dr. Samuel Pozzi, “Note sur le Cerveau d’une Imbecile” *RA*, vol. 4. Paris: Earnest Leroux, 1875:193.

⁵⁹ Stephen Jay Gould, *The Mismeasure of Man*. New York: W.W. Norton and Company, 1996:118. Paul Broca, “Recherches sur l’Indice orbitaire” *RA*, vol. 4. Paris: Earnest Leroux, 1875: 577.

⁶⁰ Georges Cuvier (1769-1832) was a respected French scientist responsible for the development of vertebrate paleontology. His theories on evolution and animal morphology widely influenced the field of zoology and paleontology, despite opposing the work of many of his contemporaries who continued to place the evolution of species within an environmentalist paradigm.

⁶¹ One well-know example of this type of study is the ‘Hottentot Venus’ (Saartjee Baartmann) who was poked, prodded and displayed by British and French scientists until her death in 1815. She unwittingly became emblematic of perceived racial and sexual inferiority in Africans within the ‘Western’ world. In the name of science, her brain and sexual organs were displayed at the Musée de l’Homme until 1985.

distinguishable ethnic group from a certain region and placed them beside primates, birds and vegetation indigenous to the area. Two lengthy examples of this concept are the volumes by Georges Gliddon and Josiah Nott, *Types of Mankind, or Ethnological Researches Based Upon the Ancient Monuments, Paintings, Sculptures and Crania of Races and Upon Their Natural, Geographical, Philological and Biblical History* (1854) and *Indigenous Races of the Earth* (1857).

Of particular interest to Samuel George Morton⁶² were the variation of Native Americans within the United States and the question of racial segregation. His reputation throughout the world was based upon his meticulous classification of the ‘races’, in particular, the dwindling population of Native Americans after the arrival of white settlers on their land. Morton believed that this population decline was inevitable due to their smaller brain size—a hypothesis that he dedicated his life to proving. His colleague, Dr. Josiah C. Nott⁶³ maintained Morton’s convictions, writing in the introduction of his prolific *Types of Mankind* that

“Those groups of races heretofore comprehended under the generic term Caucasian, have in all ages been the ruler; and it requires no prophet’s eye to see that they are destined eventually to conquer and hold every foot of the globe where climate does not interpose an impenetrable barrier. No philanthropy, no legislation, no missionary labors, can change this law: it is written in man’s nature by the hand of his Creator.”⁶⁴

⁶² Samuel George Morton (1799-1851) was a Philadelphia physician and with Louis Agassiz, was one of America’s foremost polygenists who used craniometry to prove his theories on racial differences.

⁶³ Josiah C. Nott (1804-1873) was a racial theorist and proponent of polygenesis.

⁶⁴ Josiah C. Nott and George R. Gliddon, *Types of Mankind, or Ethnological Researches Based Upon the Ancient Monuments, Paintings, Sculptures and Crania of Races and Upon Their Natural, Geographical, Philological and Biblical History*. London: Trübner and Co., 1854:79.

Nearly a hundred years later, very little had changed in the realm of craniometry. By the beginning of the twentieth century, this practice continued in French scientific texts supported by studies in *céphalométrie*. An entire issue of the *Bulletin du Service géologique* published in 1938 was dedicated to a study conducted by the doctors Pierre-Alfonse Huard and Edmond Saurin on skulls found at various archeological sites on the Indochina peninsula, as well as through dissection of cadavers.⁶⁵ This article, entitled, “État actuel de la craniologie indochinoise (craniométrie préhistorique et actuelle; céphalométrie du vivant)” began with the historical analysis of skulls found throughout Indochina, comparing the measurements and characteristics of bone plates and sutures. The authors claimed that it was the first of its kind to assemble the studies of *craniométrie* and *céphalométrie*. Many of these were partial skulls taken from not only the French protectorates, but from Thailand as well.

Doctor Huard was the director of the *Médecin des Troupes Coloniales* and editor of the *Travaux de l'Institut anatomique de l'École supérieur de médecine de l'Indochine (section anthropologique)*. Huard was also closely affiliated with the *l'École française d'Extrême-Orient* (EFEO) having been named an honorary member after his arrival in Indochina in 1933. Three years later, he earned a position on the Faculty of Medicine at Hanoi Medical School. Since he held positions in both institutions, Huard was the ‘official volunteer’ to work with Vietnamese doctors trained at the medical school in Hanoi, helping to create the *Institut indochinois pour l'étude de l'homme*, a joint research group comprised of members of the EFEO and the *Institut anatomique de l'École de*

⁶⁵ Pierre-Alfonse Huard and Edmond Saurin, “État actuel de la craniologie indochinoise (craniométrie préhistorique et actuelle; céphalométrie du vivant)” *SERGEO* vol. 25, Fasc.1 (1938). Hanoi : n.p.

médecine.⁶⁶ The interests of this group sought to apply scientific methods to the study of the customs, traditions and history of the peoples of the Indochina peninsula. Doctor Huard developed a special fondness for his Vietnamese students, stating, “I have always had a particular affection for Vietnamese doctors who have guarded the tradition of loyalty and respect towards teachers” (“*J’ai toujours une affection particulière pour les médecins vietnamiens qui avaient gardé toujours la tradition de loyauté et de respect envers les maitres.*”)⁶⁷ He also married a northern Vietnamese woman.⁶⁸ After Điện Biên Phủ, he was nominated by the French High Commander and the Red Cross to serve as negotiator with Vietnamese revolutionary leaders.⁶⁹ Widely regarded in his field, Huard served not only in Indochina, but also throughout the Near East, Africa and France, eventually earning a coveted position in the Faculty of Medicine in Paris.⁷⁰

In Huard’s work, as those of his colleagues, he researched various body parts as they related to racial composite and in particular, skulls. A pattern emerges in all of the scientific studies of indochinese skulls: first, the skulls are measured in comparison with other peoples from around the world; then, they are measured against the other ‘yellow races’ of the *Extrême-Orient* (although sometimes an African or a Turk would also be put into the mix); and lastly, against each other on the peninsula. Adhering to a style that was popular in all serious scientific studies since the time of Cuvier, Doctors Huard and

⁶⁶ Laurence Monnais-Rousselot, *Médecine et colonisation : L’aventure indochinoise 1860-1939*. Paris : CNRS Editions, 1999 :427.

⁶⁷ Interview conducted by Nguyễn Bội Hoàn in Paris, published 1998; printed in an article, “Professeur P. HUARD, Le Médecin Militaire et Le Maître Respectable” www.emviet.com/txd/quany/toc.shtml.

⁶⁸ Nguyễn Bội Hoàn spoke to Dr. Huard’s wife on the phone and described her accent as northern Vietnamese in his article.

⁶⁹ Dr. Huard was successful rescuing wounded French soldiers largely because by chance, he met a former student from the Hanoi Medical School, Tôn Thất Tùng who was fighting alongside the Việt Minh and through him, was able to persuade the Việt Minh negotiators to give the French delegation access to their casualties.

⁷⁰ Pierre Singaravélou, *L’École française d’Extrême-Orient ou l’institution des marges (1898-1956). Essai d’histoire sociale et politique de la science coloniale*. Paris: Éditions l’Harmattan, 1999:329.

Saurin begin with a history of ‘prehistoric’ skulls of the Indochina peninsula as well as an ‘anthropological’ review, stating,

It would have been impossible to understand some things about Indochinese craniology without making comparisons with the facts established by prehistory or anthropology in the diverse lands of the Far East”

*“Il eut été impossible de comprendre quelques choses à la craniologie indochinoise, sans faire des comparaisons avec les données acquises par la préhistoire ou l’Anthropologie dans les divers pays d’Extrême-Orient.”*⁷¹

A century after Cuvier, French science continued to situate the peoples of the world within their geographical and environmental contexts to better justify their place in the ‘order of things.’ Some of these skulls came from the private collection of Alexandre Yersin, from archeological digs during the 1920s, deceased coolies and two men who had died at Paulo Condore. In all, 140 skulls were part of the study comprising all ethnic groups of the Indochina peninsula, including one “Minh-huong” or Sino-Vietnamese.⁷² The *Tonkinois* skulls were from a collection held at the *Amphithéâtre de l’École de Médecine de Hanoi* consisting of 17 male, 3 female and 3 “undetermined” subjects. These skulls were then measured and categorized according to their ethnic group.

For their study on *céphalométrie* of the ethnic groups of Indochina, the doctors explain their procedures. The skulls acquired in this study were taken from cadavers, unlike those used in *craniométrie* research, which were both from archeological digs and

⁷¹ *SERGEO*, p. 6.

⁷² *SERGEO*. See “Tableau No. 3.” “Minh-Huong” was commonly used by the French to refer to Vietnamese of Chinese descent.

from autopsies. The skulls then were cleaned of liquids and solids. Afterwards, the volume of the skull cavity was measured. Instruments for conducting the *céphalométrie* then were chosen and methods—such as using granular liquid to clean the orifices—were executed according to the standards established by Broca.⁷³ The results of the *céphalométrie* study are categorized similarly to those of *craniométrie* and the data was then synthesized into ratios of cranial indices to cephalic volume. The brains from the autopsied adult subjects were also weighed and measured for mass volume before being compared to the volume of the skull (“*cerveaux d’amphithéâtre*”).

Sex was also taken into consideration and according to Huard and Saurin’s data, the cranial capacity of males was greater than females. The charts in this study distinguish along both racial lines and by biological sex. Cranial capacities between the ‘races’ of Indochina were compared against each other before being ranked with other Asiatic ethnic groups. The *Annamite*, *Cochinchinois* and *Tonkinois* skulls were then arranged in columns, separated by sex and listed with *Gaulois*, *Parisiens contemporaines*, ‘Egyptians of the eighteenth dynasty,’ ‘Hottentots’ and *les Américains blancs*.

Within the article, minute differences were examined and recorded. One of the main focuses of this 1938 article was to differentiate the races according to the sutures in the skull where the plates fused together. Assembled in this article are number of charts ranking the occurrence of the various minutiae deviations according to race. The authors referred to this section as the “morphological character” of *Tonkinois* skulls. Characteristics such as the number of sutures, level of ossification and in particular, the frequency of a medio-frontal suture (which is exclusive to the primates and is a symmetrical bone pair in the front of the skull) were examined. Within the study on

⁷³ *SERGEO*, p. 40.

medio-frontal sutures, Parisians fell in the middle of the scale, neither having the highest occurrence of these sutures nor a particularly low one.

Fig. 1 Frequency of Medio-Frontal Suture (per 100):

- 243 *Auvergnats* 12.75%
- 112 *Chinois* 10.71%
- 611 Parisians 9.65%
- 169 *Anglais* 9.46%
- 10,000 *Parisiens des catacombes* 9.30% [mortuary remains]
- 377 Peruvians 3.97%
- 117 *Indous des castes inferieurs* 2.56%
- 364 PNG 3.54%
- 207 New Caledonians and Hebridians 1.93%
- 908 *Negres d’Afrique* 1.87%
- 49 Australians 0.00%
- 40 *Tonkinois* (Huard and Nguyen) 12.5%

Huard and Saurin conclude that indeed, the “*Tonkinois* [skulls] are recessed like the rest of humanity in the speno-parietal type, more widespread amongst the mammals” (“*Le Tonkinois rentre donc comme le reste de l’humanité dans le type sphéno-pariétal, le plus répandu chez les mammifères.*”)⁷⁴

The persistence of metopism, or a completed frontal (metopic) suture, was also studied and measured in a matter of degrees. Sutures were studied for various reasons, including approximate onset of puberty and average age of death. Some bone plates did not fuse until puberty and scientists were able to estimate the average age of puberty by

⁷⁴ SERGEO, p. 53.

the level of ossification of the sutures. In the case of the frontal suture, metopism occurs between the ages of two and six, although for 10-15% of the population, the two frontal bones never fully fuse together.

Fig. 2 Frequency of Metopism:

- 10,078 Europeans 8.7%
- 621 “race Mongol” 5.1%
- 698 “race malaise” 1.9%
- 959 Blacks 1.2%
- 199 Australians 1.0%

Huard and Saurin’s study ranked Europeans at the top for higher frequency of metopism and aboriginal Australians at the bottom of the list, leading the authors to conclude, “It follows that metopism appears to be more frequent among the superior races and the brachycephals” (*“Il en ressort que métopisme paraît plus fréquent chez les races supérieures et chez les brachycéphales.”*)⁷⁵ despite the data on the frequency of the medio-frontal suture (Fig. 1) placing Parisians somewhere in the middle of the study. The objective of this research is not entirely clear other than to reiterate the degree of difference between the ‘races.’

The last section of the article uses craniometry to examine the *Tonkinois* newborns from an “anthropological view.” Forty-four perinatal cadavers were examined at the *L’Institut anatomique* in Hanoi to determine the differences in measurement between fetal heads from various parts of Indochina. Huard and Saurin conducted their

⁷⁵ *SERGEO*, p. 52. “Brachycephals” are ‘round-headed’ people of the Caucasian ‘race’ common to Central, Eastern and Southern Europe in early twentieth-century racial myths. Racial stocks were separated into Brachycephalic and Dolichocephalic (‘long-headed’) categories.

own research as well as referenced the *thèse* of 'Nguyen-Van-Tin'⁷⁶ from the Hanoi Medical School, who researched the cephalic measurements of 50 newborns and determined that their brains weighed anywhere from "2 kg. 900 to 3 kg. 100."⁷⁷ These cephalic measurements of newborns were part of the thesis by 'Nguyen-Van-Tin' entitled, "*Recherches sur la bassin de la femme annamite*" that was published in 1938, the same year as Huard and Saurin's study. Based on their information, the doctors concluded that *Annamite* fetal heads were very similar to their European counterparts, but *Annamites* and *Tonkinois* were not often grouped in the same category in other studies within the article, again making the authors' conclusions unclear. At times, the terms, *Annamite* and *Tonkinois* are used interchangeably and during others, they are placed in subgroups such as 'Male *Tonkinois* (Hanoi and Haiphong)' or 'Male *Annamites* (Cochinchine),' which mixes the categories considerably since inhabitants from Cochinchina also were referred to as *Cochinchinois* within Huard and Saurin's study.

The fifteenth chart in this article (Fig. 3) illustrates the confusion that the data in Huard and Saurin's study produces. Indeed, with the conflicting evidence that the authors' data generates, their study's conclusions often appear arbitrary and contradict the information presented. Bodies are substituted for one another to create 'evidence,' to portray clear definitions of difference where there are none. It appears that the conclusion is created before the evidence is gathered. A second weakness in their evidence is the number of earlier studies used in their data compilation. Perimeters and factors in the individual study groups are not clearly stated, which could account for the confusion in 'naming' the *Indochinois* to put them into the 'ethnic' categories of

⁷⁶ This is the French spelling of his name, the correct Vietnamese transliteration is unknown to the author.

⁷⁷ *SERGEO*, p. 60-65.

Annamite, Tonkinois, and Cochinchinois. The group, "Indochinois" is different things at different times.

— 68 —

TABLEAU N° 15
Céphalométrie des Indochinois actuels (vivants)

| NOMBRE d'individus | GROUPES | AUTEURS | INDICE CÉPHALIQUE HORIZONTAL | | |
|-----------------------|---------------------------------|---------------------|------------------------------|---------|---------|
| | | | Moyenne | Maximum | Minimum |
| 80 | Moïs (Baria) | P. Neis | 70.10 | | |
| 17 | Méos (Cao-Bang) | Bonifacy | 75.80 | | |
| 25 | Indonésiens (Laos-Nord) | Bernard | 76.20 | | |
| 40 | Indonésiens (Laos-Sud) | Bernard | 76.36 | | |
| 10 | Loutzés | Bacot | 77.16 | 83.71 | 70.82 |
| 9 | Lissoys | Bacot | 77.20 | 80.79 | 71.68 |
| 360 | Moïs | Deniker | 77.50 | | |
| 6 | Lolos | Bacot | 77.92 | 80.79 | 73.51 |
| 82 | Mans (Pân-Yi) | Girard | 78.16 | 85.00 | 71.60 |
| 42 | Mans (Bao-Lac) | Bonifacy | 78.40 | | |
| | Mans | Deniker | 78.70 | | |
| 35 | Cochinchinois | Madrolle | 78.90 | | |
| 502 | Moïs | Holbé | 79.14 | | |
| 14 | Annamites ♀ (Cochinchine) | Mondière | 79.29 | | |
| 10 | Annamites (Quang-Tri) | Holbé | 79.36 | | |
| 24 | Indonésiens (Tonkin) | Madrolle | 79.60 | | |
| 52 | Muong (Hoa-Binh) | Holbé | 79.66 | 92.02 | 72.19 |
| 7 | Mossos | Bacot | 79.91 | 82.48 | 75.43 |
| 11 | Cambodgiens | Bonifacy | 80.00 | | |
| 19 | Lolos | Legendre | 80.20 | | |
| 48 | Méos (Dong-Quang) | Bonifacy | 80.20 | | |
| 20 | Thos (Lang-Son) | Madrolle | 80.50 | | |
| 293 | Thos (Lang-Son) | Girard | 80.51 | | |
| 117 | Chinois Hakka (Moncay) | L. Vaillant | 80.56 | 90.80 | 72.80 |
| | Miao | Savina | 80.60 | | |
| 21 | Indonésiens (Annam) | Madrolle | 80.68 | | |
| 62 | Annamites (Hué) | Holbé | 80.81 | | |
| 200 | Cochinchinois | P. Neis | 81.50 | | |
| 25 | Nungs (Lang-Son) | Holbé | 81.58 | 89.04 | 74.73 |
| 15 | Tonkinoises (Hanoi et Haiphong) | Breton | 81.60 | | |
| 74 | Thos (Lang-Son) | Holbé | 81.82 | 92.12 | 71.03 |
| 5 | Laotiens (Xieng-May) | Holbé | 81.84 | 88.57 | 78.40 |
| 20 | Indonésiens (Laos-Sud) | Maurel | 82.00 | | |
| 100 | Tonkinois (Plaine deltaïque) | Madrolle | 82.03 | | |
| 32 | Cochinchinois (Saigon) | Breton | 82.12 | | |
| 37 | Thos (Phu-Quy) | Madrolle | 82.30 | | |
| 9 | Phu Thais | Harmand | 82.58 | | |
| 771 | Tonkinois | Deniker | 82.70 | | |
| 110 | Cochinchinois | Deniker | 82.80 | | |
| 10 | Mans (Tuyen-Quang) | Madrolle | 82.90 | | |
| 4,000 | Tonkinois (Delta) | Madrolle | 83.00 | | |
| 48 | Tonkinois | Holbé | 83.17 | | |
| | Tonkinois | Deniker et Bonifacy | 83.20 | | |
| 27 | Annamites ♂ (Cochinchine) | Mondière | 83.33 | | |
| 56 | Laotiens (Bas-Laos) | Deniker | 83.60 | | |
| 101 | Cambodgiens | Deniker | 83.60 | | |
| 5 | Cambodgiens | Madrolle | 83.60 | | |
| 60 | Cambodgiens | Mondière | 83.70 | | |
| 25 | Annamites | Bernard | 83.80 | | |
| 101 | Laotiens | Harmand | 83.87 | | |
| 169 | Cambodgiens | Holbé | 84.10 | 96.87 | 75.13 |
| 53 | Tonkinois ♂ (Hanoi et Haiphong) | Breton | 84.22 | | |
| 75 | Cochinchinois | Holbé | 84.40 | 93.52 | 73.93 |
| 105 | Annamites (Nghé-An) | Madrolle | 84.62 | 85.71 | 75.14 |
| 20 | Cambodgiens (I) | Simon | 84.70 | | |

(1) Extrait des Notes anthropologiques sur les Cambodgiens par le Docteur SIMON, Directeur local de la Santé à Phnom-Penh. Nous sommes heureux de le remercier de nous avoir communiqué ses recherches personnelles encore inédites.

Fig. 3

This 1938 article provides one example of fragmented and discordant information that is then schematically grouped, remaining consistent with the earlier theories and organizational patterns of Cuvier, Morton and Broca. It also illustrates the blurred lines between medicine and archeology, which was a signature of work produced by Huard and his colleagues at the *Institut anatomique*. These studies on the cranial capacity were mimicked in research on other body parts as well, creating a sense of validity through the process of replication.

Women in the Body-Politic

It was not only racial factors that preoccupied French medical science. Researchers were also concerned with questions of gender. In the 1938 study, for example, Huard and Saurin had demonstrated that the cranial capacity of males was greater than that of females. This discussion of the differences between the sexes took place against a background of the heated debate about maternity and the state, a relationship that lay at the core of colonial thinking on miscegenation, reproduction, and racial 'purity'. The ideological wars fought in the *hexagone* about all facets of women's reproductive and maternal rights inevitably seeped outside of metropolitan borders to the peripheral outposts.

There has been extensive academic scholarship concerning the role of European women in the colonial project, particularly in their positioning compared to their colonized counterparts. The analyses of European women in colonialism has typically been—as Donna Haraway states—'situated,' that is to say, they have been informed by

an interested politics, one in which attempts to counter traditional paradigms by privileging women over men or some women over others. Sneja Gunew and Anna Yeatman call this phenomenon the “tyranny of the familiar”⁷⁸ or the shifting of debates to fit into another dyad of binary exclusions. To examine the role of French women in the medicalization of ‘Greater France,’ it is useful to take a similar approach to one used by Margaret Jolly in her attempt to destabilize the terrain of alterity as it is positioned in the mode of binary exclusions.⁷⁹ Jolly believes that instead of categorizing European women as either vilified actors in the colonies or victims of colonial ideologies, the European woman’s role in colonialism should be allowed to more complex, as is most likely was in the colonies. Internationalist feminism and its inherent condescending maternalism played an important role in the colonization of the Vietnamese female body, projecting all of the conflicts and contradictions of European ‘women’s movements’ outward into the colonies. The use and display of European female bodies, population control, and pro-natalist movements all played an instrumental part in the construction of the ‘Other’ body, reflecting the confusion of colonial powers in turmoil. Therefore, a brief examination of these influences in European politics is necessary to understand the nexus of race, gender and sexuality that becomes increasingly more explicit in medical literature published in Hanoi.

Two ‘marginalized’ populations took part in the colonial project: the European woman and the Vietnamese male. This fact alludes to perhaps either a stratification of

⁷⁸ Sneja Gunew and Anna Yeatman, “Introduction” in *Feminism and the Politics of Difference* (eds.) Sneja Gunew and Anna Yeatman. Boulder, CO: Westview Press, 1993:xiii.

⁷⁹ Margaret Jolly, “Colonizing Women: The Maternal Body and Empire” in *Feminism and the Politics of Difference* (eds.) Sneja Gunew and Anna Yeatman. Boulder, CO: Westview Press, 1993:104.

power in the terms of subalterity⁸⁰ or in a more mobile form that operated along a continuum dependent upon time and place, intersecting the ‘logics’ of sex and race. As it is exemplified throughout this study, Vietnamese women have no discernable voice in these medical texts, making excavating their stories from this genre nearly impossible. On the other hand, the role of Vietnamese men in the construction of the Vietnamese female body can clearly be seen in these journals as they were often the primary researchers or co-authored studies requiring the dissection and categorization of local women.

Since both scientific and social developments in Vietnam were directly influenced by French politics, it is important to examine further the population movements occurring in France at the beginning of the twentieth century. Both men and women were held accountable for repopulating France, although they were divided ideologically and geographically into different arenas. Put simply, women were assigned the task of birthing new Frenchmen and men had the moral responsibility not to have any interracial entanglements in the colonies. French women undoubtedly were influenced by the interpretations of their bodies in medical texts and perhaps less directly by the scientific studies completed on non-European women. French women in France were involved in their own struggles as different feminist camps and antifeminist groups campaigned either for or against women working outside the home. Both sides did agree, however that maternity came first for the good of the country.

Although the ‘woman question’ in nineteenth- and twentieth-century European socialism “reflect[ed] male experiences and understandings,” problematizing and fitting

⁸⁰ See earlier work by both Ranajit Guha (1989) and Gayatri Spivak (1988).

women into a defined order,⁸¹ French feminists also ‘feminized’ male desires, making them their own in the culture of post-war France. Subsequently, women were often the most vocal proponents of repopulation. French women were in fact, intentionally or unintentionally active agents in the colonial project, empowering themselves with nationalistic rhetoric and organizing into both pro- and anti-colonial groups as well as feminist and anti-feminist movements. The ‘woman question’ in France was also not relegated to the *hexagone*. Instead, it migrated to the larger francophone community where the debates on gender roles were watched closely and adapted locally.⁸²

Tightly wound with socioeconomic concerns at the time, the feminist and anti-feminist movements also continued to be linked to Catholic ideas of the family. These linkages—as they were attached to the family and women’s roles as mothers—informed the concept of the body as a creation formed by its very gendered composite, rather than being a biological fact. This idea dated back to the late medieval period, which later influenced the Catholic Reformation (approximately 1550 to 1730). As early as the late sixteenth century, political theorists such as Jean Bodin drew analogies between the physical body and the ideal state polity. His vision was authoritative and hierarchical with “a code of honor metaphorically mapped on the image of the human body,” which affected modes of society such as “dress, actions and language”⁸³ to designate who belonged to the proper, ‘civilized’ social elite as well as who did not. Sexuality also fell under the watchful eyes of sixteenth- and seventeenth-century moralists, becoming more

⁸¹ Kathy E. Ferguson, *The Man Question: Visions of Subjectivity in Feminist Theory*. Berkeley: aUniversity of California Press, 1993:1.

⁸² Karen Offen, “Feminism, Antifeminism, and National Family Politics in Early Third Republic France” in *Connecting Spheres: Women in the Western World, 1500 to the Present* (eds.) Marilyn J. Boxer and Jean H. Quartaert. New York: Oxford University Press, 1987:179.

⁸³ James R. Farr, “The Pure and Disciplined Body: Hierarchy, Morality, and Symbolism in France During the Catholic Reformation” *Journal of Interdisciplinary History* XXI:3 (Winter 1991):394.

explicitly directed towards the culpability of women in causing immoral behavior, believing that “disorder stemmed from an insatiable lust.”⁸⁴ Over the next two to three hundred years, this sentiment would grow stronger, not only present in clerical writings, but infecting medical and scientific texts as well.

Morality lay at the crux of social change during this period, serving as the stimulus for reformed codes of conduct associating the ‘pure’ body with ‘purity’ in the larger social body, which continued into the nineteenth century. Ideas on sexuality and the body were slow to change and only began to shift sluggishly during the 1800s. Principles of ‘pure’ and the ‘impure’ continued to inform the dyads within religious and scientific thinking. The concept of ‘defilement’ began to enter discourse on sexuality in a new manner with the 1894 publication of Sigmund Freud’s first article which linked mental processes with libido.⁸⁵ This ‘defilement’ metaphorically meant the impurity of orifices located near the sexual organs as they manifested themselves in various mental disorders. One could extrapolate further and extend this ‘defilement’ to signify the ‘polluting’ of civilized society through the existence of individuals suffering from these disorders. More significantly, the majority of Freud’s case studies were on his female patients. Freud’s later work would reflect the course of science as it was progressing in the early 1900s, focusing on the physical determinants of ‘character,’ although his focus was particularly on their relation to the ‘erogenous zones’ of the body. His interest was in the repression of ‘instinctual modes’ in civilized society that required suppression of sexual urges in order to maintain the façade of civility that modern European society

⁸⁴ Ibid, p. 397.

⁸⁵ Stephen Kern, *Anatomy and Destiny: A Cultural History of the Human Body*. Indianapolis, IN: The Bobbs-Merrill Company, Inc., 1975:171-172. Freud’s book, *Studies in Hysteria* would be published a year later and contained the major tenets of his theoretical apparatus such as ‘orality’ and ‘analinity’ with their linkages to sexual lust, bodily functions and that ailment particular to women, ‘hysteria.’

assumed. Many of his ideas, as well as others presented in literature, promoted a sexual revolution of sorts that was temporarily cut short by the advent of World War I.

Although French ideas of sexuality were influenced by the work of Freud, labor movements, political transitions and depopulation began to have greater sway at the beginning of the twentieth century. Despite the shift to an anticlerical democracy, Catholic ideas largely dominated debates on the roles of women during industrialization, which was transforming the economy and moving the labor force away from the countryside into the cities. This particular brand of conservatism centralized maternity in any debate on suffrage, women's labor outside the home, or ideal family size. Industrialization also spawned a number anarchist groups, disrupting order in a fragile society that was also contending with the continued presence of avid monarchists and Catholic conservatives. Needless to say, early Third Republic France was an amalgamation of disparate, opposing groups offering little political stability for organized social reform other than what was imposed by the government *du jour*.

The centralization of maternity in both feminist and antifeminist debates partially stemmed from many women's unwillingness to leave male-dominated institutions or ideologies entirely. Catholic principles still greatly influenced the French woman's focus on the family unit. Some of the reluctance to deviate too far from the predominant institutions of French society such as the church and government may have stemmed from a history of state-control over the family in which both "financial capital" and "symbolic capital"⁸⁶ were inextricably intertwined. Honor and shame were part of the everyday realities of French women and kinship networks through marriage and children

⁸⁶ Sarah Hanley, "Engendering the State: Family Formation and State Building in Early Modern France" *French Historical Studies*, vol. 16, no. 1 (Spring 1989):21.

served as potential conduits for societal mobility. The “Family-State compact”⁸⁷ of the sixteenth through eighteenth centuries (a series of edicts legalizing regulations concerning family formation, reproduction and marriage) permeated French women’s lives, subjecting them to harsh incongruities between the genders. For example, a woman could legally be sentenced to life in a convent by her husband after an unwanted pregnancy or for ‘staging a birth’ if she were childless.⁸⁸

Many of these ideas and the legislation that later followed the ‘Family-State compact’ would survive into the twentieth century, influencing France and all of her colonies as she expanded into an empire. Residual elements of the Catholic Reformation, legal changes and their medical implications were all imprinted onto the women’s bodies—whether they were French citizen or *sujet*. By the end of the nineteenth century, women’s bodies and in particular, their reproductive capacity was central in political debate.

Reproduction was largely tied to ‘production’—whether it was the physical creation of a labor force or the figurative association of a child being the ‘product’ of women’s work. Both these concepts worked in tandem in the ideologies of all sides of this political debate after the dramatic number of casualties incurred during the First World War. Despite the risks associated with lobbying for the expansion of women’s legal rights, the feminist unions in France had an active membership. While many feminists pressed for a woman’s right to control her own fertility, they also mobilized for a girl’s *baccalauréat* curriculum in high school, maternity leave, and opening all vocations to female workers.

⁸⁷ Ibid., p. 6. See Hanley’s article for further details on her concept of the “Family-State compact.”

⁸⁸ Ibid., p. 20.

The ever-present fear of a German invasion had existed in the French mass consciousness since the Franco-Prussian War of 1870-71. Although they were opposite in their ideologies, both the ‘repopulators’ and feminist groups fought for mothers. ‘Repopulators’ blamed feminists for the declining birth rate, but feminists utilized “the apparent demographic danger and the glorification of motherhood as a weapon”⁸⁹ in their fights for maternal leave, better medical care and to stop the victimization of pregnant women in cases of questionable paternity. Both groups were strategic in capitalizing on the fears of French decline that preoccupied politicians and scientists alike since the beginning of the Third Republic in 1871. Feminist writers promoted women’s reproductive capacity differently, linking the implementation of maternity benefits with employment or advocating state subsidies for women employed as mothers. The use of the popular image of women fulfilling their ‘natural’ duty by being mothers was employed differently from each side: feminists sought support from the Catholic majority, while the male hierarchy opposed recognition of ‘maternal rights’ in the context of the larger national women’s rights movement.

The Impact of French Women’s Movements in Indochina

During European feminism’s migratory journey outside of France, the concerns over motherhood and women’s reproductive capacity transmogrified, adapting to fit colonial sentiments about ‘different’ bodies. Similar to European women, colonial female *sujets* were shown in fragments. Fitted together with race, the ‘woman question’

⁸⁹ Anne Cova, “French Feminism and Maternity: Theories and Policies 1890-1918” in *Maternity and Gender Policies: Women and the Rise of the European Welfare States, 1880s-1950s* (eds.) Gisela Bock and Pat Thane. London: Routledge, 1991:119-120.

took on new meaning in the colonized Vietnamese context. While Vietnamese women certainly had a voice in both the contestation and participation of the colonial project, they were written into medical literature solely as objects. These bodies in parts—pelvises, vaginas, and uteruses—were by their very nature silent, voiceless entities. Vietnamese women appeared in medical discourse only as studies on fecundity or physiological abnormalities such as a prolapsed uterus. All studies conducted on Vietnamese women were informed by a "poetics of detachment"⁹⁰ since their bodies did not constitute a 'body' at all, but rather something that had been distanced by its decontextualized state, shown as an object without history or ownership.

Women as the objects of inquiry in medical discourse—particularly from the interwar years in France until the end of World War II—occupied a special place in the imposition of order in the colonies. As examined earlier, women participated in putting their bodies and their reproductive capabilities into a centralized position in politics as part of the 'pronatality' movements. Their actions would extend beyond the *hexagone* to 'Greater France' to influence the trajectory of medical studies in Indochina, putting the female 'Vietnamese body' under scrutiny. As the 'women question' in France bled into the periphery, the acquisition and transformation of the female 'Vietnamese body' was an essential element in the etching of a new 'nation.' The French defeat during World War I served as an impetus to fortify 'Greater France,' an ideological construct that worked with the 'civilizing mission' to justify and promote colonialism.

Although the eugenicist sentiments of French gynecology and obstetrics became more muted with the fall of the Third Republic in June 1940, racial theories as they were

⁹⁰ Barbara Kirshenblatt-Gimblett, "Objects of Ethnography" in *The Poetics and Politics of Museum Display* (eds.) Ivan Karp and Steven D. Lavine. Washington, DC: Smithsonian Institution Press, 1991:388.

tioned to reproduction thrived in medical literature published in Indochina until the complete withdrawal of French forces in the region. Colonial concerns often continued to focus on determining superior/inferior relationships between the French and their subjects. The installment of the Vichy regime had created a negative connotation for theories with blatant racist underpinnings in France, but it was perhaps the physical distance between Europe and her colony in Asia that prevented this from occurring in Indochina. Racial difference continued to be a legitimate and well-accepted view in scientific circles, adopted by both European and French-trained Vietnamese doctors alike.

Racial sentiments fitted neatly into scientific discourse as the prevailing techniques of measurement and tabulation applied to skulls was addressed to the ideologically-charged realm of reproductive anatomy. Intelligence and reproduction had already been closely associated in political rhetoric and social policy in France, so it appeared as a natural relationship in research conducted on Indochinese subjects. Studies on reproductive anatomy—particularly female organs—continued to be haunted by the specter of eugenicist gynecology, although medical literature written in Indochina still held the competing influences of local politics and realities. Vietnamese women—similar to their European counterparts—were not represented as women at all, but rather disembodied bodies. More specifically, they were represented as pelvic structures in these medical texts and woven around their pelvises were studies on fecundity, ethnicity and morality. These pelvises were “culturally available symbols,”⁹¹ moving the bones beyond the corporeal realm into the symbolic with their multiple metaphorical representations of fertility. Pelvises were symbols used in a more comprehensive

⁹¹ Joan Scott, *Gender and the Politics of History* (revised edition). New York: Columbia University Press, 1999:43.

grammar which contained body parts that individually constituted different ideological and scientific arenas charged with meaning. Sometimes, the connection between *craniométrie* and the field of *pelvimétrie* was more apparent with the article beginning with a brief encapsulation of cranial measurements in Indochina, then slip into a study on reproductive capability. In the manifestation of either form, eugenics played a significant role in the formation of medical ideas about Vietnamese female reproduction, constructing a scientific reality with bodies whose owners had no recourse.

Chapter Three

The Constructed Pelvis

“Animated beings have a general tendency to produce offspring resembling themselves and progenitors, in form, structure, composition, and all qualities. By this law each animal exists as it is:—a man is a man; a horse is a horse; and an oak is an oak.”

John Elliotson, *Human Physiology*, 1840⁹²

Les baleines doivent vivre avec les baleines; les crevettes ne sont heureuses qu'entre elles.

Vietnamese proverb published in Dr. Pierre Huard's article, “Remarques sur le mélanges ethniques,” 1939⁹³

In the colonies, as in the metropole, science was both a new justificatory principle and a technological intervention.⁹⁴ Many of the policies of the *mission civilisatrice* were directed towards transforming both France's poorer classes⁹⁵ and the colonial subjects. Classification also was instrumental in the creation of the idea of science. As Ronald B. Inden explains in his seminal work on ‘Indology,’ the study of cultures was rooted in the creation of a system defined by the principles of binary opposition and mutual exclusion. An inherent element in the development of science, this system of hierarchically arranged levels could be applied from the natural sciences to a body politic. The hierarchical

⁹² John Elliotson, *Human Physiology* (1st edition). London: Longman, Orme, Brown, Green and Longmans, 1840:1095.

⁹³ Pierre-Alphonse Huard and Alfred-Alphonse-Léon Bigot, “Recherches sur quelques groupes observés en Indochine” *TRAV* vol. 6. Hanoi: Imprimerie d'Extrême-Orient, 1939: 81.

⁹⁴ Ashis Nandy, “Introduction: Science as a Reason of State” in *Science, Hegemony and Violence: A Requiem for Modernity*, ed. Ashis Nandy. Delhi: Oxford University Press, 1988:4.

⁹⁵ See Eugen Weber, *Peasants into Frenchmen: The Modernization of Rural France, 1870-1914*. Stanford: Stanford University Press, 1976.

principles of classification were mirrored in the taxonomy of societal, familial, economic and political systems within scientific and scholarly discourse, addressing the defining features and 'essential natures' of the objects intended for systematic study. "Inevitably the analyst has represented the highest type or most advanced stage, thus providing himself with justification for his position of hegemony."⁹⁶ The result of this creation of taxonomies was the relegation of objects to either a reduced state or an elevated one within the constructed museum of mankind.

This dyadic nature of science was responsible for the re-ordering of society and of the idea of 'mankind,' which reverberated loudly throughout colonial policy. As seen in the articles on Vietnamese fertility, science was an instrument for the physical enforcement of ideas that about 'societal order' within studies on race. For the French, as with many of their European and American counterparts, the development of these ideologies was part of a hermeneutic attempt at discovering 'truth' in a scientifically ordered world, while truly only "impos[ing] meaning on a disordered one."⁹⁷ All parts worked together to create an ideological mechanism that would saturate colonial politics and define for the French, their role in the human race.

Medical literature published in Indochina was written in a colonial society that both adhered and rebelled against the imposition of order. The *métis* fell under the medical gaze and were subsequently objectified by it, provoking an emotive response from French doctors both in and outside of colonial society. *Métis* were studied as the principle subject or were included in larger sweeping studies on 'ethnic groups.'

⁹⁶ Ronald B. Inden, *Imagining India*. Bloomington and Indianapolis: Indiana University Press. 2000:12-16.

⁹⁷ Kathy E. Ferguson, *The Man Question: Visions of Subjectivity in Feminist Theory*. Berkeley: University of California Press, 1993:8-9.

Métissage was a threat more ‘real’ to Europeans living in the colonies than it was those living in France, where it was more of an ideological concern or theoretical problem. Colonial society in Indochina was populated by French administrators and *colons* who were already proponents of ‘association’ versus the earlier policies of ‘assimilation’ because they felt that ‘assimilationists’ still clung “to the mistaken idea of racial equality.”⁹⁸ The fear and loathing that surrounded the *métis* population was fueled by ideologies spun in France and perpetuated by everyday life in Indochina. Having another group vying for economic and political resources further complicated societal order in the colony.

Métissage was featured numerous times in medical literature in the 1930s and ‘mixed race’ subjects occupied a place alongside ‘European,’ ‘yellow’ and other racial ‘types.’ From the interwar period to the 1950s, French medical journals continued to seek out distinguishable features within anatomy and physiology to separate the ‘races’ to fuel political debates at home and abroad. The growing *métis* population in Indochina and elsewhere made this task considerably more difficult. Their importance in both anti- and pro-colonialism movements, qualifications for citizenship, and national prestige became more apparent during the 1920s and 1930s when the population of Indochina exploded, creating a class of illegitimate children. According to the Government of Indochina, in 1922, 350 *métis* children were born, 184 of who were illegitimate. The majority of these children had a European father and an indigenous mother.⁹⁹

⁹⁸ John Laffey, “Imperialists Divided: The Views of Tonkin’s ‘Colons’ Before 1914” *Histoire Sociale-Social History*, vol. 10, no. 19, 1977:102.

⁹⁹ Gouvernement Général de l’Indochine, Direction des Affaires économiques, Service de la Statistique générale, “Annuaire statistique de l’Indochine. Premier volume. Recueil de statistiques relatives aux années 1913 à 1922.” Hanoi: Imprimerie d’Extrême-Orient, 1927:43. See Chapter One: Bigot notes that the average rate of birth for ‘mixed-race’ children in 257 in 1936.

Pelvises of the 'Yellow Races'

Race played a significant part in medical studies on obstetrics and gynecology that appeared in journals published throughout both French and British colonial empires. One journal that contributed to the racial categorization of anatomy and physiology was Britain's *The Chinese Medical Journal* published out of Hong Kong. Despite the political and economic competition between the two imperialist nations of France and Britain, they freely referenced one another within the fields of science and medicine. Unlike the French, a colonial government did not run the British medical establishment in China. British hospitals were founded by religious groups in China and began to appear around the turn of the twentieth century. Medical schools such as Peiping Union Medical College, West China Union University and Hong Kong University also had affiliations with missionary groups who provided funding and an administrative infrastructure. In fact, one school, Peiping Union Medical College also received an endowment from the American Rockefeller Foundation.

French and British medical journals that were published in Asia also differed in content and style. In contrast to the *Revue médicale française d'Extrême-Orient* or *Travaux de l'Institut anatomique de l'École supérieure de médecine de l'Indochine*, the British *The Chinese Medical Journal* lacked commentary on the politics of race. The sentiment of this journal on Chinese anatomy and physiology is rather detached unlike British studies published on Africans, which often exaggerated measurements or

illustrations to prove racial inferiority.¹⁰⁰ However, Huard, Bigot and other doctors at the Hanoi Medical School often referenced *The Chinese Medical Journal*, infusing the British findings with their own political ideologies and views on morality.

The pelvises of the ‘yellow races’ occupied a distinct category in the British journal based upon size and structural formation. While the studies published by *The Chinese Medical Journal* acknowledge, “there are racial differences in anatomy,” they do not offer further commentary on the reasons for these variations other than “habits” and “diet.”¹⁰¹ Some French medical literature also did not contain the racist discourse that defined research at the Hanoi Medical School. A 1936 article published in the Paris-based journal, *Revue française de gynécologie et d’obstétrique* entitled, “*Considérations sur la bassin des femmes annamites et sa valeur obstétricale*” concluded that despite the small size of Vietnamese pelvises, they have “*excellent valeur obstétricale*” for childbirth,¹⁰² not unlike those of European women.

Journals published in Hanoi are more explicitly racist perhaps due to the direct influence of colonial politics. French doctors residing in Hanoi could not help but be affected by the fierce debates raging within Indochina that involved Vietnamese rights in land usage, taxation, and in the court of law. Central to these debates was the ‘nature’ of the ‘Vietnamese character,’ which many colonial residents considered incapable of hard work or lacking ‘moral sense.’ Some French residents of Indochina argued in defense of corporal punishment that “the yellow’s mentality is made in such a way that he only

¹⁰⁰ See Jean Comaroff, “The Diseased Heart of Africa: Medicine, Colonialism, and the Black Body” in *Knowledge, Power and Practice: The Anthropology of Medicine and Everyday Life*, eds. Shirley Lindenbaum and Margaret Lock. Berkeley: University of California Press, 1993.

¹⁰¹ Y.T. Ho, Marian Manly and Gladys S. Cunningham, “Measurements of Chinese Female Pelvis and Fetal Heads in Relation to Labor” *CMJ* XLVIII, 1934:48.

¹⁰² Pierre Daléas, “*Considérations sur la bassin des femmes annamites et sa valeur obstétricale*” *RFGO* 1936: 231.

respects what he fears.”¹⁰³ Vietnamese were clearly seen as being inferior to French residents despite government measures taken to create an educated class to serve the economic interests of the colony.

These contradictions infiltrated medical literature published in the colony as the medical doctors created a body of knowledge that linked both popular sentiments and the needs of the state. Research on the differences between the ‘races’ was dependent on the legitimizing process of language. In colonial Indochina, “the sign of legitimacy [was] the people’s consensus”¹⁰⁴ and the deliberate creation of new paradigms that flowed with and mirrored the mainstream society in which this new racial ‘science’ was developed. Validated by the surrounding environment of colonial society and the eugenicist movement in Europe, medical literature published in Hanoi became the voice of popular racist sentiment.

Anthropology in Indochina: An Argument for Segregation

Doctor Pierre-Alfonse Huard was a staunch monogenist. *Monogénisme* was the belief that although all of humankind may have come from the same stock, certain ‘races’ became more superior due to their environmental conditions during the process of evolution. The opposing belief, *polygénisme* was the idea that each race had descended from a distinct species (or as Stephen Jay Gould suggests, from “different Adams” for those scientists torn between Biblical and scientific beliefs)¹⁰⁵ was according to many, the

¹⁰³ Henri Laumonier, “Justice et Fermeté” *Avenir du Tonkin*, January 1, 1905 quoted in Laffey, 1977:101.

¹⁰⁴ Jean-Francois Lyotard, *The Postmodern Condition: A Report on Knowledge*. Geoff Bennington and Brian Massumi (trans.) Minneapolis: University of Minnesota Press, 1984:30.

¹⁰⁵ Stephen Jay Gould, *The Mismeasure of Man*. New York and London: W.W. Norton & Company, 1996:71.

barrier that prevented European men's regression into primitive behavior. Both doctrines argued that mental capacity and physical characteristics had already been determined by evolution, therefore any 'mixing' would be disruptive and would undoubtedly cause the European man to lose his place in the racial hierarchy or even worse, in the entire animal kingdom.

As evident in Dr. Huard's research on female Vietnamese reproductive systems, the line between science and anthropology was blurred in medical literature published in Hanoi. This development occurred naturally since the French brand of anthropology was firmly rooted in evolutionist race science.¹⁰⁶ It was an applied anthropology, which enthusiastically tabulated cranial measurements and drew up indices of height, weight and onset of menses as part of an overarching study into the 'struggle' between 'superior' and 'inferior' racial stocks. *Anthropologie* was in essence, the attempt to show by scientific methods that French 'superiority' had come about historically because of their innate racial composite.

The French fascination with the racial make-up of Indochina is particularly striking in the number of times that it appears in the medical journals. While anthropologists created elaborate stories about the fall of the Cham at 'Annamese' hands, scientific methods 'proved' the hierarchical structure of the different races to coincide with the findings in anthropology. Within the arena of medicine, the 'struggle' of the human races—as members of the animal kingdom—was played out. Nationality, culture and physical type operated in a language that matured into a sophisticated form of 'scientific racism.' Together with sketches brought by travelers and eventually, through

¹⁰⁶ Susan Bayly, "French Anthropology and the Durkheimians in Colonial Indochina" *Modern Asian Studies* 34:3 (2000): 589.

the use of the photograph, the stereotypic “Other” was imprinted onto European imagination. In British ethnography, Africans were often seen profiled next to various apes, denoting the bottom of the scale and Europeans were considered the descendants of Greek deities.¹⁰⁷ With Africans at the bottom of the scale and the European at the top, the Indochinese population lay somewhere in between dependent upon whether they were Vietnamese, Cambodian or one of the ethnic minorities.

Pierre Huard’s research in 1938 and 1939 firmly established him as the resident ‘expert’ on the *Indochinois*. In 1938, he presented, “*Les caractéristiques anthro-biologiques des Indochinois*” to the Congress of the Association of Tropical Medicine in the Far East with his colleague, Alfred Bigot.¹⁰⁸ At this time, Huard was a member of the Faculty of Medicine and Vice President of the *Institut indochinois pour l’Étude de l’Homme*. Bigot was Secretary-General of the *Institut*. Huard had also authored dozens of articles on the anatomy and physiology of Vietnamese, Cambodians and ethnic minorities living in Indochina during the previous year and a half. This report was a culmination of his earlier research separating the Vietnamese body into parts and examining the physiological differences.

Their work on the structural and biological characteristics of the Indochinese, Huard and Bigot explained, made them hypothesize that there was a relationship between “the influence of the exterior or macrocosm on the interior of the individual microcosm” (*“d’une influence du milieu extérieur ou macrocosme sur le milieu intérieur de l’individu*

¹⁰⁷ Jean Comaroff, “The Diseased Heart of Africa: Medicine, Colonialism, and the Black Body” in *Knowledge, Power and Practice: The Anthropology of Medicine and Everyday Life*, eds. Shirley Lindenbaum and Margaret Lock. Berkeley: University of California Press, 1993: 309-10.

¹⁰⁸ Pierre Huard and Alfred Bigot, “Les caractéristiques anthro-biologiques des Indochinois” *TRAV* vol. 4, 1938.

microcosme").¹⁰⁹ Each part of the body represented an external manifestation of an inherent racial quality. All parts—skin color, shape of the head, size of the pelvis—could be condensed into its most essential element and the differences laid bare to show a clear demarcation between the ‘races.’

This line of inquiry was essential to justify work on racial differences that became more explicit in later volumes. In 1939, less than two weeks after France officially declared war on Germany, Doctors Huard and Bigot co-authored a journal-length article, “Research on Different Groups Observed in Indochina” (“*Recherches sur quelques groupes observées en Indochine*”).¹¹⁰ This article was separated into three sections: “Chinese, Japanese and Hindus in Indochina,” “Remarks about Ethnic Diversity,” and “Introduction to the Study of Eurasians.” It covered diverse topics from anthropomorphic measurements to migration to social commentary on racial segregation. “*Recherches*” is probably finest example of the integration of anthropology and science in the entire body of Huard’s work.

The first section of “*Recherches sur quelques groupes observées en Indochine*” documents the migration of different ethnic groups across the Asian continent, employing anthropological and archeological data from a number of sources. Of particular interest to the doctors was the coexistence of distinct ethnic groups within Indochina and the geographical forces that kept them separated. The authors dedicate parts of the study to examine the immigration of Chinese, Japanese and Hindus, respectively. The *Minh-Huong*, who have appeared in previous studies on the racial makeup of Indochina also are

¹⁰⁹ Ibid., p. 11.

¹¹⁰ Pierre Huard and Alfred Bigot, “Recherches sur quelques groupes observées en Indochine” *TRAV* vol. 6, 1939.

featured prominently in the “Chinese” section, including their measurements, physiology and demographic statistics.

The purpose of this first part on immigrant groups in Indochina appears to segue with the next two sections on Eurasians in the colony because it includes data on *métissage* between the *Indochinois* and early Asian settlers. Huard and Bigot were interested in not only the forces that kept ‘races’ separate, but also in the progeny produced by a history of interracial unions. This 1939 article arose from the same fears about racial miscegenation that had plagued colonial administrators since the 1890s with its segregationist message barely cloaked by empirical methods. Clearly apparent in this article was the real fear was the growing *métis* population in Indochina that had become increasingly visible against the backdrop of heightened eugenicist sentiments.

Reproduction and Motherhood: Fear and Loathing in the Colonies

The colonial Empire was widely seen as France’s best defense against dissolution and degeneracy. Two major forces were at work during the early part of the twentieth century: the decimated population of interwar France and the growing number of ‘mixed-race’ children in the colonies. Although a populated ‘Greater France’ was an economic asset, the creation of a new category of people who did not fit neatly into a racial taxonomy was a burden legally, financially, and politically for both French administrators and the state.

Representation of the ‘inferior races’ through scientific means not only allowed for the justification of imperial expansion, but also created the rationale for controlling

reproduction in the colonies. This justification was fortified by racial theories in anthropology and archeology that allowed for inferior races to have a ‘Great Past’—such as the Cham or Cambodians—which the French had responsibility to uncover and bring back into ‘greatness.’¹¹¹ Accompanying these paternalistic feelings was an articulated need for maintaining separation between the races. Reproduction gained new status as it was elevated in political discourse and this fact was reflected in medical literature published in the early twentieth century. The emphasis on ‘healthy’ maternalism among colonial *sujets* fluctuated, however. While many colonial administrators and politicians agreed that the creation of a healthy population through vaccination and sanitary reform would be part of the ‘civilizing mission,’ most wanted to enforce segregationist policies and promote endogamous relationships in the colonies after ‘assimilation’ fell out of favor during the interwar period. As with the question of racial hierarchy, the debate about segregation lay in the crux of eugenics, which had influenced colonial policy since the 1890s.

The construction of motherhood in colonial discourse was influenced by three major factors occurring simultaneously. The first element being the linear progression of medical science, which had turned its attention to maternal health after its earlier preoccupation with eradicating major diseases of ‘the tropics’ during the nineteenth century. Secondly, the increasingly unclear lines being erased by racial ‘mixing’ had spurred European ideas about the ‘disintegration’ of colonial society. Women—particularly ‘native’ women—had been held accountable for this ‘moral decay’ given the prevalence of prostitution and interracial marriages that were either state-sanctioned or illicit. Lastly, ‘social welfare’ policies in Europe had given permission to the State to

¹¹¹ See Susan Bayly, 2000.

enter the domestic sphere as feminism and other social movements gained momentum. These social movements were the foundation for a rather poorly articulated desire for 'public health' in the colonies as they spread from continental Europe into the periphery.

Female fertility in France was less problematic than in the colonies since it could be more easily harnessed within political ideologies and popular social movements. The French grappled with how to counter Vietnamese fertility and all of its subsequent 'problems,' particularly as it pertained to *métissage*. Scientific narrative codified the needs of the State, echoing popular opinion on miscegenation. However, while French doctors in Vietnam attempted to control fertility through the moral threads that bound their medical articles together, their audience was limited in scope to readers in the scientific community. All of the sermonizing in these medical journals was directed towards a largely male audience who perhaps resided in the colonies. The French medical community targeted small portion of the colonial population that they felt that they could more effectively control, using tactics to invoke fears of 'native' female promiscuity, but also served as another voice in a larger chorus protesting interracial unions.

Coupled with the fears of racial dissolution was the growing desire to repopulate an empire decimated by war. A healthy and numerous population was a national resource.¹¹² Despite the earlier Malthusian sentiments of the nineteenth century, colonial administrators now felt that the 'spaces of empire' needed to be occupied and placed more emphasis on the construction of a healthy, racially endogamous family. The decline of the French birth rate occurred earlier than in other European countries. France

¹¹²Anna Davin, "Imperialism and Motherhood" in *Tensions of Empire: Colonial Cultures in a Bourgeois World* (eds.) Fredrick Cooper and Ann Laura Stoler. Berkeley: University of California Press, 1997: 87.

had been the most densely populated country in Europe around 1800, but by 1914 it ranked fifth in population; and it was not until 1920 that the birth rate would equalize with other nations. *Dépopulation* and *dénatalité* were considered to be the ‘social plague’ to politicians, thrusting the issue of maternity into the public forum.¹¹³ The first couple of decades of the twentieth century saw the emphasis on maternity increase and by 1913, on the eve of the outbreak of war, the patriotism attached to *pronatalité* had reached new heights. The year 1914 marked a turning point in both the metropole and in the periphery. War had fully revived the issue of repopulation.

Increased emphasis on repopulating France had caused politicians to look outside the boundaries of *l’hexagone* into ‘Greater France.’ Combined with the problems of ‘social decay,’ the repopulation movement spread to the periphery during the 1920s and 1930s—except this time, it contained the flavor of social Darwinism and xenophobia. Overtly, this resulted in institutionalized ‘bride services’ promoted by the state, sending European women to the colonies in the hopes of encouraging French men to have legal, endogamous marriages. As seen in the popularity of Alfred Pinard’s discipline of *puériculture*, the politicization of maternity influenced the direction of medical discourse as well, resulting in an increased interest in women’s reproduction in the colonies.

Given the popular political ideology of motherhood being women’s essential contribution to France’s national welfare, it was a natural development that the same attention was turned towards the outer reaches of ‘Greater France.’ The ‘social decay’ caused by interracial unions prompted colonial administrators to enter the ‘interior frontier’ and engage in debates concerning parenting styles, domestic arrangements and

¹¹³ Anne Cova, “French Feminism and Maternity: Theories and Policies 1890-1918” in *Maternity and Gender Policies: Women and the Rise of European Welfare States, 1880s-1950s* (eds.) Gisela Bock and Pat Thane. London: Routledge, 1991:119.

sexual morality in the colonies.¹¹⁴ The cause of social decay was seen as the rise in mixed marriages and the subversive tactics of colonial inhabitants, which defied proper ‘social order.’ Once the domestic sphere was centralized in the colonial debate, French colonial rule became more insidious—defining domestic arrangements and linking the family to the state. After this shift occurred, European administrators and social welfare organizations felt that they inherently had the ‘right’ to invade the ‘interior frontier,’ as they had the ‘outer frontier,’ and initiate structural changes. This invasion received critical support from the medical community who were already swept up in the current of racial science.

A Question “As Old as the World”

In the second section of “*Recherches sur quelques groupes observées en Indochine*,” Huard authored an essay entitled, “*Remarques sur les mélanges ethniques*.” The essay examines the *problème racial*¹¹⁵ from scientific, zoological and ideological points of view. Huard draws his argument from a variety of sources, including medical literature, philosophy and zoological studies. The racist tone of the essay is often hidden in philosophical guises and ponderings on the ordering of ‘race’ are couched in metaphor. Genetics, which was still a relatively new discovery at the time that this essay was written, also served as a justification for thinly veiled racist sentiments.

“*Le problème racial au point du vue scientifique général*,” the first section of the essay begins with a brief discussion of Gregor Mendel’s experiments with plant hybrids

¹¹⁴ Stoler, 1995:129.

¹¹⁵ Term used repeatedly throughout Huard’s study, “*Remarques sur les mélanges ethniques*” *TRAV*, vol. 6, 1939:81-94.

and Thomas Hunt Morgan's work with mutation in *Drosophila* (flies). After a quick review of genetics, Huard notes that the 'racial problem' is also linked to "the old quarrel between polygenism and monogenism,"¹¹⁶ or the belief that humans evolved from either multiple or a single origin. Citing the Comte de Buffon,¹¹⁷ who had argued against the 'Separate Creation' theory in the eighteenth century, Huard continued to advocate the impact of climate and environment on evolution.

The second section, "*Le problème racial au point de vue zoologique*" contains a metaphor about dogs as an example of 'harmonious' versus 'disharmonious' breeding. Amelioration of certain breeds could sometimes create monsters, but the "purity is jealously conserved;" the *chiens des rue* however, could compensate for their ugliness by other qualities such as intelligence or personality.¹¹⁸ Findings of the First Congress of the Latin Eugenics Federation on *métissage* in domestic animals are also published, which state, "excellent results were obtained" in favor of mixed-breeding. The statement by Etienne Letard of the First Congress continues,

"However, in an age in which the utility, or better yet, the necessity for this or that a human race to live turned in upon itself, is being proclaimed, it is the right moment to recall some typical examples of *métissage* in zootechnics"

("Pourtant à une époque où l'on proclame l'utilité, mieux même la nécessité, pour telle ou telle race humaine, de vivre repliée sur elle même, il est opportune de rappeler quelques exemples typiques de *métissage* en zootechnie").¹¹⁹

¹¹⁶ Ibid., p. 81.

¹¹⁷ Georges-Louis Leclerc, Comte de Buffon (1707-1788) was a naturalist who earned fame after publishing a 44-volume study on the natural world entitled, *Histoire naturelle* that promoted ideas about evolution 100 years before Darwin.

¹¹⁸ Ibid., p. 85.

¹¹⁹ Ibid., p. 85. Etienne Letard quoted from his article, "Les leçons de l'expérimentation animale dans le problème du *métissage*" *1^{er} Congrès latin d'Eugénique de Paris*, August 1-3, 1937, 61-69. Many thanks to Kathryn Hoffmann for reviewing my translations and making corrections when necessary.

Huard suggests that some forms of *métissage* can be beneficial among horses or the original ethnic groups of France. However, he ends this section on zoology with a quote by Leclainche of the French Academy of Sciences:

“The human race has degenerated from the somatic point of view and the harmony of proportions, which is the characteristic of race, is giving way to individual deformations that are more frequent and more marked. This is the thing that the racial problem consists of, and only this”

*(“La race humaine dégénère au point du vue somatique, et l’harmonie des proportions, caractéristique de la race, fait place à des déformations individuelles de plus en plus fréquentes et de plus en plus marquées. C’est en cela que consiste le problème de la race et en cela seulement.”)*¹²⁰

The third section, “Ideological Aspects of the Racial Problem” begins with a definition of the word, ‘race’ which is characterized by “anatomic order”: height, skin color, form and proportion of the different body parts, configuration of the head and the rest of the skeleton, the muscles and organs.¹²¹ Huard makes it clear early in his essay that he is examining the ‘racial problem’ from an anthropological perspective rather than a political or social one, as defined by nationalistic sentiments or popular opinion. The author again references the Laws of Mendel to illustrate how “fragile mentalities” are prevalent in ‘mixed-race’ lineages.¹²² Huard’s study continues with an overview of blood types among the ‘races,’ as well as citing examples of cephalic indices.

Huard admits that examining the ‘racial problem’ from a purely sociological point of view is not exempt from criticism¹²³ and instead, chooses to pose questions that entertain scientific notions such as blood quantification and physiology. Does a small

¹²⁰ Ibid., p. 86. Quote from Lechainche, *C.R. de l’Academie des Sciences*, no. 25 (Presented on December 20, 1937).

¹²¹ Ibid., p. 87.

¹²² Ibid., p. 88. Literal translation from the French.

¹²³ Ibid., p. 90.

portion of “indigenous blood” have the power to deflagrate (*la puissance deflagrante*) European qualities that may lay latent? What effect does it have on physiology, particularly the endocrine system [responsible for sexual maturation]? Inversely, are there no risks associated with blood of the white ‘race’ penetrating foreign blood?¹²⁴ The author offers no response to these questions other than to present the large population of ‘mulattos’ in the United States as an example of increased social and political problems due to *métissage*.¹²⁵

The final section of Huard’s essay, “Solutions to the Racial Problem” separates two opposing resolutions to interracial ‘mixing’: one is to fuse the different ‘races’ in the hope that certain hereditary tendencies dominate; or the second, which is to maintain racial barriers.¹²⁶ Interestingly, Huard quotes H.J. Muller, *Hors de la nuit. Vues d’un biologiste sur l’Avenir*, whose work echoes the obstetrician Alfred Pinard and the hopes of the eugenicist movement:

“Control of the development, the possibility of twins, the size of the embryo, etc., the duration and other conditions of the pregnancy and labor, would bring about considerable changes in our methods and routines relative to the production of children, permitting us to better control selection, until such time as the ideal conditions for exogenesis, in which development of the ovum would occur entirely outside the mother, could be achieved.”

(“*En contrôlant le développement, la gémellité, la taille, etc., de l’embryon, la durée et les autres conditions de la grossesse et du travail, on déterminerait des changements considérables dans nos méthodes et dans nos habitudes relatives à la production des enfants, ce qui permettrait d’en mieux contrôler le choix, en attendant que se réalise la condition idéale de l’ectogenèse complète, où le développement de l’oeuf l’effectuerait entièrement en dehors de la mère.*”)¹²⁷

¹²⁴ Ibid., p. 91.

¹²⁵ Ibid., p. 91.

¹²⁶ Ibid., p. 92.

¹²⁷ ibid., p. 93. Quote taken from H.J. Muller, *Hors de la nuit. Vues d’un biologiste sur l’Avenir*.

The simple fact that this quote is presented as a solution to the ‘racial problem,’ leads to the conclusion that ‘defilement’ through the non-white mother is undesirable and future hope lay in finding methods to populate ‘Greater France’ without risk of contamination. Huard concludes, “The problem of Eurasian *métissage*...should not be considered an ethnic problem, rather a physiological or social one” (“*Le problème du métissage eurasien...doit être considéré comme un problème non pas ethnique mais physiologique et social*”),¹²⁸ incorporating both scientific ‘evidence’ of marked differences between the ‘races’ and the biases of early twentieth-century sociology.

Influences of the eugenicist movement, particularly the concerns about physical deformity can be heard throughout this article. One of the major arguments against interracial unions was the alleged higher incidence of physical impairments in *métis* children. The theme of deformity is replicated a number of times either as part of a study or simply portrayed in a photograph. One example often repeated in medical literature—in both photographs and illustrations—was cephalhaematoma, the swelling of the brain in newborns.¹²⁹ These photographs resonated of monstrosity and freakery in which the medicalization of *difference* simultaneously brought the subject closer to home and kept it at a safe distance. This fear of deformity that scientists evoked and employed played neatly into segregationist policies that prevented both colonial subjects and their half-French children citizenship.

In the third part of the article, “*Recherches sur quelques groupes observées en Indochine*” entitled, “Introduction to the Study of Eurasians” operates in tandem with the first two parts of the study as well as with other research produced during the same

¹²⁸ *ibid.*, p. 93.

¹²⁹ Seen in a number of issues of *TRAV*, including Huard and Bigot’s “Les caractéristiques anthropologiques des Indochinois,” 1938:158-159.

period. Huard and Alfred Bigot collaborate with J. Obrecht, Vu-Van-Quang and Nguyen-Van-Ngoan¹³⁰ on this comprehensive study of Eurasians. The term, ‘Eurasian’ is used by the authors instead of ‘*métis*’ since the Indochinese Administration prohibited usage of the word in all official correspondence. Huard and his colleagues have taken it upon themselves to make an exception, using the word, ‘*métis*’ for scientific purposes since they consider it to be a zoological term.¹³¹ The word, ‘Eurasian’ is elaborated on further in the article and the authors specify their use of the term as being only to label the progeny of Europeans and indigenous peoples of Indochina.¹³²

The essay begins with the declaration, “The question about mixing blood is as old as the world” (“*La question du mélange des sangs est vieille comme le monde*”).¹³³ They attempt to grapple with this question through an *anthro-biologique* approach limited to the diverse peoples of Indochina. After a review of ‘non-Indochinese’ *métissage*, the authors launch into an historical account of Europeans in Indochina and the subsequent intermarriages with indigenous residents. Listed in these first few pages are detailed genealogies of two Europeans, Chaigneau and Vannier, who had married Vietnamese women in the nineteenth century—some of whom are featured in the twelve pages of photographs at the end of the article (Fig. 4). As a footnote, the authors list literary works that contain themes about *métissages eurasiens* and interracial unions.

“Physical anthropology of colonial ethnic groups have not seriously been more than a little bit before the Great War,” the authors note.¹³⁴ Between 1912-1913, the Anthropological Society of Paris published the first results of “Investigation of Ethnic

¹³⁰ Vietnamese transliteration unknown.

¹³¹ Huard et al., 1939:95.

¹³² Ibid., p. 102.

¹³³ Ibid., p. 96.

¹³⁴ Ibid., p. 131.

Cross-Breeding” (*croisements ethniques*), which covered a range of topics including fecundity, physical aptitude, intellect, morality and the *métis* population.¹³⁵ During the 1930s, there was a renewed interest in studies of the *métis* population due to their legal status changing for the first time since being enacted during the *Ancien Régime*. The

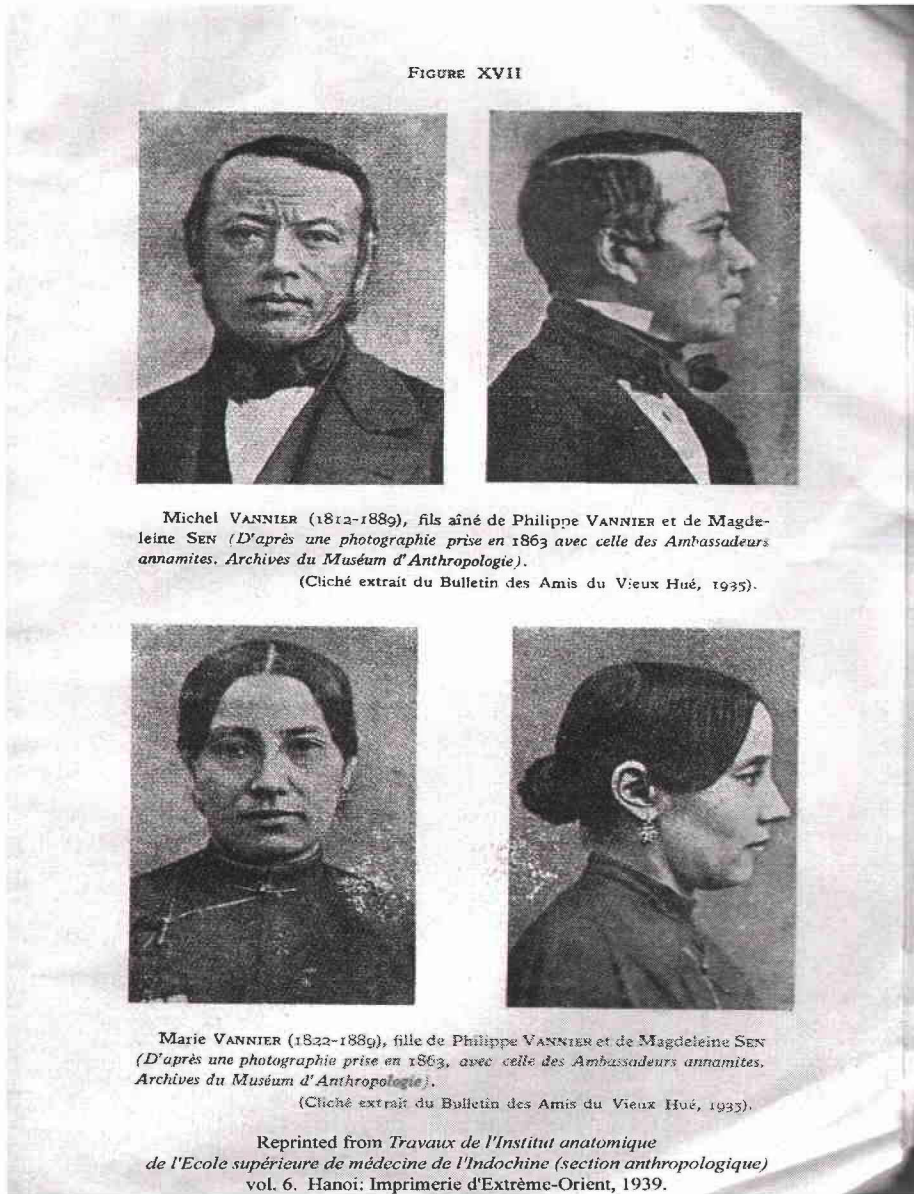


Fig. 4

¹³⁵ Ibid., p. 131.

authors remark that their study is important because “during the last years, Indochina has become part of a movement in favor of a new juridical condition for *métis*” (“*au cours de ces dernières années, c’est l’Indochine [sic!] qu’est parti un mouvement en faveur d’une nouvelle condition juridique des métis*”).¹³⁶

The economic elements of this study are also apparent in the next section on statistics in Indochina. In the pages of charts and diagrams on Europeans, Eurasians and other ethnicities that follow, the ‘racial problem’ is situated in legal and demographic outlines. Here, science meets the State with a newfound clarity of purpose. A census published on January 28, 1937 estimated that the population of ‘Greater France’ was a total of 42,300 Europeans and *assimilés* combined.¹³⁷ The *assimilés* included naturalized French citizens, indigenous women married to Europeans and Eurasians. The term, “*métis*” had a number of meanings and could include parents who originated in one of the “old colonies” such as Réunion or Antilles.¹³⁸ It was clear that the demographic landscape of the colony was changing by the mid-1930s with the majority of those born in Indochina having at least one parent who was also born there. Of the 15,750 children born in Indochina, 5,550 had one parent who was also born in the colony and 5,900 had two. By 1937, there were an estimated 8,350 *métis* in Indochina. According to birth certificates, this placed the birthrate of children of mixed-heritage at 40 per 100 births during the previous six years.¹³⁹

The total number of legal marriages between Europeans and *indigènes* was 237 from 1900 to 1938. These legal marriages did not account for the high incidence of

¹³⁶ *Ibid.*, p. 131.

¹³⁷ *Ibid.*, p. 132.

¹³⁸ *Ibid.*, p. 133.

¹³⁹ *Ibid.*, p. 134-135.

métissage in Indochina; therefore the authors tabulated other types of *métis* when examining the interracial unions in the colony. Descriptions of each ‘type’ of *métis* followed a table that separated the ‘mixed-race’ population and ranked it according to percentages. For example, a person of white and Eurasian descent can have “a Europoid face and a mongoloid brow” or the offspring of a European male and Chinese female will have “above-average intelligence.”¹⁴⁰ Also apparent in the colonies is the tendency of Eurasian males to marry Vietnamese females and of Eurasian women to marry European men. These patterns in colonial society were not due to class or race, explain the authors, but to the question of money.¹⁴¹

As with other studies on ethnic groups, the measurements of *métis* body parts play a large role in the scientific credibility of Huard and his colleagues’ research. Weight and height are documented, as well as observations on the ‘constitution’ of Eurasian boys: “Morbidity and mortality rates were lower among the *métis* students...than among their European peers in the colony” (“*La morbidité et mortalité sont moins grandes chez les métis... que chez les petits Européens de la colonie*”).¹⁴² Each part of the body—thoracic perimeter, cephalic indices, and length of the body cavity—is painstakingly measured and ranked according to age. Reproductive capacity is briefly introduced as are blood types, birthmarks (*la tache bleue mongolique*), skin color, fingerprints, pigmentation, eye color, and teeth in this comprehensive study, which revealed the *morphologie* of Eurasians. The ‘General Morphology’ of Eurasians was not limited to skin color and also included the color and texture of hair, eyes, shape of the eyelids, nose and lips.¹⁴³ Shape

¹⁴⁰ Ibid., p. 139-140.

¹⁴¹ Ibid., p. 141.

¹⁴² Ibid., p. 144.

¹⁴³ Ibid., p.142-178.

of the eyes and the triangulation of the nose had been seen a year earlier in Huard's "*Les caractéristiques anthropo-biologiques des indochinois.*"¹⁴⁴

A section entitled, "Somatic Heredity of Eurasians," presents a case study by Alfred Bigot of a Eurasian girl that had been published previously.¹⁴⁵ "Lisbeth," (Fig. 5) the daughter of a German mother and a Vietnamese man, had no living parents in Indochina since her mother returned to Europe and her father, a soldier had died. She was considered a special case since European women rarely married indigenous men in the colony. In fact, from 1930 to 1938, there were only 10 cases of European women marrying Vietnamese men (6 in Hanoi, 1 in Quang-Yen).¹⁴⁶ As previously seen, not only did the race of each parent matter in the outcome of *métissage*, but also their gender. It was the belief of these doctors that the mere fact that Lisbeth's mother was European would change her physiology and differentiate her from other Eurasians that had white fathers. Bigot concludes that her "European characteristics dominate her Asian characteristics"¹⁴⁷ but does not offer an answer as to why.

The article closes with a twelve-page photo essay on *métis* in Indochina. Lisbeth, children from the Vannier lineage, "Miss Annam" and sixty other *métis* are featured—the majority having both their frontal and profile portraits included. The caption underneath the photographs of Lisbeth reads, "Eurasian of Vietnamese father and German mother, chestnut hair with visible highlights." Sixty of the *métis* presented have more impersonal data under their pictures simply describing the 'race' of their respective mothers and

¹⁴⁴ Huard and Bigot, *TRAV* 1938.

¹⁴⁵ Alfred Bigot, "Note sur une eurasiennne de père tonkinois et de mère allemande" *TRAV* vol. 5, 1939:251-257.

¹⁴⁶ Huard et al, *TRAV*, 1939:137.

¹⁴⁷ Bigot, *TRAV*, 1939:256.

fathers. The portraits of the Vannier clan, whose genealogy is in the beginning of the



Fig. 5

article, appear to be organized to show the hereditary evolution of racial traits among siblings and throughout generations. Huard and his colleagues note under the portrait of “Miss Annam” that she “traveled to France for the Colonial Exposition of 1937.”¹⁴⁸

¹⁴⁸ Huard et al., *TRAV* 1939:n.p.

Eurasians were both a scientific curiosity and a legal problem, as colonial society took on a life of its own separate from the constraints of Europe. Pierre Huard, Alfred Bigot and their colleagues tapped into fears that sprung from the reality of increased racial intermixing in Indochina. The classification of *métis* did not aid in the creation of preventative measures in the colonies as much as show the desperation and helplessness of colonial administrators who were governing a society that had developed on its own. *Métis* were the physical manifestation of a nation that had lost control of its empire, leaving colonial administrators, scientists and politicians alike wondering where the future of humanity lay.

Chapter Four

Conclusion

Ranking and stratifying body parts according to racial composite promoted political and economic aims within ‘Greater France’ during its heyday from the 1890s to 1945. It also fueled the fantastical side of science, highlighting the complexities that arose when racial and gendered fears collided. This pattern of fascination with the *indochinois* body became more explicit after the French began reluctantly relinquishing control of their colony in 1945. After Vietnam declared independence, colonial control was shaky at best and the need for medical studies on the inhabitants of the former colony often appeared only to serve scientific curiosity. However, since the French government was trying to regain control over the region, continuing to subject the inhabitants of the region to the ‘imperial gaze’ also served the purpose of justifying their continued presence on the peninsula. The deep-seated racism that infused these medical studies was hard to extinguish as well. Questions concerning identity, citizenship and ‘Frenchness’ continued to be important to a country recovering from the ravages of another World War. Scientific curiosity and national pride appear to be two of the main reasons that studies on the former colony persisted.

It is perhaps useful to look at the literature published by the Hanoi Medical School and *Institut indochinois* in the terms of Bernard Cohn’s “investigative modalities.”¹⁴⁹ He states in their early study of India, British scholars used multiple, interactive approaches to create a representation of their colony: historiographic, observational, enumerative, and museological, among others. The ‘historiographic’

¹⁴⁹ Cohn, 1996:3-15.

modality allowed the creation of histories, which was a powerful ontological device for “assumptions about how the real social and natural worlds are constituted.”¹⁵⁰ Working in tandem with the ‘historiographic’ modality, the ‘observational’ created a form of essentialist documentation of images that were “*significant to the European eye.*”¹⁵¹ Within French medical literature, these two modalities informed one another, writing histories about the Vietnamese who had been decontextualized and fragmented through the process of medicalization.

The enumerative modality is the crux of Western scientific thinking since “classification is where true science begins.”¹⁵² Racial taxonomies were essential in the exploration of *difference*. In a practical sense, by insuring *difference*, French administrators were able to better justify policing and controlling their colonial realm. Medical literature in Vietnam was complicit in this process since all of the studies conducted at the Hanoi Medical School actively sought *difference* in their research. Medical literature is replete with imagery of the ‘bizarre’ and seeking the ‘abnormal’ in science was not unique to the medical studies published in Hanoi. However, one defining feature of this research was the audaciousness in which *difference* was pursued. Studies on sexuality and intelligence more explicitly stated racist sentiments at a time when research on similar topics conducted in Europe downplayed connections to racial attributes. The geographical proximity of France to the ‘negative’ eugenics movement of Germany influenced any public statements in support of the French Eugenics Society. Similarly, medical studies published in the colonies had a rebellious tone, the racist

¹⁵⁰ Ibid., p. 4.

¹⁵¹ Ibid., p. 6. Italics are the author’s own.

¹⁵² Inden, 2000:16.

sentiments of French inhabitants of a society on the periphery clearly affecting the trajectory of the research.

Medical literature served to encase the results of these racial taxonomies and studies of difference. Here, Cohn's museological modality comes into play, incorporating the historiographic, observational, and enumerative modalities to document racial 'inferiority' and 'freakishness.' Charts, diagrams and the popularization of the photographic image all helped to perpetuate French claims about their colonial *sujets*. Similar to other specimens that came under scientific scrutiny, the Vietnamese bodies represented in journals such as *Travaux de l'Institut anatomique de l'École supérieure de médecine de l'Indochine* were exhibited and labeled with a caption.

Neo-Lamarckism fit neatly with popular assumptions in anthropologically-influenced studies on the geographical dispersion of the 'races.' The work of Lamarck, Mendel and Darwin were reduced to their most basic principles, and then reconfigured to suit the needs of the colony. In this respect, medical studies on intelligence—enforced by the disciplines of history, paleontology, and geology—served French economic ambitions perfectly. The research on intelligence during the colonial period used the complex and persuasive 'historiographical' and 'observational' modalities to create a reductionist science. This essentializing of intelligence influenced a similar methodological approach in reproductive science and often, the two were shown as relative to one another. Reductionism in studies of female reproduction served a practical function, which was the control of fertility for the needs of the State as well as satiating voyeuristic desires to 'know' the sexuality of the 'Other.'

Perhaps no topic in medicine caused a more emotive response than *métissage*. Within the confines of scientific inquiry, the *métis* were troublesome to colonial medicine since they did not fit into one of the constructed dyads of binary opposition and mutual exclusion. Secondly, the *métis* disrupted the taxonomic project of creating ‘societal order.’ Colonial society did not lend itself easily to ‘ordering’ and the *métis* population of Indochina was the embodiment of an ordered world in disarray. By the 1920s and 1930s, the *métis* occupied a category of their own in medical literature distinguished from the other ‘races.’ However, the *métis* category was amorphous and loosely bound on the basis of parentage. Thirdly, they were above all else, ‘curiosities’ studied by both French and Vietnamese doctors alike. In the crudest sense, they were better than Mendel’s flies for studying rudimentary genetics and the ‘social laboratory’ of Indochina became in fact, a scientific one.

The line between anthropology and science was continually blurred in medical research published out of the Hanoi Medical School. Pierre Huard and his colleagues were fascinated by the racial composition of Indochina and freely integrated literary works, archeological findings and philosophy in their studies, attempting to grapple with the place of ‘mixed-race’ people in the ‘order of things.’ While a large population was an economic asset in interwar ‘Greater France,’ the *métis* were often considered a legal and social burden due to the controversy over their rights to citizenship. State control over reproduction had also failed, despite meager attempts at reducing interracial unions in the colony.

The power to construct the social body of ‘Greater France’ was an illusion and did not coincide with the realities of an empire struggling to find her identity. As seen in the

medical literature published in Hanoi, the annexation and attempted acculturation of France's most diverse colony failed, as did the more detached policy of 'association.' The 'civilizing mission' in many respects, remained an ideological construct touted by politicians and scientists who tried to separate humankind into a 'taxonomy of difference' based upon contrived racial characteristics. Medical discourse provided a forum in which the French Empire was able to articulate the desire for social control in a brazenly disordered world.

RECEIVED

AS

FOLLOWS

Bibliography

Primary Sources:

L'Année psychologique

Annuaire statistique de l'Indochine

Bulletin du Service géologique de l'Indochine

Chinese Medical Journal

Extrême-Asie (Revue Indochinoise)

Revue d'Anthropologie

Revue française de gynécologie et d'obstétrique

Revue médicale française d'Extrême-Orient

*Travaux de l'Institut anatomique de l'Ecole supérieure de médecine
de l'Indochine*

Secondary Sources:

Adas, Michael. 1991. "Scientific Standards and Colonial Education in British India and French Senegal" in *Science, Medicine and Cultural Imperialism* (eds.) Teresa Meade and Mark Walter. New York: St. Martin's Press.

Anderson, Benedict. 1983. *Imagined Communities: Reflections on the Origin and Spread of Nationalism*. New York: Verso.

Andrew, C.M and C.S. Kanya-Forstner. 1998. "Centre and Periphery in the Making of the Second Empire, 1815-1920" *The Journal of Imperial and Commonwealth History* 16:3 (May), 9-30.

Arnold, David. 1993. *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India*. Delhi: Oxford University Press.

Barthes, Roland. 1981. *Camera Lucida: Reflections on Photography*. Richard Howard (trans.) New York: Farrar, Straus and Giroux.

Bayly, Susan. 2000. "French Anthropology and the Durkheimians in Colonial Indochina" *Modern Asian Studies* 34:3, 581-622.

Bennett, Judith M. 1984. "The Tie that Binds: Peasant Marriages and Families in Late Medieval England" *The Journal of Interdisciplinary History* XV:I (Summer): 111-130.

Bhabha, Homi K. 1994. *The Location of Culture*. London and New York: Routledge.

Bondeson, Jan. 1997. *A Cabinet of Medical Curiosities*. Ithaca, NY: Cornell University Press.

Cartwright, Lisa. 1995. *Screening the Body: Tracing Medicine's Visual Culture*. Minneapolis: University of Minnesota Press.

Comaroff, Jean. 1993. "The Diseased Heart of Africa: Medicine, Colonialism, and the Black Body" in *Knowledge, Power and Practice: The Anthropology of Medicine and Everyday Life* (eds.) Shirley Lindenbaum and Margaret Lock. Berkeley: University of California Press.

Conklin, Alice L. 1997. *A Mission to Civilize: The Republican Idea of Empire in France and West Africa, 1895-1930*. Stanford: Stanford University Press.

Cova, Anne. 1991. "French Feminism and Maternity: Theories and Policies 1890-1918" in *Maternity and Gender Policies: Women and the Rise of European Welfare States. 1880s-1950s* (eds.) Gisela Bock and Pat Thane. London: Routledge, 119-137.

Darrow, Margaret H. 1979. "French Noblewomen and the New Domesticity, 1750-1850" *Feminist Studies* 5:1 (Spring): 41-65.

Elliotson, John. 1840. *Human Physiology* (1st edition). London: Longman, Orme, Brown, Green and Longmans.

Farr, James R. 1991. "The Pure and Disciplined Body: Hierarchy, Morality, and Symbolism in France During the Catholic Reformation" *Journal of Interdisciplinary History* XXI: 3 (Winter): 391-414.

Ferguson, Kathy. 1993. *The Man Question: Visions of Subjectivity in Feminist Theory*. Berkeley: University of California Press.

Forest, Alain. 1998. *Les missionnaires français au Tonkin et au Siam. Analyse comparée d'un relatif succès et d'une total échec. Livre III. Organiser une église, convertir les infidèles*. Paris: Éditions L'Hartmann.

Foucault, Michel. 1994. *The Birth of the Clinic: An Archeology of Medical Perception*. A. M. Sheridan Smith (trans.) New York : Vintage Books.

--1994. *The Order of Things: An Archeology of the Human Sciences*. New York: Vintage Books.

Fourniau, Charles et al. 1999. *Le contact colonial franco-vietnamien. Le premier demi-siècle (1858-1911)*. Aix-en-Provence: Publications de l'Université de Provence.

Fox, Robert. 1992. *The Culture of Science in France, 1700-1900*. Great Yarmouth (UK): Variorum.

- Geertz, Clifford. 1973. *The Interpretation of Cultures*. New York: Basic Books.
- Gillis, John R. 1979. "Servants, Sexual Relations, and the Risks of Illegitimacy in London, 1801-1900" *Feminist Studies* 5:1 (Spring): 142-173.
- Gould, Stephen Jay. 1996. *The Mismeasure of Man*. New York: W.W. Norton and Company.
- Guénel, Annick. 1987. "La lutte en antivariolique en Extrême-Orient: ruptures et continuité" in *L'Aventure de la vaccination* (ed.) Anne-Marie Moulin. Paris: Librairie Arthème Faynard.
- Guha, Ranajit. 1989. "Dominance without Hegemony and Its Historiography" in *Subaltern Studies, vol. 6* (ed.) Ranajit Guha. New Delhi: Oxford University Press, 210-309.
- Hanley, Sarah. 1989. "Engendering the State: Family Formation and State Building in Early Modern France" *French Historical Studies*, vol. 16, no. 1 (Spring): 4-27.
- Haraway, Donna. 1988. "Situated Knowledge: The Science Question in Feminism and the Privilege of Partial Perspective" *Feminist Studies* 14 (Fall).
- Headrick, Daniel R. 1981. *The Tools of Empire: Technology and European Imperialism in the Nineteenth Century*. New York: Oxford University Press.
- Inden, Ronald. 2000. *Imagining India*. Bloomington and Indianapolis: Indiana University Press.
- Jeorger, Muriel. 1991. "L'Évolution des corbes de l'abandon de la Restauration à la Première guerre mondiale (1815-1913)" in *Enfance abandonnée et société en Europe XIVe-Xxe siècle*. Palais Farnèse: École française de Rome, 703-740.

Jolly, Margaret. 1993. "Colonizing Women: The Maternal Body and Empire" in *Feminism and the Politics of Difference* (eds.) Sneja Gunew and Anna Yeatman. Boulder, CO: Westview Press, 103-127.

Kern, Stephen. 1975. *Anatomy and Destiny: A Cultural History of the Human Body*. Indianapolis, IN: The Bobbs-Merrill Company, Inc.

Kirshenblatt-Gimblett, Barbara. 1991. "Objects of Ethnography" in *The Poetics and Politics of Museum Display* (eds.) Ivan Karp and Steven D. Lavine. Washington, D.C.: Smithsonian Institution Press, 386-443.

Knibiehler, Yvonne and Catherine Fouquet. 1983. *La femme et les Médecins: Analyse historique*. Paris: Hachette littérature générale.

Laffey, John. 1976. "Racism and Imperialism: French Views of the 'Yellow Peril,' 1894-1914" *Third Republic/Troisième République* (Spring) no. 1.

--1977. "Imperialists Divided: The Views of Tonkin's 'Colons' Before 1914" *Histoire Sociale/Social History*, vol. 10, no. 19.

Laqueur, Thomas. 1990. *Making Sex: Body and Gender from the Greeks to Freud*. Cambridge, MA: Harvard University Press.

Lê Minh Quốc. N.d. *Đỗ Xuân Hợp Ông Vua Của Ngành Giải Phẫu Học Việt Nam*. <http://www.ykhoa.net/skds/DANHNHAN/8416.html>.

Lebovics, Herman. 1992. *True France: The Wars Over Cultural Identity, 1900-1945*. Ithaca, NY: Cornell University Press.

-1988. *The Alliance of Iron and Wheat in the Third French Republic 1860-1914: Origins of the New Conservatism*. Baton Rouge, LA: Louisiana State University Press.

Lyotard, Jean-François. 1984. *The Postmodern Condition: A Report on Knowledge*. Geoff Bennington and Brian Massumi (trans.) Minneapolis: University of Minnesota Press.

Macleod, Roy. 1987. "On Visiting the 'Moving Metropolis': Reflections on the Architecture of Imperial Science" in *Scientific Colonialism: A Cross-Cultural Comparison* (eds.) Nathan Reingold and Mark Rothenberg. Washington, D.C.: Smithsonian Institution Press.

Markovich, Ann. 1988. "French Colonial Medicine and Colonial Rule: Algeria and Indochina" in *Disease, Medicine and Empire: Perspectives on Western Medicine and the Experience of European Expansion* (eds.) Roy Mcleod and Milton Lewis. London: Routledge.

Marr, David G. 1981. *Vietnamese Tradition on Trial, 1920-1945*. Berkeley: University of California Press.

-1987. "Vietnamese Attitudes Regarding Illness and Healing" in *Death and Disease in Southeast Asia: Explorations in Social, Medical and Demographic History* (ed.) Norman G. Owen. Singapore: Oxford University Press.

Mason, Peter. 1998. *Infelicities: Representations of the Exotic*. Baltimore: The Johns Hopkins University Press.

McClellan, James E. 1991. "Science, Medicine and French Colonialism in Old-Regime Haiti" in *Science, Medecine and Cultural Imperialism* (eds.) Theresa Meade and Mark Walker. New York: St. Martin's Press.

Monnais-Rousselot, Laurence. 1999. *Médecine et colonisation: L'aventure indochinoise, 1860-1939*. Paris: CNRS Editions.

Morel, Marie-France. 1991. "A quoi servant les enfants trouvés? Les Médecins et le problème de l'abandon dans la France du XVIIIe siècle" in *Enfance abandonnée et société en Europe XIVe-Xxe siècle*. Palais Farnèse: École française de Rome, 837-858.

Moulin, Anne-Marie. 1992. "Patriarchal Science: The Network of Overseas Pasteur Institutes" in *Science and Empires: Historical Studies about Scientific Development and European Expansion* (ed.) Patrick Petitjean.

Nandy, Ashis. 1988. "Introduction: Science as a Reason of State" in *Science, Hegemony and Violence: A Requiem for Modernity* (ed.) Ashis Nandy. Delhi: Oxford University Press.

Nguyễn Bội Hoàn. 1998. *Professeur P.HUARD, Le Médecin Militaire et Le Maître Respectable*. www.emviet.com/txd/quany/toc.shtml.

Norindr, Panivong. 1995. "L'Indochinois dans l'imaginaire occidental" in *L'Autre et Nous. Scènes et types* (eds.) Pascal Blanchard et al. Paris: ACHAC, 33-38.

Nott, J.C and George R. Gliddon. 1857. *Indigenous Races of the Earth; or New Chapters of Ethnological Enquiry*. London: Trübner and Co.

-1854. *Types of Mankind: or, Ethnological Researches, based upon the Ancient Monuments, Paintings, Sculptures, and Crania of Races and upon the Natural, Geographical, Philological, and Biblical History*. London: Trübner and Co.

Nye, Robert A. 1989. "Honor, Impotence, and Male Sexuality in Nineteenth-Century French Medicine" *French Historical Studies*, vol. 16, no. 1 (Spring): 48-71.

Offen, Karen. 1987. "Feminism, Antifeminism, and National Family Politics in Early Third Republic France" in *Connecting Spheres: Women in the Western World, 1500 to the Present* (eds.) Marilyn J. Boxer and Jean H. Quartaert. New York: Oxford University Press, 177-186.

Osborne, Michael A. 1994. *Nature, the Exotic, and the Science of French Colonialism*. Bloomington and Indianapolis: Indiana University Press.

-1992. "Société Zoologique d'Acclimatation and the New French Empire: Science and Political Economy" in *Science and Empires: Historical Studies about Scientific Development and European Expansion* (ed.) Patrick Petitjean. Dordrecht: Kluwer.

Pasquel-Rageau, Christiane. "Indochine: De la gravure à la photographie, la constitution du corpus ethnologique (1850-1950). Innovations techniques, institutions scientifiques et place de l'Asie dans le contexte colonial français" in *L'Autre et Nous. Scènes et types*. (eds.) Pascal Blandchard et al.

Preziosi, Donald. 1994. "Modernity Again: The Museum as Trompe l'oeil" in *Deconstruction and the Visual Arts: Art, Media, Architecture* (eds.) Peter Brunette and David Willis. Cambridge: Cambridge University Press.

Pyenson, Lewis. 1993. *Civilizing Mission: Exact Sciences and Overseas Expansion, 1830-1940*. Baltimore: The Johns Hopkins Press.

Rabinow, Paul. 1989. *French Modern: Norms and Forms of the Social Environment*. Chicago: The University of Chicago Press.

Rapp, Rayna, Ellen Ross, and Renate Bridenthal. 1979. "Examining Family History" *Feminist Studies* 5:1 (Spring): 174-200.

Rudolph, Gerhard. 1996. "Mesure et expérimentation" in *Histoire de la pensée médicale en Occident, vol. 2, De la Renaissance aux Lumières* (ed.) Mirko D. Grmek. Paris: Éditions du Seuil.

Said, Edward W. 1978. *Orientalism*. New York: Vintage Books.

Schneider, William. 1982. "Toward the Improvement of the Human Race: The History of Eugenics in France" *Journal of Modern History* 54 (June): 268-291.

Scott, Joan Wallach. 1999. *Gender and the Politics of History* (revised edition). New York: Columbia University Press.

Singaravélou, Pierre. 1999. *L'École française d'Extrême-Orient ou l'institution des marges (1898-1956): Essai d'histoire sociale et politique de la science coloniale*. Paris: Éditions L'Harmattan.

Spivak, Gayatri. 1988. "Can the Subaltern Speak?" in Carl Nelson and Larry Grossberg (eds.) *Marxism and the Interpretation of Culture*. Urbana: University of Illinois.

Stocking, George W. Jr. 1982. *Race, Culture, and Evolution: Essays in the History of Anthropology*. Chicago: The University of Chicago Press.

Stoler, Ann Laura. 1990. "Making Empire Respectable: The Politics of Race and Sexual Morality in 20th-Century Colonial Cultures" in *Imperial Monkey Business: Racial Supremacy in Social Darwinist Theory and Colonial Practice* (eds) Jan Breman et al. Amsterdam: VU University Press (CASA Monographs).

-1995. "'Mixed Bloods' and the Cultural Politics of European Identity in Colonial Southeast Asia" in *The Decolonization of Imagination: Culture, Knowledge, Power* (eds.) Jan Nederveen Pieterse and Bhikhu Parekh, 128-148. London: Zed Books.

-1997. "Sexual Affronts and Racial Frontiers: European Identities and the Cultural Politics of Exclusion in Southeast Asia" in *Tensions of Empire: Colonial Cultures in a Bourgeois World* (eds.) Frederick Cooper and Ann Laura Stoler, 198-237. Berkeley: University of California Press.

Stoler, Ann Laura and Frederick Cooper. 1997. "Between Metropole and Colony: Rethinking a Research Agenda" in *Tensions of Empire: Colonial Cultures in a Bourgeois World* (eds.) Frederick Cooper and Ann Laura Stoler, 1-56. Berkeley: University of California Press.

Street, Brian. 1992. "British Popular Anthropology: Exhibiting and Photographing the Other" in *Anthropology and Photography 1860-1920* (ed.) Elizabeth Edwards. New Haven, CT: Yale University Press.

Thompson, Claudia Michelle. 1998. "A Negotiated Dichotomy: Vietnamese Medicine and the Intersection of Vietnamese Acceptance of and Resistance to Chinese Cultural Influence" (Ph.D dissertation, University of Washington).

Tran Thi Liên. 2002. "Henriette Bui: The Narrative of Vietnam's First Woman Doctor" in *Việt Nam Exposé: French Scholarship on Twentieth-Century Vietnamese Society* (eds.) Gisele Bousquet and Pierre Broucheux. Ann Arbor: University of Michigan.

Trinh Van Thao. 1995. *L'École française en Indochine*. Paris: Éditions Karthala.

Tuck, Patrick J.N. 1987. *French Catholic Missionaries and the Politics of Imperialism in Vietnam, 1857-1914: A Documentary Survey*. Liverpool: University of Liverpool Press.

Vassal, Gabrielle M. *Three Years in Vietnam (1907-1910): Medicine, Chams and Tribesmen in Nhatrang and Surroundings*. Bangkok: White Lotus Co., Ltd.

Weber, Eugen. 1976. *Peasants into Frenchmen: The Modernization of Rural France, 1870-1914*. Stanford: Stanford University Press.

Wright, Gwendolyn. 1997. "Tradition in the Service of Modernity: Architecture and Urbanism in French Colonial Policy, 1900-1930" in *Tensions of Empire: Colonial Cultures in a Bourgeois World* (eds.) Frederick Cooper and Ann Laura Stoler. Berkeley: University of California Press.

Medical References:

Bennett, V. Ruth and Linda K. Brown (eds.). 1996. *Myles Textbook for Midwives* (12th edition). Edinburgh: Churchill Livingstone.

Coad, Jane and Melvyn Dunstall. 2001. *Anatomy and Physiology for Midwives*. Edinburgh: Mosby.

Gray, Henry. 1994. *Gray's Anatomy*. H. V. Carter (illustrator). Stamford, CT: Longmeadow Press.

Kamina, Pierre. 1998. *Atlas d'Anatomie. 24 Planches*. Anne-Marie Laurent (illustrator). N.P: Malione.