

DOCTORAATSONDERZOEK - DOCTORATS

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Chemical Compounds in the Congo river : Pharmaceuticals and the 'Crossed History' of Public Health in Belgian Africa (ca. 1905-1939)

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This dissertation is about pharmaceuticals, in particular the science-based, mass-produced therapeutic agents that rose to prominence during the 'therapeutic revolution' of the long twentieth century. More specifically, it examines how pharmaceuticals became central to the control of sleeping sickness (or human African trypanosomiasis) in the Belgian Congo during the first decades of the twentieth century, and what this tells us about colonial public health. Taking on epidemic proportions in the early 1900s, trypanosomiasis quickly became a public health priority for the Belgian colonial administration, which largely resorted to pharmaceutical strategies to curb its spread. Especially in the interwar era, efforts centred on a "*chimiothérapie sur une grande échelle*" : the mass treatment of African sleeping sickness victims with chemical drugs⁶.

Placing pharmaceuticals at the heart of an inquiry into trypanosomiasis's colonial history, this dissertation adds an extra-European dimension to the historiography of twentieth-century therapeutics. At the same time, it contributes to the historical literature on sleeping sickness by expanding our understanding of how trypanosome-killing chemical compounds or trypanocides came to dominate the fight against this infectious disease in the Congo, beyond simple references to therapeutic efficacy and Belgian colonial rule. It operationalises this question of pharmaceuticalisation by tracing

'drug trajectories', i.e. by charting the fates of the arsenicals Atoxyl and Tryparsamide as sleeping sickness drugs in early twentieth-century Congo⁷. These are the compounds most commonly associated with the Belgian sleeping sickness campaign before the Second World War, and thus the ones that seemed particularly successful as trypanocides.

Atoxyl and Tryparsamide's 'success' as sleeping sickness drugs, however, was not self-evident or straightforward. Their presence and widespread use in the Congo was not the result of a simple top-down transfer of western scientific-industrial objects to Africa under the influence of colonialism, but involved a much more contingent, interactive and fluctuating process. Notably, the cyclical nature of Atoxyl and Tryparsamide's career paths in the Congo challenges a too linear understanding of pharmaceuticalisation. As highlighted by a number of Dutch historians in particular, the successes (and failures) of medical drugs since the nineteenth century have tended to follow cyclical patterns, where highs alternate with lows in their appreciation and use. Moreover, drugs can make a comeback and begin a new cycle with a different application for their use⁸. Similarly, in the Congo we can distinguish three successive, but partially overlapping trypanocide cycles roughly between 1905 and 1939. Atoxyl first lived through a short cycle as a curative sleeping sickness treatment, and later started a new career as a tool of disease prevention. The latter ended with the arrival of the more powerful Tryparsamide, which was in turn also subjected to a pattern of initial promise and subsequent disappointment.

Characterised by reversals and transformations, Atoxyl and Tryparsamide's fates reveal

a dynamic picture of pharmaceutical sleeping sickness control in the Belgian Congo. They also signal that it entailed more than a straightforward deployment of effective trypanocides to advance colonial interests. In fact, this dissertation indicates that the compounds' cyclical careers as sleeping sickness drugs shaped and were shaped by complex interactions between various groups operating in different locations and at different levels. They notably united scientific researchers, pharmaceutical companies, political and medical authorities, public and private health care providers, and patients in a process of fluctuating appreciation and use. For these groups, Atoxyl and Tryparsamide took on different and shifting meanings, e.g. as commodities, beacons of scientific medicine, signs of both inter-imperial exchange and national prowess, magic-bullet solutions to depopulation, tools of civilisation, objects of regulation and rationalisation, symptoms of biomedical reductionism, or symbols of colonial oppression. Thus trypanocide cycles clearly entailed an interplay between various interests and perspectives, key to which was an evolving alliance between laboratory science, 'ethical' drug industry and collective medicine forged by a nascent Belgian tropical medicine elite. Moreover, the drug cycles linked agents at local and higher levels, and actors in the Congo, Belgium and other metropolises and colonies. The pharmaceuticalisation of sleeping sickness control, in sum, took shape at the intersection of multiple localities, scales and social spheres, through an entanglement of colonial and other social and spatial dynamics, and lead us to a 'crossed' rather than a simply or exclusively 'colonial' history of public health in Belgian Africa⁹.