COLONIAL SCIENCE, CONTAGION AND THE IMAGINARIUM

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Marseille continually reinterprets its colonial heritage. The city constitutes an imaginarium of material and immaterial symbols revealing of its history. No French city has been more wedded to colonization than this cross roads of Mediterranean peoples. Historians signal frequently its lavish colonial expositions of 1906 and 1922, and a visitor to the one of 1922 found that the city itself was "a colonial city, … [like] a capital of the French colonial empire[1]". Aside from the 1931 *Exposition coloniale* in Paris, the 1906 exposition was the largest French event of its genre.

Scientists and physicians were involved in all three expositions. Colonial science and colonialism itself altered environments and human populations in lands far from Europe but the effects are still felt here. Legacies of the colonial era endure but are now framed in terms of assistance, development, and cooperation between international partners. The 2008 relocation from Paris to Marseille of the headquarters of the *Institut de recherche pour le développement* (IRD) exemplifies a continuing dimension of the city's "colonial vocation". Commerce and colonialism often co-habit the same domain, and Pre-Revolutionary Marseille had a busy commercial port second only to Bordeaux in French colonial traffic. By 1832 it was Europe's third port in total maritime traffic behind only London and Liverpool, and by 1875 half of all French tonnage to and from the empire passed through its port[2].

Coloniality, if that is the right term, persists in the city's street names, its architecture, the languages spoken here, legal and informal agreements, and in the varied personal histories of people whose identities are intertwined with former European colonies. This pervasive coloniality is not a stable package transmitted across generations. Rather, it is a dynamic and collective imaginarium influencing and sometimes structuring activities in the city.

The scientific and medical legacies of this coloniality have been reinterpreted in the wake of decolonization, institutional reform, and a general unease about France's colonial legacy. Colonial connections brought the city many things. In 1905 the army founded the Pharo school here to train colonial doctors, a major factor in this decision being the city's 1,800 hospital patients (more than any other French city) suffering from what were then termed "colonial" or "exotic diseases." But this era will soon end as the Pharo closes definitively and the sources of the historians art are shipped to Paris. Another institution, the Faculty of Medicine of Marseille, also has a colonial dimension. Founded in 1930 as a *Faculté mixte de médécine générale et coloniale et de pharmacie*, and located at the Pharo site, the term colonial disappeared from its title in 1959.

As regards colonial economic botany and colonial *materia medica*, local university ecologist Bruno Vila cares about the region's colonial heritage and uses it in his research[3]. His colleagues have conserved for study a small fraction of the collections of the former *Institut Colonial*, the first such French colonial institute founded in 1893, and its associated *Musée Colonial*, both subsidized by the Marseille *Chambre de Commerce*. This year's centenary of the *Université de Provence*, like that of the Pharo in 2005, sparked re-valorization of the city's colonial heritage and its extant colonial objects. France is well-past the age of decolonization. But the effects of empire linger and the imaginarium continues to influence how and when we think about colonial legacies. Moreover, if we take seriously the concept of informal empire —that is of spheres of cultural and economic influence—, we might recast categories like "colonial" and "post-colonial," and "formal" and "informal," empire. Historical study of the colonial sciences of botany, medicine, and chemistry may go some way toward revealing and possibly reinterpreting the city's continuing debt to a bye-gone era. The life sciences that I study reside in close proximity to what we now call public health or possibly ecological health of the city, and a recent article in *Le Point* only reminds us that the city's sanitation problems persist[4].

The best historical studies of ecology include a baseline for interpretation. This gets quite complicated as the baseline is a function of the study's data and often shifts. If you ask how many fish are left in the sea, or were there 100 years ago, you have to take into account both qualitative and quantitative dimensions of the information. Fisherman get better at their profession, fishing technology changes, and fish populations are altered by the size and amount of fish taken as well as stochastic cycles. Assessing past and present health risks and the effects of connectivity to colonial regimes presents similar fundamental problems. But how can interpretation and analysis begin without a baseline? Right now I am working with an idea proposed by my Australian collaborator Alison Bashford that modern colonization was also the first age of universal contagion. Plague wasn't universal, but there is warrant for thinking along these lines and I've selected as a perceptive baseline for the colonial sciences and medicine the Marseille plague of 1720.

It may be argued, of course, that the empire of 1720 was not the "new" French empire of the nineteenth century, and that Europe's last plague pandemic was not the result of true colonization but of commerce and that in 1720 the very concept of a French nation is doubtful. But if we examine these arguments with care and are not wedded to the idea of formal empires and consider traffic in people, goods, ideas, and disease, we find another world. Marseille's *Chambre de Commerce* is the oldest in France. Founded in 1599 to combat pirates, it invested in trade companies and was a diplomatic presence throughout the Mediterranean. Thus the Levant was within the orbit of Marseille though not formally colonized, and Marseille was within the foot print of the Levant's disease ecology. Moreover, the plague, and how Marseille dealt with it, remains a historical and medical baseline for understandings of Marseille's place in the Mediterranean World, Europe, and beyond.

The colonial imaginarium was at work after the Revolution and can be seen in the nostalgia for lucrative trade contracts with the Levant, Africa, and other regions which had once animated Chamber activities. After the capitulation of Algiers in 1830, the Chamber set aside money for the widows and children of soldiers injured or killed in the campaign. Hope emerged that a colonial Algeria rendered fertile by agricultural science would supply France with the exotic products once obtained from the island of St. Domingue now claimed by "Black Jacobins" who repelled European interventions from behind a protective curtain of yellow fever.

The 1720 plague and other past scourges reminiscent of the colonial era are still studied

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here, as well they should be. With the possible exception of small pox, infectious diseases often reemerge. Thus after fifty years of absence, human plague re-appeared again near Oran, Algeria, in 2003, and near Laghouat in July of 2008, and was studied here in Marseille[5]. An earlier and controversial effort by the University of Aix-Marseille microbiologist Didier Raoult to establish the precise genealogy of the Marseille plague by examining the dental pulp of victims with polymerase chain reaction (PCR) techniques still excites debate[6]. We cannot presume that the plague of Marseille was caused by a hyper-virulent strain of bacterial, although we now estimate that mortality levels of the 1720 event surpassed those of other cities touched by it farther to the North. Recent analysis of materials from victims points to the notion that "factors other than microbial genetics, such as environment, vector dynamics, and host susceptibility, should be in the forefront of epidemiological discussions regarding emerging *Y. pestis* [plague] infections[7]". Historians might say, we need to look at the social conditions of Marseille and the composition of its population in 1720.

Nineteenth century Marseille's disease ecology was unenviable. Diseases long-associated tropical climates —yellow fever, cholera, and plague— disrupted city life. The cholera which tormented the great cities of Europe broke out in Marseille in 1865 upon arrival of a ship from Egypt transporting pilgrims to Mecca. It reappeared in 1884 and 1885 to kill more than 3,000 residents, and evidence linked these outbreaks to the city's life blood, maritime traffic[8]. As if this were not enough, small pox flared up in 1876, 1886, and 1895.

Global climate change is a more current threat to Marseille,

Kola nuts from Madagascar, and Aquara from Guiana, from the collections of the *Musée Colonial de Marseille* © 2011, Brian W. Robb

especially if *P. falciparum* malaria (like West Nile virus) indigenizes here. The technologies of surveillance and control, perfected during the colonial era, may need to be enhanced and redeployed to monitor and protect the city and France itself against emergent and re-emergent diseases hailing from Africa. In a nut shell then, I am writing about the often hidden scientific legacies linked to the former colonies and the city's still functioning imaginarium.

Endnotes

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