

The French Colonial Healthcare System in Cochinchina (Indochina) During the Colonial Period: Modernization or a Colonial Tool?

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ABSTRACT

This article analyzes the healthcare system established by the French government in Cochinchina from the latter half of the 19th century to 1945. Based on colonial sources such as *Annuaire de la Cochinchine française*, French military medical reports, and research on the history of colonial medicine, this study examines the formation of hospitals, health centers, and urban sanitation policies in Cochinchina. The article argues that the colonial healthcare system both contributed to introducing elements of modern Western medicine into Cochinchina society and served as a tool for the French government's colonial rule and exploitation. From a socio-historical and colonial perspective, the study shows that colonial medicine in Cochinchina was characterized by “modernization within a colonial framework” reflecting the close relationship between medical science, power, and colonial structure.

Keywords: colonial medicine, Cochinchina, French healthcare, history of medicine, colonialism

INTRODUCTION

After completing the occupation of Cochinchina (1867), the French colonial government quickly established many administrative institutions to serve the process of managing and exploiting the colony. Among them, the colonial healthcare system was considered an important field, both to ensure the health of the army and the European community, and to contribute to controlling epidemics and stabilizing society in the colonial region. During this process, the French government introduced many elements of modern Western medicine to Cochinchina, such as hospital systems, surgical techniques, vaccination programs, tropical medicine research, and urban sanitation measures. These elements significantly changed the face of healthcare in Cochinchina compared to the previous period.

However, many recent studies suggest that the colonial healthcare system was not merely a process of medical modernization, but also a tool of the colonial regime, serving the military, political, and economic goals of the French government. From this perspective, colonial medicine is seen as a part of the apparatus of governance and social control within the colonial context. Therefore, studying the French healthcare system in Cochinchina not only helps to understand the process of the introduction of Western medicine, but also contributes to clarifying the relationship between medicine, power, and colonialism in modern Vietnamese history.

LITERATURE REVIEW

Studies related to health and Western medicine in Vietnam during the French colonial period can be divided into three main groups: (1) contemporary French medical works and reports, (2) studies on the history of Indochina's colonial rule, and (3) modern research works by Vietnamese scholars on the history of health.

Firstly, medical documents published by French doctors and researchers in the 19th and early 20th centuries provide important information on the disease situation and medical activities during the early stages of the conquest and rule of Cochinchina. Among them, the works of M. A. Didiot (1865) and F. Laure (1864) describe

in detail the medical and treatment activities of the French army during military campaigns in Cochinchina and China. These studies showed that diseases, especially tropical diseases such as malaria, dysentery, and cholera, inflicted heavy losses on the expeditionary army, while also prompting the establishment of military medical facilities and research in tropical medicine.

Next, the work of J. B. Candé (1881) was one of the earliest studies on the health status and mortality rates of Europeans in Cochinchina after the French conquest. By statistically analyzing medical data, Candé showed that the tropical climate and indigenous diseases posed significant challenges to Europeans living in the colony. These studies contributed to shaping the French medical community's understanding of tropical medicine and the need to improve sanitary conditions and organize the healthcare system in Indochina.

Besides contemporary medical literature, several studies on the history of Indochina also provide important context for understanding the role of health in the colonial system. The work of Pierre Brocheux and Daniel Hémerly (2022) comprehensively analyzes the history of Indochina during the colonial period and shows that many social policies, including health and hygiene, were linked to the French government's goal of maintaining order and exploiting the economy. Similarly, Gerard Sages' (2022) research on the alcohol monopoly in Indochina shows that the economic and social policies of colonial governments were often linked to broader social control mechanisms.

In Vietnam, studies on colonial history and medical history have also addressed this issue from various perspectives. Nguyen Dinh Tu's (2016) book, "The French Colonial Regime in Southern Vietnam (1859–1954)," provides a comprehensive view of the colonial administration, including the administrative and social institutions established by the French in Southern Vietnam. Furthermore, the work "History of Vietnam from 1858 to 1896," edited by Vo Kim Cuong (2017), also helps clarify the historical context of the French invasion and establishment of French rule in Vietnam. In recent years, several in-depth studies on the history of medicine in Vietnam have begun to emerge. Bui Thi Ha's work, "Western Medicine in Tonkin (1873–1945)" (2024), is an important study on the introduction and development of Western medicine in Tonkin, analyzing the formation of hospitals, medical schools, and colonial health policies. Additionally, Bui Thi Ha's (2025) study on Western medicine in Long Xuyen in the early 20th century provides a specific case study showing how the colonial health system was implemented in local areas.

Overall, the above works have provided much important documentation on the formation and development of Western medicine in Vietnam during the colonial period. However, in-depth studies on the French health system in Cochinchina from the perspective of a combination of modernization and colonial power remain relatively limited. Therefore, studying this field can contribute to a clearer understanding of the role of medicine in the French colonial administration structure, while also supplementing research on the history of medicine and the social history of modern Vietnam.

RESEARCH RESULTS AND DISCUSSION

The Formation of the French Healthcare System in Cochinchina

The formation of the French healthcare system in Cochinchina was closely linked to the process of military conquest, the establishment of the administrative apparatus, and the organization of colonial exploitation by the French colonialists. In other words, healthcare in Cochinchina in the early period did not primarily stem from the need for healthcare for the indigenous community, but rather from a strategic need of the conquering apparatus. In the hot, humid tropical climate, with its intricate network of rivers and canals, polluted water sources, and widespread epidemics, the French expeditionary army faced not only the military resistance of the Vietnamese but also an "invisible front" of disease. Malaria, dysentery, cholera, typhoid, and other intestinal diseases inflicted heavy losses on soldiers, reducing troop numbers, fighting capacity, and prolonging the occupation. Therefore, the need to organize treatment, medical, and preventive facilities became an essential part of the war of aggression.

In its early stages, the healthcare system in Cochinchina was heavily military in nature. Military hospitals, field ambulance stations, medical depots, and military medical personnel were established primarily to serve the

expeditionary army. The establishment of the Don Dat military hospital in Saigon is a prime example of this logic. This hospital not only treated wounded soldiers but also served as a center for treating tropical diseases arising in the colonial environment. In other words, in the context of newly conquered Cochinchina, healthcare was primarily a logistical institution of the military apparatus (Laure, 1864). It contributed to maintaining the long-term presence of the French army in an area with natural and epidemiological conditions very different from Europe.

From the late 19th century, as colonial rule gradually consolidated, the French healthcare system began to shift from a military scope to an administrative-civilian model. This transition reflected the French government's shift from the "conquest" phase to the "administration" phase. Along with perfecting the administrative, judicial, tax, and police apparatuses, the colonial government gradually organized civilian medical facilities in Saigon, Cholon, and the provincial capitals. However, it is important to emphasize that this was not a fundamental change, but rather an expansion of the function of healthcare within a broader governing structure. While in the early stages, healthcare served the war effort, in later stages, it became part of colonial administration, aiming to protect the living environment of Europeans, maintain the native workforce at the necessary level, and control the risks of epidemics that could affect commerce, administration, and military operations.

The development of the French healthcare system in Cochinchina therefore occurred unevenly, concentrating primarily in areas of strategic importance to the colonial government. Saigon-Chợ Lớn was given top priority, as it served as both an administrative, military, and commercial center, as well as a crucial international transportation gateway. From here, the new healthcare network gradually spread to localities such as My Tho, Bien Hoa, Vinh Long, Can Tho, and Soc Trang. The establishment of hospitals and health centers in the provinces was not only aimed at meeting basic medical needs but also linked to the colonial state's territorial management network. Provincial hospitals, district health centers, the system of public service doctors, and colonial medical personnel became links in the central-to-local administrative structure.

Organizationally, this healthcare system was built on the Western medical model, with the participation of French doctors, pharmacists, nurses, and later, some trained local medical personnel to provide support. The training and utilization of indigenous medical personnel reflected an adaptation by the colonial regime: on the one hand, it helped reduce operating costs and increase efficiency in management; on the other hand, it paved the way for the introduction of Western medical technology into Southern Vietnamese society. However, the role of this workforce in the early stages remained very limited, mainly under the professional and administrative control of the French.

From an institutional perspective, the formation of the French medical system in Cochinchina shows a transformation from military medicine during the conquest period to colonial medicine during the administration period, then progressing to the establishment of a relatively stable medical network at the beginning of the 20th century. But looking deeper, this was not simply an expansion of medical activities, but the formation of a new power structure. Through hospitals, health centers, hygiene regulations, epidemiological statistics, and public health surveillance, the colonial state gradually penetrated deeper into social life. From being a tool to support war, healthcare evolved into a method of organizing and controlling society under colonial conditions.

From this perspective, the formation of the French healthcare system in Cochinchina should be understood as a process with two layers of meaning. On the surface, it was the introduction of Western medical institutions, marking a new development in treatment techniques, hospital organization, and disease management. But at a deeper level, it was the expansion of colonial power into the field of biology and the human body.

It is precisely this dual nature that forms the basis for correctly assessing the historical role of French healthcare in Cochinchina: *both as a component of modernization and as an organic part of the colonial state.*

Western Medicine and the Modernization of Healthcare

The introduction of Western medicine to Cochinchina during the French colonial period brought about significant changes in healthcare perceptions, institutions, and practices. Compared to traditional medicine, which relied primarily on traditional Eastern medicine, herbal remedies, and treatment within the family and

community, the healthcare system established by the French introduced a fundamentally different model: emphasizing clinical observation, anatomy, microbiology, hospitalization of treatment, and the administrative control of public health. This is what created the “modern” appearance of colonial healthcare, regardless of its political motivations.

First and foremost, modernization was manifested in the formation of hospitals as a central institution of healthcare. In traditional medicine, treatment mainly took place at home, in pharmacies, or in the personal relationship between doctor and patient. In contrast, the Western medical model placed hospitals at the center of the diagnostic, treatment, and management process. With the emergence of military and civilian hospitals in Saigon, Cholon, and the southern provinces, medical care began to be confined to specialized spaces with established regulations, departments, treatment procedures, and the supervision of well-trained medical staff. This marked a significant shift not only in medical technology but also in how society organized healthcare (Candé, 1881).

Secondly, Western medicine offered a new understanding of disease. While traditional medicine often explained illness in terms of the relationship between yin and yang, cold and heat, and qi and blood, colonial medicine gradually imposed a way of thinking based on pathology, microbiology, and hygiene. Disease was no longer seen solely as an internal imbalance, but also as a phenomenon with biological, environmental, and transmissible causes. In this respect, vaccination, disease prevention, isolation, and quarantine programs brought about a fundamental change in medical thinking in Cochinchina. Vaccination against smallpox, control of cholera, surveillance of plague, and prevention of malaria were not merely technical measures; they were expressions of a new concept of public health, in which the state had the right to directly intervene in the bodies and lives of its citizens.

Thirdly, the modernization of healthcare was also reflected in the rise of public health and urban sanitation. This was a very important shift, because healthcare was no longer limited to treating individual illnesses but expanded to managing the living environment, water sources, sewage systems, waste, housing, and public spaces. In cities like Saigon and Cholon, the colonial government gradually implemented measures to improve sanitation, dredge canals, control water supply, treat waste, and regulate hygiene in residential areas and markets. Technically, these were significant advancements compared to the previous period (Tu, 2016). They reflected the integration of medicine, urban engineering, and administrative management in creating a “civilized” space according to colonial standards.

Fourth, Western medicine in Cochinchina was also linked to the development of statistical activities and scientific knowledge about health. A prominent feature of modern healthcare is the need for statistics, classification, and monitoring. Through hospital reports, patient records, mortality statistics, epidemiological reports, and administrative documents, the colonial government created a fairly detailed system of knowledge about diseases, population, and health risks in Cochinchina. This enabled the colonial state to “see” society in terms of health indicators, thereby formulating appropriate intervention policies. From a historical perspective, this was a major turning point: public health for the first time became an object that was quantified, monitored, and managed relatively regularly.

However, when discussing “modernization” two extreme viewpoints must be avoided: either absolutizing the progressive role of Western medicine, or completely denying its value simply because it was associated with the colonial regime. In reality, Western medicine brought about fundamental changes in the healthcare system of Cochinchina. It paved the way for medical specialization, the adoption of microbiological knowledge, the development of modern hospital models, and the later concept of public health (Tu, 2016)..Many treatment techniques, preventive measures, and healthcare organizational models introduced during this period continued to influence the Vietnamese healthcare system in subsequent periods.

Nevertheless, the modernity of the colonial healthcare system was a conditional, uneven, and selective modernization. It was strongly concentrated in urban areas, seaports, administrative centers, and spaces directly serving the ruling apparatus. Rural and remote areas – where indigenous populations are numerous – often benefit less from new medical advancements. Therefore, if colonial healthcare is considered a modernization

process, it must be a limited one, dominated by the priorities of the colonial state rather than by the equitable development needs of society as a whole.

It can be said that Western medicine in Cochinchina contributed to changing the structure of traditional healthcare. But this very process also shows that modernization in a colonial context was never a neutral process. It always took place within an unequal power structure, where “modernity” was both a means of social transformation and a tool serving the political goals of the ruling regime.

Healthcare as a Tool of Colonialism

From a purely technical standpoint, the French healthcare system in Cochinchina could be seen as a manifestation of scientific progress and social modernization. However, when considered within the context of the colonial state, it becomes clear that healthcare was not a neutral field, much less a purely humanitarian project. On the contrary, it was an integral part of the colonial regime's governing mechanism, directly serving the military, administrative, economic, and social objectives of the French government.

First and foremost, it's important to understand that the top priority of colonial healthcare was protecting the health of the conquering forces and the European community. In the early stages, this was clearly demonstrated by the military nature of the hospital system. But even as the civilian healthcare network expanded, this priority remained fundamentally unchanged. Better medical facilities, more readily available medicines, and better sanitary conditions were often concentrated in areas where Europeans lived or worked (Cuong, 2017). Healthcare thus became a means of establishing and maintaining a “biosafety space” for the French within a colonial environment they viewed as fraught with disease and hygiene risks.

Secondly, colonial healthcare was a tool for maintaining labor productivity and ensuring economic exploitation. Cochinchina was a colony of particularly important economic significance, linked to rice production, waterway trade, seaports, and later, processing and transportation activities. A society frequently ravaged by epidemics would disrupt production, circulation, and revenue collection. Therefore, disease control was not only a public health issue but also a colonial economic one. Disease prevention campaigns, port quarantines, and inspections of hygiene in markets, labor areas, and transportation routes should be understood as measures aimed at protecting the order of production and circulation under colonial rule.

Thirdly, healthcare was a method of population control and social management. One of the outstanding characteristics of a modern state is its capacity to manage the population through administrative, statistical, and professional tools. In Cochinchina, healthcare played a crucial role in this process. Through birth and death registration, disease statistics, epidemiological surveillance, health checks, and movement quarantine, the colonial government was able to intervene more deeply in the lives of its inhabitants (Sasges, (2022). The human body, from being a private or communal area, gradually became the subject of state surveillance. This is a very important aspect of colonial healthcare: treating illnesses was inseparable from measuring, classifying, examining, and managing people.

Fourth, the colonial healthcare system clearly reflected racial stratification and inequality within colonial society. Nominally, the French government could claim that modern healthcare served all colonial inhabitants. However, in reality, access to and quality of healthcare were unequal between Europeans and indigenous peoples. This difference was evident in infrastructure, professional personnel, treatment regimes, and priority in resource allocation. Indigenous peoples often received only a limited portion of the healthcare system, while the French and groups closely associated with the ruling apparatus received significantly more preferential treatment. This shows that colonial healthcare, despite its “civilized” and “enlightened” facade, operated within the discriminatory logic of colonial society (Pierre & Daniel, 2022).

Fifth, healthcare also served as a tool to legitimize the colonial regime. By establishing hospitals, launching epidemic control campaigns, improving urban sanitation, and popularizing Western medicine, the French government could present itself as a force bringing civilization and progress to the indigenous society. This is a very familiar argument in colonial discourse: colonialism not only rules but also “civilizes.” In this context, healthcare became an effective means of legitimizing the French presence. However, this very argument

obscured the reality that most healthcare policies were designed primarily to serve the needs of the ruling power, rather than to ensure equal health rights for the colonial population.

Another aspect worth noting is that hygiene and disease prevention measures in colonial societies were often accompanied by strong administrative intervention in the living spaces of residents. Inspections of housing, regulations on residential hygiene, management of markets, ports, trading places, or gathering places demonstrate that public health was simultaneously a form of social discipline. These measures not only aimed at health goals but also contributed to imposing urban and rural order according to norms set by the colonial state. From this perspective, colonial health had a “biological governance” character: controlling disease was simultaneously controlling people and their living spaces.

Therefore, the colonial nature of the French health system in Cochinchina did not lie in its lack of modern elements, but in the fact that these modern elements were placed within an unequal power structure and served primarily the interests of the colonial state. In other words, the criticism should not be directed at modern medical technology itself, but rather at how it was used to consolidate the ruling regime. Therefore, when evaluating French healthcare in Cochinchina, it would be incomplete to emphasize only the scientific progress; nor would it be adequate to view it solely as a tool of repression. Rather, it should be seen as a field in which science, power, and colonialism are closely intertwined.

From this understanding, a general conclusion can be reached: colonial healthcare in Cochinchina was both a means of care and prevention, and an institution of governance and a tool for consolidating colonial power. This dual nature is what defines its historical character. It cannot be understood solely in terms of “modernization” nor can it be confined to the concept of “oppression”; rather, it is a form of colonial modernization where technological progress and power inequality coexist within a unified historical structure.

CONCLUSION

The formation and development of the French healthcare system in Southern Vietnam was closely linked to the French conquest and establishment of their colonial administration. From the initial military medical facilities serving the war, the network of hospitals and health centers gradually expanded in major administrative centers and cities such as Saigon, Cholon, My Tho, and Vinh Long. Along with this, disease prevention, vaccination, and urban sanitation measures introduced elements of Western medicine into Southern Vietnamese society, contributing to significant changes in healthcare awareness and organization.

However, this healthcare system did not exist as a neutral institution. In the colonial context, healthcare policies primarily served the needs of the ruling apparatus, from protecting the health of the military and the European community to controlling epidemics and managing the population (Ha, 2024). Therefore, colonial healthcare reflected both the introduction of modern medicine and the logic of colonial power. Therefore, French healthcare in Cochinchina can be understood as a form of modernization within a colonial framework, where scientific progress and the goals of governance coexisted within a unified historical structure.

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