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Care, maternal welfare, and women's associations in French colonial Africa: The *Œuvre du Berceau indigène* in Togo and Cameroon (1922-1935)

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SUMMARY: 1.—Introduction. 2.—Maternal and child health in French sub-Saharan Africa during [see p. 6] the inter-war period. 3.—The *Œuvre du Berceau* in Togo and Cameroon, creations of Mr and Mrs Bonnacarrère. 4.—Promoting French colonialism in mandated territories. 5.—Women's care at the service of Auguste Bonnacarrère's ambitions? The status of the *Œuvre du Berceau* in Cameroon (1932-1934). 6.—Conclusion.

ABSTRACT: After the First World War, the demographic decline of the African colonies became a significant concern for France and its empire. The colonizers feared that the workforce needed to develop colonized territories would not be sufficiently renewed in the future due to the influence of "social diseases" such as venereal diseases and alcoholism. To combat these threats, colonial health services invested in maternal and child health. Pregnant women, newborn babies, and young children became the prime targets of a health policy designed to promote population growth and secure the future of the colonial empire. As former German colonies occupied by France and Great Britain during the conflict, Togo and Cameroon were particular colonial contexts redrawn by the history of the First World War. They were part of the territories entrusted under mandate to the victors by the League of Nations in 1922. In this context, the promotion of maternal and child protection initiatives was central to French propaganda during the inter-war period. In this article, I trace the history of two twin charity associations: the *Œuvre du Berceau Indigène* in Togo (created in 1924) and Cameroon (1932). The aim is to study the highly unusual birth of these associations and to place them in the context of the general development of maternal and child health care in these territories. I argue that these associations played a crucial role in promoting French inter-war colonialism but were also a means of personal advancement for Auguste Bonnacarrère, successively Governor of Togo (1924-1931) and Cameroon (1932-1934). This paper shows how these associations became central to the communication of French colonial action in the mandated territories and examines the very nature of the *Œuvre du Berceau*, which were presented as women's associations but lay under the control of Mr and Mrs Bonnacarrère.

KEYWORDS: colonial healthcare, women's associations, maternal and child care, French colonial empire, Togo, Cameroon.

1. Introduction (*)

After the First World War, the demographic decline of the sub-Saharan African colonies became a significant concern for France and its empire. On the one hand, it led to fears that the workforce needed to develop the colonised territories would not be sufficiently replenished. On the other, the idea of a qualitative decline in the “race” due to the influence of “social diseases” such as venereal diseases and alcoholism was gaining ground. Syphilis, in particular, was considered to be one of the leading causes of miscarriages and stillbirths, but also of the “degeneration of the race” due to its hereditary nature —possibly spanning several generations— which was then attributed to it¹. To combat these threats, which were considered vital, colonial health services invested in the control of tropical endemics such as trypanosomiasis, but even more so in maternal and child health². Pregnant women, newborn babies, and young children became the prime targets of a health policy designed to promote population growth and secure the future of the colonial empire³.

Investment in maternal and child welfare must be placed in an overall context of demographic anxiety. This was particularly prevalent in France at

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1. Idrissou Alioum, “Prostitution et lutte contre les maladies vénériennes au Cameroun, 1923-1964: discours et pratiques,” *Kaliao* 2, no. 4 (2010): 123-141; Mor Ndao, “Les prises en charge des pathologies vénériennes par le pouvoir colonial au Sénégal, 1850-1960. Éclairages et enseignements pour le sida,” *Annales de la Faculté des Lettres et Science Humaines* 39, B (2009): 40-68; Guillaume Linte, “Syphilis, Blanchiment and French Colonial Medicine in Sub-Saharan Africa during the Interwar Period,” *Medical History* 67, no. 4 (2023): 307-123, <https://doi.org/10.1017/mdh.2023.29>.
2. Anne Hugon, “L’historiographie de la maternité en Afrique subsaharienne,” *Clio. Femmes, Genre, Histoire* 21 (2005): 212-229, <https://doi.org/10.4000/clio.1466>; Mor Ndao, “Colonisation et politique de santé maternelle et infantile au Sénégal (1905-1960),” *French Colonial History* 9, no. 1 (2008): 191-211, <https://doi.org/10.1353/fch.0.0001>; Mor Ndao, “Enfance et ordre colonial. La politique sanitaire au Sénégal: discours et réalités (1930-1960),” *Revue Sénégalaise d’Histoire*, n.s. 6 (2005); Claire Fredj, “Encadrer la naissance dans l’Algérie coloniale. Personnels de santé et assistance à la mère et à l’enfant ‘indigènes’ (XIX^e-début du XX^e siècle),” *Annales de démographie historique* 122, no. 2 (2011): 169-203, <https://doi.org/10.3917/adh.122.0169>.
3. Myron Echenberg, “Faire du nègre! Military Aspects of Population Planning in French West Africa, 1920-1940,” in *African Population and Capitalism: Historical Perspectives*, eds. D.D. Cordell and J.W. Gregory (Boulder: Westview Press, 1987), 95-108; Delphine Peiretti-Courtis, *Corps noirs et médecins blancs. La fabrique du préjugé racial, XIX^e-XX^e siècles* (Paris: La Découverte, 2021), 234-252.

the time, leading to increased scrutiny of this issue. As Françoise Thébaud pointed out, the inter-war period was a key stage in the medicalisation of maternity⁴. Seen as part of the “fight” against “social scourges”⁵, it amplified the patriarchal dimension of care as well as control over women’s bodies. As part of the implementation of natalist policies, educating mothers through childcare [*puériculture*] became a central issue in the public health agenda⁶. It was in this context that a new form of female “civilising mission” flourished in the French colonies, based on the idea of passing on this knowledge to colonised mothers. Under the supervision of doctors, groups of European women became ambassadors for a new model of maternal hygiene throughout the world. This was not confined to the French colonial empire, but was part of a general trend that took various forms, whether state or association-based⁷, aimed at “colonizing the womb”⁸.

Togo and Cameroon were particular colonial contexts, redrawn by the history of the First World War. As former German colonies occupied by France and Great Britain during the conflict, they were part of the territories entrusted to the victors under mandate by the League of Nations in 1922⁹. Although France exercised total control over these regions and the people who

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4. Françoise Thébaud, *Quand nos grand-mères donnaient la vie: La maternité en France dans l'entre-deux-guerres* (Lyon: Presses universitaires de Lyon, 1986).
 5. On this topic in France during the inter-war period, see: Virginie De Luca Barrusse, *Population en danger! la lutte contre les fléaux sociaux sous la Troisième République* (Bern: Peter Lang, 2013), 109-171.
 6. For an introduction to the history of motherhood, see: Francesca Arena and Daniela Solfaroli Camillocci, “Corps et maternité à l’époque moderne et contemporaine : un bilan d’études,” In *Allaiter de l’Antiquité à nos jours : histoire et pratiques d’une culture en Europe*, eds. F. Arena, V. Dasen, Y. Foehr-Janssens, I. Maffi and D. Solfaroli Camillocci (Turnhout: Brepols, 2022), 125-132; Anne Cova, “Où en est l’histoire de la maternité?” *Clio* 21 (2005): 189-211, <https://doi.org/10.4000/clio.1465>.
 7. See for instance: Anne Hugon, *Être mère en situation coloniale (Gold Coast, années 1910-1950)* (Paris: Éditions de la Sorbonne, 2020); Deanne van Tol, “Mothers, Babies, and the Colonial State: The Introduction of Maternal and Infant Welfare Services in Nigeria, 1925-1945,” *Spontaneous Generations* 1, no. 1 (2007): 110-131; Anna Greenwood, “The Colonial Medical Service and the struggle for control of the Zanzibar Maternity Association, 1918-47,” in *Beyond the state: The Colonial Medical Service in British Africa*, ed. A. Greenwood (Manchester: Manchester University Press, 2016), 85-103.
 8. Nana Akua Amponsah, *Colonizing the womb: women, midwifery, and the state in colonial Ghana* (PhD diss., Austin: University of Texas, 2011).
 9. Nicoué Lodjou Gayibor (ed.), *Le Togo sous domination coloniale (1884-1960)* (Lomé: Les Presses de l’UB, 1997); Dieudonné Oyono, *Colonie ou mandat international? la politique française au Cameroun de 1919 à 1946* (Paris: L’Harmattan, 1992).

inhabited them, it had to report annually on its actions to the international organisation (the League of Nations and then the United Nations after the Second World War). France was required to account for the measures taken to ensure their economic and social development, sometimes under criticism from the territory's former owner¹⁰. These mandated territories were also veritable showcases for the colonial empire, through which France sought to demonstrate to the world the benefits of its colonial model and "civilising mission". This became even more necessary after the Second World War when the emancipation aspirations of colonised peoples became increasingly pressing¹¹.

In this context, health issues have become increasingly important. It was in Togo and Cameroon that campaigns to combat trypanosomiasis were most intense, from the 1920s with the "Jamot Mission" and again after the Second World War. Jean-Pierre Dozon and Guillaume Lachenal have highlighted the role played by medical action during the period when France exercised its mandate in Cameroon¹². Media communication through the press and cinema was particularly important in this respect¹³. While campaigns against sleeping sickness were one of the main arguments of French propaganda, the promotion of maternal and child protection initiatives also took centre stage during the inter-war period. They were part of a utilitarian vision of care that relied particularly on women¹⁴, both in the health services and

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10. Philippe-Blaise Essomba, *Le Cameroun: les rivalités d'intérêts franco-allemandes de 1919 à 1932* (Strasbourg: Presses Universitaires de Strasbourg, 2004); Richard A. Joseph, "The German Question in French Cameroun, 1919-1939," *Comparative Studies in Society and History* 17, no. 1 (1975): 65-90.
 11. Komla Obuibé Bassa, "Les conseils des notables au Togo. Du mandat à la tutelle (1922-1958): tribunes d'expression d'une future opposition," *Outre-mers* 98, no. 370-371 (2011): 83-98.
 12. Jean-Pierre Dozon, "Quand les Pastoriens traquaient la maladie du sommeil," *Sciences Sociales et Santé* III, no. 3-4 (1985): 27-56; Guillaume Lachenal, "Médecine, comparaisons et échanges inter-impériaux dans le mandat camerounais: une histoire croisée franco-allemande de la mission Jamot," *Canadian Bulletin of Medical History* 30, no. 2 (2013): 23-45; Guillaume Lachenal, *Le médicament qui devait sauver l'Afrique. Un scandale pharmaceutique aux colonies* (Paris: La Découverte, 2014).
 13. Béatrice de Pastre, "Cinéma éducateur et propagande coloniale à Paris au début des années 1930," *Revue d'histoire moderne & contemporaine* 51, no. 4 (2004): 135-151.
 14. Pascale Barthelemy, "Sages-femmes diplômées en AOF des années 1920 aux années 1960. Une redéfinition des rapports sociaux de sexe en contexte," in *Histoire des femmes en situation coloniale. Afrique et Asie XX^e siècle*, ed. Anne Hugon (Paris: Karthala, 2004), 119-144. In another context, see also: Hugon, *Être mère en situation coloniale*.

in civil society, and which could be a source of tension¹⁵. In this article, I will use the example of two charity associations to explore these issues: the *Œuvre du Berceau Indigène* [Native Cradle Charity]¹⁶ in Togo, created in 1924, and its twin, established in Cameroon in 1932. The aim is to study the highly unusual birth of these associations and to place them in the context of the general development of maternal and child health care in these territories. I argue that these associations played a key role in promoting French inter-war colonialism but were also a means of personal advancement for Auguste Bonnacarrère, successively Governor of Togo (1924-1931) and Cameroon (1932-1934), who sought to exploit the specific context of these new territories of the colonial empire.

My research is placed at the crossroads of several historiographies relating to the history of care in a colonial context, namely the history of health, maternal and child welfare, and women's charities in Africa. I will begin with an overview of the maternal and child welfare issues in French sub-Saharan Africa during the inter-war period, focusing on the measures introduced to control births and infant health. Secondly, I will look at the creation of the *Œuvre du Berceau Indigène* associations in Togo and Cameroon, noting their singularity in relation to similar associations in French sub-Saharan Africa, namely that their creation was closely linked to Auguste Bonnacarrère's exercise of local power. I will then show how, at the Governor's instigation, these associations became central to the communication of French colonial action in the mandated territories and found a place alongside the major campaigns to combat trypanosomiasis. Finally, I will examine the very nature of the *Œuvre du Berceau Indigène* associations, which were presented as women's charities but lay under the control of Mr and Mrs Bonnacarrère, who curiously mixed the colony's interests with their own.

15. Anne Hugon, "Le refus du travail de care? Une fronde des doctoresses de la Protection maternelle et infantile en contexte colonial (Gold Coast, ca 1930)," *Clio. Femmes, Genre, Histoire* 49 no. 1 (2019): 167-179, <https://doi.org/10.4000/clio.16385>.

16. In French, "œuvre" refers to a charity organisation, while "berceau" translates as "cradle" and "indigène" as "native". This can be roughly translated as "Native Cradle Charity", the cradle symbolising early childhood care.

2. Maternal and child health in French sub-Saharan Africa during the inter-war period

In sub-Saharan Africa, the decision to medicalise maternal and child health with increasingly coercive control was based on a sense of urgency about the consequences of “social diseases” on demography and racist prejudices about the supposed “neglect” of the populations towards these diseases¹⁷. This idea was widely shared by French doctors and administrators, who believed that African populations were both too “negligent” and too “uncivilised” to follow long courses of treatments and help control the spread of transmissible diseases¹⁸. The French Government’s annual report (for 1922) to the League of Nations on the mandated administration of Togo stated that “despite the benefits of civilisation throughout the country, the birth rate is falling, infant mortality is considerable, and the population is not increasing.” It reported that more than one child in two died before the age of 4. This situation was attributed to alcoholism and venereal diseases (syphilis and gonorrhoea), as well as to “the neglect shown by parents towards their children”¹⁹. Based on these considerations, a targeted strategy was put in place by the colonial administration and health services: while men were mainly treated in dispensaries where they were free to come and go, women and children were subject to more active medical monitoring, supported by the deployment of mobile medical units in the field, the construction of care structures enabling to be kept them under observation, and the arrival of new female health workers specialising in maternity and early childhood²⁰.

This strategy, widely deployed by France in its African colonies, was based on the creation of maternity wards in the largest urban centres and services dedicated to the care of mothers and children in hospitals intended

17. The colonial administration states that “heredosyphilis causes 14% of deaths in infancy” in 1922. *Rapport annuel du Gouvernement français sur l’administration sous mandat des territoires du Togo pour l’année 1922* (Paris: Imp.Générale Lahure, 1923 (hereafter: *Annual report Togo [or Cameroon] 1922*))

18. Linte, “Syphilis, Blanchiment and French Colonial Medicine,” 318-322.

19. *Annual report Togo 1922*, 30.

20. Jane Turrutin, “Colonial Midwives and Modernizing Childbirth in French West Africa,” in *Women in African Colonial Histories*, eds. Jean Allman, Susan Geiger and Nakanyike Musisi (Bloomington & Indianapolis: Indiana University Press, 2022) 71-91; Pascale Barthelemy, “Sages-femmes diplômées,” 119-144. For a more global approach, see: Hugon, “L’historiographie de la maternité,” 212-229; and Anne Hugon (ed.), *Histoire des femmes en situation coloniale. Afrique et Asie XX^e siècle* (Paris: Karthala, 2004).

for colonised populations. In Dakar, pregnant women and their newborns were the priority targets of a new social hygiene institute founded in 1931, the Roume Polyclinic²¹. This new infrastructure was accompanied by the training of new staff to work and monitor African families there. These were mainly nurses and midwives, who operated under the supervision of health service doctors, who were exclusively men. At the turn of the 1920s and 1930s, a new nurse category became central to “child protection”: visiting nurses [*infirmières visiteuses*]. The First World War saw them emerge as key figures in social hygiene and childcare in France. As Stéphane Henry has pointed out, it took place in a “military, hygienist and population context”²². The first school was founded in Paris in 1915, at the Laënnec hospital, and was one way of professionalising nursing in the early 20th century. Working in social hygiene dispensaries and visiting homes, especially those of working-class families, they gave advice on social hygiene and childcare, in line with a patriarchal approach to healthcare. In the sub-Saharan African colonies, their role was to “penetrate African homes”, advise on health and hygiene, particularly to mothers, and report illnesses among them and their children. These visiting nurses worked in conjunction with the colonial health service doctors, to whom they could refer any sick individual they identified. The medicalisation of motherhood was accompanied by the training of African health workers, particularly midwives and visiting nurses²³, who could increase the number of visits and enter homes more easily.

In Cameroon, this process intensified in the mid-1920s. In September 1925, a “Society for the development of indigenous medical assistance” was established in Douala. It aimed to train African female medical staff to work in the maternity wards and children’s hospitals that the colonial administration planned to set up. The young women were trained at the Douala hospital for “indigenous” populations, where they were taught by the head doctor and two European nurses²⁴. A maternity unit opened in

21. Mor Ndao, “Colonisation et politique,” 191-211.

22. Stéphane Henry, “Les infirmières-visiteuses pendant l’entre-deux-guerres en Haute-Normandie : entre professionnalisme officiel et bénévolat officieux,” *Genre & Histoire* [online] 5 (2009): 3-4. <https://doi.org/10.4000/genrehistoire>

23. Jane Turrin, “Colonial Midwives,” 71-91; Pascale Barthélémy, “La professionnalisation des Africaines en AOF (1920-1960),” *Vingtième Siècle* 75, no. 3 (2002): 35-46, <https://doi.org/10.3917/ving.075.0035>; Pascale Barthelemy, “Sages-femmes diplômées,” 119-144.

24. *Annual report Cameroon 1925* (Paris, Imp. Gén. Lahure, 1926), 53.

the following months and, by 1926, could accommodate 40 patients²⁵. In Yaoundé, the country's second-largest centre, fifteen Cameroonian student nurses were also recruited and trained under the supervision of a European midwife. The specifications stipulated that these students were to be taught obstetrics and "women's diseases". By 1926, the Yaoundé obstetrics centre was treating 1,873 women, 324 of whom had syphilis. This structure, with the training of a staff of indigenous nurses and midwives, was designed as the best means of attracting future mothers and diagnosing illnesses likely to compromise the birth rate. By 1934, there were seven maternity units across Cameroon, plus secondary centres outside the main population centres.

During the 1920s, the work of the colonial health services was also supported by lay associations specialising in maternity and early childhood. These included organisations that had been active before the war, such as the Red Cross and *Gouttes de laits*, which specialised in distributing milk to African mothers²⁶. However, new associations were also created at this time under the name of "*CŒuvre du berceau*", involving European women who wanted to contribute to France's "civilising mission" by "educating" African mothers, particularly in the areas of infant hygiene. In French West Africa, for example, they provided welcome support for the colonial administration and medical services, as the author of the summary report on the operation of the health services for 1929 pointed out:

In the fight against infant mortality, consultations for infants and pregnant women are the most useful organisation. It makes it possible to treat conditions such as syphilis, tuberculosis, and leprosy, which would probably go unrecognised. [...] To help develop this assistance programme, the [Lieutenant] Governors can call on the *CŒuvre du Berceau Africain* [African Cradle Charity], which was set up a few years ago at the instigation of a Minister of the colonies, André Hesse. Thanks to instructions from the Governor General, local committees have been set up in the colonies of the Group²⁷.

These associations were set up in social circles for an expatriate public and run by European women who were present in the colony due to their

25. *Ibid.*, 21.

26. For an international approach, see: Catherine Rollet, "La santé et la protection de l'enfant vues à travers les Congrès internationaux (1880-1920)," *Annales de démographie historique* 101, no. 1 (2001): 97-116, <https://doi.org/10.3917/adh.101.0097>.

27. Mr Audibert, Annual report on health services of A.O.F. for 1929, Sep 11th, 1930, Dakar. Archives nationales d'outre-mer (hereafter ANOM), Guernut 51.

husbands' activities. They practised a form of care by women and for women in a context marked by racial discrimination. French women found it to be an activity that was both rewarding and socially accepted by the nature of the mission they had taken on: caring for mothers and children.

3. The *Œuvre du Berceau* in Togo and Cameroon: creations of Mr and Mrs Bonnacarrère

In Togo and Cameroon, the *Œuvre du Berceau* were the result of a different story due to a context of mandated territories less integrated with the rest of French sub-Saharan Africa. Both were founded by a couple, Mr and Mrs Bonnacarrère. Auguste Bonnacarrère was successively *Commissaire de la République* (i.e. Governor) of the two territories under mandate: from 1922 to 1931 in Togo, then from 1932 to 1934 in Cameroon. For two reasons, these charities differed from other *Œuvre du Berceau* and similar associations of the time. Firstly, they were not the result of an initiative guided by central government and the Ministry for the Colonies but of a private initiative linked to Mr Bonnacarrère's personal exercise of local power. Secondly, the way it operated and the role it was given tended to make it virtually an auxiliary of the health services in these territories.

The *Berceau Indigène* in Togo was officially founded on 16th May 1924 in Lomé by a circular from Governor Bonnacarrère. It was presented not as an independent women's association but as a local committee of the *Union des Femmes de France* [French Women Union], then a society linked to the French Red Cross²⁸. Nevertheless, the circular stated that its "exclusive purpose is to run the *Œuvre du Berceau*". The fact that the founder was Mrs Bonnacarrère was never specified, as the report sent to the League of Nations for 1924 stated that it had been "founded by European ladies from Togo"²⁹. The document also specifies the scope of the charity:

The aim of "L'Œuvre du Berceau" in Togo is to co-operate closely in the running of indigenous maternity hospitals, to help doctors and midwives in the care of mothers and infants, to provide mothers with useful items and

28. Auguste Bonnacarrère, Circular of 16th May 1924 on the founding of a local committee of the Femmes de France (Women of France), Lomé, 16. Consulted in *Annual report Togo 1924*, 188.

29. *Annual report Togo 1924*, 48.

clothing free of charge for their babies, to create *Gouttes de lait* and, lastly, to publish and distribute advice leaflets for young mothers at its own expense. The leaflets supplied by the *Œuvre du Berceau* are entitled “Livret de Nourrisson” [Infant booklet]³⁰.

The work of the *Œuvre du Berceau* in Togo was closely linked to the field of health in terms of detecting illness, assisting medical workers, and educating the public. The relationship with Togolese women was seen positively, as they were considered to be cooperative and willing to receive both care and advice:

All those who frequent the dispensaries and consultations in Togo recognise that the indigenous women of this country willingly seek the care offered to them. The desire to have children is very strong in all these women; sterility distresses them, as does the death of their young children³¹.

As proof of the involvement of Togolese mothers, the author of the 1924 annual report stated that they were enthusiastic and that the booklets had “been a great success among the indigenous mothers who attend the Lomé clinics”³².

By 1927, the charity was being hailed as a success, providing an average of 120 child consultations each week and distributing 15,000 francs’ worth of donations to mothers (milk, clothes, dummies, layettes, etc.) in 1926³³. To meet the association’s needs, Mr Bonnecarrère was generous, allocating a subsidy of 6,000 francs in 1926 and 1927³⁴, an expense “charged to the Public Health budget”. In 1927, he also included 50,000 francs in the colony’s budget to finance the construction of a nursery³⁵. The development of the *Œuvre du Berceau du Togo* coincided with a maternal and infant protection programme by the colony’s health services. The territory’s first maternity hospital was inaugurated in Lomé on 1st January 1925 but was slow to achieve the success it had hoped for: in 1927, only six births on average were recorded there each month³⁶. A second centre began operating in Aného

30. *Ibid.*, 49.

31. *Ibid.*, 48.

32. *Ibid.*, 49.

33. *Annual Report Togo 1926*, 33.

34. The decisions are appended to the *Annual Report Togo 1926*, 134; *Annual Report Togo 1927*, 145.

35. *Annual Report Togo 1926*, 33.

36. *Annual Report Togo 1927*, 32.

in December 1926, also with limited success during the initial months. A few months later, in April 1927, the *CŒuvre du Berceau* also decided to open its first branch outside Lomé, in Aného. Consultations took place once a week, on Thursdays, and represented a significant number on the scale of the colony: 132 weekly consultations in Lomé and 81 in Aného. The planned nursery was eventually established in 1927, at the maternity hospital, and was “annexed to the *CŒuvre du Berceau*”³⁷.

How the activities of the colony's health services were intertwined with those of the *CŒuvre du Berceau*, a private organisation in Togo, was highly unusual. Women's associations of this kind were widespread in the other African colonies, but their scope and funding were not conceived as part of a coordinated overall effort, as seems to have been the case with Auguste Bonnacarrère. The health services and the charity run by Mrs Bonnacarrère were seen as part of the same overall strategy. The resources allocated to the charity were substantial, and funds from the territory —and the health services budget— were used directly to finance its activities or the acquisition of equipped premises, as in the case of the nursery set up at the Lomé maternity hospital. The importance of the *CŒuvre du Berceau* continued to grow until the end of the decade. In the report to the League of Nations on the administration of Togo in 1931, produced in 1932 (i.e. after Mr and Mrs Bonnacarrère had left), the first part is devoted to taking stock of the decade 1921-1930. The health section is divided into two parts: the first is devoted to the activities of the Health Services and the second to those of the *CŒuvre du Berceau*. The report names Mr Bonnacarrère as the founder and states that “the budget of the charity is financed, on the one hand, by subscriptions from members and, on the other hand, by government subsidies”³⁸. The colony's contribution to the charity's activities was substantial and increased over the years. From 6,000 francs in 1925, it rose to 15,000 in 1926 and 50,000 annually from 1927 onwards. During this period, the charity extended its activities throughout the country. In addition to Lomé and Aného, it opened a new clinic in Kpalimé in 1928, another in Atakpamé at the end of 1929, and a fifth in Mango in 1930. Across these five sites, it provided almost 30,000 consultations during 1930³⁹. In 1931, two new branches were opened in Sokodé and Lama-Kara, providing a total of 34,675 consultations that year

37. *Ibid.*, 33.

38. *Annual Report Togo 1931*, 22.

39. *Ibid.*

and 40,884 the following year. The *Cœuvre du Berceau* in Togo was reorganised after the Bonnacarrère family left. It involved “almost all the European and Syrian⁴⁰ women in Lomé”⁴¹. The operation remained the same: a weekly consultation conducted by the ladies of the association, assisted by auxiliary midwives. In addition to donations, the women members of the association made their own layettes and educational brochures. In 1932, a Christmas tree was also organised to distribute toys and gifts to Togolese families. The *Cœuvre du Berceau* increasingly relied on a strategy of distributing clothes and food to attract women to its consultations.

In Cameroon, the *Cœuvre du Berceau* was officially founded in October 1932 in Yaoundé by Mrs Bonnacarrère, shortly after her husband had assumed his new position as Governor (Commissioner of the Republic)⁴². The archives —which I have found so far— are more extensive for the Cameroonian than for the Togolese charity and allow us to retrace the first years of its existence with precision⁴³. In a letter to the Minister of the Colonies on 26th October 1932, Bonnacarrère informed him of the creation of the *Cœuvre du Berceau du Cameroun*. He described it as a charity with “the aim of assisting indigenous mothers who have recently given birth, distributing milk to those who are unable to breastfeed their children, and monitoring the health of newborn babies, particularly orphans”⁴⁴. The new charity’s articles of association also emphasised the role it played in the overall healthcare system, with the particular aim of identifying and reporting sick children to the colonial health officers:

The aim of this association is to help native mothers who have recently given birth, to distribute milk to young mothers who are unable to feed them, to

40. The Lebanese and Syrians formed an important group of populations that moved within the French colonial empire during the first half of the 20th century. Andrew Arsan, *Interlopers of Empire: The Lebanese Diaspora in Colonial French West Africa* (London: Hurst & Co, 2014).

41. *Annual Report Togo 1932*, 82.

42. Founded on 8th October 1932, its creation was made official in the *Journal Officiel* of Cameroun of 15th October. Mr Bonnacarrère, *Circulaire à Messieurs les chefs de service et chefs de circonscription*, Nov 4th, 1932, Yaoundé. ANOM, AGEFOM 153.

43. A file of around thirty documents, covering the period 1932-1935, is held by the ANOM, under the reference AGEFOM 153 (the documents are not numbered).

44. Mr Bonnacarrère, Letter to the Minister of Colonies, Yaoundé, Oct 26th, 1932. ANOM, AGEFOM 153.

give newborn babies layettes and blankets, to monitor the growth of newborn babies and to report to the doctor those who appear to be ill⁴⁵.

Auguste Bonnacarrère considered that this new association would make it possible “to welcome and group together private initiatives that are at the service of a cause that is so interesting for the future of the race”. Bonnacarrère’s attitude towards Cameroonian women differed from that in Togo, blaming them for most of the territory’s demographic problems. Announcing the charity’s creation to the heads of departments and districts of Cameroon, he explained that it had been created “precisely to combat the indolence or indifference of the natives”⁴⁶.

The *Cœuvre du Berceau* began operating in Yaoundé on 17th November 1932. Its expansion beyond the city was rapid, with three branches founded in Obala, Efofok, and Kribi in February 1933⁴⁷. From the outset, activity was more sustained than in Togo. In Yaoundé, four weekly consultations were organised, targeting children under one year old and their mothers. Two main activities were organised around it. On the one hand, there were trained medical staff —consisting of a nurse and a “woman doctor”— who provided consultations and care for the children. On the other, there was the activity of the association’s women, one of whose main roles was to “attract” Cameroonian mothers to the consultations by distributing hygiene supplies and clothing. Between November 1932 and March 1933, in Yaoundé alone, the *Cœuvre du Berceau* distributed 1,189 towels, 26 cases of soap, 956 blankets, and 468 dresses. The branches operated similarly and were supplied by the central committee. A nurse from the health services and a religious nurse “subsidised by the administration” worked in Obala and Efofok, while “once a month, a lady from the central committee, the qualified nurse and a secretary visit the branches”. As in Togo, there was even more confusion between the activities of the association —which was supposed to be a private— and the health services in the mandated territory. Governor Bonnacarrère did not hesitate to speak of “joint efforts” between the charity and the administration

45. Articles of association of the Berceau Indigène du Cameroun, 1932. ANOM, AGEFOM 153.

46. *Circulaire à Messieurs les chefs de service et chefs de circonscription*. ANOM, AGEFOM 153.

47. *Cœuvre du Berceau indigène du Cameroun*, Mar 1933. Document sent to the Minister of the Colonies by Mr Bonnacarrère describing the work in progress. ANOM, AGEFOM 153. The document gives dates for the creation of the association branches: Obala (7th February), Efofok (8th February), and Kribi (17th February).

in the fight against infant mortality⁴⁸. He also boasted to the Minister of the Colonies about the work carried out by the *Œuvre du Berceau* in Yaoundé and its various branches, claiming that there were almost 1,300 consultations a week at the beginning of 1923⁴⁹.

The association was funded by membership subscriptions, cash, in-kind donations, and subsidies from the colonial administration in the territory (i.e. Governor Bonnacarrère). The association had three types of members⁵⁰. The first were “benefactor members”, European women actively involved in the charity’s activities, and donors who contributed more than 100 francs annually. At the beginning of 1933, there were 57 benefactors, almost equally divided between men and women, as well as various associations, such as the *Comité des Anciens Combattants* [Veterans’ Committee], the Professional Association of Railway, Public Works, Port and Harbour Agents, Christian missions (the Catholic and the 7th-day Adventists missions), the Chamber of Commerce, and the Woermann Navigation Company. A second type of members were the “donating members”, who paid a subscription of more than 50 francs. Finally, “active members” paid a subscription of more than 12 francs annually. These last two categories mainly comprised French men living in the territory under mandate⁵¹. As far as government subsidies were concerned, they were far more substantial than in Togo. For 1933, Mr Bonnacarrère provided for a total subsidy of 130,000 francs, divided between the administration’s budget (30,000 francs) and that of the multi-year loan fund set up for the development of the territory (100,000 francs)⁵². This investment symbolised the “joint effort” between the *Œuvre du Berceau* and the colonial administration that the Governor wanted in terms of operations and organisation, as well as the sharing of human and financial resources.

4. Promoting French colonialism in mandated territories

The *Œuvre du Berceau* in Togo and Cameroon played an effective role on the ground while providing a social space for the few European women living there.

48. *Circulaire à Messieurs les chefs de service et chefs de circonscription*. ANOM, AGEFOM 153.

49. In detail, per week: 767 in Yaoundé, 281 in Efoke, 165 in Obala, and 72 in Kribi. *Œuvre du Berceau indigène du Cameroun*, Mar 1933. ANOM, AGEFOM 153.

50. *Ibid.*

51. List of members of the *Œuvre du Berceau*, Mar 1933. ANOM, AGEFOM 153.

52. *Circulaire à Messieurs les chefs de service et chefs de circonscription*. ANOM, AGEFOM 153.

They were added to the networks of private entities dedicated to charitable work, which —until then— had mainly been made up of Catholic and Protestant missions⁵³, often foreign to the mandated territories (American, Norwegian, Swiss, etc.). The charities founded by Mrs Bonnacarrère rapidly assumed a central place in the care services offered in the two territories, thanks to strong support from the colonial administration. However, the colonial government was interested in this type of women's association in more ways than one. First, the work of the *Œuvre du Berceau* provided significant assistance to the health services by connecting African mothers and doctors. Second, it showcased French action in the territories, both to the League of Nations and to international opinion.

The annual reports submitted by the French government to the League of Nations on its activities in Togo and Cameroon regularly highlighted the progress made in maternal and child health thanks to the *Œuvre du Berceau*. In addition to the growing number of consultations provided⁵⁴, the “success” of the work carried out with Togolese and Cameroonian women was highlighted. The aim was to show the determination of the colonisers, both the administration and civil society, to mobilise around the health and demographic issues in these territories. In Cameroon, during Bonnacarrère's period as Governor, he did not hesitate to show his triumph by reporting results that were as spectacular as they were rapid during 1933. These results were largely attributed directly to the *Œuvre du Berceau*, which was presented as a crucial actor in French health action in Cameroon:

[It] mainly provides infant consultations where native mothers learn from French mothers how to care for their children according to rules of hygiene which have made it possible to reduce infant mortality to such an extent that in Douala the differential demographic index has gone from a negative to an increasing rate. In Yaoundé, it has created a movement in favour of child protection which, because of the continuity of its presence at consultations, has almost no equivalent in Africa, and which has resulted in an incredible reduction (for those who have not seen it) in infant mortality, which has fallen from 63% to 9%⁵⁵.

53. Guillaume Lachenal and Bertrand Taithe, “Une généalogie missionnaire et coloniale de l'humanitaire: le cas Aujoulat au Cameroun, 1935-1973,” *Le Mouvement Social* 227, no. 2, (2009): 45-63, <https://doi.org/10.3917/lms.227.0045>.

54. See the report on the first 10 years of the mandate in Togo in *Annual Report Togo 1931*, 21-22.

55. *Annual Report Cameroon, 1933*, 145.

These spectacular figures were not based on accurate or exhaustive data and were part of France's propaganda. This included other areas of public health, notably the fight against trypanosomiasis⁵⁶. The early 1930s saw intense communication about French medical action in Togo and Cameroon. This was relayed by a magazine, *Togo-Cameroun*, created in 1929 by the Economic Agency for African Mandated Territories. In 1931, the magazine devoted several photographic reports to health. In May, a special 12-page dossier was published on the Jamot Mission and the results obtained against sleeping sickness in Cameroon⁵⁷. In July, Togo took centre stage. While trypanosomiasis control initiatives were also presented, the first half of the dossier was devoted to maternal and child protection⁵⁸. The report begins with a presentation of the *CŒuvre du Berceau*. After an introductory page showing a Togolese woman with the quadruplets she has just delivered, the photographs show the association's daily activities (see Fig. 1): welcoming mothers, distributing hygienic items, and weighing babies. The presence of a man in the top image, apparently a doctor, also highlights the association's role in coordinating with the health services.

During the Bonnacarrère era, the *CŒuvre du Berceau* became an important propaganda tool for French action in Togo, as opposed to Cameroon, where the focus was on the fight against trypanosomiasis. The production of institutional films reflected this specificity and the particular way in which women's care work was portrayed. In Cameroon, the Jamot Mission was the almost exclusive subject of the most important productions, such as *La mission Jamot au Cameroun (1926-1932)*, made in 1930 by Alfred Chaumel and Jehan Fouquet⁵⁹. In Togo, a similar film was produced the same year, *Le Togo: les œuvres sociales*, directed by André Lecurieux⁶⁰. Its title indicates a broader approach to French action in the country, from health to education and sport. The film opens with a sequence of two minutes and fifteen seconds devoted to the *CŒuvre du Berceau*⁶¹. It shows women arriving at the maternity hospital, washing a young child, and then weighing him on a scale, all under

56. Dozon, "Quand les Pastoriens"; Lachenal, "Médecine, comparaisons et échanges inter-impériaux".

57. "La santé," *Togo-Cameroun*, May 1931, 233-244.

58. "La santé," *Togo-Cameroun*, July 1931, 369-377.

59. Alfred Chaumel and Jehan Fouquet, dirs., *La mission Jamot au Cameroun (1926-1932)* (1930, Prod. Cither).

60. André Lecurieux, dir., *Le Togo: les œuvres sociales* (1930; Agence Économique des Territoires Africains sous Mandat).

61. Lecurieux, *Le Togo: les œuvres sociales*, 00:58-03:15.



Figure 1. Togo-Cameroun, "La santé," July 1931, 370. Source: BNF/Gallica.

the supervision of the male doctor. In other sequences (Fig. 2), a nurse cares for an infant. The way she is dressed suggests that she is a medical practitioner. In contrast, the women from the association are dressed in civilian clothes (Fig. 3) and are distributing towels and basins to Togolese mothers. At the start of this passage, the film states that “rewards are given to mothers whose children are best cared for”⁶².

By examining the scenes carefully, we can see that places and characters are the same in the *Togo-Cameroun* report and the film *Le Togo: les œuvres sociales*. Both were made at the same time and use a similar narrative, bringing the *Œuvre du Berceau* to the fore. It particularly highlighted women’s care work, underlining the involvement of European women in the effort to turn the country’s demography around and reduce infant mortality. In Cameroon, exceptional —not to say fanciful— results were attributed to the association’s work in its first year of operation and triumphantly set out in the report to the League of Nations for 1933. What do the two have in common? The answer is that Mr Bonnacarrère governed these territories at the time. The *Œuvre du Berceau* was not only a means of promoting French colonialism but also of personal advancement.



Figure 2. The *Œuvre du Berceau* in Togo, in André Lecurieux, *Le Togo: les œuvres sociales* (1930). Source: CNC.

62. Lecurieux, *Le Togo: les œuvres sociales*, 02:23.



Figure 3. Distribution of towels and basins by the ladies of the Œuvre du Berceau, in André Lecurieux, *Le Togo: les œuvres sociales* (1930). Source: CNC.

5. Women's care at the service of Auguste Bonnacarrère's ambitions? The status of the *Œuvre du Berceau* in Cameroon (1932-1934)

When Mr Bonnacarrère became Governor of Cameroon in the summer of 1932, there was no association like the *Œuvre du Berceau* in Togo. As brief as the Bonnacarrères' presence in Cameroon may have been, the archives show the Governor's attempts to use the association for his political ambitions and personal interests.

At the end of October 1932, just after the creation of the *Œuvre du Berceau* in Cameroon by Mrs Bonnacarrère, the Governor wrote to the Minister of the Colonies asking him to "confer on it the status of a public establishment"⁶³. Referring to the "interesting results" achieved in Togo, he asked for the Minister's support in submitting a draft decree to the President of the French Republic, the only "legal means" of obtaining such status. Why such a request? According to the Governor, only this status would enable the

63. Mr Bonnacarrère, Letter to the Minister of Colonies, Oct 26th, 1932, Yaoundé. ANOM, AGEFOM 153.

new association “to develop and increase their resources”⁶⁴. By turning an association created by his wife into a public institution, Mr Bonnacarrère was no doubt seeking greater autonomy and additional powers in his administration of the territory. However, the request was categorically refused by the Minister of the Colonies. Granting such a request would result in the delegation of powers that would be inconceivable for a colonial administrator: “there can be no question of giving any authority a general delegation of the powers that the Head of State [i.e. the President of the Republic] holds in his own right”⁶⁵. The Minister also pointed out the impossibility of conferring the status of public establishment on a charitable organisation, which is strictly reserved for “public services established as civil entities”. However, he did suggest a possible alternative: the status of a “public utility establishment”. However, this must be granted in accordance with a procedure set out by the Minister:

Recognition as being in the public utility can only be granted after an examination of the association’s purpose and means of action, the size of its resources and the guarantees offered.

Be that as it may, given the definite interest of the proposed “Œuvre du Berceau”, I can see nothing but advantages in such a measure being taken in its favour, as soon as the necessary information has been sent to me by your care: in particular, the articles of association of the society, list of members, resources of the society, results already obtained (recognition as a public utility being granted not because of the services the association may provide, but because of the services it has already provided), deliberation of the general meeting of the society requesting recognition as a public utility, etc...

As well as referring Bonnacarrère back to proper procedures and curbing his ambitions, it was also a call for more transparency in his administration.

Mr Bonnacarrère reiterated his demand at the end of March 1933, this time for the status of “public utility establishment”, enclosing a series of documents regarding the *Œuvre du Berceau*, its members, and its activities. The articles of association are particularly instructive: the association’s head office is located directly “in the Government”, in Yaoundé, and its board is made up entirely of women, except for the treasurer. The board consists of

64. *Ibid.*

65. Mr Bonnacarrère, Letter from the Minister of Colonies to the Commissioner of the Republic in Cameroon, Dec 22nd, 1932, Paris. ANOM, AGEFOM 153.

a president, two vice-presidents, a secretary and a deputy secretary. The articles of association provide for elections with a two-year term⁶⁶, except for the treasurer, who “is always and by right the special agent or intermediary agent of the district” (i.e. a civil servant)⁶⁷. Once again, there is a curious confusion between private and public interests. This is even more explicit in the draft decree prepared by Bonnecarrère for the recognition of the association as a public utility establishment. This document clearly shows how the Governor wanted to have control over it by choosing the members of the board and determining how it operated:

Article 3: A decree by the Commissioner of the Republic, adopted by the Board of Directors, will determine the composition of the office responsible for the administration of this association and will regulate its mode of operation⁶⁸.

To sum up, the board of the *Œuvre du Berceau* in Cameroon was made up entirely of women, chosen by Auguste Bonnecarrère, who also regulated its operations. Unsurprisingly, it was Mrs Bonnecarrère who held the position of President of an association whose independence seemed very limited⁶⁹, even its finances, which were controlled by a colonial agent. Apart from promoting his action as Governor, it is difficult to guess Auguste Bonnecarrère's exact motivations. The most obvious was his desire to acquire greater autonomy and prerogatives in the exercise of his power. The creation and indirect control —thanks to his wife— of the *Œuvre du Berceau* was undoubtedly one aspect of this strategy.

Whatever Mr Bonnecarrère's intentions, they seem to have met with little success. Perhaps this led to his early retirement only two years after he arrived in Cameroon. A handwritten note from the office of the Minister of the Colonies, which was studying the application for recognition of public utility, was highly critical of the organisation and operation of the *Œuvre du Berceau*. The Minister raised the question of an all-female association: “It

66. However, it is not entirely clear from the articles of association whether this election covers the entire executive board, or just the positions of secretary and deputy secretary.

67. Articles of association of the *Œuvre du Berceau indigène du Cameroun*, ANOM, AGEFOM 153.

68. Model decree for the President of the Republic to recognise the *Œuvre du Berceau du Cameroun* as a public utility establishment, 1932. ANOM, AGEFOM 153.

69. Mrs Bonnecarrère's presidency is attested to in a Report from the Director of Cabinet to the new governor of Cameroun, Jules Repiquet, Feb 19th, 1935, Yaoundé. ANOM, AGEFOM 153.

should be noted that, according to the articles of association, the board is made up of ladies only: unacceptable. Why exclude doctors in particular?”⁷⁰. In a letter dated 29th July 1933, the Minister informed Bonnacarrère that his demand had been rejected. In particular, he pointed out the confusion between the association’s private and the colony’s public interests, which he considered unacceptable. In his view, the draft decree prepared by the Governor of Cameroon would make the association “an auxiliary service” of the *Assistance Médicale Indigène* [Native Medical Assistance], which was incompatible with its private nature. He pointed out that a private association cannot be under the control of the public administration, which cannot choose its board or impose its agents, and he noted a serious risk of confusion between public funds and those of the association⁷¹. As a symptom of this, the Minister pointed out that it was Mr Bonnacarrère and not a representative of the association who was taking the necessary steps to apply for recognition:

In short, your proposal involves complete interference by the authorities in the management and operation of a private-sector association. If proof were needed, I would find it in the fact that the request for recognition as being in the public interest is not made by the association’s board, as is essential, but by the head of the territory himself⁷².

Financial and material support for the *Œuvre du Berceau* was not a problem in itself, as other similar charities received this type of support in the French colonies. However, Mr Bonnacarrère’s plan was primarily a personal one. The Minister did not seem to be fooled by the manoeuvre of relying on an all-female board, chaired by Mrs Bonnacarrère, to ensure his control over the charity: “As far as the board is concerned, I note that, according to the articles of association, it is made up of ladies only, which is exclusive with regard to the male members of the charity, although perhaps some of them, particularly doctors, could usefully find a place on it”⁷³. The Minister’s criticism, however, went beyond the case of the *Œuvre du Berceau* and the Bonnacarrères, pointing

70. Handwritten notes from the office of the Minister of the Colonies on the demand for recognition of the *Œuvre du Berceau* du Cameroun as an establishment of public utility, June or July 1933, 4. ANOM, AGEFOM 153.

71. Letter from the Minister of the Colonies to the Commissioner of the Republic in Cameroon, Jul 29, 1933, Paris, 2-3. ANOM, AGEFOM 153.

72. *Ibid.*, 3-4.

73. *Ibid.*, 5.

to a limit to the autonomy to be granted to women's associations regarding the medical profession in all matters relating to colonial health.

6. Conclusion

Studying the creation of the *Œuvre du Berceau* in Togo and Cameroon during the inter-war period implies reflecting on the forms covered by women's care work, its representations, and its realities in the field. From the outside, they appear to be autonomous women's associations whose members have collectively agreed to participate, on a voluntary basis, in actions to promote hygiene and education in the territories where their husbands work. However, Mr Bonnacarrère —with the support of his wife— kept the associations under his control, financed them, and directed their activities according to the needs of the territory and his own edification. Their role in caring for mothers and children made them increasingly important allies for the health services. What were Bonnacarrère's real objectives, from a personal, political, and healthcare point of view? It is hard to say precisely. By organising, in the territories he administered, the promotion of French action to the League of Nations, the press and international opinion, Bonnacarrère also promoted his own interests. It remains difficult to grasp the actual degree of independence and initiative on the part of the women who brought the association to life on a daily basis, and in particular Mrs Bonnacarrère's agency, due to the lack of information in the archives consulted —and known— to date. Because of the political and personal interests surrounding its existence, sources emanating from the *Œuvre du Berceau* and the colonial administrations headed by Bonnacarrère must be subject to critical distance. However, these associations should not be seen as empty shells, as their activity in the field was very concrete and largely rooted in the female colonial sociability of the mandated territories. The tensions generated by their functioning —at least in theory, according to the articles of association— also need to be placed in a more global context around women's agency in a colonial context. This concerned both the autonomy of the women involved in care work and the nature of their tasks. As Anne Hugon has shown, for example, female doctors tried to overcome the systematic assignment to maternal and child care on the Gold Coast during the inter-war period⁷⁴.

74. Anne Hugon, "Le refus du travail de care?", 167-179.

Both *Œuvre du Berceau* continued to operate long after the departure of the Bonnacarrère couple. In Cameroon, in 1935, the new President of the association obtained the status of public utility establishment and gave male doctors access to the board⁷⁵. The charity was then chaired by the wife of the new Governor of Cameroon, Jules Repiquet⁷⁶. In Togo, the association's activities continued after the Second World War, promoting the French colonial model on the international scene⁷⁷. ■

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75. Letter from Jules Repiquet to the Minister of the Colonies, Mar 22nd, 1935, Yaoundé. ANOM, AGEFOM 153.

76. Letter from Mrs Repiquet to the Commissioner of the Republic in Cameroon, Yaoundé, 19th March 1935. ANOM, AGEFOM 153.

77. *Annual report Togo* 1949, 269-270. Consulted in ANOM, AGEFOM 351.

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