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THE UBIQUITOUS MANDARIN. NOTES ON THE SOCIAL ORGANIZATION OF ELITE MEDICINE IN THE TWENTIETH CENTURY

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SUMMARY

The aim of this essay is to reflect on the prominence given to individuals in the history of medicine. Although modern medicine, just as modern science before, has grown in complexity to the point of implying a great number of actors engaged in highly institutionalized processes, the historiography of the field is still dominated by biographical research. The persistence of high level of individualization observed in elite medicine originates, first and foremost, in the "multipositionality" of prominent physicians. By holding positions in universities, hospitals, research institutes, and providing expertise to the public and the private sectors as well as non-profit organizations, medical Mandarins bridge the gap between the different social worlds of modern medicine. Building on a case study, namely the career of Robert Debré, I shed light on the specific qualities that are often attributed to such multipositional actors, and on the accumulation of "symbolic capital" that help legitimize their professional dominance.

This article has its origin in a rather surprising observation, namely the centrality of biographical research in the contemporary historiography of medicine and science, among other academic fields. Notwithstanding the widespread criticisms addressed to the biograph-

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ical approach to history, a high proportion of historians and social scientists active in this field focus their research and their narrative on the course of one single life (or, more rarely, a handful of them). This is true even in the mushrooming part of the history of science and medicine that deal with the twentieth century. In spite of the obvious complexity of the social configuration that produces modern medicine and modern science, scholars are still keen to tell the story from the point of view of a single individual.

This apparent paradox originates in a key characteristic of elite medicine and elite science (the topic researched by a huge proportion of the scholars active in the field) namely their high level of individualization. Not even the rise of both the so-called "big science" and biomedicine, in the past sixty or so years, has challenged the centrality of a few powerful individuals, attested to, for example, by the frequent use of names (full or last names) to refer to a collective: either a research team, a hospital ward, or even larger institutions such as a department or an institute[1]. In that sense, history of medicine and science is one of these areas in which, to put it with the American historical sociologist Andrew Abbott, biographical research, far from being the symptom of an obsession with old-fashioned "great-man" and (much more rarely) "great-woman" history can valuably be used to study "the conditions under which such social structures emerge and stabilize"[2].

In this article, I will argue that the main reason for the high level of individualization observed in elite medicine lies in the "multipositionality" of prominent physicians. In modern times, for example, senior medical doctors have been expected to hold simultaneous positions in teaching hospitals and medical faculties (and sometimes in science departments), research centres, private clinics, and are often asked to provide guidance to local and central governments, international organizations, as well as firms and non-profit institutions.

In order to reflect further on this "multipositional condition" of the western "Mandarin"[3], and the special quality, the "aura" some would add, frequently attributed to such social agents, I have opted for a case study. The career of Robert Debré, the French professor of medicine I have selected, is by many measures extraordinary. However, his life course could rightfully be defined, in the wording of the famous founding father of the Italian "microstoria", Edoardo Grendi, as "'eccezionalmente' normale"[4]. Although truly uncommon and therefore untypical, his case can nevertheless shed light on widespread mechanisms that arise also in the biography of many less known characters, but are easier to investigate when their effects are exacerbated, as in Debré's case for example.
However, before reflecting on the trajectory of, arguably, the most influential French Mandarin of the twentieth century, I shall start with a quick overview of recent historiographical debates on the biographical approach to medicine and science.

1. *The Enduring Appeal of a Contested Approach: Biography Then and Now*

The use of biographical materials is perhaps even more central to the history of science and medicine than to other fields and sub-specialities, though no less problematic. Mary Terrall recently put the question rather bluntly:

> *Given that our discipline has moved away from treating science as a sequential accumulation of accomplishments and attributions of priority, associated with individual names, we may well ask why historians of science should be focusing on the life of individual scientists*[5].

Various answers have been given at different times by different biographers which are worth examining.
Although the biographical approach to scientific and medical practice can be traced back to the establishment of these two fields, the

situation changed in the 1960s, and the following decades, with the launch of the *Dictionary of Scientific Biography*. As Mary Jo Ny recently put it: "To be sure, historians of science embraced biography and entered in the practice on the large scale"[6]. This timing was rather odd, as the biographical genre had already attracted (and would continue to attract) much criticism from historians and other social scientists[7]. The revolt against the "Great Men" approach to the past was also felt in the history of science, medicine and technology, where it translated into an urge to build on prosopographical studies to write about "ordinary people"[8], including women (although whether an "ordinary" scientist, physician or inventor can qualify as an ordinary human being remains debatable). It is a measure of the limited influence exerted by theoretical and sociological discussions in our field that these criticisms did not really affect the main trends. On the contrary, Thomas Söderqvist has noted that the years between the mid-1980s and the mid-1990s witnessed a new boom of "high quality biographies"[9]. However, according to Söderqvist, himself the author of a famous biography of the Danish immunologist Niels Jerne[10], the new generation of biographers feels compelled to justify its approach and has clearly benefited from the past discussions:

> *Although still within the traditional confines of the genre, these and similar biographies are more detailed, better researched, more stylishly written, and more penetrating than almost any biography written just a generation ago*[11].

In his view, the conclusions that can be drawn from such recent historiographical evolutions are clear cut: "these works indicate that science biography stands out as a most — if not *the* most — impressive genre of the discipline"[12].

What are the good (i.e. scientific) reasons to explore at great length the life of famous physicians or/and scientists? Answers to that

question have greatly varied. For many, the biographical approach is nothing but a mere expedient to "humanize" the heroes of the past by putting flesh on the dry bones of concepts, and giving a face to collective and often institutional practices[13]. For the most ambitious scholars, such as Söderqvist, biographies work as "exemplars through which we can learn to tackle the existential problems we confront in our intellectual lives"[14]. Reflecting on his own experience researching Jerne's troubled life he notes:

> *the main purpose of scientific biographies is, I suggest, as a genre that can provide a variety of exemplars of existential projects of individual scientists – narratives through which we can identify ourselves with others who have been confronted with existential choices and struggled with the existential conditions of living in and with science. Such life stories may not only provide us with opportunities to understand ourselves, intellectually as well as emotionally, but may also change and create ourselves. Hence, biographies of scientists are 'edifying'...*[15]

Not every biographer would agree with this radically existentialist philosophy, nor would they easily find the kind (and the amount) of archival material necessary to explore his or her biographee's dilemmas. Indeed, Ted Porter recently remarked that whereas "biography as a genre has flourished in recent years, only rarely are scientists depicted as whole persons for whom science is part of the meaning of a life"[16]. In the great majority of cases, historians of science and medicine who opted for a biographical approach would rather agree with Thomas Hankins' claim, set out as early as 1979, that the "place" of biography "comes precisely at the juncture between science and its cultural and intellectual context"[17]. Mary Terrall, for example, explains her decision to write a life of Maupertuis, the eighteenth century French mathematician and astronomer, by a desire to find a way out of the traditional opposition between the intellectual and the social history of knowledge: "I hoped to finesse the old internal/

external problem by looking closely at the place of this one man in his many contexts"[18]. In this perspective, biographical investigations remain compatible with the new program set out for the history of science, medicine and technology in the 1970s.

Once agreed that the present enthusiasm for the genre is not solely based on commercial reasons — "bios" sell (allegedly...) — one still needs to find out why it is that, in Ted Porter's words: "*individuals often figure as convenient units of study in history of science*"[19]. The main reason, in my view, lies in the high level of individualization observed in [reached by] elite medicine and science. This is not to say that institutions, collectives, *et cetera*, do not play a significant role in these social worlds; quite the contrary: the kind of *"biomedicine"* that appeared after the Second World War relies on ever larger and more complex organizations. Intriguingly, however, this collectivization and institutionalization of practices has so far not really affected our commonsensical representations of medical research and avant-garde clinics. Last names are still perceived as encapsulating either a specific series of research, or a distinctive approach to disease therapy, or both. In the phrase*: "Barnard performed the first [human] open heart transplant in history*"[20], the name of the famous South-African surgeon (Christiaan) Barnard is used as a proxy for a surgical team of over thirty persons (his exact role during the operation has been fiercely discussed in recent years). This extremely individualistic vision of the medical and the scientific worlds impacts directly on the sources available to the historian. It is not only that personal papers are a material choice in our field; it is also that even institutional archives are often organised in series relating to the (allegedly) most important physicians or/and scientists who worked for that institution. Consider, for instance, the archives of the Institut National de la Santé et de la Recherche Médicale (INSERM), the organisation instrumental in the rise of biomedical research in France after the Second World War, in particular the archives of the Institute's

Direction General. Interestingly enough, this genuine institutional holding is divided up in series named after the Institute's successive Director-Generals. Moreover, in the INSERM archives as in many other archives, even holdings named after a collective agent (be it a research centre, a standing committee, *et cetera*) often come down to collections of documents produced by or related to the head of this collective. More often than not, scholars have to reconstruct the story of a whole organization out of the correspondence left behind by its leadership.

Finally, another dimension of elite medicine and science further enhance the importance of the biographical approach, while making it more difficult, at the same time, to depict the whole person, namely the ability of its protagonists to live in different worlds at the same time: to be multipositional, in sociological parlance. Their ability to bridge academic life, hospital work, private practice, expertise (of various kinds), *et cetera*, has long been demonstrated as crucial in the innovation process. Not only does multipositionality make Mandarins important, it can also endow them with a specific kind of aura. I will try to clarify this important point by building on a case study — by reflecting on the life history of Robert Debré, arguably the most important French Mandarin of the twentieth century.

2. *The Arch-Mandarin*

Contrary to many of his colleagues and rivals within the Parisian medical elite, Robert Debré could not boast any famous physician among his relatives[21]. He was born in Sedan, in 1884, though the family moved to Neuilly-sur-Seine (a wealthy Parisian suburb) shortly afterwards, where his father held the position of "grand rabbin" (chief rabbi). Although medicine proved a late calling (Debré first graduated in philosophy), he nevertheless went through the traditional *cursus honorum* to reach the highest positions the medical profession can offer. Named extern in 1904, he became resident in 1906

and worked under the supervision of some famous Mandarins of the time (such as Antoine – better known as "Antonin" – Marfan and Louis Landouzy) before receiving his medical degree in 1908. He kept progressing in the career, becoming "chef de clinique" (clinician in charge of a ward) in an important Parisian teaching hospital in 1913. Immediately after the war, during which he served as a medical officer[22], he was chosen to lecture at the newly "liberated" University of Strasbourg (Debré's family was of impeccable Alsatian descent), and briefly acted as head of the Institute of Hygiene. Two years later, in 1920, his success at a competitive examination made him an "agrégé", that is a fully qualified professor waiting for a chair of his own. After working for a few years in various Paris hospitals, Debré was promoted head of the tuberculosis ward at Beaujon, in 1927, before moving to Herold, a children's hospital seven years later. In the meantime, he had been appointed Professor of bacteriology (1933), a position he would keep until 1940-41, when he switched to a more prestigious clinical chair, and moved to the Hôpital des Enfants Malades. Debré's *curriculum vitae* gives a measure of the difficulty of specialising in children's medicine (his field of choice since his second year at medical school) at that time; in his memoirs he made plain the frustrations he endured before being finally appointed to the chair of "clinique des maladies des enfants", at the relatively late age of fifty-six[23]. In reaction against this situation, he spared no effort in strengthening the status of his medical specialty. Debré's first important research dealt with the prevention of measles (through the use of serum) and tuberculosis in children; indeed, he became one of the staunchest supporters of BCG vaccination[24]. By the 1930s, all of these titles and activities had insured him a place in France's medical elite, as testified by his election, in 1934, to the Académie nationale de médecine (in the "Section of Hygiene"). However, it was during the Second World War, quite paradoxically, and in the aftermath of the Liberation of France that Debré's career reached new heights and

his status changed. In the short span of a couple of years, he moved on from being one Mandarin among many to become the most influential physician of the time, a powerful scientific entrepreneur, and a skilful policy maker.

Immediately after France's defeat in June 1940 and the subsequent setting up of Marshall Pétain's infamous *Etat Français*, Robert Debré and his future second wife took part to what were the first demonstrations of "*résistance*" in the newly occupied country[25]. Although his appointment to the chair of clinical paediatrics was ratified, his being a Jew — at least by Vichy's anti-semitic legal standards — and an increasingly active member of the French Resistance put him at great risk and eventually forced him underground (between September 1943 and the Liberation of Paris). However, the difficulties of clandestine life did not prevent him from becoming one of the leaders of the "medical resistance"[26]. Indeed, this provided him with the credentials to write a report on behalf of the *Comité Médical de la Résistance* (Resistance Medical Committee) to the Free French government in London and Algiers on the reorganization of the health services and public health policy after the liberation of the country[27].

Although most of Debré's key propositions were quietly shelved, he nevertheless emerged from the political turmoil that followed the defeat of the German armies and the installation of the *Gouvernement Provisoire de la République Française* (Provisional Government of the French Republic) as a powerful middleman. His connections with many sections of the postwar political world, including the communists, allowed him to play a key role in the field of "population policies", a crucial area for the new regime that went far beyond public health to include (in principle, at least) any public intervention with any sort of impact on the demography of the country[28]. His influence was a determining factor in the process that led to the establishment of the *Institut National d'Etudes Demographiques*, in October 1945 and the appointment of his close friend and collabo-

rator Alfred Sauvy at its head[29] — with Debré himself presiding over the scientific committee of the institute (counter-intuitively called the "*Comité technique*"). This growing involvement in "*populationist*" issues did not result from any lessening of his interest in medical affairs: quite to the contrary. The 1943 report for the Free French government had provided him with the opportunity out of airing his own vision of medicine as a key expertise in the service of population policies. In the fully formed worldview that emerged from this text, physicians were assigned two daunting and complementary tasks: increasing France's birth rate (and taking advantage of the unexpected "baby boom"), and leading the national crusade against the so-called "social plagues" ("*fléaux sociaux*") widely blamed for the country's abnormally high death rates[30].

Debré's extremely broad approach to child health was set out in a doctrine entitled "social paediatrics". Building on the international legacy of social medicine, as well as the more specific tradition developed by a generation of paediatricians who had paid great attention to the living conditions of their young patients, the Mandarin and his ever-increasing cohort of disciples incessantly pleaded for a close coordination of medical intervention and all other social services[31]. The great turmoil in Europe at the end of the war and the growing role of international organization in various fields provided the "French school of social paediatrics", with an opportunity to make its views known to the world. In the interwar years, Debré had contributed to the activities of the League of Nations Health Organization and struck up a strong relationship with its inspirational director, Ludwik Rajchman[32]. The two men worked together again after the German defeat in the framework of the newly created United Nations Relief and Rehabilitation Administration (UNRRA). In 1946, Rajchman, who had just persuaded Herbert Hoover and Maurice Pate to transform UNRRA into the more stable and more widely focused United Nations International Children's Emergency

Fund (UNICEF), successfully talked the French Government into appointing Debré as his national delegate to the Fund, a position he held for some twenty five years[33]. Four years later, the French Mandarin whose international commitments and trips abroad earned him international fame built on the United Nations' support to found the Centre International de l'Enfance (CIE), a large teaching and research centre on the outskirt of Paris dedicated to the training of health professionals from all over the world in social paediatrics[34]. Indeed, the centre exerted a real and long-lasting influence on the medical elite in many countries, especially in Central Europe and in that large part of the planet that Alfred Sauvy (Debré's friend and "intellectual partner") had just christened "the Third World"[35].

In spite of all of these absorbing commitments at home and abroad, Debré never satisfied himself with focusing on the sole birth-rate variable of the population equation. On the contrary, his international campaign for social paediatrics developed hand in hand with his scientific and political involvement in curbing France's abnormally high mortality rate. In concert with the views expressed by the "populationist" movement since the 1920s, he blamed the excessive death rate (especially in males) on drinking. Together with tuberculosis and syphilis, alcoholism had been regarded as the main cause of the "degeneration" of the country; however, any attempt to fight this "social plague" was met with uproar from powerful interest groups, from wine growers to representatives of home distillers, to grassroots politicians, *et cetera*. Debré, Sauvy and their allies first built on INED's research potential to promote researching various aspects of alcoholism, from its impact on French demography to its "economic and social costs", to the dynamics of public opinion towards drinking and its effects since the end of the Second World War. Then, in 1954, prime minister Pierre Mendès France established the *Haut Comité d'Etude et d'Information sur l'Alcoolisme* (HCEIA) and made Debré its president, a position he held until 1977 (a year

before his death). In this capacity he became the main protagonist of a radical, if unforeseen in its consequences, transformation in the French approach to alcoholism[36].

Here again, Debré showed a rare capacity to engage wholeheartedly in arduous tasks without losing sight of other areas. His dedication to public health was never exclusive of a real interest in clinical research and laboratory-based medicine. In 1946, his new stature and political connections secured him the chairmanship of the board of the *Institut National d'Hygiène* (INH). Through this position he gained a unique view on the ongoing transformation of medical research, both in France and in other industrial countries. What he learned especially about the innovations introduced in the United States and Great Britain only comforted his view — developed while working on tuberculosis and BCG vaccination in the interwar period — that medicine could only benefit from a closer association with both the physical and life sciences. With the active support of the INH and other funding bodies, the paediatrician supervised the creation of laboratories at the *Enfants Malades* hospital and encouraged a close interaction between researchers and clinicians. In a few years, he managed to surround himself with some of the most promising young Turks of the day whose ability to tie clinical medicine with scientific research earned them the label of "neo-clinicians" coined by historians of modern medicine[37]. His department had grown in size and importance to the point of being nicknamed "the Debré Empire" by insiders: biochemistry and genetics were suddenly all the rage. The old Mandarin and his young guard formed an alliance with a handful of biophysicians who had become extremely influential at INH, and together they paved the way for a kind of biomedicine *à la française*, a subject well analysed by Jean-Paul Gaudillière[38].

Finally in 1958, two years after he had retired from his chair at the Paris school of medicine, Robert Debré, whose son Michel had just been appointed Prime Minister in the wake of De Gaulle's return to

power, was asked to draft an extensive reform of medical education. This gave him a rare opportunity to perfect this "modernization" of elite French medicine. The result proved both dramatic and hugely influential: a new structure, the *Centre Hospitalier Universitaire* (University Hospital Centre), became the lynchpin of the new organization, and for the first time in the country full-time appointments combining clinical activities with teaching and research became the norm[39]. That same year, his election as President of the *Académie de Médecine* gave a measure of the prestige he had come to enjoy in the profession; his prestige was further reinforced with his election to the *Académie des Sciences* in 1961 (one of the very few physicians among the scientists).

One can figure out without difficulty how influential the holder of all these complementary social positions was. What this brief biographical sketch, with its accumulation of appointments, honours, *et cetera*, cannot conjure up however is the "aura" that surrounded Debré according to many testimonies[40].

3. *The Economy of Grandeur: the social effects of "symbolic capital"*

I shall start with a personal recollection that will provide a clear view of how Debré was perceived by some of his colleagues. In may 1995, I travelled to Bordeaux to interview a few physicians and medical researchers who had started their medical and scientific career working on the epidemiology of tuberculosis before, turning to study the impact of smoking and air pollution on lung diseases. I spent over five hours talking separately to Paul Fréour, a retired professor of pneumology at Bordeaux's medical school, and a middle-aged medical researcher, Jean-François Tessier. Both had come to know Debré while working with him: the former had collaborated in many of the programs in child health launched by the CIE in the fifties and the sixties, while the latter had taken part in a HCEIA-sponsored

research project on the epidemiology of "*excessive drinking*", in the early seventies. Although they had met Debré at different moments in his life and in different contexts, they both had similar appreciations: he was a rare human being endowed with qualities that singled him out from the "common Mandarin", so to speak. When his name came into our conversations, they both insisted on the impact he made on the people who crossed his path, and were at great pains to give me a flavour of his exceptional qualities. Most interestingly, though, instead of merely concentrating on the admittedly exceptional list of positions and honours conferred upon him during his extraordinarily long career, they peppered their evocations of Debré's professional achievements with allusions to his vibrant social life and cultural brilliance — as if keeping the latter in mind could help understand the former. Let me try to shed some light on the meaning of this intriguing mix of references to medical and scientific attainments on the one hand, and to social success on the other.

Fréour's and Tessier's recollections painted the portrait of a highly cultured man with connections in high society, as well as in exclusive intellectual and artistic circles[41]. Fréour, for example, had vivid recollections of the long hours spent together on the trains that took them to medical missions in Eastern European countries and his brilliant conversations sprinkled with the names of his famous friends. Little wonder then that a person whose intellectual and human qualities were so widely recognised, who could talk indifferently to a poet or a biologist, would have such an exceptional career. What was specific to Debré, however? After all, it is well known that elite physicians interact with other social elites and in many countries (especially France) medical men had long played a very active part in cultural and intellectual life. What singled him out from other Mandarins in the eyes of Fréour, Tessier and many of his contemporaries was the depth of his connections with many, very different social circles. While reading philosophy before entering medical school, the young

Debré met Charles Peguy and contributed to his influential, though short-lived, *Cahiers de la quinzaine*[42]. His marriage to Jeanne Debat-Ponsan, daughter of the Republican painter Edouard Debat-Ponsan (a staunch supporter of Captain Dreyfus's innocence) in 1908 opened the door of the artistic world to him. Later in his life, he established close relationships with such famous and well-respected writers as Paul Valéry, Jean Giraudoux ("our neighbour", with whom it was always a great pleasure to converse), Paul Claudel (Debré was his children's and later on his grand-children's paediatrician), Anna de Noailles and her famous "salon", Saint-John-Perse, Paul Morand, Daniel Halevy, Jules Romain, and the famous composer Francis Poulenc. Despite his workload, Debré was thus always able to keep in touch with the literary, artistic and intellectual debates of the time[43]. He was certainly not short of anecdotes and witty comments when it came to peppering his conversation (or even some official speeches, such as his acceptation speech, or "*Discours de Réception*", at the *Académie de Médecine*, in which he had successfully bet he would insert a few verses by Marceline Desbordes Valmore)[44].

In a nutshell, if Debré was not intrinsically different from his colleagues at the Paris medical school, for example, the *quantity* of contacts he had in an unusually large number of prestigious social worlds (High Society, literary and artistic circles, *et cetera*) made him look almost *qualitatively* different in the eyes of many. Indeed, the kind of appreciation given by Fréour, Tessier and many other people on Debré in their biographical narrative[45] is the product of an "essentialization" by which his social being, the product of the various positions he held in different worlds, is transfigured into an "individual" gifted with uncommon qualities which are supposed to account for his ability to excel in many worlds at the same time. Retrospectively, his extraordinary professional success appears as perfectly normal, something that should have been expected: gift and predestination are two complementary elements of a circular explanation. Investigating what was depicted as Debré's aura,

I found myself analysing a social process that was once captured in Pierre Bourdieu's concept of "symbolic capital"[46].

Conclusion

In conclusion I would like to reflect a little further on the centrality of individuals in contemporary elite medicine and the impact this can have on the institutions in the field. The question occurred to me while working on the so-called "fight against alcoholism" in twentieth-century France[47]. Central to this policy was the creation of the already mentioned *Haut Comité d'Etude et d'Information sur l'Alcoolisme* (HCEIA) in 1954 by Pierre Mendès-France. When it came to nominating a President to the *Comité*, Robert Debré was an obvious choice. Indeed, from the early days of the HCEIA to 1977, one year before his death, the latter dedicated time and energy to the "fight". A close reading of HCEIA's archives provide a fascinating glimpse into his style of leadership and shed light on the way he managed to perform so many tasks in parallel.

What the correspondence between the long-lasting president of the institution and the series of secretaries general that staffed it reveals, is a perfect example of what one might call "government at a distance"[48]. The dozens of letters sent by Debré over the years are filled with verbatim reports of meetings, numerous epistolary accounts and speeches he made in his capacity as President of the HCEIA. The letters have been sent either from his Parisian residence, rue de l'Université or from his country house, Les Madères in the Tourraine where he used to spend the summer and other "holidays", all the time working on various topics. Together, they bring to life a way of existence now largely extinct, except perhaps in the art world, where influential men and, sometimes, women worked and dealt with many important issues largely from home.

Debré's way of life and work raises at least two interrelated questions. First, one cannot help but wonder *who exactly* his interlocutors felt

they were meeting or corresponding with over these years. Was it the President of the HCEIA or one of the many other incarnations of the same person? The extremely powerful Mandarin, the spirited intellectual, the well connected "*homme du monde*"...? To *whom* did they feel they "did a favour", when they deferred to one of his demands? The question might sound rhetorical as it seems difficult to disentangle the various Robert Debré. It is, however, crucial to assess the level of institutionalization achieved by the organization he headed, and avoid putting too much emphasis on the impact the "cause" of anti-acloholism" had in the French society in the second half of the twentieth century, when, in fact, part of the success attained in that field at that time ought to be at least partly imputed to the "personal equation" of its president.

This leads to a second point: whereas the slowing down in HCEIA's activity in the late 1960s and 1970s[49] draws attention to the impact Debré's ageing had on the *Comité*, it seems equally important to note that his style of leadership as president checked the process of institutionalization. The extreme personalization, that had helped him obtain resources and political support also explains why, when Debré stepped down in 1977, the institution had capitalized very little of these riches. One might say, paraphrasing the Israeli sociologist Eisenstadt, that the transfer of *charisma* from the Mandarin to the institution he headed for some twenty-three years did not operate very well: the "routinization of charisma" was hampered by the personalization of leadership which hindered the production of *Amtcharisma* (usually rendered in English as: "*charisma* of the office" or, more rarely "office *charisma*")[50].

I believe that, far beyond the sole case of Robert Debré and the HCEIA, these questions are crucial in the analysis of institutions in areas such as medicine and many other scientific fields, where individuals enjoy a strong social recognition to the point of being powerful actors in their own right.

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1. For example, in recent years, the name "Craig Venter" has been used to refer to many collectives, from a large research team based at the National Institutes of Health, to one of two huge international consortia gathered to "sequence" the human genome, to a biotechnological start-up: Celera, to large research institutes such as The Institute for Genomic Research and the Center for the Advancement of Genomics... Nicknamed "Darth Vender", he was the "Genome Doctor" in an article announcing his resignation as Celera's president, CLARK A., *Genome doctor quits top job*. The Guardian, 23 January 2002. See also, among hundreds of articles, FISHER L.M., *Mining the Genome: Big Science as Big Business*. The New York Times, January 30, 1994, and Steven Shapin's interesting review of Venter's autobiography: SHAPIN S., *I'm a surfer*. The London Review of Books, 20 March 2008.
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6. NYE M.J., *Scientific Biography: History of Science by Another Means?* Isis 2006; 97: 322-9, p. 322. The first volume of the *Dictionary of Scientific Biography*, edited by Charles C. Gillispie, came out in 1970 (published in New York, by Charles Scribner); 17 more volumes followed until 1980 under's editorship; additional volumes, edited by Frederic L. Holmes, came out in 1990.
7. Most of these criticisms were later summarized in BOURDIEU P., *L'illusion biographique*. Actes de la Recherche en Sciences Sociales 1986; 62-63: 69-72.

8. Although proposopography has long been the method of choice in the quest to "rescue" the humble anonymous multitude from "the enormous condescension of posterity" (to quote THOMSON E.P., *The making of the English working class*. New York, Vintage, [1963] 1966, p.12), a few innovative historians have adventured to write the biography of perfectly unknown "subalterns"; see for example CORBIN A., *Le Monde retrouvé de Louis-François Pinagot: Sur les traces d'un inconnu (1798-1876)*. Paris, Seuil, 1998.
9. SÖDERQVIST T., *Existential projects and existential choice in science: science biography as an edifying genre*. In: SHORTLAND M. and YEO R., *Telling Lives in Science: Essays on Scientific Biography*. Cambridge, Cambridge University Press, 1996, pp. 45-84, 45
10. SÖDERQVIST T. *Science as Autobiography: The Troubled Life of Niels Jerne*. New Haven, Yale University Press, 2003.
11. SÖDERQVIST T., op. cit. note 4, p. 45-46.
12. *Ibid*. p. 45.
13. Typical in this respect is DEBRÉ P., *Jacques Monod*. Paris, Flammarion. 1998.
14. SÖDERQVIST T., note 4, p. 47.
15. *Ibid*.
16. PORTER T., *Is the life of the scientist a scientific unit?* Isis 2006; 97: 314-321, p. 314
17. HANKINS T. L., *In defence of biography: The use of biography in the history of science*. History of Science 1979; 17: 1-16, p. 4. Hankins was adamant: "*A fully integrated biography of a scientist which includes not only its personality, but also his scientific work and the intellectual and social context of his times, is still the best way to get at many of the problems that beset the writing of the history of science*." *Ibid*. p. 13).
18. TERRALL M., op. cit. note 2, p. 308.
19. PORTER T., op. cit. note 12, p. 314. The same is true in the history of medicine.
20. I quote this sentence from a popular history website, as a mere example of a more general phenomenon. See: http://www.historylearningsite.co.uk/christian_barnard.htm; accessed 8 may 2007.
21. All the information regarding Debré's life used in this paragraph have been collected up from the entries in the *Who's Who in France*, 1975-1976, and in HUGUET F. *Les professeurs de la faculté de médecine de Paris: Dictionnaire bibliographique 1794-1939*. Paris, Edition du CNRS, 1991, pp. 135-138; they have been confronted to his memoirs: DEBRE R., *L'honneur de vivre: Témoignage*. Paris, Hermann & Stock, 1974.

22. Robert Debré was awarded the "Croix de guerre" for his action during the war.
23. DEBRE R., op. cit. note 18, pp. 84, 95-98 and 163-164.
24. On the history of BCG (which stands for "Bacillus Calmette-Guérin") inoculation in France, see: ZYLBERMAN P. and MURARD L., *L'hygiène dans la République: La santé publique en France ou l'utopie contrariée 1970-1918*. Paris, Fayard, 1996, Chapter 17 ("Le dispensaire Calmette").
25. Relatives of the couple had put them in contact with an underground organization known as the "Réseau du Musée de l'Homme" (Museum of Mankind's Network). On Debré's 'Résistance', see: SIMONIN A., *Le Comité médical de la Résistance: un succès différé*. Le Mouvement social 1997; 180: 159-178, and DEBRE R., op. cit. note 18, pp. 223-250 *passim*.
26. VERGEZ-CHAIGNON B., *Comité médical de la Résistance*. In: Marcot A. (ed.), *Dictionnaire historique de la Résistance*. Paris, Laffont, 2006, pp. 179-180.
27. DEBRE R., *Médecine, santé publique, population*. Paris, Éditions du médecin français, 1944.
28. "*Le problème de la population*", in the idiom of the time, was widely seen, on the Left as well as on the Right as the major problem facing the country. See: ROSENTAL P.A., *L'intelligence démographique. Sciences et politique des populations en France 1930-1960*. Paris, Odile Jacob, 2003. On Debré's role in this field, see : BERLIVET L., *Les démographes et l'alcoolisme: Du "fléau social" au "risque de santé"*. Vingtième Siècle 2007; 3: 93-113.
29. A graduate of the Ecole Polytechnique, statistician and economist, Alfred Sauvy was introduced to Debré in the 1930s. He collaborated to the 1943 report to the Free French government and the duo kept working and publishing together; see, for example: DEBRE R., SAUVY A., *Des Français pour la France: Le problème de la population*. Paris, Gallimard, 1946.
30. In his report, Debré had asserted that the "population problem" could be broken down to three main factors: a birth rate that had long been ridiculously low, when compared to France's neighbouring countries; an "excessive" level of death rate (the so-called "surmortalité" blamed in uncountable books, pamphlets, articles and discourses since the 1920s, at the very least); and a strong but poorly controlled immigration. ("On ne peut envisager la solution du problème fondamental de la population que si on s'attaque à la fois à la baisse de la natalité, à la surmortalité française et à l'immigration..." DEBRE R., op. cit. note 24, p. 2.) Medical men and women were expected to play a leading role in solving the two first problems, and help to the resolution of the third by paving the way for a scientific management of immigration based on the identification of the more "easy-to-match" human types; *ibid*., p. 36.

31. Debré often insisted that "social paediatrics", far from being limited to a medical set of techniques amounted to a comprehensive world-view, with some metaphysical value attached to it: "La pédiatrie sociale représente moins un programme d'études qu'un esprit. [...] [c'est]l'ensemble des efforts collectifs en faveur de la partie jeune de la population..." (DEBRE R., *Définition de la pédiatrie sociale. Quelques éléments de son programme d'enseignement*. Courrier du Centre International de l'Enfance 1963; 13: 621). The political implications of this doctrine was perhaps best captured by one of Debré's student and collaborator in her introduction to the first treatise of "social paediatrics": far from considering children separately from their environment, as an "experimental animal isolated in a cage", social paediatricians ought to "study both ailing and healthy children in relation to the social group they belong, and the environment they grow in". MASSE N.P., *Introduction à la pédiatrie sociale*. In: Mande R., MASSE N.P., MANCIAUX M., *Pédiatrie Sociale*. Paris, Flammarion, 1972, pp. 15-18, p. 15.
32. See BALINSKA M., *Une vie pour l'humanitaire: Ludwik Rajchman (1881-1965)*. Paris, La Découverte, 1995.
33. On this episode, see: DEBRE R., op. cit. note 18, pp. 328-335.
34. The CIE was also central in the worldwide debate on the pros and cons of BCG that spread in the 1950s-1960s.
35. Sauvy coined the term in an article for an influential French magazine: SAUVY A., *Trois mondes, une planète*. L'Observateur 1952; 118: 14
36. For a detailed analysis of this point, see: BERLIVET L., op. cit. note 28.
37. See: PICARD J.-F., *Poussée scientifique ou demande de médecins? La recherche médicale en France de l'Institut national d'hygiène à l'INSERM: Contributions à l'histoire de la recherche médicale en France au XXème siècle*. Sciences Sociales et Santé 1992; 4: 47-106 and GAUDILLIÈRE J.-P., *Inventer la biomédecine: La France, l'Amérique et la production des savoirs du vivant (1945-1965)*. Paris, Seuil, 2002 (for an insight on the "Debré Empire", p. 215 and ff.)
38. *Ibid*.
39. JAMOUS H., *Sociologie de la décision: la réforme des études médicales et des structures hospitalières*. Paris, Editions du CNRS, 1969; it has to be noted that Robert Debré's involvement in the reform of medical education predated his son's appointment as Prime Minister, as testified by his involvement in the Comité Interministériel pour la Réforme des Etudes Médicales established in 1954 by Pierre Mendès-France, on an idea from another important French Mandarin: Jean Dausset.
40. I resist using the world "charisma", so strongly linked to the Weberian tradi-

tion, for all the difficulties it raises, although the analyses of the problem put forward by Shmuel Eisenstadt in his introduction to his "Weber reader" are still worth reading: EISENSTADT S.N., *Introduction*. In: WEBER M., *On charisma and institution building*. Chicago, University of Chicago Press, 1968, pp. ix-lvi. See also: WEBER M., *Economy and Society Edited*. Berkeley, University of California Press, 1978, p. 1113 and ff.

41. "Il [Debré] était reçu partout" said Paul Fréour during the interview, alluding to the ceremonial of reception in the social world of the "salons", that was already fading away at the time he mentioned (the 1960s).
42. Robert Debré later wrote a foreword to the "pocket" edition of Daniel Halevy's famous book on the periodical founded by Peguy: HALEVY D., *Peguy et les cahiers de la quinzaine*. Paris, Grasset ('Pluriel'), 1979. Together with the then socialist Jacques Maritain, his wife Raïssa, and Ernest Psichiari, they also founded a magazine aimed at a junior audience entitled Jean-Pierre, that spread Pegy's philosophy; see: MERCIER L., *Enfance et socialisme: "Jean-Pierre" et "Les Petits Bonshommes", deux journaux des anńees 1900*. Le mouvement social 1984; 129: 29-59.
43. DEBRE R., note 19, p. 153 (for the quote on Giraudoux who lived next to him, rue de l'Université) and *passim*.
44. *Ibid*.
45. Among other writings, see: SAUVY A., *La vie en plus*. Paris, Calmann-Levy, 1981, pp. 126-127 and p. 162.
46. Pierre Bourdieu wrote extensively on the various kinds of "capitals" in his books. However, for insight on the notion of "symbolic capital" I would suggest to see also a less well-known article: BOURDIEU P., *Capital symbolique et classes sociales*. L'Arc 1978; 72: 13-19. In this paper, the French sociologist explores the link between two key concepts: "profit of distinction" and "symbolic capital" ("Toute différence reconnue, acceptée comme légitime, fonctionne par là même comme un capital symbolique procurant un profit de distinction." p. 16.)
47. See: BERLIVET L., op. cit. note 28.
48. HCEIA's archives are held at the Centre des Archives Contemporaines (CAC) in Fontainebleau; for the correspondence, see: CAC 19940020/8 ("Correspondance signée Robert Debré, 1956-1974").
49. A clear sign of this slowing down can be found in the decrease of the "plenary sessions" ("séances pleinières"). Whereas, in the 1950s and early 1960s HCEIA members used to meet with their experts every month to discuss a great variety of issues, provide the government with advice, allocate grants to scien-

tists working on the different aspects of alcoholism, and organise what they described as their "propaganda", the frequency of these "plenary sessions" decreased significantly in the following years (see: CAC 19940020/ 2 and 3).

50. See EISENSTADT S.N.,op. cit. note 40, p. xxi. On the "routinization of charisma", see: WEBER M., *Theory of Social and Economic Organization*. New York, The Free Press, 1947, p. 364 *passim*.

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