In the aftermath of the First World War, “Victory and Frustration” were intermingled. France appeared divided. Admittedly, it had won the war, but had paid full price and the war veteran spirit was uppermost in people’s minds at the time. The newly formed National Assembly, led by the Bloc national, found itself faced with the constraints of reconstruction, since “winning the peace is even more difficult” than winning the war.

The human cost of the conflict for Europe was indeed high, with 8 million deaths (13 million counting those of the 1917 October Revolution), 6 million disabled, and a heavy birth deficit (it was estimated that there were 1.7 million fewer births in France). Military losses were considerable. With over one million four hundred thousand deaths from shellfire or gas attacks, France experienced the heaviest losses of all European nations, an “unprecedented slaughter in the country’s recent history, higher than total losses from the Revolution and Empire Wars.” Of the eight and half million mobilized men, 17.6% (i.e., one in six) or, put differently, 10.5% of the economically active population, failed to return from the battlefields.

In the early 1920s, the health and political situations in France were all the more alarming when compared with those of other nations, in particular Germany and Italy. On the subject, A. Armengaud referred to the quantitative deficit of the French people in comparison with its German counterpart. In the period between the two world wars, there were indeed three Germans for two French people, that is, respectively 66 million against 39 million. The population of France in 1921 was down by two million citizens in comparison with that of 1911. The consequence of the First World War in terms of public health became all the more worrying when civilian deaths resulting from military operations, food shortages, and numerous epidemics were added to military losses. In addition to the 570,000 French people who died from tuberculosis, a further 91,000 people died from Spanish flu in 1918 alone, as well as from the ravages of alcoholism. Such data overwhelmed both the military and medical discourses after the war and were often associated with notions of social, psychological, or physiological vulnerability.
The crisis was such that Henri Paté, future Commissaire à l’éducation physique, aux sports et à la préparation militaire (commissioner for physical education, sport and military training), expressed the wish, a mere few months after the Armistice, that all men should be forced to “engage in physical exercises that develop their muscles and strengthen their courage.” Just before setting up the Comité national de l’éducation physique et de l’hygiène sociale (national committee for physical education and social hygiene), he denounced the “embryonic state” of the plan to make school physical education (PE) compulsory, after writing in the columns of the April 1919 issue of La Vie au Grand air, where he called for a ministry to be set up for public health as the only solution, in his view, to show the real contribution of French physical education to national reconstruction by looking at all opportunities to enhance male invulnerability. Referring to France, he stated:

“In the same way as a convalescent, who needs a tonic, pure air, and sun to hasten his recovery, it demands, through the voice of its scholars, the cry of its heroes and the intervention of the most highly accredited members of its elite, the means to destroy the scourges of degeneration, poverty, and tuberculosis, alcoholism, syphilis, malaria, and poisoning that are all obvious factors of depopulation, as well as the rigorous application of social hygiene rules in all milieus and compulsory physical education as a school of moral energy and individual resistance to illness and disease, for children of both sexes.”

For over a century, a number of physicians in fact considered that a human organ degenerated when using it was no longer necessary, and they observed a phenomenon of progressive deterioration of unused functions, which could lead to the species under study becoming extinct. Physical education thus became “the main auxiliary in the fight against alcoholism, tuberculosis, and venereal diseases.” H. Paté concurred here with the ideas of J. Grégoire expressed some months earlier and which, as a result of the decree dated 14 February 1920, led to the setting up of a “committee responsible for finding the best ways to develop the taste for and practice of sport” within the Ministère de l’hygiène et de la prévoyance sociale (ministry for hygiene and social security).

Such initiatives constituted the veritable charter of the Rebirth of the French “race.” As French sport socio-historian J. Defrance also mentions, they were supported by a great number of petitions and brought together scattered efforts into a united whole acting in the interests of public welfare. For H. Paté, “tomorrow’s France shall be what we want it to be (…) It is up to all enlightened citizens to help us ensure the greatness of the country by safeguarding the race.”

The vulnerability of the French people, especially for men, was no longer hidden. Race regeneration indubitably came from the improvement of young Frenchmen and women’s health, although, as Doctor Pierreville pointed out, there was no human equality in the face of death and disease. Which solutions could France find to rise out of its ruins? According to H. Paté and the great majority of all politicians, France should seek in its children the necessary strength, vigor, and courage to work toward reconstruction: “Your elders have made the sublime sacrifice of their lives for the country, you children, you can give it all your hours of work and, in the evening, when your thoughts go up to those who are no longer here, you will hear their voices say to you: ‘Thank you, young ones, that’s what we fought for, that’s what we died for.’”