CHAPTER FIVE

THE FRENCH, COLONIZATION, AND HEALTH CARE

The European merchants who have established themselves on all the coast from Cape Vert to Sine think of their health before all else. They spare nothing to have good food and good wine: it is better to make a little less profit than to expose one’s health. They provide themselves with a certain quantity of sulfate of quinine against the fevers; they avoid sleeping in the open air during extreme heat. Perspiration is not at all dangerous, whereas a chill produces dysentery; they always carry a flannel shirt and belt. With such prudent measures and a suitable bed, they will be able to live there perfectly and to make a satisfactory fortune.¹

Je n’ai pu me procurer sur les médicaments du pays aucun renseignement satisfaisant.²

Over the short-lived history of the “colonial moment” in Africa, there are conventional, yet enduring theories that attempt to characterize the period. In the characterization of French colonial activity in West Africa, the most prevalent of the imperial models engages the notions of “assimilation” and “association” as vehicles of accommodation to French control.

Senegal was crucial to the cultivation of France’s West African orchard. By 1848, the intent of French colonization in West Africa was clear with the advance into the Sudan and the extension of French citizenship to the inhabitants of the towns of St. Louis, Rufisque, Goree and Dakar. As the century closed, the four were afforded the privileged status of commune. This status illustrated the conventionally held notions of the development of the French colonial policies of “assimilation” and “association.” The two concepts may also be used to illustrate the manner in which health was distributed from this point on.

¹ Boilat, Equisses Sénégalaises, 40.
Briefly put, the policy of assimilation was to “gallicize” the savage; to make a Frenchman of her/him. According to Michael Crowder, assimilation was characterized in three ways:

1) political assimilation to France through Senegalese representation in the Chambre des Députés;
2) administrative assimilation through the creation of the General Council; and
3) personal assimilation through the designation of “citizen” for the residents of the communes.  

Assimilation, it would seem, despite its limitations, offered members of the communes opportunities that must have seemed substantial in light of the political economic dynamics of the period. In many ways, it simply codified socio-political economic activity that had existed in the two centuries prior to the introduction of the policy, and administratively attempted to turn it to French advantage. The political, administrative and personal possibilities offered to Africans enhanced the opportunities for many to play an influential role in French governance. Those possibilities, coupled with access to French education had profound impact on the psyche and the ambitions of those who became Senegal’s new elite.

There were two key provisions that guided the policy of assimilation. The first was the fact that this new elite formation, like all elite formation, by its very nature, was limited. That limitation was reinforced by the limitations of French largesse: it was impossible to extend the benefits of assimilation to all of French West Africa, or even to all of Senegal. It is also questionable if the new elites would have stood for it. The second fact was that assimilation meant the replacement of African institutions with French ones, where at all possible. And while those institutions were “profoundly different from what existed on the same level in France itself,” there were still attempts within the colonial context to displace existing Senegambian structures.

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4 Ibid., John Bryant, in his work, *Health and the Developing World* (Ithaca: Cornell University Press, 1969) argued that “health issues in Senegal emerge from a long and intimate relationship with France. . . . Still at the heart of the matter remains the issue. . . . Are the attitudes, skills and concepts needed by a physician to direct