Sanitizing Africans: Health, Hygiene, and Women’s Work in French West Africa’s Civilizing Mission 1819-1960

Georgetown University, History Honors Thesis
May 6, 2013
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ACKNOWLEDGEMENTS

A project of this scope is never a solitary effort. This thesis would not have been possible without the advice, guidance, and support of Professor Meredith McKittrick, Professor Howard Spendelow, Professor Chandra Manning, and Professor Shobana Shankar. I am deeply indebted to each one of them.

I also extend my deepest gratitude to my colleagues, and now my friends, in the Thesis Seminar. Their comments and suggestions both helped me to refine my argument and find my voice as a historian.

I would like to thank my mother, Julie Carson, for talking me through the low points of this year-long process. I also extend my thanks to my entire family for their ceaseless love and support.

PUBLIC PERMISSION

I, Carolyn Carson, grant permission to make this thesis available to the public.
ABBREVIATIONS

ACS Sp.: Archives de la Congrégation des pères du Saint-Esprit
ANS: Archives nationales du Sénégal
Arch St. J. de C.: Archives de la Congrégation de Saint Joseph de Cluny
ARS: Archives de la République du Sénégal
AS: Archives du Sénégal
JOAOF: Journal officiel de l’Afrique occidentale française
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INTRODUCTION

THE QUESTION

In 1918, the newly-established School of Medicine for French West Africa in Dakar, Senegal, recruited the first-ever African women to receive higher education from the colonial government. These women were accepted into the newly-created midwifery program. Until independence, graduates of this program were formally integrated into French West Africa’s colonial bureaucracy. While these women were undoubtedly attracted to the midwifery program, at least in part, for the prestige and economic opportunities that it afforded, the colonial government’s motive in establishing the midwifery program was far from a desire to promote women’s independence. On the contrary, the government self-consciously used the midwifery program as a means of reinforcing colonialism’s “civilizing mission”—the idea that the French had the responsibility to promote western social and cultural norms in their colonies. This strategy was two-fold. With the midwifery program, the colonial government attempted to form a generation of elite, educated African women to marry the elite, educated African men already working in the colonial bureaucracy and to raise westernized children. However, the colonial government also thought of these women as native civilizing agents who would bridge the gap between western civilization and native populations.¹

In 1928, the School of Medicine expanded the programs offered to African women by creating a section for visiting nurses.² It was not until twenty years after the first colonial midwives were accepted into Dakar’s School of Medicine that the colonial government began offering women specialized degrees in anything outside of the health industry. In 1938, the government founded a school for African women teachers,³ effectively creating a new corps of

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¹ French: L’École de Médecine d’Afrique Occidentale Française
² A teaching school for African men had been founded in 1903.
women who would promote civilization by molding young minds and, again, by acting as intermediaries between Africa and the West.³

The question explored by this thesis is, what made the medical field so preeminently suitable for turning young African women into native civilizing agents? All attempts to explain this phenomenon have so far focused on post-Great War policies put forward by the French Third Republic (1870-1940). These policies can be characterized as “repopulationist:” in response to massive wartime loss of life of Frenchmen and colonized peoples in European trenches, the French government promoted the aggressive repeopling of both the metropole and the colonies. In French West Africa, these policies primarily aimed to regenerate the African population by reducing rates of infant mortality and morbidity, and colonial midwives were essential to this endeavor.⁴ However, without rejecting the findings of scholars who have examined this question solely by looking at the legacy of the First World War, I propose a different approach: to explore the question of the links between women and healthcare in French West Africa by embedding it in a history which stretches back to the early nineteenth century. This approach allows us to examine the ways in which colonial midwives were the product of a colonial discourse that appeared in the nineteenth century that tied together women’s work, health, hygiene, and civilization.

One benefit of situating colonial midwives in the longer context of the convergence of women’s work, health, hygiene, and civilization, is that it allows us to avoid treating colonial midwives as being isolated in time, as do the studies of these midwives that begin their narrative after World War I. This tendency is at least partly related to a historiographical convention which divides French West Africa’s history into two sections seen as individual, isolated wholes rather

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than as two parts of a continuous history. These two sections can roughly be summarized as before 1900 and after 1900. In many ways, this division is understandable. The turn of the century encompassed a number of significant turning points in the history of the French Empire. These include the rise of the French Third Republic, scientific breakthroughs including pasteurization and the development of germ theory, and the secularization of social institutions like hospitals and schools which had previously been dominated by the Catholic Church. Just a decade after this cluster of transformations, the outbreak of World War I irrevocably altered the face of Europe. This project, however, recontextualizes the African colonial midwife by bridging the gap between “pre” and “post” 1900 history. This project traces the development of a discourse linking women’s work, health, hygiene, and civilization from 1819 to 1960, a discourse that transcends the turn-of-the-century division. This discourse, as we shall see, deeply influenced the work of colonial midwives.

Since the first decades of the nineteenth century, a colonial discourse specifically linked women and work involving health or sanitation. This idea then linked with the thought developing in the nineteenth century that women were also the necessary vectors of morality in society. As time went on, these ideas combined with the colonial civilizing mission so that work involving health and sanitation became the privileged vector for transmitting western cultural norms to native women. In spite of the massive changes which shook French West Africa between 1819 and 1960, this thesis will show that the discourse under discussion is characterized by a truly remarkable continuity. From 1819 through the 1950s, the discourse under discussion became more important to French efforts to civilize West Africa, but otherwise remained unchanged. This project focuses more on the colonial discourse linking women, health, hygiene, and civilization than it does on the colonial midwives themselves. While this is the best way to
examine why women health workers became privileged civilizing agents under colonialism, it must be admitted that there is a weakness to this strategy. By focusing on a rhetoric influenced by the ideas and the expectations of white colonizers, it often excludes the specific experiences of colonized Africans. In order to provide a counterweight to this tendency of exclusion, this project incorporates African voices whenever they are available so as to reveal the differences between the colonial ideal of the discourse linking women’s work, health, hygiene, and civilization, and the way that this discourse was lived by colonized Africans.

To fully examine this topic, this project is divided into six chapters. A first provides the background for the discussion of the discourse linking women, health, hygiene, and civilization by tracing the broad outlines of European influence on the Senegambian coast before 1819. This chapter focuses particularly on the impact of European missionaries and Eurafrican communities on coastal African societies. A second chapter examines the efforts of the first female health workers in Senegal, members of a congregation of nuns known as the Sisters of Saint Joseph de Cluny. The work of these women demonstrates the early convergence of women, health, hygiene, and civilization—a concept which they articulated as morality. In chapter three, I examine this woman-dominated missionary healthcare system from the perspective of the ways in which it touched the lives of native Senegalese men and women. Chapter four analyzes how the turn-of-the-century upheavals listed above affected this civilizing discourse. Chapter five focuses on the African colonial midwives themselves, examining the differences between the colonial ideal and the day-to-day reality of how the discourse linking women’s work, health, hygiene, and civilization came into play in their daily work. Finally, chapter six studies the way that this discourse changed in the face of the evolving colonial dynamic after World War II.

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\(^d\) Les Soeurs de Saint Joseph de Cluny
Unfortunately, marking out the section of the African continent being examined in this study is less than straightforward; while I have chosen to label the region under discussion as “French West Africa,” this name refers to different areas at different times. For simplicity’s sake, I am choosing to define French West Africa as those areas of western Africa that fell under French economic, cultural, and political hegemony at any given time during the period of 1819-1960. While a more detailed discussion of the French process of colonizing West Africa follows in the next section, French West Africa refers very broadly to the islands of Saint-Louis and Gorée in the early nineteenth century, the colony of Senegal (roughly equivalent, in geographic terms, to the present-day country of the same name) in the mid- to late-nineteenth century, and to Afrique Occidentale Française, a French administrative region comprising present-day Senegal, Mauritania, Mali, Niger, Benin, Burkina Faso, Côte D’Ivoire, and Guinea during the twentieth century. However, despite the fact that French West Africa incorporated territory from eight present-day countries by the beginning of the twentieth century, the colony of Senegal, being both the first territory conquered and the capital of Afrique Occidentale Française, maintained an economic, cultural, and political primacy over the entire region until independence. Because of this, the following discussion of cultural context will focus primarily on Senegal.

CULTURAL CONTEXT

Because the information examined here does not fit easily into a chronological framework, and because this information is necessary to a comprehensive understanding of the information outlined in the first chapter, I have chosen to include it in this paper’s introduction, instead of attempting to incorporate it into the first chapter. The purpose of the following pages is not only to provide the cultural background necessary to understand the context for this thesis,
but also to combat several preconceptions that many scholars unknowingly bring with them to an examination of African history.

Senegambia, a region encompassing the modern-day territories of Senegal and the Gambia, is characterized by an intense ethnic and linguistic diversity. The region, which straddles the boundary between North Africa’s Saharan climate and the sub-Saharan tropics, has long been a cultural gray area where northern Berber cultures and southern sub-Saharan cultures overlap and intermix. Perhaps for this reason, Senegambia’s small geographic area is home to six primary ethnic groups. These are, in order from north to south and therefore from most Berber to most sub-Saharan, the Tukulor, Peuhl, Wolof, Sereer, Dioula, and Manding. In broad terms, Berber cultures are more stratified and patriarchal than sub-Saharan cultures, and share more similarities with the Arab Berber cultures of the Maghreb than sub-Saharan cultures do. Sub-Saharan cultures, on the other hand, are more egalitarian and more closely associated with animist beliefs such as spirit- and ancestor-worship than Berber cultures are. While these differences might seem large, in practice they are fairly shallow. Many uninitiated scholars, when reflecting upon this concentrated ethnic and linguistic diversity, might be tempted to suppose that Senegambian culture is defined by cultural tension and ethnic conflict. In fact, there is an extremely strong family resemblance among all Senegambian ethnic groups. At least three

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\(^{1}\) Senegambia is the proper name for the geographic region that corresponds to the modern-day state of Senegal. The separation of Senegal and the Gambia (a country with a total area of 4,361 mi\(^2\), which follows the course of the Gambia River, and which is completely surrounded by Senegal) into two separate countries is one of the jokes of history. While most of Senegambia was conquered by the French, the British maintained a toehold in the region along the Gambia River. The differing influences of French and British hegemony resulted in the region splitting into two separate countries following independence.

\(^{2}\) As Philip Curtin notes in his work *Economic Change in Pre-Colonial Africa*, the Tukulor and the Peuhl are in fact sub-groups of a larger ethnic group called the Halpulaar, or the speakers of Pulaar. The distinction is drawn because the Tukulor are sedentary farmers, whereas the Peuhl are migratory pastoralists. To complicate matters further, English scholars who came into contact with the same ethnic group in Nigeria began calling them by a variant form of “Halpulaar”: Fula, or sometimes Fulani. Because the majority of the pertinent scholarship has been written in French, and because most English-speaking writers use the French names when writing about former French colonies, I have chosen to use the French terms of Tukulor and Peuhl.

\(^{3}\) Alternate spellings include Dyola and Juula.

\(^{4}\) Mandingo and Mandinko are archaic versions of the same name.
of them, the Peulh, Sereer, and Wolof, speak closely-related languages and are thought to be descended from common ancestors. Rubbing elbows in the same small geographic area over several centuries allowed most original cultural distinctions to soften or vanish, making it possible to speak of the distinctive features of Senegambia as a whole, even in the pre-colonial period.\footnote{5}

Pre-colonial Senegambian society was based upon an endogamous class system, with warrior-noblemen at the top of the pyramid, followed by free farmers, casted people, and finally slaves. Both castes and slavery were salient social concepts throughout the colonial period and still find resonance today.\footnote{6} Both of these social institutions bear further explanation. While “caste” is the accepted term for Senegambia’s endogamous occupational groups, the West African institution has little in common with the better-known south-east Asian caste system. For example, the only contact that was prohibited between Senegambian castes was sexual contact. Additionally, a Senegambian’s caste would define his or her occupation, but not necessarily his or her wealth, prestige, or social status.\footnote{7} Senegambian history and legend is full of examples of casted people becoming even as wealthy and powerful as kings. Slavery is another Senegambian social institution that warrants further discussion. While Senegambian slaves were like western serfs in that they were tied to their masters’ land and compelled to obey them, they were unlike western slaves in two crucial aspects: they could not be sold except as punishment for a crime, and over the course of two or three generations, their descendents became incorporated members of the masters’ lineage. Since newly-captured slaves were virtually always foreign prisoners of war, many kings opted to use slaves as soldiers or high-ranking officials, not having to fear that their loyalties would be divided between their king and their family.\footnote{8} One notable example of the surprising social mobility of slaves in Senegambia can be found in the *ceddo*, the slave soldiers
in the Wolof and Sereer kingdoms during the eighteenth century. While the mechanics of the shift are hazy, over the course of the eighteenth century these slave soldiers acquired power that rivaled that of the ruling class. By the early nineteenth century, ceddo military groups had gained enough power to successfully supplant the ruling class and instate a new dynasty.

Another misconception that some historians have about Senegambia is that, until the arrival of the Portuguese in 1444, the region was largely insulated from the rest of the world. In fact, Senegambia was connected to a hemisphere-wide trade network as early as the eleventh century. To the south and east, this network traversed the tropical rainforests of central Africa. The main Senegambian trade crossed the Sahara to the north and spilled out at the Mediterranean. Senegambian slaves, gold, and salt had been reaching the Mediterranean market for centuries before the Portuguese arrived off of the Senegambian coast.

Islam was first introduced to Senegambia through these trans-Saharan trade routes. While Islam has existed in Senegambia in some form for over a thousand years, it is only in the past two centuries that Senegambia has truly become a Muslim region. Before the introduction of Islam, the different Senegambian ethnic groups all practiced a kind of animism that privileged spirit- and ancestor-worship, sacred animals, family totems, and family taboos. The first Senegambians to convert to Islam were typically local traders with first-hand knowledge of Islam through their dealings with Berber merchants. It was not until the beginning of the nineteenth century, when small-scale Muslim leaders began to mount jihads against the surrounding Senegambian states, that Senegambian non-traders began to convert to Islam en masse. While many historians argue that these Muslim conflicts were a reaction against the political instability of the region caused by the European presence and the trans-Atlantic slave trade, one of the ironies of history is that these religious revolutions caused the old Senegambian
political order to crumble at just the moment that gave the French the opening they needed to begin colonizing the interior in the 1860s. The process of Islamization in Senegambia accelerated during the twentieth century, when a handful of Muslim religious leaders gained numerically unprecedented followings by preaching hard work, economic betterment, and a strict policy of peace with the colonial government. It was largely through the work of these Muslim leaders that Islam gained the tacit approval of the colonial government during the twentieth century, which in turn allowed Islam to spread still further. As of the writing of this paper, while Senegal’s population is over 94% Muslim, the process of Islamization continues in several regions.

While the diffusion of Islam in Senegambia introduced cultural changes that affected every segment of society, perhaps the group that most felt the impact of Islam was Senegambian women. Since this paper focuses so heavily on the experiences of African women under colonialism, it is worthwhile to reflect here on women’s changing power and social status in the pre-colonial period. Unfortunately, there are almost no documents that mention women in the pre-Muslim, pre-colonial context. What historians do know is the result of careful study of oral tradition corroborated by meticulous fieldwork. Pre-Islamic West African societies are often credited as having been bastions of equality and even of matriarchy in a patriarchal world. However, all pre-Islamic Senegambian societies were patriarchal to some degree. Women were subordinate to men almost without exception. While the Wolof, Sereer, and Peulh were all matrilineal societies which traced their lineages through the female line, inheritance was passed from man to man, from maternal uncle to nephew. Family heads were almost always male elders who were responsible for the distribution of resources such as land, seeds, and money to the other members of the family. Some women were forced to submit to excruciating rites of
passage, such as female genital mutilation. The most important of all resources, land, could only be owned by men. Pre-Islamic Senegambian societies did, however, afford women a greater degree of social importance and independence than most other cultures of the time. The Wolof and Sereer states both reserved certain political positions for women, and women of the ruling lineages of all Senegambian ethnic groups could accumulate large amounts of wealth in the form of gold and slaves.

The diffusion of Islam throughout Senegambian society had a profound effect on Senegambian women. After the widespread introduction of Islam, the Senegambian matrilineal system changed into a patrilineal system, or sometimes a dual-lineage system, in which descent was traced through both the male and female lines. Islam also affected women’s place in the family. Before the coming of Islam, both the labor and expenses of the household were divided between men and women. Women therefore had to have access to some kind of revenue-generating activity in order to meet their social obligations. After the introduction of Islam, all financial obligations shifted to Senegambian men. While some women benefitted from this change to use any revenue they acquired as they wished, it usually meant that women found their access to revenue-generating activities restricted. Islam also affected Senegambian marriage practices. Even in pre-Islamic times, Senegambia was a polygamous society, and rich men commonly collected as many wives as they could afford to demonstrate their wealth. The coming of Islam limited the number of wives a man could take to four. This change undoubtedly improved the quality of life of the women who were marrying into the richest segment of Senegambian society. However, since most free men and casted men could not afford more than four wives, the new prohibition only affected a small segment of the population.
LITERATURE REVIEW

This paper has profited from the rich body of literature that already exists on the subject of West African history and West African colonial studies. The works of David Robinson, Philip Curtin, Edna Bay, and George Brooks afforded this paper a strong general background in the history of Senegambia. For information regarding Senegambian women, the author drew upon *The Heritage of Islam: Women, Religion, and Politics in West Africa*, co-authored by Barbara Callaway and Lucy Creevey, as well as *Women in Africa*, edited by Edna Bay. This paper also benefitted from the research done by George Brooks on the signares, the rich Senegambian women who formed trading alliances with European men during the era of the Atlantic trade, and the scholarship of Hilary Jones on the mulatto communities of coastal Senegal during the nineteenth century. While this scholarship contains a wealth of information, one weakness common to all works on African women is that they are either extremely broad or tremendously narrow. *Women in Africa*, for example, contains essays on women from all parts of the African continent, not just the westernmost portion. On the other hand, it is difficult to know how much of the scholarship done on the small mulatto communities living on the islands of Saint-Louis and Gorée generalizes to the communities of the interior, if it does at all.

The first chapters of this thesis relied heavily on research focusing on French women missionaries to West Africa. As this is an extremely new field in francophone scholarship—and one that is virtually nonexistent in English scholarship—this thesis made use of only a small number of works on this subject. This project relied heavily on scholarship by Geneviève Lecuir-Nemo, as well as on Elizabeth Foster’s article “‘En mission, il faut se faire à tout”: Les Soeurs de L’Immaculée Conception de Castres au Sénégal, 1880-1900” in the book *L’Autre visage de

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“While on mission, one must do everything”: The Sisters of the Immaculate Conception of Castres in Senegal, 1880-1900"
While both of these authors’ works offer a fascinating insight into the motivation and agendas of French women missionaries in the nineteenth century, they are more focused on the experiences of the white missionaries themselves than they are on the effects that the missionaries had on the Senegambian population.

While very few secondary works exist on the subject of the colonial healthcare system in French West Africa. However, this project found information on colonial midwives in a number of works focusing on the experiences of elite West African women—that is, graduates of the midwifery program at the School of Medicine and graduates of the women’s teaching college—during the twentieth century. The most useful of these were written by Pascale Barthélémy, who includes excellent commentary on the complex motivations and agendas imbedded in colonial social institutions.

The primary documents used in this project were drawn from diverse places. Several pre-nineteenth century missionaries and travelers to Senegambia left published accounts of their journeys. While travelogues only rarely mention African women, they can still be used to ascertain basic information regarding early missionary activities and the communities served by these activities. This work also made use of the letters left behind by Mother Anne-Marie Jahouvey, founder of the order of the Sisters of Saint Joseph of Cluny, who organized the first-ever female missionary presence in Senegambia. While her letters offer great insight into the missionary agenda, they are often far removed from the realities of daily life in the Senegambian dispensaries and hospitals. This project also made use of colonial documents, especially the reports written by Madame Savineau, a special envoy to French West Africa in 1937-1938 tasked with investigating the well-being of women and girls in different parts of the region.

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1 *The other face of the mission: women.*
Savineau’s reports are not only useful in and of themselves, but they also contain a number of transcribed interviews with African men and women on the quality of their living conditions.

While this body of sources offers deep insight into the motives and agendas of the Europeans in Senegambia, its major weakness is that it incorporates only a few native voices. This concern was partially remedied by drawing upon interviews conducted by other researchers, often included in the annexes of their own secondary works. The autobiography of Aoua Kéita, an African colonial midwife in the 1930s and 1940s, was also helpful to the cause of reclaiming an African voice. While sources of such a personal nature can never offer more than a single individual’s experiences and reactions, they nonetheless offer an invaluable benefit to this work by allowing native voices to be heard.
CHAPTER ONE: THE ROOTS OF THE MISSIONARY PRESENCE

PORTUGUESE HEGEMONY

A Eurocentric tendency found in many modern world history textbooks portrays Senegambian history as starting in 1444 with the arrival of the Portuguese. In point of fact, in the first century after their arrival, the Portuguese had little if any impact on life in Senegambia. The region was already at the crossroads of two major trade routes, one running across the Sahara to the Mediterranean Sea, the other connecting the Atlantic Ocean to the hinterland of central Africa. The people who lived along the Senegambian coast were used to foreign traders speaking strange languages and wearing strange clothes, coming and going across their kingdoms’ borders. However, by the late sixteenth century, the Portuguese had become major players on the Senegambian shore: it is at this time that their trans-Atlantic trade overtook the older trans-Saharan trade as the most important economic activity of the region. Furthermore, while only the seventeenth century can be characterized as a period of Portuguese hegemony on the Senegambian coast, the Portuguese maintained a constant, if at times weak, presence in the region from the mid-fifteenth century through the end of the eighteenth. Over the course of these three and a half centuries, the Portuguese language, religion, and way of life affected the communities who came into closest contact with them.

In 1462, the Portuguese established a permanent settler colony on the Cape Verde Islands. They brought Christianity with them, making Cape Verde the first ever Christian outpost in West Africa. This was a distinction that Cape Verdeans, it seems, took very seriously, considering that they spent the next 200 years attempting to expand Christianity’s influence over to the mainland.
their control. When Cape Verde was recognized with its own bishop in the seventeenth century, Rome pronounced the Cape Veridan diocese to extend well past the Senegambian coast and on into the hinterland.\(^5\) While the influence of the Portuguese on the mainland in the fifteenth and sixteenth centuries was largely imagined, they did succeed in creating and maintaining several trading posts—commonly called factories, as their main purpose was to give ships a place to package and load their merchandise—established at Gorée, Rufisque, Portudal, Jaol, and at the mouth of the Senegal River.\(^6\) Even at these trading posts, Portuguese merchants and sailors tended to conduct all business off of the decks of their ships, and so exerted only a minimal influence on the surrounding Senegambian culture.\(^7\)

Eventually, however, some Portuguese did begin to venture on shore to trade—and many of them decided to stay permanently. Called \textit{lançados}, these Portuguese merchants took African wives and insinuated themselves into pre-existing African trade networks. The mixed-race descendants of the \textit{lançados} continued their fathers’ trading legacy and preserved some aspects of their fathers’ cultures: they wore European clothes, including crucifixes and rosaries, spoke a creolized form of Portuguese, and preserved some vestiges of Christianity.\(^8\) Many mixed-race traders even self-identified as Portuguese. Their African neighbors, on the other hand, thought of them as an African casted group whose occupation happened to be trading with Europeans; the Europeans knew them as Luso-Africans.\(^9\) Throughout the seventeenth and eighteenth centuries, Luso-Africans came to dominate Senegambian trade through their ever-expanding trade networks. As time went on, coastal Luso-African communities that had started as small trade factories such as Joal, Portudal, and Cacheu grew into important trading towns that attracted both African and European merchants.\(^10\)
As these towns grew in size and began to attract more European visitors, their Luso-African populations drew the attention of Cape Verdean and European Christians. Throughout the seventeenth century, Cape Verdean priests were responsible for making rounds to a circuit of mainland communities with sizable Luso-African populations. At least one of these communities, Siika, had its own church. Senegambian trading towns attracted more than just Cape Verdean attention, however. As early as 1609, Portuguese Jesuit priests were present along the Casamance River. The Jesuit Fr. João Delgado was essential to the founding of Ziguinchor, an important trading town which is now the capital of Senegal’s Casamance province. In 1634, the missionary presence along the Senegambian coast intensified with the arrival of French Capuchin missionaries. The Portuguese clergy of Cape Verde took the French presence as a grave insult, and demanded their immediate removal. A similar, but more confrontational, situation presented itself in 1646, when a group of Spanish Capuchin missionaries were found on the Senegambian coast. Due to the tensions between Spain and Portugal, the Portuguese accused these missionaries of being spies and had them forcibly extracted. Both instances of nationalistic religious squabbles were early indications of the links that were forming between proselytizing and politics in this part of the globe.

The stories of these early missionaries are key pieces of evidence for this paper, for they allow us to ascertain what behaviors seventeenth-century Senegambian missionaries commonly engaged in. All in all, these missionaries were uninterested in converting minds or changing native behaviors. The sole activities that these missionaries engaged in were performing the sacraments (i.e., performing baptisms, sanctifying marriages, and hearing confessions), preaching to the local population—usually in a language that the local population did not speak—and handing out publicly-blessed Bibles and crosses meant to take the place of Muslim
and animist amulets. There is minimal evidence that suggests that missionaries attempted to teach the members of their communities to read and write, basic prerequisites for reading the Bible and therefore for sustaining a Christian community, or even attempted to teach Christian principles and dogma in a meaningful way. It therefore seems that these missionaries were more concerned with promoting Christianity’s visibility and performing sacraments on populations ignorant of their significance than they were with promoting Christian values and morals, or with changing native behaviors.

Europeans did, however, complain about the decidedly un-Christian beliefs and behaviors of Senegambia’s black population. Both Michel Jajolet de La Courbe and François de Paris, French officials who traveled along the Senegambian coast in the last two decades of the seventeenth century, complained particularly of non-Christian Luso-Africans who feigned Christianity when in the presence of Europeans. La Courbe described them such:

  …[T]hey always wear a large crucifix around the neck and call themselves by a saint’s name, although for the most part they are neither baptized nor show any evidence of the Christian religion… Most of them neither offer prayers nor rakah, and some do both: being with blacks they perform rakah, and when they see whites, they take their rosaries and copy them.

Another common European critique of the Luso-African communities was that even those Luso-Africans who were baptized, ardent Christians continued to be married in the “native style,” following the African tradition, only getting their marriages sanctified retroactively, if ever. It seems that Luso-African men were particularly disdainful of Christian marriages; François de Paris, for example, accused them of “possess[ing] many women.” It is interesting to note how many of the complaints raised by Europeans regarding Senegambian behavior and morals were focused on marriage practices or otherwise preoccupied with native women. It seems that by the

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a The five daily prayers required of devout Muslims
b “A la mode du pays”
end of the sixteenth century, discourses on morality and good behavior in the region were already tightly linked to the roles and duties of women in society. It is also interesting that, despite these many complaints about the natives’ behavior, Europeans manifested virtually no desire to work to change any native practices.

FRENCH HEGEMONY

By the end of the seventeenth century, both Britain and France had become important players on the Senegambian stage. However, because of the specific West African regions studied in this paper, an examination of the French influence on Senegambia will suffice for our purposes. In 1659, the French established their first trading factory on the island of Saint Louis (N’Dar, in Wolof) at the mouth of the Senegal River. This was followed in 1677 by France taking possession of a fortified trading post on the island of Gorée which had been established by the Dutch three decades earlier. During the 1670s, the French crown also created a monopoly trading company to manage trade and diplomatic relations with West Africa. The French Compagnie du Sénégal would be present along the Senegambian coast in some form for over a century.20

However, the phenomenon that allowed the French to overtake the Portuguese as a Senegambian hegemonic power was the Atlantic slave trade. Over the course of the seventeenth and eighteenth centuries, European powers—most notably the British, the Spanish, and the French—established large plantation colonies in the Americas that relied on slave labor. These plantations were essentially killing machines. Plantation owners found it much cheaper to replenish their stock of slaves by buying new than it was to encourage or force slaves to have children. Unconstrained by a need to conserve slaves, plantation owners designed slave
workloads that would result in the death of the slave after one to three years. The net decrease in slaves in the plantation colonies meant that new shipments of slaves had to be delivered to plantations several times a year in order for them to continue working at full capacity.²¹ This fact is pertinent to our study because of the incredible volume of slaves it caused to travel through French trade ports. While slaves were treated as merchandise by everyone involved, they still had to be fed and subdued. Shipments of slaves coming from the African interior often reached the Senegambian coast days or weeks before a European slaving vessel became available to take them across the Atlantic, so European forts had to be prepared to feed, house, and control shipments of hundreds of slaves for relatively lengthy amounts of time.²² This system required an astronomical amount of European manpower in order to function efficiently. France, with a population many times the size of Portugal’s, was able to provide the necessary manpower on a scale that Portugal simply could not. The disparity in available manpower, more than anything, tipped the Senegambian coast’s balance of power away from the Portuguese and towards the French.

As the French presence in Senegambia ballooned, Senegal was named a French colony and became a formal administrative unit of the French Empire. However, for all of the eighteenth century and half of the nineteenth, this “colony” was made up entirely of the islands of Saint-Louis and Gorée, which had a combined area of one square kilometer. In spite of owning only a tiny parcel of Senegambian land, the French, like the Portuguese, contributed to the creation of a racially and culturally mixed Eurafrikan population. The appearance of such a population was probably an inevitability, as French men who were stationed on Saint Louis or Gorée found themselves far from home and devoid of all white female company. However, the African mothers of this new mixed-race community warrant some special mention. These women, known
as *signares*, were in fact remnants of the Luso-African population that had flourished in Senegambia a century earlier, and many of them were merchants who controlled extensive trade networks. While they were descended from Europeans, firsthand European observers of these *signares* attested that they spoke no language besides one or several African tongues and lived in an exclusively African style. Any Frenchman lucky enough to make a union with a *signare* was rewarded with intimate and first-hand access to African trade networks, and the partnership typically enriched both parties.

Like the earlier Luso-African communities, the new Franco-African communities retained certain vestiges of Christianity: namely, the children born to Frenchmen and *signares* were baptized and given Christian names. But as the unions between *signares* and their white husbands were far from being Christian marriages, historians continue to puzzle over the *signare*’s religious beliefs and the beliefs of the resulting mixed-race population. The best-documented aspect of the *signare*’s lives, their unofficial weddings to French men, suggests Christian cultural, rather than spiritual, influences. For example, the wedding of a *signare* and a Frenchman was typically celebrated in something approximating the traditional African style. The seminarist P.D. Boilat related an account of one of these weddings in his 1853 travelogue *Esquisses Sénégalaises*:

> The *demandeur* [a representative of the prospective bridegroom charged with asking the *signare*’s family for permission to marry her] must carry a sum of 1,000 francs of which 10 to 100 must be distributed to the entourage of *signares* in honor of the new couple and the rest goes to the bride. . . . They respond with compliments in favor of the intended husband and agreeing to [the marriage] they set the date when the bride will be taken to her husband's house and they immediately busy themselves with invitations for the wedding celebration.... They then pass to a verbal contract whereby they acknowledge what each spouse brings: the parents, close allies, and friends all pride themselves in adding to the girl's fortune. Each one also furnishes their part in the celebration because outside of the guests, one must send dishes of food to the entourage of gourmets, the old

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*c Senegalese Sketches*
signares and griots who will sing praises to the couple for eight hours.... The day of the celebration the bride is adorned with all of the pompe africaine, that is to say her ears and neck are encircled with gold; she is dressed in white, surrounded by relatives, and followed by a multitude of domestics [slaves] all luxuriously dressed and with their heads covered with Louis d'Or coins pierced in a manner to imitate a true headpiece. She is followed by all the guests and all of the Christians of the place...26

The ceremony described by Boilat differs little from traditional African marriages of the same time period. As Hilary Jones points out in her article “From Mariage à la Mode du Pays to Weddings at Town Hall: Marriage, Colonialism, and Mixed-Race Society in Nineteenth-Century Senegal,” unlike the typical African bride who would wear bright colors on her wedding day, signares wore white at their weddings, indicating at least some European, if not Christian, influence.27 Several historians have claimed that the fact that signares were satisfied with an African, rather than a Christian, wedding ceremony makes it unlikely that they followed Christian religious beliefs.28 Here, we see an interesting paradox: foregoing a Christian wedding ceremony was seen as implicating the bride as un-Christian, but not the French groom. This is the first of many examples that we shall see of women’s behavior being seen as an indication of the morality and values of Senegalese society at large.

While there are many accounts of visiting French observers being absolutely appalled by these un-Christian unions and the behavior of the resulting mixed-race population, over the course of the eighteenth century, the French as a people did nothing to Christianize the islands of Saint-Louis and Gorée. While there was a French chaplain on Gorée intermittently over the course of the eighteenth century whose responsibilities also included periodic visits to Saint-Louis, his sole functions were to say mass, perform baptisms, and perform funerals. This chaplain interacted almost exclusively with the islands’ white populations and with certain select members of the mixed-race community; his role was unambiguously not a proselytizing one.29
The beginning of the period of French hegemony also coincided with a stoppage of any influential missionary presence on the islands. It is unsurprising that non-French missionaries would stop visiting Senegalese soil after the French had taken possession of the colony, given the ties between political and religious custodianship in this era. The lack of French missionaries, however, is positively bizarre—especially considering the volume of their activity during the era of Portuguese hegemony—and little research has been done to account for their sudden absence. One thing, however, is certain: while the French were obviously horrified by the morals displayed by the inhabitants of their new colony, they showed little interest in attempting to ameliorate them.

Not only was France’s new colony devoid of religious institutions, but it was also severely lacking most other basic amenities that Europeans took as prerequisites for setting up camp in a new land. Despite calling Senegal a “colony,” the French government probably thought of it as more of a large trading post which did not require many services. The only amenities on the islands were a pair of military hospitals, one each on Saint-Louis and Gorée.  

While members of the mixed-race and black communities who were willing and able to pay for treatment at these establishments were probably offered care, the conditions of these hospitals were so poor that it is doubtful that the care they received resulted in an actual improvement in their health. For the most part, in eighteenth century Senegal the primary healthcare institution was the home, and women the primary caregivers for sick and injured relatives. Part of an African woman’s role was to know remedies against common ailments to be able to treat sick members of the family.  

This responsibility extended to the signares, and it is probably not an exaggeration to say that signares represented a much more successful healthcare network to Frenchmen than the military hospitals did. African healers and African midwives also operated
on Saint-Louis and Gorée, although they probably only served the black and the mixed-race communities. African midwives, always women past childbearing age, had one primary duty: to protect mother and baby from wicked spirits during the vulnerable hours of childbirth.32 This African-dominated healthcare network would remain the primary one until the beginning of the nineteenth century.

AFTER THE SLAVE TRADE

The nineteenth century marks a turning point in Senegalese colonial history. In 1815, France, under pressure from Britain, was forced to formally proclaim the end of the slave trade.33 Since the colony of Senegal was built upon the slave trade, its abolition brought the economic viability of the whole colony into question. It is an interesting insight into the nineteenth century mindset that there was never question of abandoning Senegal as a colony. Instead, French colonial authorities wanted to turn Senegal into a plantation colony—the idea being, if labor could no longer be transported to the plantations, the plantations would be moved to the labor.34 The proposed expansion of Senegal into a plantation colony, however, raised a number of complications. The first of these was a question of land; at the moment that the slave trade was abolished, France’s “colony” was comprised of two small, overpopulated islands—not ideal for the introduction of a plantation economy. This roadblock was effectively overcome by the aggressive, century-long policy of territorial expansion that France embarked upon starting in the 1820s. The second complication was one of labor. Transitioning Senegal to a plantation colony—and conquering the land needed to support these theoretical plantations—would require a large increase in the number of permanent white personnel in the colony. In order to comfortably sustain a permanent European settlement of any considerable size, however, the
government faced the daunting task of constructing and staffing civilian hospitals, schools, and churches in the colony.

It is within this context that the colonial government first reached out to French missionary congregations to furnish personnel for Senegal’s schools and hospitals. This decision is interesting in and of itself, as it is indicative of a certain French bipolarity where religion is concerned. The first French Revolution of 1789 dissolved and banned all congregations and religious orders. They were not reinstated until the first decade of the nineteenth century, and less than ten years later the French government proposed to make members of those same congregations employees of the state. The French congregations that were approached viewed the proposed alliance as an opportunity to proselytize Senegal’s natives. While the colonial government was not, strictly speaking, engaging these orders to evangelize the native population, one could perhaps say that they viewed it as a positive side-effect. In the nineteenth-century French imagination, the colonial government explicitly benefitted from each of the conversions performed by the Catholic clergy; natives were considered to be incorrigibly lazy, and only the transformative and productive power of Christianity could turn indolent black Africans into industrious workers.

This idea was part of a much larger, burgeoning rhetoric which came to be known as the “civilizing mission.” Similar to the “White man’s burden” formulated by British thinkers of the same era, this philosophy was based on the principle that France, as the most civilized of all nations, had a moral obligation to spread the French culture, language, and religion to less privileged parts of the globe, usually by conquering large tracts of Asia and Africa. As several historians have indicated, France’s civilizing mission is generally associated with the colonial policies of the French Third Republic (1870-1940). While the civilizing mission did indeed
become—as Alice Conklin puts it in her work *A Mission to Civilize*—“official imperial doctrine” under the Third Republic, colonial officials had begun to justify their presence in the colonies with a rhetoric of civilization by the early nineteenth century. In addition to encouraging the dissemination of Christianity to local populations, France’s civilizing mission also inspired the French government to progressively open western institutions such as hospitals and schools for the exclusive use of their colonial subjects. While the French undoubtedly imagined that they were engaging in altruistic behavior, much ink has been spilled in recent decades on the ways in which these institutions embedded colonized peoples in unequal relationships of knowledge and resources, and served to heighten the economic exploitation carried out under colonialism. However, not only government institutions served to exacerbate colonial relationships. The church also served to introduce a new, European-dominated hierarchy to colonial soil.

While many historians have commented on the collusion between the colonial government and the Catholic Church in the nineteenth century, this complicity needs to be qualified. It must be noted that many missionaries who were drawn to the Senegalese coast came because of a true sense of vocation. Especially because of the many exposés that had been done on the quality of life in black Africa and on colonial plantations in the years leading up to the abolition of the slave trade, the first decades of the nineteenth century saw a swelling of honest interest in improving the African lot by turning their souls towards the Christian God. Several enlightened individuals even made the leap in logic between the abolition of the slave trade and the abolition of slavery as an institution, and so began campaigning for the elevation of the minds and spirits of African slaves through Christianity in an attempt to prepare them to live as free men. 

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Some indication of the true vocation felt by these men and women can be found in the new style of missionary work that began to be employed in Senegal starting in the nineteenth century. As we have already seen, throughout the seventeenth and eighteenth centuries, interactions between the Christian clergy and native Senegalese were limited to performing the sacraments, handing out Christian paraphernalia, and other, similar attempts to increase Christianity’s visibility. At the end of the slave trade in the nineteenth century, however, this superficial style of evangelism was replaced with a new philosophy that asserted that a missionary’s work was to conquer native hearts and minds in the name of Christ. This involved teaching Christian beliefs, morals, attitudes, and behaviors—which, practically speaking, were fundamentally European beliefs, morals, attitudes, and behaviors. Perhaps because of this new interest in molding Christian minds, the early nineteenth century saw the development of a new missionary strategy, one that combined classic proselytizing with performing charitable acts like opening schools and healing the sick. Three new congregations, formed in France during the first half of the nineteenth century, were primarily responsible for implanting this new missionary style in Senegal. The first of these was the Sisters of Saint Joseph de Cluny, founded by Anne-Marie Javouhey in 1806. The second was the Society of the Sacred Heart of Mary, founded by Father François Libermann in 1841, and which later merged with the older Congregation of the Holy Spirit (sometimes called the Spiritans). After its implantation in the colony, this congregation furnished virtually all of the priests that worked in Senegal until independence; it also oversaw the activities of the Sisters of Saint Joseph de Cluny. The final group implicated in bringing this new kind of evangelism to Senegal was the Congregation of Our Lady of the Immaculate Conception de Castres, known collectively as the “Blue Sisters,” founded in 1836 by Émilie de Villeneuve and implanted in Senegal in 1848.
Another complication of the collusion between religious orders and the government is that their goals and motives never perfectly overlapped. The colonial government was interested in Christianity as a means of forming a productive workforce; they were therefore primarily concerned with converting men, and encouraged Catholic congregations to engage in activities that would bring them into greater contact with native men and boys, often by creating schools.\(^{45}\) The Catholic missionaries, on the other hand, were preoccupied with forming a stable Christian community, the basic unit of which would be the individual household. Missionaries considered the Christian wife and mother to be the cornerstone of any Christian household, and furthermore to be capable of extending Christianity’s influence by transmitting Christian beliefs and values to her husband and children. For this reason, missionaries often centered their efforts on reaching out to native women.\(^{46}\) Missionaries in Senegal also sought to foster the ideal Christian household in Senegal by stamping out informal marriages and polygamy, practices thought to be fundamentally linked to black Africans’ natural lasciviousness and self-indulgence.\(^{47}\) Both of these were practices that the colonial government refused to take action against, fearing native retribution.\(^{48}\) The notion that polygamy was somehow tied to Senegalese natives’ fundamental depravity highlights the relationship between native customs and immorality in the colonial imagination—a relationship already touched upon in the above discussion of native marriage ceremonies. It is especially significant that both of the native customs discussed so far which were interpreted as immoral by European observers were explicitly linked to the role of women in society. This observation both reveals the European fixation upon the female “other” and further elucidates why women became the focal point of missionary attempts to ameliorate African society.
This project posits that missionary attempts to eradicate un-Christian practices like polygamy and informal marriages by improving the morals of native Senegalese men and women can be categorized as attempts to “cleanse” them. Reading the missionary objective—and eventually, the civilizing mission as a whole—within a discourse of hygiene is born out both by the rhetoric of cleanliness employed by missionaries as well as by the centrality of cleaning and hygiene to all of their proselytizing endeavors. The importance of acts of hygiene to the missionary endeavor—a subject which will be discussed in detail in the next chapter—is also linked to the dominance of women in Senegal’s missionary community; it is not by chance that two of the three congregations mentioned above were exclusively made up of women. Before the nineteenth century, evangelism had been thought of as a more-or-less male dominated field within the church. 49 Indeed, the Sisters of Saint Joseph de Cluny were the first female missionaries to set foot on the African continent! 50 Yet, by the end of the nineteenth century, women missionaries were the majority of French missionaries worldwide. 51 This drastic change in the gender dynamics of missionary work is no doubt linked to the changing nature of evangelism during the nineteenth century. Missionaries’ new preoccupation with changing native morals and behavior in many ways resembled the efforts of good European mothers to indoctrinate their children in Christian values. Given the numerical superiority of women in Senegal’s missionary community, it is perhaps not surprising that cleanliness, an area of work which had been dominated by women in Europe for centuries, would become one of the dominant discourses for missionary efforts.
CHAPTER TWO: MISSIONARIES, HYGIENE, AND HEALTH IN SENEGAL 1819—1904

This chapter primarily examines the activities and experiences of one missionary congregation in Senegal: the Sisters of Saint Joseph de Cluny. The choice of this congregation as the focal point of this chapter rests upon the fact that they are the oldest, the largest, and the most dynamic missionary community in Senegal. They were also chosen, however, because of their centrality to all major civilizing endeavors in the colony, and because their experiences in the colonial context foreshadow the experiences of the native women civilizing agents who will be discussed in the next chapters. In particular, this chapter explores the ways in which the colonial government flattened the individuality of members of the congregation by treating them as a homogenous social role. It also examines the freedoms and limitations of action placed upon members of this congregation in Senegal, as well as the hierarchies of power in which the congregation was embedded. This chapter also, however, examines European stereotypes which fundamentally linked Senegal’s unclean climate, the poor hygiene of Senegalese natives—and native women in particular—and the un-Christian morals that prevailed in the colony. Perhaps most importantly, this chapter examines how the perceived dirtiness, unhealthiness, and immorality in the colonies came to be seen as a single problem. The solution to this problem created a rhetoric which linked women’s work, cleaning, healing the sick, and ameliorating morals.

HEALTH AND HEALTHCARE IN SENEGAL, PRE-1819

Even before the post-slave trade expansion of the French presence in Senegal, the French held a number of stereotypes relating to health and hygiene in the colony. An obvious reason for this is that, pre-1800 an estimated 60% of Europeans who came to the Senegalese coast died
within a year. What these Europeans died of is not entirely clear. While many of them undoubtedly submitted to tropical illnesses unknown in Europe, such as malaria and yellow fever, these maladies cannot fully account for the high European death rate. Some historians have speculated that the debauched lifestyle of many European soldiers and traders, who commonly drowned their homesickness in prostitutes and heavy drink, contributed to the high European mortality. No comprehensive study comparing the death rate of common men in Senegal with that of the lucky few who enjoyed a stable domestic life by cohabiting with a signare has yet been done. The hypothesis that the high European mortality rate correlated with an unhealthy lifestyle is, however, partially borne out by the observation made by one historian that the European death rate began to decline in the last decades of the nineteenth century, almost forty years before any notable breakthroughs had been made in tropical medicine. These decades did, however, coincide with the consolidation of the European presence in Senegal into a stable community which increasingly consisted of families.

This 60% European death rate in Senegal was only slightly lower than the 70% mortality rate experienced by Europeans in the African Gold Coast (present-day Nigeria, Benin, Togo, and Ghana). The British, who were primarily responsible for the colonization of the Gold Coast, coined the term “White Man’s Grave” to describe their astronomical loss of life in that part of the world. While a French equivalent, “Sépulcre des Blancs” (literally, Whites’ Sepulcher), was occasionally applied to Senegal, it appears to have been used much less frequently than its English counterpart. Nineteenth century Frenchmen had their own set of stereotypes that they applied to Senegal, the most common one being that Senegal had an unhealthy, noxious climate. They did not employ this formula simply to indicate that Senegal was oppressively hot and

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4 See, for example, the letter written by Monseigneur Baron, apostolic vicar of “Deux-Guinées,” to Mother de Villeneuve, 31 May 1843.
humid for European tastes. Instead, this stereotype related to the disease theory that prevailed in nineteenth century Europe: the miasma theory. The miasma theory of disease stated that illnesses were transmitted to humans through unclean or foul-smelling air; indeed, Malaria—the most prevalent and most deadly disease on the West African coast—got its name from the Italian words meaning “bad air.” It is important to note that this disease theory, which implicitly linked diseases to rot, raw sewage, and the improper interment of corpses, tied a community’s state of health not only to the climate, but also to its state of hygiene. Thus, the European stereotype that Senegal had a noxious climate and unclean air was a way of indicating and making sense of the incredible death rate of Europeans on the West African coast, but also of indicating the uncleanness of West Africa, West African communities, and—by extension—West Africans themselves.

Before 1819, Senegal boasted just two European healthcare institutions: the military hospital on Gorée which had stood abandoned for decades, and the dilapidated, ramshackle military hospital of Saint-Louis. After reading the accounts of this hospital written by the first nuns of the order of Saint Joseph de Cluny to arrive on the island, it is easy to see the links between Senegal’s reputation for unhealthiness and its reputation for uncleanness. As the nuns attested, the building was falling down, and had no windows or doors to keep out the torrential rain that fell almost constantly during the wet season. The hospital did not have enough beds to accommodate the sick, so many disease-ridden soldiers were reduced to sleeping on the dirt floor. Some of the soldiers did not even have a sheet to lie on top of. The nuns were scandalized by the state of the hospital’s linen: not only were there not enough sheets to go around, but what the hospital did have had never been properly washed. One horrified nun remarked that “Our sisters did the first [proper laundry] that had ever been done at the
hospital…” In such a setting, the nuns’ eventual decision to tend to the health of the hospital’s patients by attending to the hospital’s state of hygiene seems logical in the extreme. By all accounts, the arrival of these nuns in 1819 was all that prevented the Saint-Louis military hospital from being abandoned as had the one on Gorée.

CHOOSING THE CONGREGATION OF SAINT JOSEPH DE CLUNY

The initial government decision to send the congregation of Saint Joseph de Cluny to France’s African holdings seems dubious at best. In 1817, when the congregation was first approached by the Minister of the Marine about the possibility of being sent abroad to work in the colonies, the congregation counted only 15 members. While the colonial government proposed to send the congregation abroad to work in the military hospitals administered by the colonial government, The Congregation of Saint Joseph de Cluny had no medical experience whatsoever. The congregation’s sole mission as expressed in their charter was to promote the education of young girls. The choice of this newborn Congregation for the colonial hospitals seems still more absurd in light of the fact that there were older, better-established congregations of nuns in France that specialized in working in hospitals and caring for the sick. The peculiar breed of logic employed by the colonial government when making their choice of the congregation of Saint Joseph de Cluny does, however, provide a privileged insight into the way that women as a social group interfaced with ideas of health and hygiene in the colonial imagination.

Before launching into a discussion of the ways in which women were linked to healthcare in the early nineteenth century European mindset, it must be acknowledged that there were

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*b* The Minister of the Marine, in addition to being the head of France’s Navy, also functioned as the head of French West Africa’s Colonial Government until 1895, when rule of French West Africa was given to a Governor-General.
extenuating circumstances in France at the time that made the Congregation of Saint Joseph de
Cluny seem a realistic choice. The decision to send a Congregation of nuns to work in France’s
African colonies came just a decade after religious orders had been reinstated in France after
being banned during the French Revolution. Many of the older congregations of nuns were still
in disarray, and were unwilling to export their scarce resources and personnel abroad when they
had need of them in France. Additionally, many older congregations, which had formed their
charters long before the African continent was a plausible destination for women missionaries,
were uninterested in bringing the gospel to Africa.\textsuperscript{15} Perhaps the most important factor
influencing the choice of the Congregation of Saint Joseph de Cluny for the colonies, however,
was the strong personality of the congregation’s founder.\textsuperscript{16} Only a few years after its foundation,
Anne-Marie Javouhey had made a name for herself in France because of her piety and tireless
commitment to the work of her congregation. She had made the acquaintance and fostered
friendships with a number of the ministers implicated in managing French colonial holdings.
Additionally, her desire to bring the gospel to black Africans and slaves in particular was
common knowledge.\textsuperscript{17}

In spite of these mitigating aspects of the colonial government’s choice, it seems clear
that as far as the French government was concerned, any congregation of nuns, no matter their
specialty or training, could serve equally well in the military hospitals. The origin of this mindset
regarding the interchangeability of nuns was at least partially linked to the prevailing nineteenth
century attitude that eliminated women’s individuality and reduced them to a homogenous group
defined by their social role.\textsuperscript{18} In nineteenth century France, the social role most often attributed
to women was that of the wife and mother, which implied the responsibilities of caring for the
home and the family. A nun’s social function was, however, to care for the helpless, which—as
far as the colonial government was concerned—included sick soldiers in Senegal. This mindset is indicated by the fact that, after the colonial government offered to send her congregation to the colonies, Mother Javouhey’s protest that her congregation did not have the appropriate hospital training or experience was quickly rebuffed.19

Unsurprisingly, the colonial government was mistaken in their assumption that any congregation of nuns, no matter their lack of training, could perform equally well in colonial hospitals. It is, however, revealing that the congregation, and not the colonial government, took charge to rectify the situation. Indeed, the colonial government in Senegal did not even seem to be aware that the performance of the Sisters of Saint Joseph de Cluny could be improved. The changes that Mother Anne-Marie Javouhey made to the training program for aspiring nuns highlight the agency often employed by members of subordinate groups when faced with the stifling, misguided expectations of their superiors. After only five years supplying nuns to the military hospitals in Senegal, Mother Javouhey decided to add a tour of duty in a French hospital to the novices’ curriculum to ensure that the nuns who were being sent abroad were competent in their work.20 Additionally, in 1824, Mother Javouhey remarked in a letter to her sister: “We are going to create a teaching pharmacy to give our novices an instruction in pharmaceuticals, [e.g.] the knowledge and use of simple remedies.”21 Mother Anne-Marie Javouhey’s actions reveal both the power and the limitations of the agency employed by subordinate groups. While her changes to the novices’ curriculum demonstrate the nuns’ ability to initiate change and to take independent ownership over their work, they also situated the congregation even more firmly within the role carved out for it by the colonial government. This dynamic of agency and limitation greatly resembles that of the native women civilizing agents who will be discussed in the next chapters.
WOMEN MISSIONARIES AND THE COLONIAL ENCOUNTER

The Sisters of Saint Joseph de Cluny’s first impressions of Senegal and its inhabitants were deeply influenced by their preconceived notions of Africa and Africans. While some scholars, most notably Geneviève Lecuir-Nemo, have praised the impartiality of the nuns’ descriptions of their new surroundings, I argue that their letters offer significant insight into the particular biases of Europeans upon encountering Senegalese life and society. These biases demonstrate that Senegalese practices were associated with dirtiness—whether moral, physical, or social. Ultimately, this confluence of dirtiness contributed to the centrality of hygiene and health to missionary’s civilizing, christianizing endeavors.

Perhaps unsurprisingly, given the reputation that the Senegalese climate had for being unhealthy, many of the first observations made by the nuns in Senegal focused on the climate and the weather. Interestingly, the first report that the new superior of the infant Senegalese congregation wrote to the Mother Superior in France claimed that the nuns found it “mild and very agreeable.” According to her, “…there’s sunshine and no clouds for eight months of the year without their falling a single drop of rain. The strength of the sun is always tempered by a cool sea wind…” However, she did admit that “during the bad season it’s the opposite, the winds come from the continent; they are hot and charged and consequently more unhealthy, it’s the time for illness…” This comment not only verified the discomforts associated with Senegal’s climate but also confirmed the supposed link between the climate and the alarming propensity for Europeans in Senegal to sicken and die. A few short weeks later, this same superior, Mother Rosalie, seemed far less enamored with the climate: she wrote about “a dry, moving, perfectly arid sand; salt water everywhere, a burning sun; humid wind, often cold, or a
suffocating calm…” The picture that Mother Rosalie painted with this description makes Senegal seem uncomfortable and dangerous to the health. And, as previously mentioned, the miasma theory of disease implied that an unhealthy climate was a dirty one.

In their initial reports, the nuns of the Congregation of Saint Joseph de Cluny also spilled a great deal of ink on the uncleanness of their surroundings. The military hospital featured prominently in their descriptions: it was far too small, in a state of horrible disrepair, was so lacking in beds that the nuns were required to loan out several of their own, brought from France, and had only meager, dirty linen. It seems that none of these descriptions are an exaggeration.

Two weeks before the nuns’ arrival in Senegal, the Colonial Administrative Council decided that the hospital would have to be torn down and a new one built; its state of dilapidation was so complete that it was not worth the effort to repair the building. Perhaps the most troubling part of the Council’s report on the horrific state of the hospital was its comment that “there is no longer… any place to deposit the dead.” When the Congregation of Saint-Joseph de Cluny expanded their activities to the military hospital on Gorée in 1822, they met with a similar problem. The Colonial Administrative Council finally rectified the situation in 1830 when it purchased a piece of property on the mainland to serve as a cemetery. The statement of need for the purchase of this land attested:

The bodies which are transported to the continent across from the island are barely covered with a few grains of sand and nothing protects them from wild beasts. This state of affairs can only produce the worst effects and tends to perpetuate the custom of interring corpses on the island itself and even in the interior of houses.

This statement indicates that the colonial government linked the health risks associated with not having a proper cemetery to the behaviors of the Senegalese natives. The account is worded to
make it seem that the lack of a cemetery, in and of itself, was not the problem; the unsanitary Senegalese method of interring corpses was.

While the purchase of a proper cemetery appears to have solved the problem for the island, it only succeeded in moving the health crisis to the mainland. Fully eighteen years later, in 1848 a newly-arrived nun from the order of the Sisters of Castres remarked:

We are surrounded by the dead, we have the cemetery for Gorée on one side and on the other the cemetery for the people of Dakar who inter their dead any which way… and without a real grave; they only put a few pieces of wood along [the bodies] to hold up the earth, so that when you walk, when you least expect it, you find yourself sitting on people from the other side…

This letter again attests that in the eyes of the Europeans, the problem lay in the foolish, unclean habits of the Senegalese natives. While neither the Colonial Administrative Council nor the Sisters of Castres specifically defined this problem as a health risk, the miasma theory of disease explicitly tied the improper disposal of corpses to the spread of disease. In light of this fact, it is clear that, in the European imagination, the rapid spread of disease in Senegal was connected to the unsanitary habits of native Senegalese.

The nuns also complained bitterly about the natives’ unsanitary customs of housekeeping. In one of her initial letters, Mother Rosalie wrote to her mother superior in France about a chief’s hut that she visited, in a tone that can only be described as horrified awe:

The village chief’s hut is made from the same straw as that of his neighbor’s, we wanted to see inside, but it was impossible for us to enter it, the door was only a foot and a half tall, and it is by that small gap that ten or twelve people receive air and light; moreover, that same opening also has to let out the smoke from the fire that is lit in the center of the hut to cook the couscous.

Mother Rosalie also wrote disparagingly of the homemaking skills of native women. In the same letter, she commented that “[t]he negresses do not know how to do anything except bring water, grind millet and such things. It will take many years to train them to our way of [domestic]
service.’”\(^3^0\) The fact that Mother Rosalie took it as a matter of course that her congregation would train native Senegalese women in the science of keeping house in the European style indicates that teaching European housekeeping and cleaning was already imagined as part of the missionary civilizing mission. While the over-all tone of Mother Rosalie’s letters implies that she was not the most open-minded of women when faced with unfamiliar customs, she was not the only one to gripe about the inability of Senegalese women to do European-style housework. In 1848, a nun from the congregation of the sisters of Castres grumbled that:

… to top it all off, the negresses don’t know how to wash or rinse the laundry. One must teach them absolutely everything by getting one’s own hands dirty,\(^3^1\) and despite our instructions, they usually ruin the clothes. Our linen robes are no longer any particular color.

This nun also took it as a matter of course that her congregation would, in the fullness of time, impart their homemaking skills to the native women. More than that, however, these complaints specifically implicated Senegalese women in the overall dirtiness of Senegal’s surroundings. As the nuns saw it, native women were failing in their natural duty to keep their homes and communities clean.

Native women were not just implicated in Senegal’s physical uncleanness. In addition to critiquing the natives’ housekeeping, the nuns were also genuinely appalled by their morals. In a letter to her mother superior, Mother Rosalie wrote that “[i]t would be a great scandal to discuss with you here the morals that reign here, it would be better to close your eyes, kneel, and pray for God to elevate them.”\(^3^2\) Geneviève Lecuir-Nemo, the reigning authority on the Sisters of Saint-Joseph de Cluny, correctly interprets this comment as being a veiled reference to the common unofficial marriages between European men and the signares, but in a curious way. Lecuir-Nemo states that Mother Rosalie was shocked by the habit of soldiers and officers of living with black

\(^3^0\) ‘en mettant la main à l’œuvre.’
women without being married, implying that it was the European soldiers’ behavior that she took exception to, rather than the comportment of the native women.\textsuperscript{33} This hypothesis seems unlikely, as the sentence that follows the one cited above in Mother Rosalie’s letter is “We have here three kinds of inhabitants: blacks, Moors, and mulattoes.” These two sentences are not separated by a paragraph break. Once again, we see that European discussions of immorality fixated on marriage practices, and therefore on the comportment and social roles of women in society. When embedded in the discourse of cleanliness employed at the time, the natives’ corrupt morals contributed to the over-all dirtiness of the surroundings.

In general, Lecuir-Nemo goes to great lengths to interpret letters written by members of the congregation as being as accepting of the native Senegalese population as possible. While this good faith approach is probably misplaced with it comes to Mother Rosalie, her interpretation does hold true for Mother Anne-Marie Javouhey, the founder of the congregation. Mother Anne-Marie was quite blunt about her admiration for the Senegalese, at least when compared to her French compatriots. In one letter she complained that “one must have great charity to serve” the sick Frenchman in the military hospital: “the majority are poor subjects, who do not want to be told about religion during their life or at their death…”\textsuperscript{34} In that same letter she stated, “I much prefer the Negroes [to the French],”\textsuperscript{d} and also wrote, “I assure you that if the French lived as close together and as idle [as Africans do], they would be worse subjects than the Negroes.”\textsuperscript{35} However, in spite of her high regard for the “Negroes” as a race—for indeed, her letters indicate that she saw them as a homogenous community—she, too indulged in discourses that linked native behaviors to amorality and physical uncleanness. Of the village that she founded in French Guyana as a workshop to train black slaves in the knowledge and skills that they would need as free men, she said: “The recruits, men and women, when they arrived at

\textsuperscript{d} “J’aime beaucoup mieux les noirs”
our establishment, were for the most part suffering from illness, springing from debauchery and uncleanness; their state of hygiene has been much ameliorated.”36 This remark explicitly links the poor health, amorality, and lack of hygiene of the slaves as being a single problem. Later in the same letter, Mother Anne-Marie commented that:

The results already achieved are immense, especially when one considers the nature of the individuals and the youth of the new colony. These results are proven by the good order, the tranquility, the gaiety, the sobriety, the health, the rarity of offenses, the number of legitimate alliances, and the very small number of illegitimate births.37

As far as Mother Anne-Marie was concerned, the health of the members of the new colony was inextricably tied to the state of principled good order that reigned in the community. Furthermore, it is interesting that she used the number of legitimate marriages and the relative absence of illegitimate births as an index of the success of a colony whose purpose was to prepare black slaves for freedom by civilizing them. By using these criteria, Mother Anne-Marie implied that the behavior, relationships, and procreative abilities of women were a measure of the health and morality of the community.

**ROLES, DUTIES, AND ACCESS TO POWER**

Even a cursory glance at the primary sources indicates that the brunt of the nuns’ duties in the military hospital of Saint-Louis were to see to the hospital’s state of hygiene. As hinted above, the nuns’ intense preoccupation with laundry in all of their letters points to the primacy of this task amongst their duties. Indeed, in a hospital of more than one hundred beds that was often full to bursting, it is difficult to imagine how laundry could not have been a preeminent undertaking. They were also responsible for keeping the various parts of the hospital clean, in particular “the kitchen, the laundry, and the linen room.”38 The nuns’ other primary duty was to
see to the spiritual welfare of their patients by promoting Christianity. Indeed, some documents seem to imply that the role of those sisters in charge of caring for the sick was more religious than medical: while they distributed meals and medicine to their charges, they also engaged the sick in moralizing discourse and urged them to confess their sins and hear last rites before death.\textsuperscript{39} The fact that the nuns’ two primary responsibilities were to promote the physical cleanliness of the institution and the moral cleanliness of the patients links the two endeavors.

The nuns’ secular and religious duties in the hospital embedded them in two distinct, complex social hierarchies, both of which saw them as a subordinate, dependent group. The first of these hierarchies was that of the Catholic Church. Not only was the Senegalese branch of the congregation of Saint Joseph de Cluny subject to periodic inspections made by Senegal’s Apostolic Prefect, but they were also technically under the direction of the Congregation of the Holy Spirit, which coordinated the Catholic Church’s presence in Senegal.\textsuperscript{40} The congregation was also subordinate to the unwieldy colonial bureaucracy and the hierarchy of Senegalese hospital administrators, both of which were rendered ever-more complex by the colonial government’s extremely high turnover rate. Perhaps because of the complexity of the hierarchies involved, it appears that the congregation of Saint Joseph de Cluny was in a constant state of tension with the colonial bureaucracy.\textsuperscript{41} This state of affairs could only have been exacerbated by the expansion of contraction of the nuns’ roles and responsibilities over time. For example, one colonial report from 1863 mentions that the nuns “do not function as nurses,“\textsuperscript{e} whereas reports from both earlier and later in the century confirm that they do; additionally, reports indicate that the sisters were sporadically responsible for managing the pharmacy and dispensing medicine.\textsuperscript{42} This fluctuation in the nuns’ roles and duties caused innumerable sites of power contestation between the congregation and the colonial government. For example, in 1820, after being

\textsuperscript{e} “les soeurs ne font pas les fonctions d’infirmières”
removed from her previous position of hospital records keeper, Mother Rosalie grumbled that she had been reduced to the position of the “kitchen help.”

In spite of these many moments of tension, it must be mentioned that the congregation’s affiliation with the Catholic Church and the colonial government afforded them many benefits. For example, the nuns of Saint Joseph de Cluny had a tremendous amount of freedom of movement compared to most women of the day. Few other women would have been able to travel to and from the colonies without some sort of male escort, to penetrate male-dominated spaces like the colonial hospitals, or to exercise the kind of authority that the Sisters of Saint Joseph de Cluny had over their patients. Additionally, like all subordinate groups throughout history, the sisters found novel ways of influencing the world around them. One of their primary strategies was to manipulate the colonial ministers; by 1822 this had become an acknowledged technique to the point that the founder of the congregation was comfortable instructing one of her subordinates to “take [the ministers] into your confidence…” and to “pretend to ask for their advice…” in order to better influence them. The ambivalent character of the power relations between the nuns and their religious and secular authorities demonstrates the opportunity for agency that the nuns enjoyed as well as the limitations of the colonial setting—a situation which replicated itself in the form of the native civilizing agents of the next chapters.
CHAPTER THREE: MISSIONARY HEALTHCARE AND NATIVE SENEGALESE

In their first incarnation, colonial-run hospitals were conceived as all-European institutions where the supervisors, employees, and patients would all be white. This principle, however, was far from the reality. Even before the sisters of Saint Joseph de Cluny arrived in Senegal, the military hospital of Saint-Louis employed black workers or exploited black slaves, and even on occasion treated black or mulatto civilians. From 1819 on, the hospital on Saint-Louis can therefore be characterized as a space of exchange between white women missionaries and native Senegalese. As colonial healthcare expanded to touch more and more native inhabitants, healthcare became one of the supreme vectors for missionary encounters with black Senegalese inhabitants.

In the first years of the congregation’s presence in Senegal, the Colonial Administrative Council increasingly relied on black labor to keep the hospital and its adjunct facilities functioning. In 1819, the council authorized the hire of “a young negro, intelligent and trustworthy” to work in the pharmacy, and consented to the training of a black adjunct nurse.¹ Later that year, the personnel shortage had become so grave that the colonial government was forced to take on a number of slaves to help care for the sick, and throughout 1820 the hospital underwent a systematic replacement of their wage-earning support staff with slaves in order to meet budgetary constraints.² Unfortunately, records on Senegal from the first half of the nineteenth century are shoddy at best, and even those records that do exist fail to report the number of slaves or even the number of free blacks utilized by the hospital. However, it is believed that after 1821, while the hospital continued to rely increasingly on black labor, these workers were remunerated in some capacity. Besides the fact that these native Senegalese workers helped the nurses, there is very little documentation of their duties in the hospital until
1872. In that year, a colonial report described their role thus: “Black nurses are only employed in this establishment to carry out medical prescriptions under the surveillance of the doctors on duty and the sisters of charity and to furnish the secondary care needed by the sick.”

While Senegalese men were a constant presence on the hospital’s staff, it is interesting to note that no Senegalese women worked in the hospital. This is highlighted by an 1863 letter written by the hospital’s Chief of Medicine to the Authorizing Officer after a sick black woman and her child were accepted into the hospital out of charity. The Chief of Medicine wrote that, “As the care demanded by this illness cannot be given to her by men,” he asked for “a clean and intelligent housemaid [to] be placed with her as soon as possible.” The fact that a clean housemaid was specifically specified is both revealing and ambiguous. While it highlights Europeans’ deep preoccupation with hygiene where native women were concerned, it is unclear to what “clean” refers: Physical appearance? Morals? Conformation to European attitudes? The true intent was probably to evoke a mixture of all three.

In addition to working in the hospital, due to the utter lack of civilian medical infrastructure in nineteenth-century Saint-Louis, native Senegalese were also increasingly treated at the hospital. As early as 1820, it was observed that medicine meant for the hospital was being diverted to the native population. One report from the first of June remarks that it was “…impossible to stop medicines from being extracted from the hospital’s pharmacy for the use of the colony’s inhabitants who, not being employees of the government, do not have the right to these services.” However, it was also understood that the military hospital and pharmacy, being the only healthcare institutions on Saint-Louis, could not completely bar the native population from its services. Already in 1820, the colonial government had made provision for medicines to be delivered to Senegalese natives living on the island at the demand of colonial health officers.

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a “l’ordonnateur”
By the end of the 1820s, the idea that the military hospital would be used at least partially to give care to the black and mulatto population had largely been accepted. In 1829, the hospital’s Chief of Medicine wrote in a report that “Each day, morning and evening… the city’s sick and inhabitants from the mainland come to claim the knowledge and services of medicine…” Far from complaining about this state of affairs, he remarks that, “When considered from the viewpoint of political relations,” the situation “is not without interest, nor advantage.” It seems that already in 1829, the colonial bureaucracy had begun to see the utility in using healthcare to help them achieve their political and colonial goals. Throughout the mid-nineteenth century, there are numerous anecdotal reports of Senegalese natives being taken in and cared for at the hospital on the colonial government’s bill. By the end of the nineteenth century, this de facto policy became a policy de jure with the creation of a civilian ward in the hospital and a hospice meant specifically to tend to the needs of the native population of Saint-Louis and its environs.

As the hospital on Saint-Louis became an increasingly multiracial space, its role in processes of colonization became more and more pronounced. This colonization took place across both deliberate and unintended avenues. The black workers who were employed at the hospital, for example, were colonized very deliberately: the black workers were trained to think about and treat diseases in the European manner, all while being subordinated to a white hierarchy. In the case of the hospital’s black patients, however, colonization was unintentional and largely caused by the fact that the hospital was a white-dominated space characterized by unequal access to medical knowledge and supplies for white and black patients. However, the hospital on Saint-Louis also colonized black patients in another, more subtle, way. By taking patients in and treating them for ailments in the European way, the colonial government
implicitly changed the way that native Senegalese men and women understood illness and their own bodies.

The French also *physically* changed African bodies by introducing a host of new diseases to the island. At the same time that Europeans were succumbing to malaria and yellow fever in alarming numbers, they were spreading European diseases that were just as foreign and deadly to the native population. Smallpox caused a number of epidemics amongst the natives on the islands of Saint-Louis and Gorée over the course of the nineteenth century. Cholera, imported by Europeans from India, was also particularly deadly to Africans. In 1868, a cholera epidemic broke out that ravaged not just the islands, but the mainland as well. The epidemic continued through 1869; in October, there were 117 patients hospitalized from the disease on Gorée alone. In addition to causing massive loss of life to a native population that had already been devastated by the slave trade, these new diseases—which were unknown to traditional native practitioners of medicine—also reinforced the colonizing power of European healthcare institutions by driving Senegalese men and women to seek European medical aid in ever-greater numbers.

The patterns of colonization that existed in the hospital on Saint-Louis were emblematic of the processes at work in all colonial healthcare institutions. Their great complexity speaks not only to the intricacy of colonization as a process, but also to the centrality of healthcare institutions to European civilization. Indeed, they are a space where European norms, values, and behaviors were developed and imposed. By working in European healthcare institutions and participating in the dissemination of these European norms, values, and behaviors, the Sisters of Saint Joseph de Cluny—and indeed, all others who worked in those same institutions, both white and black—became colonial civilizing agents.
While the hospital on Saint-Louis was undoubtedly Senegal’s first space of medical colonization, others also warrant attention. One of the most important of these was the home, especially the homes of the wealthy. Throughout the nineteenth century, it tended to be the poor—both white and black alike—who sought out the hospital for aid. For the rich, it was preferable to pay a white doctor or a Senegalese healer to come to the home. This is corroborated by the fact that in 1863, Senegal’s frustrated chief of medicine wrote in a report:

I understand that it would be very advantageous and extremely convenient for certain civil servants, to have at their families’ disposition a government physician who could be called upon at their convenience, that is to say when someone was or believed themselves to be sick; but happily for us such a suggestion has not been imposed upon us in any way.\(^\text{10}\)

Additionally, it seems that the home was conceived as being a more appropriate place to treat sick women than the hospital was. For example, while the congregation of Saint-Joseph de Cluny worked in the hospital and, as employees of the state, had the right to be treated there, they preferred to have a doctor come to their house. They additionally encouraged their black and mulatto female students to hire white physicians to come to their homes rather than to go be treated at the hospital.\(^\text{11}\) This double standard of public health facilities being spaces for women to work but not spaces for women to be treated continued throughout the colonial period.

By the end of the nineteenth century, formal medical establishments which were conceived as establishments to improve the health of Senegalese natives had begun to proliferate. It can be argued, however, that the first of these new institutions was the Gorée Hospital, reopened with the arrival of three new sisters from the congregation of Saint-Joseph de Cluny on the island in 1822. While this hospital, like it’s counterpart on Saint-Louis, was technically a military hospital, it quickly began to offer services to first the island’s, and then the mainland’s, black and mulatto inhabitants. By 1880, the Gorée Hospital’s services had expanded to the point
that it was comprised of six separate wards, including one reserved for white civilians and another for black Africans.¹² For more than half a century, these two hospitals, where white soldiers and black civilians were treated side-by-side, were the only two formal healthcare institutions in the Senegalese colony. Then, in the late 1860s, the colonial government decided to disentangle the healing of government administrators and the healing of native Senegalese men and women by opening up a hospice on Saint-Louis to take care of sick natives. The creation of this new institution was no doubt linked to the continuing expansion of Senegalese territory; as the colony grew, so too did the metropole’s interest. However, it also indicates a burgeoning trend of racial segregation in Senegal where health matters were concerned. For the rest of the nineteenth century and the first half of the twentieth, French West African healthcare would increasingly separate white and black patients. This policy both stemmed from and reinforced the notion that black Africans were unclean and vectors for disease. The policy reached its peak in 1914, when French West Africa’s colonial government ordered the complete segregation of all white and black homes in an effort to protect the Empire’s white citizens from an outbreak of the plague.¹³

Unsurprisingly, when the first hospice exclusively for black patients initially opened, it was in an almost impossible state of disrepair. It seems, however, that by 1874 its condition had been greatly normalized. The congregation of Saint-Joseph de Cluny was made responsible for this hospice in 1890.¹⁴ This was followed by a host of other medical establishments created specifically for treating Senegal’s native inhabitants, or which had special wards or annexes for the treatment of black Africans. In 1892, the military hospital on Gorée was transferred to Dakar, and Gorée’s remaining medical apparatus was turned into an ambulance administered by the Sisters of Saint Joseph de Cluny.¹⁵ In addition to these formal healthcare institutions, during the
second half of the nineteenth century both the Sisters of Saint Joseph de Cluny and the Blue Sisters of the congregation of the Immaculate Conception of Castres began to offer free healthcare services independently of the colonial government. The direct healthcare services provided by both of these congregations took the form of medical dispensaries and local healthcare clinics. While a handful of these were located in urban areas, such as Dakar or Saint-Louis, the majority of them were located in the “bush.” While these rural establishments received patients, they functioned primarily as jumping-off points from which nuns made rounds and house calls to isolated villages.16

While many of the nuns who worked in these establishments were undoubtedly interested in healing the sick, it was also believed that offering in-home medical care was one of the best ways to win over the native population to Christianity.17 Indeed, throughout the nineteenth century, providing medical care was the privileged way for nuns to come into contact with and attempt to convert black Africans living in rural areas. This was a strategy which would be replicated by the colonial government in the twentieth century. This strategy had a number of advantages. It was a way to gain the confidence of and become closer to the autochthonous population by seeking them out and by offering them services that visibly demonstrated the nuns’ charity and commitment to the community. It was also a way for members of religious orders to insinuate themselves during native births and deaths, life events requiring the administering of Sacraments under Catholic tradition. Finally, it was a way for religious orders to sidestep the colonial government’s opposition to their attempts to convert Muslims in colonial hospitals and schools.18 It must be noted that an essential part of this strategy’s success was the fact that the civilizing agents were women. As women, they retained the necessary distance from

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16 “Brousse”
the male-dominated colonial government to earn the trust of the native population, and were not considered a threat to native hierarchies of power and authority. The healthcare treatments provided by the nuns at these clinics and dispensaries were on the order of giving vaccinations, making up simple remedies, and cleaning wounds and sores.\textsuperscript{18} This last treatment is particularly significant because it helped disseminate European medical norms such as washing cuts with water and wrapping injuries in clean linen—both of which were, incidentally, also related to European standards of hygiene. The nuns combined these basic remedies with performing baptisms and teaching simple Christian lessons. In many ways, the nuns working in these clinics and dispensaries were the perfect civilizing agents, effectively transmitting European norms of health while also transmitting Christian values. These nuns represented a near total overlap of disseminating, at the same time, French standards of health, hygiene, and morality.

Ironically, while these medical activities were originally conceived as a way of transferring European knowledge of hygiene and medicine to the uneducated native populations, the practical result was exactly the reverse. For example, one Mother Rosalie Chapelain—a different Mother Rosalie than the one we encountered earlier—gained a great deal of notoriety among the native populations for the efficacy of her remedies. One congregational report even related that the natives she had healed praised her as “knowing more than the doctors…”\textsuperscript{19} The secret to these effective remedies was that they were made with native plants and based off of some of the traditional Senegalese therapies employed by native healers. As Lecuir-Nemo observes in her work \textit{Mission et colonisation},\textsuperscript{4} certain plants used by Senegalese healers had real medicinal properties—a fact that Western science is only now beginning to comprehend.\textsuperscript{20} This transfer of native knowledge to European civilizing agents—a situation which was exactly the

\textsuperscript{4} \textit{Mission and Colonization}
reverse of what said civilized agents had intended—embodies one of the few common truths of colonialism: the reality was always very far removed from the intention.

While these endeavors to heal and Christianize the native populations yielded many anecdotal success stories, European congregations quickly realized that the language and cultural barriers between themselves and their patients were preventing them from making real headway. At least one dispensary, located in Saint-Louis, employed a native African woman to help circumvent this problem.\(^{21}\) While documentation for these dispensaries is hard to come by, particularly for those located in the bush, it is probable that others also employed African women who could act as intermediaries between the nuns and the native populations. In the mid-nineteenth century, the European clergy in Senegal gained Rome’s permission to reproduce this strategy of using native intermediaries on a larger scale, and in 1848, an African congregation of nuns, the Daughters of the Sacred Heart of Mary, was formed in Senegal.\(^{22}\) European missionaries to Senegal imagined that African missionaries, in addition to being better able to relate to native populations, would also be better suited to life without European comforts in the African bush. The Catholic Church also hoped that forming a black congregation of nuns would reduce the number of white missionaries sent to Senegal, the majority of whom still died within their first year in the colony.\(^{23}\) By all accounts, it seems that some of these hopes were ill-founded. The first ten members of this fledgling congregation had been born and raised on the increasingly westernized Gorée Island; at least the first two were mulatto.\(^{24}\) While these women were undoubtedly linguistically and culturally better equipped to communicate with native populations than their white counterparts, it is uncertain whether they were better prepared to live without the European comforts that had undoubtedly surrounded them all of their lives. It is
virtually guaranteed that the native populations that they eventually served thought of them as foreigners.

According to the congregation’s constitution, the primary mission of these new nuns was “to work for the conversion of the natives of their country” by performing “works that conform to their sex and to their sacred vocation.”25 These were specified as prayer and offering basic religious instruction to African women and girls. They were also authorized to “come to the aid of [white] missionaries” by teaching African women “various skills for keeping house.”26 Once again, there was an important overlap between teaching African women Christian morals and teaching them European ways of cleaning house. In addition to this convergence of housekeeping and Christianity, the Daughters of the Sacred Heart of Mary also played a role in disseminating European medical and hygienic norms. In addition to their educative function, the new congregation’s members were also called upon to “visit the sick,” distribute “ordinary remedies,” and to “take in sick women” who had been abandoned by their families.27 Finally, it must also be noted that this congregation participated in the dissemination of French culture. In spite of its members’ African heritage, the congregation was essentially designed as a French institution. Novices were required to speak uniquely in French and to live according to French customs; both novices and nuns donned a European-style habit.28 This paradoxical insistence on a French lifestyle when the congregation’s purpose was, at least in part, to create missionaries comfortable living in the African milieu, highlights a certain cultural confusion common to many aspects of the French civilizing mission.

In order to capitalize on the local origins of these nuns, after taking their vows they were sent to establish new missionary outposts in rural villages and towns. By 1863, the congregation counted three communities: one in Dakar, one in Joal, and one in Ngazobil, a fishing village
approximately 95 kilometers south of Dakar. In spite of the initial hopes of the Catholic authorities, however, the congregation of the Daughters of the Sacred Heart of Mary did not achieve permanent independence of Senegal’s white missionary community until the end of the nineteenth century. Through 1875, the congregation’s Mother Superior was a member of the congregation of Saint Joseph de Cluny, the same Mother Rosalie Chapelain mentioned above. During the last decades of the nineteenth century, oversight of the African congregation was transferred to the other community of European nuns in Senegal, the Blue Sisters. The African congregation’s fifty year subordination to Senegal’s white missionary communities reveals the anxiety that many Europeans felt when faced with making black Africans independent civilizing agents. This is an anxiety that we will see replicated in the secular civilizing institutions of the twentieth century.

The Daughters of the Sacred Heart of Mary are, in a sense, the direct counterparts of the native midwives who worked to disseminate Western standards of health and hygiene during the twentieth century. Intermediaries between white civilization and African barbarism, they were valued for their linguistic and cultural ties to African societies. Yet at the same time, their African identity was the source of no small amount of colonial anxiety, as indicated by the Catholic Church’s insistence that the congregation follow an essentially European lifestyle and be supervised by a white congregation for the first fifty years of its existence. The proselytizing endeavors of this African congregation also highlight the links that formed between disseminating Christian values and European norms of housework, hygiene, and healthcare during the colonial era. This congregation, however, also indicates the centrality of women—and increasingly, the centrality of African women—to the civilizing process. It is interesting to note that while a handful of Senegalese men were ordained as priests during the mid-nineteenth
century, they performed virtually no missionary works. Their place was inside the church, and their sphere of influence extended only to their Christian congregation. Increasingly, African women were seen to be emissaries of religious and cultural change.

**EDUCATING HYGIENE**

Only the women who joined the Congregation of the Daughters of the Sacred Heart of Mary can truly be considered African civilizing agents during the nineteenth century. That is not to say, however, that they were the only African women used as avatars to promote European values and European norms of health and hygiene. In fact, throughout the nineteenth century, religious congregations opened a handful of schools for African girls and women in order to indoctrinate them in these norms and values. As mentioned above, missionaries were particularly interested in educating girls and women because they imagined that these students would go on to become Christian mothers who would pass their Catholic values on to their children. Because the educational institutions in Senegal have been meticulously studied over the years, this project will content itself with outlining the way that missionary education promoted the convergence of Christian values and European norms of health and hygiene by taking the School for Young Negro Girls, founded on Saint-Louis in 1826, as a case study.32

Before launching into a discussion of this particular school, however, the general situation of girls’ education in nineteenth century Senegal warrants some discussion. Throughout the nineteenth century, almost all of the girls’ schools in Senegal were private religious institutions run by one of Senegal’s women missionary institutions.33 These schools were limited geographically to the islands of Saint-Louis and Gorée. Additionally, nearly all of the students at these schools were Christian. Muslim families were wary of sending their daughters to a
Christian school, both out of a fear that they would be converted to Christianity and out of reluctance to lose a pair of working hands around the house, although by the end of the century a small number of Muslim girls were being sent to school alongside their Christian sisters. In addition to being mostly Christian, the majority of students at these schools were mulatto. Finally, those black African girls who did go to school were kept separated from the mulattos; schools in Senegal practiced a relatively strict policy of racial segregation throughout the nineteenth century. In light of this, the School for Young Negro Girls presents an interesting study. As a school that limited its enrollment to black Africans, not only does it represent the minority of institutions, but it also allows us to see the kind of curriculum that nineteenth century missionaries imagined as being appropriate for “Negresses.”

This school, the first of its kind in Senegal, was embedded in a specific civilizing rhetoric. While the French government was much more invested in developing the education of African boys than it was in educating African girls throughout the colonial period, the education of black girls struck a certain ideological chord with white colonial ministers. In 1821, for example, the Governor of Senegal wrote to Mother Anne-Marie Javouhey, saying:

One must have studied Senegal, as I have, to know the extent to which a school for girls is necessary. In terms of institutions, it is Senegal’s greatest need. Only by this means will we rectify the morals and introduce this population to our ways and our laws. The Negroes and the mulattos of Saint-Louis are, at this moment, as strange to us as the Turks. They know neither legal marriage nor religious marriage. The richest women, even though they are daughters of Frenchmen neither speak nor understand our language. There is everything to be done, and all improvements could be achieved through a good school for girls. Insist that one be established.

This is one of the first examples of the discourse which places women squarely at the center of France’s civilizing mission, but it is far from the last. This trend not only continues, but actually intensifies throughout the colonial period. In 1826, the Governor of Senegal attained his goal of
seeing the formation of his school for African girls. In the decree ordering the creation of the school, its curriculum was meticulously laid out. Of this program, several features bear further commentary. The first is the absolute insistence that the school only accept boarding students; indeed, the students were not even to be allowed to visit their parents unless they were accompanied by one of their white instructors. This constant surveillance is another indication of European anxiety when faced with the task of civilizing Africans. The program also distinctly emphasizes the religious aspects of the girls’ instruction. Each day would begin and end with a prayer. The students would attend mass each Thursday and Sunday, and catechism was worked into the daily schedule of classes. Cleanliness, hygiene, and housekeeping skills were also emphasized, almost to the exclusion of academic pursuits. For example, the decree not only specified that, each morning, “Each [student] will tidy their own natte and the covers that they used during the night,” but also that “They will wash with water prepared by them for that purpose the night before.” Furthermore, the class was to be charged with “the cleanliness of the building” and so was responsible for “washing the benches, the stairs, and the furniture.” In stark contrast to this extreme attention to detail, the academic curriculum was introduced with hardly any description at all. Indeed, all that is said of this part of the girls’ intended education is that at mid-morning there would be approximately two hours of instructional time for “reading, writing, catechism, [and] the four arithmetical operations,” and another hour in the afternoon devoted to “reading [and] the four operations.” Between these two lessons, an hour and a half of sewing was worked into the schedule.

In the end, the School for Young Negro Girls never attracted more than a dozen students at a given time, and was disbanded in 1835. After that year, the missionary schools dedicated to educating mulatto women had special classes for black Africans. While the school was short

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6 A kind of bed.
lived, however, the program of education outlined in its curriculum is representative of girls’ education in the colony throughout the nineteenth century. While this curriculum seems decidedly strange to present-day eyes, most girls’ education at this time, both in the colonies and in Europe, heavily favored cleaning and homemaking skills over academic pursuits. This curriculum, however, had decidedly different ideological goals when it was employed in the colonies instead of in the metropole. In France, the housekeeping skills being taught in schools were similar to the ones that were employed in the home; girls’ education therefore represented a transmission of this knowledge from one generation to the next. In Senegal, however, the goal was to replace the housekeeping skills that Senegalese women had been employing in their homes for generations with a radically new homemaking repertoire. This homemaking repertoire was replete with ideological baggage. In Senegal, by teaching women new ways of cleaning house, missionaries hoped to teach them new, Christian values and so build a society that they believed would be physically and morally healthier than the one that they had discovered in 1819.

CONCLUSION

Throughout the nineteenth century, the military hospital on Saint-Louis was a space of female authority. While their roles and duties changed over time, their constant presence in the hospital gave them no small measure of influence over this first colonial healthcare institution. In addition to being a women’s space, however, this hospital was also a space where European norms of health and hygiene were disseminated. This convergence of women’s work, health, and hygiene was replicated when women missionaries expanded their healthcare activities in order to reach the interior. The Christian education that these women disseminated along with their remedies tied morality to this already potent discourse. In the first half of the nineteenth century,
we also see the first attempts made by Europeans to form native civilizing agents. Whether it was in the form of a Senegalese order of women missionaries or the form of a girls’ boarding school, these civilizing agents were deeply affected by the discourse linked women’s work, health, hygiene, and civilization.
CHAPTER FOUR: OF GERMS AND GERMANS

The end of the nineteenth and the beginning of the twentieth centuries were marked by a series of events which transformed France’s attitude towards healthcare in the colonies. After discovering that sanitation and antisepsis could be used to control and prevent infectious disease, Louis Pasteur founded the Pasteur Institute in Paris in 1888, which revolutionized the study of tropical disease. Then, in the first years of the twentieth century, France’s Third Republic decided to secularize all public services both at home and in the colonies. A decade later, the suffering and death caused by World War I again changed the context for colonial healthcare in Senegal. This chapter will examine each of these events in turn to observe the impact that each one had on the convergence of women’s work and the dissemination of European norms relating to morality, health, and hygiene.

PASTEUR AND MEDICAL IMPROVEMENTS

Louis Pasteur was one of the founding fathers of medical microbiology and a direct proponent of modern germ theory; his work and discoveries drastically changed the way that European healthcare workers were trained and the way that they treated illnesses. For our purposes, two of his discoveries were particularly crucial. The first was that techniques of sanitation and antisepsis could control and even prevent outbreaks of disease. This discovery proved that hygiene, cleanliness, and health were tied together even more closely than many had believed from studying the miasma theory of disease. It is interesting that at the same time that Pasteur was proving that diseases could be prevented by practicing proper hygiene, nursing as a profession—and more importantly, as a profession dominated by women—was beginning to appear in Europe. It is fair to wonder whether Pasteur’s discoveries and the emphasis that they placed upon cleaning influenced the feminization of the nursing field. Pasteur’s second critical
set of discoveries were the rabies and anthrax vaccines. These two sets of discoveries changed the emphasis of European medical care from treatment to prevention of illnesses. This change, as we will see in the next chapter, had a significant impact on the work of the women employed in Senegal’s colonial healthcare machine. When the Pasteur Institute opened in 1888, it quickly became Europe’s preeminent medical research facility, specializing in the study of infectious and tropical diseases. In 1900, the Pasteur Institute added a hospital to its complex—the first in Europe to systematically employ rules regarding sanitation and antisepsis. Interestingly, given the wave of secularization that had overtaken France by the turn of the century, the Institute called upon the congregation of Saint Joseph de Cluny to furnish this new hospital’s nurses. When the hospital opened, the 15 nuns on staff began to receive the first specialized, scientifically accurate nursing training in Europe—knowledge which they quickly disseminated to members of their order working in Senegal.

While the ties between the Pasteur Institute and the congregation of Saint Joseph de Cluny are especially interesting, given the congregation’s role in disseminating European norms of health and hygiene to Senegal, the Pasteur Institute’s work had a global effect on medical treatment. While this inevitably included the French colonies and Senegal, it must be noted that the Pasteur Institute was almost exclusively interested in improving medicine for Europeans. For example, one nun working at the Pasteur Hospital had this to say about the new studies being done on a Trypanosomiasis, a tropical disease:

[Trypanosomiasis itself] is not, however, new; but since it only seemed to affect members of the black race, it provoked only a mediocre interest in our European scientists. The question has been treated differently since it has been observed that whites are not, as had been assumed, immune to the disease…”

The fact that the Pasteur Institute was only willing to commit resources to studying a disease once it had been proven to effect Europeans clearly shows that turn-of-the-century medical
advancements were meant to save white, rather than black, lives. This observation is seconded by the kinds of missives included in the Pasteur Community branch of the congregation of Saint Joseph de Cluny’s congregational bulletin. While the sisters were eager to share their new knowledge of tropical diseases with their sisters abroad, their goal was to reduce mortality within the congregation, rather than to reduce the mortality rates of the black Africans that the congregation was serving. For example, one bulletin remarks that the tsetse fly is responsible for causing trypanosomes, and that since “One comes across the tsetse by water and especially during the day, at a temperature of 28º,” it is recommended that “our sisters abroad, when doing their apostolic rounds, should avoid pausing near running water or—even worse—a marsh.” No mention is made of passing this information on to African communities. The continuing inequality in European’s and African’s access to medical knowledge highlights the extent to which medicine was a site of colonial power.

Turn-of-the-century medical breakthroughs did, however, have an impact on colonial healthcare institutions in Senegal. Specifically, they solidified the links between health and hygiene in colonial institutions, and also strengthened the troubling discourse that black Africans were themselves dirty and therefore vectors for disease. In 1884, for example, the head of the hospice of Saint-Louis wrote to the Minister of the Interior complaining that the walls of the hospice had been

Soiled by the carelessness of the numerous invalids who have followed one after another, from encrustations of every sort, they now present a repulsive appearance. Because of the impurities which could be present in the composition of these kinds of encrustations, one can even fear that this state of affairs will one day present a grave danger to the sick.5

Here, the head of the hospice explicitly blamed the institution’s unsanitary conditions on the African sick rather than on the European hospice staff charged with the upkeep of the building,
Carson 66

drawing a link between the dirtiness of the surroundings and the unclean habits of black
Africans. To improve the hospice’s state of cleanliness, the hospice head recommended daily
“cleaning with detergent and disinfectant.”6 In spite of these troubling racial overtones, the
application of Pasteur’s discoveries undoubtedly saved Senegalese lives. In the last decade of the
nineteenth century and the first decade of the twentieth, concrete improvement in Senegal’s
healthcare institutions can be seen. For example, in 1893, the colonial government opened a new
hospital in Dakar which was tasked with using new medical practices in “the fight against
epidemics and above all yellow fever.”7 This was followed in 1896 by the microbiology
laboratory of Saint-Louis, which would later become the Senegalese branch of the Pasteur
Institute.8 The flurry of new, expensive institutions opened in Senegal during the 1890s signals
its growing importance as a colony. In 1895, France’s West African holdings were reorganized
into an administrative group known as French West Africa, which had its capital in Senegal. This
increase in colonial activity also, however, indicates a shift in France’s style of colonial rule.
Starting at the end of the nineteenth century, France’s colonial policies became increasingly
interventionist and regulatory. These new policies were justified using the rhetoric of France’s
civilizing mission.9 In addition to this flurry of new institutions, the colonial government also
implemented a number of new policies meant to improve the colony’s sanitation. These included
the destruction of mosquito larvae, rat extermination, and the inspection of ships coming into and
leaving Senegalese ports.10 Increasingly, the colonial government also encouraged policies of
segregation. This change in attitude reveals the dark side of Pasteur’s discoveries. The newly-
developed germ theory gave a pseudo-scientific basis for European claims that Africans, either
because of their unclean habits or simply because of the color of their skin, were vectors for dirt
and disease.11
SECULARIZATION

Another defining moment in turn-of-the-century colonial policy was the French Third Republic’s decision to secularize all public institutions, in particular hospitals and schools. Undoubtedly, this policy was one of the driving forces behind the proliferation of civil institutions and services meant to improve public health and hygiene in Senegal. While secularizing policies were implemented in France as early as 1901, it was not until 1904 that Senegal’s secularization began in earnest. This can be attributed to two factors: religious orders operating within the colony maintained very good relations with the Senegalese administration, which was therefore loathe to force their departure, and Senegal was a hugely unpopular colonial posting amongst French civil servants, so it took longer than anticipated to find secular replacements for the Catholic orders.\(^\text{12}\)

The first of Senegal’s healthcare institutions to be secularized were its hospices in 1904, and the colonial government’s first secularizing act was to demand the removal of all crucifixes. This horrified the sisters working in the hospice, and if their accounts are to be believed, some of their patients were hardly happier with the situation. One Muslim invalid in the hospice on Saint-Louis is reported as commenting, “It’s madness to take Allah out of the rooms of the sick.”\(^\text{13}\)

Interestingly, while the crucifixes in Saint-Louis’ hospice were removed as per the mandate, the ones hanging on the walls of Gorée’s hospice remained. It appears that after the sisters working in the hospice refused to take the crucifixes down themselves, the colonial government quietly dropped the subject.\(^\text{14}\) Later in 1904, after training their secular replacements, the congregation of Saint Joseph de Cluny was removed from service in Senegal’s colonial healthcare institutions outright. Practically speaking, this change in policy meant the complete removal of a female presence in colonial healthcare. While the idea of nursing as a woman’s profession was
becoming increasingly accepted in Europe, female nurses were still many years away from being employed by the colonial government. Between 1901 and 1904, the schools in Senegal were also progressively secularized. This process started in the first years of the new century with increased observation of parochial schools; by the end of 1904, members of religious congregations had been entirely removed from the colonial education system.\textsuperscript{15} In spite of secularization, the curriculum of Senegal’s colonial schools—in particular, their schools for girls—remained virtually unchanged. French was implemented as the obligatory language of instruction, a mandate which affected only a tiny handful of schools in the interior. While religious instruction was also removed from the educational program, it was replaced with a quasi-religious indoctrination in patriotic love for France which employed the same tactics and had the same goals as the religious training of the previous century.\textsuperscript{16} Other than these cosmetic changes, teaching good hygiene and European homemaking skills remained the foundation of girls’ education in the colony.

In response to secularization, women’s missionary congregations found their presence and influence in Senegal greatly reduced. Many nuns returned to France. However, a significant number remained to pursue their missionary endeavors, either out of obstinacy, true vocation, or simply because Senegal had become their home. These nuns found innovative strategies to get around the mandates of the colonial government. Since they no longer received government subsidies, the religious communities needed to find new sources of revenue. To this end, they opened laundries and sewing workrooms catering to the European populations living in Senegal’s coastal cities. The nuns employed young Senegalese women in these establishments, covertly maintaining their educative role by teaching them a trade and introducing them to the Catholic faith.\textsuperscript{17} Congregations of women missionaries also maintained their influence over
Senegalese children, specifically girls, by turning their schools into catechisms which attracted children to lessons using candy and games, and occasionally by opening small, clandestine schools which would meet in the chapel or mission. Finally, many of the nuns who had been displaced from Senegal’s schools turned to serving the community through providing private healthcare, either in the cities or through the free health clinics established in the bush. In Dakar, for example, the remaining sisters of Saint Joseph de Cluny began to make discreet house calls to sick Europeans who preferred not be treated in the hospital. Indeed, one nun went so far as to remark that “Since we left the hospital, only the civil servants who are obligated to go consent to be treated there.” While it is virtually certain that this is an exaggeration, it is probable that many Europeans were eager to receive medical care in the comfort of their own homes. It is also interesting to note that while nuns were absolutely forbidden from opening private schools or teaching classes—indeed, even their catechisms were heavily monitored by the colonial government’s distrustful eye—there was no ban on their operation of private clinics or otherwise caring for the sick. This fact indicates that even after they were removed from Senegal’s hospitals and hospices, the colonial government conceived of caring for the sick as an appropriate duty for nuns—much as they had in 1819. It is interesting that all of the activities considered permissible by the colonial government involved cleaning, housework, and healing the sick—an observation which solidified the link between these tasks and women’s work, in spite of secularization.

One consequence of secularization was a massive shortage of personnel in Senegal’s hospices and hospitals. In the first years of the twentieth century, the colonial government increasingly employed black Africans in these institutions. Even by the end of the nineteenth century, a body of African nurses had been created to support European doctors working in the
colony. In 1905, the colonial government implemented the Indigenous Medical Assistance service, which was tasked with providing free basic healthcare and hygiene advice to black Africans living in the bush—the first medical care ever offered to rural colonial subjects. The next year, the colonial government began to recruit doctor’s aides from the indigenous population. All of these programs were exclusive to Senegalese men and had feeble results. For example, in 1912 only 42 indigenous doctor’s aides existed in all of French West Africa. It would not be until after World War I that native Senegalese would be incorporated into France’s colonial healthcare system in any meaningful way.

**WORLD WAR I**

World War I had massive repercussions on Senegal. The first of these was an acute loss of life: 30,000 Africans from the French colonies were sent into the trenches, many of them never to return, in 1914 alone. However, the war also deeply affected the lives of those Senegalese lucky enough to remain at home during the Great War. Not only did the war put France in the position of needing to appropriate resources from its colonies, but it also lead to long periods of no contact or communication between France and its African colonies. This was especially problematic for Senegal, whose entire agricultural infrastructure had been reoriented towards peanut production since the European industrial revolution had created an insatiable demand for peanut oil-based lubricant. In 1914, Senegal was no longer agriculturally self-sufficient, and depended on imports from France and the rest of the French Empire to feed itself. The wide-spread hunger caused by the war both provoked and was exacerbated by two epidemics, the plague and the Spanish flu, which ravaged the colony in 1917 and 1918, respectively. One of the unexpected outcomes of the misery generated by World War I was a
distinct relaxation of the tensions between the French government and Catholic religious orders. In fact, over the course of World War I, the women’s missionary congregations which remained in Senegal began receiving subsidies from the colonial government to care for the sick and to participate in inoculation drives in an attempt to combat the epidemics.\(^{24}\) For the rest of the colonial period, the healthcare and the schools operated by women’s missionary congregations would exist in parallel to the services offered by the colonial government.

At the conclusion of World War I, France found itself in a delicate position regarding its colonies. For almost one hundred years, France had imagined itself to be the civilizing savior of its various colonies. Now, however, France owed the prevention of a complete invasion from Germany in large part to the resources and manpower appropriated from the colonies. For the first time, instead of painting itself as a noble redeemer valiantly sacrificing its resources to the cause of developing Africa, France found itself with a debt to repay to its African colonies which had, in fact, valiantly sacrificed resources to protect the Empire’s heartland. This role reversal in France’s civilizing ideology engendered a shift in the discourses and policies that France employed in French West Africa. After 1918, in addition to “the general duties of civilization that [France] ha[d] always considered it a glory to undertake,”\(^{25}\) France also felt obligated to create “vast enterprises of social progress and thus to permit [Africans] to lead lives that are more comfortable and happier, more enlightened and more reasonable, [and] better protected against ruin, illness and death” by “founding schools, hospitals, maternal health clinics, and dispensaries.”\(^{26}\)

This change in policy also corresponded to the colonial government’s new desire to see “the regeneration the African race”\(^{27}\) by implementing a suite of services meant to target

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\(^{a}\) “des devoirs généraux de civilisation qu’elle s’est toujours fait une gloire d’observer,”

\(^{b}\) “La régénération de la race noire”
maternal and infant health. These were not entirely magnanimous endeavors on the part of the French. These policies were motivated by a desire to produce a larger, healthier workforce so that the colony could recover from its wartime losses and go back to enriching the French Empire. These policies systematically targeted women; they encouraging, coerced, and forced African women to adopt European medical and hygiene practices. Faced with the same linguistic and cultural barriers as the Catholic missions of the previous century, the colonial government also trained an elite group of African women to aid the civilizing mission by disseminating European norms of maternal and infant health.
CHAPTER FIVE: AFRICANS AND THE TRANSMISSION OF EUROPEAN NORMS OF MORALITY, HEALTH, AND HYGIENE

This chapter examines the ways in which the discourse linking women’s work, health, hygiene, and civilization affected African women. The primary subjects of this chapter are African colonial midwives. This chapter examines both the ways in which the colonial government envisioned these women living the civilizing colonial discourse, and the ways in which they actually lived this discourse. The formed is elucidated by the midwives’ training, and the ways in which the colonial government articulated their ideal role. The realities of these midwives’ work are examined by looking at the problems they faced and the strategies they developed to get around these problems. This chapter also uses a particularly rich set of sources, the Savineau Reports, to analyze the ways in which colonial healthcare policies affected African women. Finally, this chapter looks at the ways in which the discourse linking women’s work, health, hygiene, and civilization continued to be present in the colonial education system.

AFRICAN MIDWIVES

When the colonial government opened a School of Medicine for French West Africa in Dakar in 1918—a concession made to encourage enlistment in the French colonial army during the war—it became the first institution of higher learning in the colony to accept women.¹ Women trained at this school to become midwives. The French colonial government envisioned these women as becoming go-betweens connecting rural African mothers to European hygiene and healthcare. One colonial document described these midwives’ primary task as to “strive to adapt themselves to [local] habits and to skillfully introduce hygienic measures to them.”² Another imagined them as “providing here and there a small remedy, a piece of advice or even just a smile, a kind word, sometimes a delicate attention, which makes a friend of a mother.”³
fact, the colonial government went so far as to paint these new African midwives as being the “protectors of the African race.” The colonial government imagined these women as being the first African women civilizing agents. While their explicit goal was to disseminate European norms of health and hygiene, they were also implicitly meant to disseminate European culture, values, and behavior.

While the colonial government envisioned a whole army of midwives spreading European health and European culture in their wake, the French government was quickly forced to contend with reality. First of all, the educated, French-speaking African woman that the colonial government wished to recruit to the midwifery program was largely a figment of the colonial imagination. In 1922, only one out of every 500 school-age girls was enrolled in a school of any capacity. Furthermore, in the years since the implementation of secularization, women’s education had suffered a serious decline. Many of the girls’ schools that did exist focused exclusively on training girls to keep house and work in the fields. Finally, while the colonial government’s description of these midwives and their duties makes it clear that they were hoping to attract African women to the program, approximately half of the women who studied at the School of Medicine were mulatto until the end of the 1920s.

For the most part, women were accepted to the midwifery program based on an entrance exam which tested each woman’s ability to perform the four basic mathematical operations and to express themselves in French. In addition to this exam, candidates were required to be between 16 and 25 years of age, hold a birth certificate or possess a certificate confirming their “good lifestyle and morals,” and have a note professing their good behavior from the principal of their secondary school. The emphasis that the colonial government put on ascertaining the

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\(^a\) “Sauvegardeurs de la race africaine”
\(^b\) “Bonne vie et mœurs”
girls’ good behavior and good morals highlights the importance of these qualities to the selection criteria. While in theory, any girl who received a high enough score on the entrance exam was admitted to the school, ultimately it was each colony’s Lieutenant Governor who was responsible for the final selection of students from their colony who entered the school each year. This caveat meant that, in practice, colonial ministers had almost complete control over who was accepted to the midwifery program. On numerous occasions, colonial ministers replaced a student whose score on the entrance exam should have guaranteed them a spot in the program with a woman from a more desirable region or whose family background made them seem more suitable for midwifery.

Once accepted to the program, the future midwives started a three-year course of study which mixed professional training, moral instruction, and indoctrination in French civilization. The professional aspect of their curriculum included obstetrics, the study of pharmaceuticals, the care of nursing infants, and hygiene. The future midwives spent their mornings receiving practical instruction by helping in the hospital attached to the School of Medicine. In addition to the hospital, in the years after the School of Medicine’s inauguration a number of new institutions were added to Dakar’s medical complex, allowing them to expand their range of practical training. By 1922, the medical complex’s suite of services included a maternity ward for indigenous women, a nursery, and an Institute of Social Hygiene. Moral education was also considered to be of paramount importance. For example, all women accepted into the program were required to live on the premises of the School of Medicine and were subject to constant, strict observation, the purpose of which was to guarantee that they were taught good morals and clean living habits. It seems that marriage was the center of this moral education. As soon as the girls set foot in the school, they were inundated with a rhetoric which linked their duty as
women to achieving a monogamous, secular marriage. One woman who passed through the midwifery program remarked that the teachers “always told us that we had to marry a doctor when we finished our studies.”

The woman in charge of the girls’ dormitory said that it was her duty to “prepare the girls for a healthy union.”

The fact that marriage was considered to be the most important aspect of the girls’ moral education once again demonstrates the link between marriage, women, and morality first articulated by the Sisters of Saint Joseph de Cluny. In addition to their technical and moral education, students were also indoctrinated in French civilization. Future midwives spend much of their first year at the School of Medicine studying French literature and European history. Furthermore, an hour and a half of every school day was devoted to sewing. This formation explicitly displays the discourse which linked health, hygiene, morality, and European civilization.

Upon graduating from the School of Medicine, the medical responsibilities of these midwives as conceived by the colonial government were fairly straightforward. They were required to care for and provide council to pregnant mothers; to deliver babies in the conditions of strictest hygiene, preferably in a hospital, clinic, or maternity ward; and to diagnose any illnesses that a mother or infant might be suffering from, and to treat those illnesses or refer the patients to a licensed doctor. However, they also had another duty which was considered to be of paramount importance: they were responsible for convincing indigenous mothers wary of European medicine of the utility of accepting European treatments and hygienic norms. In fact, in many ways, the primary role of the African colonial midwife was that of an educator. For example, she was meant to perform rounds that would take her deep into the bush, campaigning for European healthcare and hygiene. She was also expected to use the maternity ward and dispensary as a forum to train women in infant care, and she was additionally charged with

\(^{13}\) “Préparer les fillettes pour une union saine.”
reeducating traditional midwives, whose animist spiritual practices and magic charms were considered to be a danger to society by the colonial government. The fact that the duties of these women, as articulated by the colonial government, were to care for the health of pregnant mothers and infants, disseminate European norms of health and hygiene to their patients, and reeducate traditional midwives emphasizes the interplay between health, hygiene, and civilization.

In 1928, the colonial government decided to form another corps of indigenous, female medical practitioners in the form of visiting nurses. These professionals were recruited from amongst the women who graduated from secondary school but did not succeed in winning a spot in the midwifery program in the School of Medicine, and from the women admitted into the midwifery program but who failed the final exams administered at the end of their first year. The role of these women in the colonial healthcare system was similar in many respects to the role imagined for the midwives. Like the midwives, their primary goal was to educate new and expectant mothers in European medical and hygienic practices. They were also meant to aid doctors and midwives in their work, and were subordinate to both groups. Also like the midwives, the colonial government described their imagined role in equally hyperbolic terms. One colonial minister, for example, described the visiting nurse as the single “most indispensable instrument” of the colonial health service. He further maintained that: “Without her it would be impossible to achieve any real progress in the hygiene of the masses and of the rural populations. She is as indispensable as the male schoolteacher.” Visiting nurses were equally described as “active and docile intermediaries between the doctor and the sick,” and “missionaries of hygiene.” Once again, the parallels between the female medical corps formed by the colonial government and the work done by the women’s missionary congregations specializing in
healthcare are striking. These women, like the midwives, were also meant to promote French civilization by acting as role models for their patients. This is especially evident in the fact that both midwives and visiting nurses were given a trousseau of European clothes to wear when they travelled to the bush.  

The reality of the work performed by the midwives and visiting nurses did not correlate well with the ideal. While one of the advantages of indigenous midwives in the colonial imagination was that, as Africans, they would already be accustomed to living without European comforts and therefore find rural life easy to adjust to, this was patently not the case. As Ramatoulaye Seck, a 1957 graduate of the midwifery program remarked, “the women and girls who passed the entrance exam were women of a certain class.” Furthermore, many of the women came from the urban centers of French West Africa. Of the Senegalese women who were accepted to the midwifery program before 1930, virtually all of them were from Saint-Louis, Gorée, Dakar, or Rufisque. The School of Medicine only reinforced whatever previous experiences the girls had had with luxuries. One colonial report remarks that “At school, they [the midwives] got in the habit of sleeping in a bed; when they begin their duties, they do not even have a tara.” While the colonial government helped to create a corps of women used to living comfortably at school, they made no effort to provide for them once they began to work. This same colonial report reveals that the government frequently failed to provide lodgings for the midwives, “since it is assumed that they will be married to a civil servant” who would be housed by the state. Even when lodgings were provided, they were often in a state of advanced disrepair: a midwife working in Dori (a village in modern-day Niger) lived in a dwelling which was constantly flooded during the wet season. In addition to these difficult living conditions, the midwives were also not properly equipped with the resources they needed to carry out their
duties. It was relatively common for midwives to find themselves without a convenient way of boiling water, as evidenced by the number of requests put in for kettles and stoves. Still more complained that they had no way of making their rounds to the villages that were in their care, since many of them were too far away to walk and the colonial government did not provide them with bicycles.26

These poor material conditions were made all the worse by the fact that, during their years at the School of Medicine, these women had been trained to think of themselves as the elite class of African women. As one colonial report remarks, this state of affairs also “damaged their prestige.”27 This was not just an idle comment on the midwives’ self-esteem; as a major part of their job was to influence the behavior of new and expecting mothers, the amount of prestige they enjoyed in their community could have a significant impact on the success of their work. For example, prestige certainly influenced the success of the midwife based in Sikasso, a village in present-day Mali, who was also the niece of the canton chief. This midwife managed to convince a large number of the women under her charge to embrace European practices of hygiene and healthcare. The European writer of the document that reports this fact, oblivious to the significance of the midwife’s relationship to the canton chief, attributed her success to her bicycle.28

In addition to prestige, language, race, and culture could also have a significant impact on the effectiveness of a midwife’s work. Theoretically, the colonial government at least tried to send midwives to work in regions that shared their own native language. In practice, this was rarely the case. As one midwife remarked, “…we were scared stiff of being sent to the bush.”29 Many women felt isolated and alienated from the communities they were tasked with caring for. One report remarks that “In Goundam, there was a midwife who found it very difficult to gain
the women’s confidence. At the beginning, she was so despondent she wept.”

Another midwife reported that, while on her first assignment:

I cried every night, I was young, without experience, they hadn’t warned us in Dakar, it was really difficult. There were so few people around that when there was a truck, my watchman called me and I went out to the road to watch the truck pass and I followed it with my eyes for as long as possible.

Another graduate of the midwifery program attested that many midwives sent to work in the bush fell prey to nervous depression and were forced to return to Dakar for treatment.

Still other women found themselves to be the victims of racism, either at the hands of the women they were supposed to be serving or at the hands of their superiors in the medical hierarchy. The Malinka district nurse assigned to the primarily Bozo town of Mopti in the late 1930s is a perfect example. According to a report, “The women in Mopti do not take her seriously… because she is not the same race.” This situation had the potential to be exacerbated in the case of mixed-race women, who made up almost half of the graduates from the midwifery program through the 1920s. These women, who occupied a tentative place in West African society even at the best of times, found their identities constantly called into question by their role of intermediary between European and African cultural norms. Despite their part-African heritage, the communities that these women were placed in frequently considered them to be “foreigners.”

Even some doctors disliked having mixed-race women on their staff. One indigenous doctor working out of Bamako remarked that he preferred indigenous visiting nurses to mixed-race ones. In his opinion, “The former are stronger and therefore more dedicated… As soon as women of mixed-race have several children they neglect their professional duties.”

It seems that it was quite common in French West Africa for Africans to perceive mixed-race women as the colonial “other.” One revealing source points to this conclusion with the comment that, “In hospital, mixed race girls are admitted as Europeans, while the boys are admitted as
Africans.\textsuperscript{36} This attitude that painted mulatto women as being European had the potential to profoundly impact the work of mulatto midwives. The colonial government hoped to capitalize on these women’s cultural and linguistic ties to native populations; it considered them to be intermediaries between western civilization and colonized peoples. Those colonized peoples, however, not only considered mulatto women to be foreigners, but also to be part of the society which had colonized them.

In spite of the many difficulties, some women succeeded in learning the language and culture of the community that they were placed in and succeeded in promoting European maternal health. A Madame Wilson, for example, born and raised in Togo but placed in a community in Western Niger, managed to learn the native language of her posting and provide check-ups for many of the community’s new and expecting mothers within a matter of months.\textsuperscript{37} However, the successes were not just a matter of integrating into a new culture. These women also employed many strategies to win over the women in their communities. The most straightforward of these strategies was to consistently demonstrate the efficacy of their work. Aoua Kéita, a 1931 graduate from the midwifery program, attested that the women in the first town that she was assigned to only began to consult her after “several exceptional interventions” including the “reanimation of children born in a state of apparent stillbirth.”\textsuperscript{38} The very effective midwife placed in Koutiala (present-day Mali) in 1937 had “four children, all of them in good health, which is an excellent advertisement for the maternity ward.”\textsuperscript{39} Another successful midwife stationed near Bamako also made use of a living testament to “her competent work - a European baby born prematurely whose mother had died.”\textsuperscript{40}

Bribery was another effective strategy employed not only by midwives, but also by nurses and doctors. One clever doctor devised a system by which he “reward[ed] women who…
had an attended birth by stitching up their noses or ears where these ha[d] been torn by excessively heavy jewellery [sic]. More than one of them” was enticed “to the maternity ward because of this ‘cosmetic surgery.’”41 It was also a fairly common practice to offer women an allotment of food if they came to a maternity ward for a pre-natal or neo-natal checkup. Soap and money were also occasionally used as bribes.42 Perhaps the most widespread technique of bribery, however, was to award African women a new boubou43 for coming to the maternity ward or having her childbirth attended by a colonial midwife.43 Midwives also tried to entice women to come to the health clinics and maternity wards by making them as comfortable as possible. As one midwife commented, “…the women are not put off by European comfort, on the contrary it attracts them.” For example, she said that she had observed the native women “admiring electric lamps.”44 The fact that Africans were much more interested in European comforts than they were in European values—and the fact that African midwives changed their strategies accordingly—demonstrates the agency of Africans even in the face of colonial power structures. This is also a revealing example because it shows the divergence between the colonial ideal and the reality of the midwives’ jobs. The colonial government imagined midwives as being civilizing agents who would disseminate European norms of health, hygiene, and civilization—and more specifically, European morals. While colonial midwives did disseminate European norms of health, hygiene, and civilization, native populations also actively responded to these pressures by accepting some aspects of western society and rejecting others.

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4 Long, traditional West African dresses
THE STATE OF WOMEN’S HEALTH CARE IN FRENCH WEST AFRICA IN 1937: THE SAVINEAU REPORTS

In 1936, a coalition of left-wing political parties known as the *Front populaire*, or Popular Front, gained majority control of the government in France and ushered in an era of major social reform. This extended to the colonies, and in 1937, Denise Savineau was named the Technical Advisor on Education for French West Africa and affected a tour of the colony in order to assess the state of “the woman and the family” in its various regions. Savineau had accompanied her husband, a civil servant for the colonial government, on several tours of service in French West Africa, so she was already acquainted with the terrain. The eighteen reports that she collected contain a wealth of information on topics ranging from education and healthcare to women’s access to economic resources. While the leftist government in France, which was decisively defeated in 1938, did not last long enough to implement any of Savineau’s recommendations, her reports give present-day historians a singular window into topics rarely touched upon by traditional colonial sources. The following pages will utilize information from these reports in order to trace the development of several themes relating to women and healthcare in French West Africa in the late 1930s.

One interesting, recurring theme in these reports is the general acceptance of European-trained, indigenous midwives as a social institution. For example, when Denise Savineau interviewed “an old Muslim assessor at the District Court” about the state of women, he complained nostalgically that “In days gone by a woman respected her father and mother, and was afraid of her husband… Nowadays they do what they like, things that their father, mother and God would not allow.” Yet when he was asked about women’s education, he responded

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*La femme et la famille*
promptly by saying: “To become midwives—yes—that would be fine… The old women don’t know what they are doing. And the women need female doctors.” Similarly, a local notable in the town of Mopti (present-day Mali), complained about educating women, remarking that “The girls at school can no longer be married off, they want a boy who has been to school. They cannot get on with one who has not. They do not want to pound millet or spin cotton.” Then, in the very next breath, he affirms that “However, it is good that some girls become midwives who know better than traditional birthing attendants how to look after children.” This general attitude of acceptance regarding colonially-trained indigenous midwives is remarkable, especially considering that in 1937 the School of Medicine’s midwifery program had only had 16 graduating classes, producing a total of fewer than 150 midwives. It is especially surprising, considering that in 1937 most Africans in the French colonies were still resolutely against the idea of sending girls to school. While any attempts to account for this surprising attitude would be speculative at best, midwifery was perhaps considered an acceptable occupation for indigenous women because of the profession’s fundamental ties to the conventional woman’s work of bearing and raising children. However, it must also be noted that both of these men lived in cities, and so can be expected to have had more progressive attitudes than their rural neighbors.

Another theme highlighted by the Savineau reports is the relative reluctance of women to be treated in European healthcare institutions when compared to men. This is especially ironic, considering the extreme lengths that the colonial government was going to during the first half of the twentieth century to attract women specifically to these institutions. For example, of the 22,435 patients that were seen in the clinic in Bamako, “8,806 were men, 3,559 were women and

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1 This refers to traditional midwives, who were religious, rather than medical practitioners. Their primary role was to ensure that mother and child were protected from evil spirits.
10,070 were children.” From these statistics, Savineau observes “that women come far more often on their children’s behalf than for themselves.” The ratio of men to women treated in the clinic at Bamako (2.47:1) is roughly equivalent to the ratio of men to women treated at other clinics mentioned in the reports. For example, the clinic in Diré (present-day Mali) saw 2.39 times as many men as women. The doctor working in the clinic at Bamako gave Savineau the following insight into this phenomenon: “…it is difficult to hospitalize women. Their husbands and children depend on them, and often the whole family assembles to take them home.” This analysis is probably, at least partially, accurate. However, it is interesting that this clinic had the facilities to hospitalize 16 men and only four women, or four times the number of men, when men were less than three times as likely as women to be patients at the clinic. In any event, the state of affairs indicated in the above statistics presents several parallels with the situation of the military hospitals on Saint-Louis and Gorée. These military hospitals, much like the clinics in 1937, employed women; however, women avoided receiving medical treatment in these institutions.

The Savineau reports also confirm that a network of religious and civilian healthcare existed in parallel with the institutions directed by the government. The first religious institution mentioned in her reports is the Leprosy Institute in Bamako. While Savineau, in good secularist fashion, fails to mention which congregation was responsible for this facility, she does comment rather snidely that “The whole establishment struck me as having a strong interest in conversions.” Later, while assessing the healthcare facilities of Segou (present-day Mali), she briefly reports that “The nuns also run a clinic.” All in all, Savineau is much more interested in the secular charitable health organizations operating in French West Africa, notably Berceau
Berçeu Africain and the Red Cross. Berçeu Africain was an organization spearheaded primarily by the wives of white civil servants. The typical activities of this society were to “weigh babies, distribute milk and presents and send sick children to the doctor.” This organization appears to have enjoyed considerable success in French West Africa. A comment regarding the Djenné chapter of the organization reveals one possible reason for this. Savineau remarks in this report that “the mothers are sent along by the village chiefs, who are threatened with hard labor” by the society members’ civil servant husbands if they did not cooperate. The Red Cross engaged in similar activities to the Berçeu Africain, although they used the more typical strategy of bribing mothers with boubous to promote their services.

A last, troubling trend indicated in the Savineau reports is the government regulation of groups of women considered to be dangers to society. As mentioned above, the traditional midwives constituted one of these dangerous classes of women, since they were imagined to be the antagonists of the indigenous midwives trained at the School of Medicine in Dakar. In 1926, the colonial government decided to embark on an ambitious policy of reeducation for these traditional midwives. However, before this policy was implemented, the colonial government counted the traditional midwives and assessed them on their capacity to learn and practice European norms of health and hygiene. It is virtually certain that this census of traditional midwives was haphazard at best. However, nearly every healthcare center examined by Savineau that had a practicing midwife trained at the School of Medicine in Dakar had also been assigned a traditional midwife who was in the midst of being retrained. The other group of women whose activities were monitored and controlled by the colonial government was prostitutes, and more specifically, prostitutes who had contracted venereal diseases. In her report on Bamako, Savineau writes:

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“African Cradle”
There are approximately 200 prostitutes in Bamako. The number of women who might be spreading venereal diseases is significantly higher. One attempt at regulation has come to nothing. According to the Chief of Police, all the women of Bamako would have had to be registered.\(^59\)

In Timbuktu, however, a policy aimed at regulating prostitutes succeeded. Savineau described it thus: “There is a medical check in operation for the prostitutes of Timbuktu. The doctor gets access to contagious women through sick riflemen. The women are given a card and have to come in for a check-up twice a week.”\(^60\) Of course, the men who were spreading venereal diseases were not regulated in any way. It is interesting to note that the two groups of women that so preoccupied the colonial government were both inextricably connected to women’s sexuality.

**L’ECOLE NORMALE**

The women’s teaching college ("L’Ecole Normale," in French) presents a striking example of the continuity in the discourse linking women’s work, health, hygiene, and European civilization. Established in 1938 in Rufisque, this school functioned more or less in parallel to the midwifery program at Dakar’s School of Medicine.\(^61\) The colonial government’s goals for this program were virtually identical to its goals for the midwifery program: it hoped to create an elite group of westernized, educated women who would become westernized, educated wives and mothers; and it hoped to form a corps of native civilizing agents. However, the curriculum employed by the school demonstrates that, here as well, European norms of health and hygiene were inextricably tied to the transmission of European civilization.

The school’s founder and first headmistress was a European teacher named Germaine Le Goff who had spent several decades teaching in French West Africa. Le Goff was explicit in her
goals for her students: above all, she wanted them to be good housewives, good mothers, and
examples to African society.\textsuperscript{62} This bias towards homemaking was reflected in the school’s
entrance exam, which consisted of several oral questions relating to domestic skills such as
cooking, cleaning, and sewing. According to Le Goff, “The students at the teaching school of
Rufisque will be above all good housewives.”\textsuperscript{63}

The curriculum she employed in her school reflected this aim. However, what is perhaps
most surprising about this school’s program of study is the extent to which it resembled the
curriculum of the School for Young Negro Girls founded in Saint-Louis in 1826. Much like The
School for Young Negro Girls, Le Goff’s school was quick to stipulate regulations for its
students’ hygiene. Each morning, just after waking, all students were required to walk together to
the showers and bathe thoroughly. And it was not only personal cleanliness which was
emphasized. Much like at the School for Young Negro Girls, the students of the teaching college
were responsible for the upkeep and cleanliness of the school, and began each school day by
doing housework. As Germaine Le Goff said, “The school of Rufisque is the school of African
life! Here there are no employees, no maids, only good housewives.”\textsuperscript{64} In fact, Le Goff was so
focused on housekeeping that parents complained that their daughters were being treated like
maids, not like students.\textsuperscript{65} However, Le Goff maintained that she wanted “to teach these girls
their occupation as women and to make them understand that the broom is their shotgun.”\textsuperscript{66} In
addition to cleaning, the curriculum also stressed other European domestic skills. Each entering
class spent their first several weeks at the school exclusively learning to sew.\textsuperscript{67} The girls also
spent three hours a week learning to draw and to sing.\textsuperscript{68} When the curriculum of the teaching
college is placed next to that of the School for Young Negro Girls, another similarity becomes
apparent: both schools spent approximately the same amount of time each week teaching
academic subjects. The rest of the students’ time was devoted to cleaning, housekeeping, and domestic skills.

In spite of the striking similarities between the curricula of the two schools, the program of study at the teaching college did present some innovations. All of these innovations, however, upheld the ideological links between women’s work, health, hygiene, and European civilization. The first of these innovations was an activity that Le Goff called the “moral chats.” These consisted of a short debate regarding the state of women in West Africa. While Le Goff was careful to respect the opinions of her students during these chats, they tended to promote European moral values, such as monogamy, thriftiness, and patriotism for the French Empire.

Another exercise invented by Le Goff was known as “the hut.” Each week, a group of students would be assigned to decorate a miniature, African-style house that had been built for that purpose in the courtyard. They cut flowers and sewed curtains for their house. They were responsible for keeping it clean for the duration of the week. At the end of the week, the students invited their teachers to their little house to eat a dinner which they had prepared. Finally, the oldest students learned basic nursing skills by visiting a local dispensary in the afternoons. There, they learned to take care of newborns and to concoct simple remedies.

All of these innovations demonstrate the preeminent importance of the discourse linking women’s work, health, hygiene, and civilization. Furthermore, the similarities between the curriculum of this school and the curriculum of a school founded over a century earlier demonstrates the longevity of this discourse, but also its remarkable stability through time. As

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8 At the School for Young Negro Girls, students spent approximately three hours each day on academic subjects, for a total of fifteen to eighteen hours a week, depending on whether Saturday was included as an instructional day. The students at Germaine Le Goff’s teaching college spent approximately seventeen hours each week on academic material.

9 “Causeries morales.”
we shall see in the next chapter, the first cracks in this discourse do not appear until well after the end of World War II.
In the post-World War II era there is finally evidence that the discourse linking women’s work, health, hygiene, and civilization began to evolve. While African colonial midwives still worked to disseminate European norms of health and hygiene, over the course of the 1950s, their work was increasingly oriented towards improving public health, rather than towards injecting European values into African society. Furthermore, schools training young midwives became less interested in promoting European morality and domestic behavior, but increasingly regulated students’ health and hygiene.

This evolution can be at least partly explained by changes in French colonial policy resulting from World War II. During the war, social spending in French West Africa was effectively eliminated, with disastrous effects on the region’s already shaky medical system. After the war, France found itself in the position of needing to rebuild the region’s social infrastructure. This was not, however, just a simple matter of reconstructing what had previously existed. The end of World War II triggered significant changes in the colonial mindset. Both before and after the war, African workers organized strikes which effectively communicated to the colonial government that they would need to begin meeting African demands. Furthermore, while before World War II government policies built upon a rhetoric of racism and eugenics were common, the horror of the Jewish holocaust caused most European governments to rethink discourses of racial inferiority. These factors combined to cause a redesign of France’s medical and social welfare policies in French West Africa.¹

Many of the post World War II changes in policy were articulated at the Conference of Brazzaville (January 30 to February 8, 1944), a meeting of French ministers and specialists on different aspects of French colonial policy in Africa.² At first glance, the rhetoric put forward at
this meeting seems to differ little from the civilizing mission of the previous decades; colonial ministers were still proposing to improve the quality of life of black Africans by ameliorating, as one historian put it, their “material and moral conditions.” However, the practical policy decisions made at Brazzaville show a definite inclination towards favoring the material over the moral. In short, colonial ministers committed themselves to a gradual program of development and industrialization meant to improve both production outputs and living conditions.

Furthermore, the years following Brazzaville are characterized by a string of increasingly emancipatory colonial policies, such as the eradication of forced labor and the instatement of French citizenship for all colonial subjects. While in hindsight it might seem that these ever-more liberal policies were leading inexorably towards colonization, as Frederick Cooper reminds us in his book *Africa since 1940*, the integrity of the French Empire was France’s foremost objective until the end of the 1950s.

Interestingly, while the policy changes lain out at Brazzaville had an immediate effect on most of the elite African professions, there were no important changes to the training, work, or social role of African midwives until 1952. In 1944 the colonial government did found a new medical school in Dakar, the African School of Medicine and Pharmacy, and changed midwives’ statute so that they were eligible to work in French Equatorial Africa, Cameroon, and Togo in addition to French West Africa. However, the recruitment and education of these women remained virtually unchanged. Students were still accepted to the midwifery program through the pre-war entrance exam which tested spelling, French composition, cursive writing, and arithmetic; students were still required to produce a certificate of good lifestyle and morals before being accepted to the school. The first year of the program was focused on basic nursing, comprised of lessons in anatomy, elementary physiology, hygiene, and childcare. The curriculum

\footnote{L’Ecole Africaine de Médecin et de Pharmacie}
was complemented by a tour of duty in a clinic. The second and third years of the program focused on gynecology and the care of nursing children; students were accordingly given practical experience by working in maternity wards.\textsuperscript{6}

The first indication that the new colonial policies would have any concrete effect on African colonial midwives came in 1952. In that year, students in the midwifery program were for the first time given the option of studying public health. This change to the curriculum seems to coincide with a period of increased interest in applying public health policies to women. For example, in 1953, the Maternal and Infant Health Protection service was established in Dakar. When the midwifery program moved to its own school in 1953, the curriculum increasingly emphasized public health. From this point on, African colonial midwives were seen as public health workers. Their duties included surveying the population under their care for diseases and performing inspections. They were also expected to see to the health of toddlers and young children in addition to mothers and infants.\textsuperscript{7}

While following this change in orientation midwives still worked to promote European standards of health and hygiene and were agents of colonial power in a very real sense, they were no longer civilizing agents in the way that they had been in previous decades. Through the end of the 1940s, a midwife’s job had been to convince as many individual African women as they could to adopt European norms of health and hygiene and so to diffuse European civilization. Starting in the 1950s, midwives’ duties focused less on civilizing individual mothers and more on extending the reach of French West African healthcare institutions. This is perhaps partly because European health standards had been successfully implanted in previous decades, and so African mothers no longer had to be cajoled, bribed, and forcibly marched to maternal health centers but rather came of their own volition. However, even when midwives did still engage in
one-on-one outreach, they tended to focus on the material benefits associated with improved health and connecting mothers to resources, rather than on the moral or cultural implications of European healthcare. It is tempting to look at this situation and conclude that colonial power relations were softening and becoming more fluid in the run-up to independence. This, however, would be a premature assumption. Colonial power relations were still very much present, but they were becoming more subtle as colonial authorities became less interested in individuals and more interested in the broad arcs of society.

While the orientation of African colonial midwives’ training and duties changed over the course of the 1950s, the boarding school system remained in place and continued to cultivate European morals and domestic skills in the students of the midwifery program. Unfortunately, however, it is extremely difficult to tell whether the policies of the midwives’ boarding school began to change in some capacity. The only work that examines the experiences of midwives while they were at school treats 1918-1957 as a monolithic period, and fails to track change over time. However, starting in 1949, African students were given the option of training to be midwives in France. Studying in the metropole gave these women the statute of “Midwives of the State” upon graduation, permitting them to practice midwifery in France or anywhere in the French empire. While the program was nominally more intensive than the program offered in Dakar and gave students a better theoretical background, the two curricula were largely the same. Like in Dakar, students in the French program were required to board at the school. While surveillance was at the heart of this policy just as it was in Dakar, in France it was not the students’ habits and morals which were being assessed, but their health and state of hygiene. Before even arriving at the school, students were required to submit to an intensive medical exam. They also had to keep track of their vaccinations and state of health in a notebook which

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b Sage-femme d’état
they carried with them at all times. In addition to all this, students were regularly tested for tuberculosis, were weighed each month, and underwent a thorough physical exam twice a year. Their state of hygiene was assessed each day by their instructors. The fact that these policies were applied to both white and black students suggests that this preoccupation with health and hygiene had nothing to do with race. It is, however, possible that these policies indicate an increasing tendency to medicalize women’s bodies. It would be interesting to see if French schools for doctors, which enrolled men almost exclusively, followed similar policies.

In 1957, when independence for France’s African colonies had become so much writing on the wall, the colonial government established a new school of midwifery in Dakar. Graduates of this school were given the same statute of Midwives of the State as those trained in France. Interestingly, this new school demonstrated an increased interest in controlling its students’ state of health. For the first time, a medical examination, including a pulmonary exam, was required before students were allowed to enroll. The requirement that students provide a certificate of good lifestyle and morals, however, was dropped. This seems to suggest that this school, like its counterpart in France, had become increasingly preoccupied with regulating the health of future midwives while at the same time becoming less interested in its students’ moral behavior.

In light of the above changes to African colonial midwives’ duties and training, it seems that over the course of the 1950s morality began to dissociate from the discourse linking women’s work, health, and hygiene. While midwives, by working to promote colonial systems of medicine, were still colonial agents in a very real sense, their work no longer focused on indoctrinating individual native women in European civilization. Furthermore, while students of midwifery were still strictly regulated, health and hygiene replaced morality as the preoccupation of this surveillance. Finally, the fact that the same policies regulation of health and hygiene was
applied to both black and white students implies that this surveillance was perhaps more
gendered than it was a phenomenon of race.
CONCLUSION

Considering the massive political, economic, and social changes that French West Africa underwent from 1819 to 1960, the continuity of the discourse linking women’s work, health, hygiene, and civilization is impressive. Over the course of this century and a half, the French Empire rose and fell, missionaries came and went, and the foundation for modern medicine was laid. Yet alongside these transformations, women continued to be quietly educated to further France’s civilizing mission by disseminating European norms of health and hygiene. This continuity is demonstrated in the resemblance between the job description of Senegalese nuns in 1848 and of African colonial midwives trained at the School of Medicine in Dakar starting in 1918. It is further indicated by the similarities between the curricula of a girls’ school opened in 1826 and French West Africa’s women’s teaching college, opened in 1938.

The origin of this mindset linking women’s work, health, hygiene, and civilization seems to be tied to the appearance of women missionaries in Senegal. These women were employed by the colonial government to fulfill one of nuns’ traditional social roles: working in hospitals and caring for the sick. Even before the advent of germ theory at the end of the nineteenth century, caring for the sick implied spending long hours cleaning. Once in Senegal, the traditional duties of these nuns collided with a new style of proselytizing which emphasized conversions of faith over performing sacraments on unsuspecting natives. In order to win the hearts and minds of black Africans, missionaries began providing services, such as free healthcare, to native communities. The discourse linking women’s work, health, hygiene, and civilization was born out of the resulting interplay between the dissemination of European values and the dissemination of European norms of health and hygiene.
The colonial government also, however, deserves some credit in the creation of this discourse. After all, the military hospitals which became the first places of exchange between missionaries and native Senegalese were colonial institutions. Furthermore, for much of the nineteenth century, the free healthcare services provided by missionary congregations were subsidized by the government in an effort to promote the missionaries’ proselytizing efforts. By the middle of the nineteenth century, however, missionary congregations realized that the linguistic and cultural barriers between them and the native populations they were trying to convert were preventing them from making real headway. It was in this context that the first Senegalese congregation of nuns was formed. The constitution of this congregation explicitly linked the dissemination of Christian values and the dissemination of European norms of health and hygiene. While members of this congregation were the only native women civilizing agents of the time, Senegalese schools also set about to indoctrinate young African women in the discourse linking women’s work, health, hygiene, and civilization.

Interestingly, the turning points associated with the turn of the century, rather than marking a point of rupture in this discourse, actually strengthened it. The advent of germ theory heightened the links between health, hygiene, and morality by emphasizing that cleanliness was a matter of public responsibility as it prevented illness. Secularization also bolstered this discourse by delegitimizing all women’s missionary activities except for their work in dispensaries and in workshops providing housekeeping training to young native women. When placed within this broader context, it becomes evident that the repopulationist policies put forward by France after World War I—including the creation of a corps of African midwives—did not create a link between health, hygiene, and women’s work. On the contrary, it capitalized on an ideology that had already been present in French West Africa for a century.
The curriculum of the midwifery program at the School of Medicine for French West Africa, with heavily emphasized moral training in addition to medical education, highlights the continuation of the discourse linking women’s work, health, hygiene, and civilization. However, these midwives left enough of a trace on the historical record to allow for an examination of the ways in which this discourse influenced their lives and their work. Their experiences not only highlight the rifts between colonial discourse and colonial realities, but also indicate that their association with western social norms made it more difficult for them to succeed in disseminating western norms of health and hygiene. Furthermore, much like during the previous century, records indicate that schools for girls and women continued to indoctrinate their students in the discourse linking civilization, health, and hygiene.

The first cracks in this discourse do not appear until well after World War II. Over the course of the 1950s, the evolution of colonial midwives’ training and duties demonstrates that morality had begun to separate itself from the discourse that still linked women, health, and hygiene. In the early 1950s, maternal and infant health became a public health question in French West Africa and, by extension, colonial midwives became public health workers. While they were still colonial agents and still worked to disseminate European norms of health and hygiene, midwives no longer tried to indoctrinate individual women in European civilization. Instead, they were implicated in extending the reach of French West Africa’s medical system and connecting native women with resources of different kinds. Additionally, while students studying midwifery continued to be subject to intense scrutiny in the 1950s, their moral behavior was no longer the object being regulated—instead, it was their state of health and hygiene. While women continued to be deeply tied to work involving health and hygiene, the links that their work had to morality had begun to fade.
Overall, however, the continuity of this discourse is remarkable, and presents a number of interesting—and sometimes troubling—questions. For example, to what extent was this same discourse present in France’s other colonial holdings? And how far into the twentieth—or even into the twenty-first—century does this extremely durable discourse extend? Finally, what other elements of France’s civilizing discourse which are still waiting to be deconstructed have such a long lease on life? Examining these questions will not only allow historians to gain a better understanding of the colonial past, but will also allow us to understand a present which is still very much shaped by the colonial legacy of the last century.

ENDNOTES: INTRODUCTION

3 Barthélémy, Africaines et diplômées, 68.
7 Curtin, Economic Change, 30-33.
8 Curtin, Economic Change, 34-35.
10 Callaway and Creevey, The Heritage of Islam, 10.
12 Curtin, Economic Change, 57.
15 Curtin, Economic Change, 30.
16 Callaway and Creevey, The Heritage of Islam, 5.
17 Callaway and Creevey, The Heritage of Islam, 5, 18.
18 Callaway and Creevey, The Heritage of Islam, 82.

ENDNOTES: CHAPTER ONE

1 Curtin, Economic Change, 46.
2 Curtin, Economic Change, 46.
5 Brooks, Eurafrians, 91.
7 Curtin, Economic Change, 96.
8 Curtin, Economic Change, 96.
9 Brooks, Eurafrians, 128.
10 Brooks, Eurafrians, 73-74.
11 Curtin, Economic Change, 97.
12 Brooks, Eurafrians, 74.
13 Brooks, Eurafrians, 91.
14 Brooks, Eurafrians, 91.
15 Brooks, Eurafrians, 92-93.
16 Brooks, Eurafrians, 265.
17 Brooks, Eurafrians, 265.
18 Michel Jajolet de La Courbe, 1686, in Eurafrians, Brooks, 153.
19 François de Paris, 1682, in Eurafrians, Brooks, 153.
24 Brooks, Eurafrians, 125.
31 Brooks, Eurafrians, 125.
33 Lecuir-Nemo, Femmes et vocation missionnaire, 62-63.
34 Lecuir-Nemo, Femmes et vocation missionnaire, 62.
35 Lecuir-Nemo, Femmes et vocation missionnaire, 66.
39 Lecuir-Nemo, Mission et colonisation, 60.
41 Lecuir-Nemo, Femmes et vocation missionnaire, 37.
ENDNOTES: CHAPTER TWO

1 Curtin, Economic Change, 94.
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