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**Kalala Ngalamulume**

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Kalala Ngalamulume

## Plague and Violence in Saint-Louis-du-Sénégal, 1917-1920<sup>1</sup>

The plague epidemic that struck Saint-Louis in 1917 was the latest of a series of epidemics that ravaged the city since 1867, and one significant episode in the spread of the disease in Senegal between 1914 and 1945. Both Francophone and Anglophone historians have contributed to our understanding of plague not only as a disease of the uneven distribution of resources and a disease of the poor “other”, but also as an ideological contest between the colonizers and the colonized, and as a signifier of social metaphors. They have also underlined the ways in which plague helped frame debates about colonial urban policies, especially the administration of the urban poor. But, until recently, these studies have neglected Saint-Louis, the first Capital of French West Africa (AOF), despite the violence that accompanied the implementation of unprecedented antiplague measures and, moreover, the role played by Saint-Louis as an experimental ground for colonial policies later applied in West and Central Africa, and Madagascar (Pulvenis 1968; Betts 1971; Swanson 1977; M’bokolo 1982; Curtin 1985; Clément 1985; Goerg 1998; Echenberg 2002; Ngalamulume 2004).

This article attempts to fill the gap. It will explore the impact of the plague epidemic on urban policy and race relations as well as the specific ways that these issues were defined and resolved in the city.

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1. The materials for this article were collected in 1994-1995 during fieldwork research in Senegal and France assisted by grants from the Rockefeller Foundation and from the Joint Committee of African Studies of the Social Science Research Council and the American Council of Learned Societies with funds provided by the Ford, Mellon and Rockefeller Foundations, and in 2001, 2002, and 2006 in France assisted by grants from Bryn Mawr College. I thank them all for their support. I gratefully acknowledge the comments made on earlier draft of this article by Professors David Robinson, Gary MacDonogh, Jane Caplan, Madhavi Kale, and Sharon Ullman. I also thank the members of the Bryn Mawr Committee on Appointments and the anonymous outside reviewers of my tenure dossier as well as the anonymous readers of the *Cahiers d’Études africaines* for their critical comments. Any shortcomings are mine.

The outbreak of plague captivated the public imagination and mobilized state resources in “sanitary defence of the colony” of Senegal in a way that was only matched by the terror caused by yellow fever. Principles of outbreak surveillance were updated in order to deal with gaps in response capacity. The legislative framework on which the authorities based their combat against plague included two key texts, that is to say, the decree of 15 December 1909 and the ordinance of 12 December 1912. The first decree, which replaced the decrees of 31 Mars 1897 and 20 July 1899 related to maritime sanitary police, was inspired by the 1903 Paris International Sanitary Convention which revised the sanitary measures used until then in the light of recent discoveries concerning the prophylaxis of transmissible diseases. The new decree extended the permanent sanitary measures that applied until then to yellow fever, plague and cholera, to include “other transmissible and importable serious diseases”. Local authorities were required to rapidly notify by cable the Department in Paris as well as neighbouring French and foreign colonies concerning confirmed cases of cholera, plague or yellow fever and the precautionary measures taken in order to combat the importation or spread of these diseases by land or aboard ships. Each colony was required to equip at least its main commercial port with the necessary sanitary infrastructure, including a lazaretto for the isolation of clinically-suspected “pestilential diseases” cases, a bacteriological laboratory, and disinfection machines, preferably the Clayton brand which had the double advantage of disinfecting and destroying rats, mosquitoes, and other insects found in the holds of ships arriving with unclean bills of health. Moreover, sanitary authorities were strongly advised to balance the interests of public health with those of commerce<sup>2</sup>.

The ordinance of 12 December 1912 listed nineteen infectious diseases, including yellow fever, cholera and plague that required compulsory notification from physicians and paramedics to public authorities. The ordinance had provisions for the official declaration of an epidemic in a given locality (*circonscription*), the isolation of suspected cases in their homes or in special wards, and the disinfection or destruction of suspected or contaminated houses and objects. A special commission was required to determine which houses were dangerous to public health and had to be destroyed and which ones would be spared and restored. Negligence or deliberate sabotage was punished by fines or incarceration<sup>3</sup>. It should be emphasized that, although not explicitly stated, the preoccupation with unsanitary houses had major implications for urban colonial planning.

2. G. Trouillot, Rapport au président de la République (A. Fallières), 15 décembre 1909, *Journal officiel du Sénégal*, p. 70; Décret du 15 décembre 1909, *Journal officiel du Sénégal*, pp. 70-79; G. Trouillot, Circulaire ministérielle relative à l'application du décret du 15 décembre 1909 portant règlement sur la police sanitaire maritime dans les colonies et pays de protectorat, 15 décembre 1909, *Journal officiel du Sénégal*, pp. 138-139.

3. Arrêté concernant les mesures à prendre pour prévenir ou faire cesser les maladies épidémiques, no. 293ter of 12 December 1912, *Journal officiel du Sénégal*, pp. 37-41.

## Ecology of Bubonic Plague

Bubonic plague is a disease caused by the bacterium *Yersinia pestis* that is transmitted to humans through the bites of infected fleas, such as *Pulex irritans*, that have fed on infected animals, such as “squirrels, marmots, prairie dogs, mice, house cats, and, classically, the common domestic rat, *Rattus rattus*” (Biddle 1996). Human plague occurs after infected fleas run out of rodent hosts and start feeding on humans. There are three types of plague: bubonic, pneumonic, and septicemic. Within six days of infection 60 percent of bubonic plague victims develop a bubo, or a grossly swollen lymph node sometimes reaching the size of an egg or an orange in groin, armpit or neck, accompanied by a high fever, headaches, muscle pain, and mental disorientation; between 40 and 65 percent of infected humans succumb to the disease within a week after the appearance of the bubo. In some instances, varying between 5 and 15 percent of the cases, when the victim’s lungs are infected, the bubonic plague can be transformed into a “primary” pneumonic plague, spread directly from person to person, and kill 100 percent of those infected. In cases of either complication or untreated bubonic or pneumonic plague, the infectious agent spreads in the bloodstream, leading to a septicemic plague. The majority of plague victims were children, the elderly, and the economically disadvantaged (Carmichael 1993; Brossollet & Mollaret 1994: 14). The outbreak of plague seems to be linked to the high-moisture weather that contributes to the multiplication of rodents. The story of plague pandemics is well known and there is no need to revisit it here. But suffice it to mention that the 1917 epidemic was part of the third and last plague pandemic that started in China in 1894, struck Bombay in 1896 and reached the African continent through international travel and trade; it ravaged cities such as Tamatave, Durban, Cape Town, and Dakar (Echenberg 2002). Alexandre Yersin is credited for having isolated the plague bacillus, uncovered the role of rats in the transmission of bubonic plague, and the anti-plague serum, while Paul-Louis Simond discovered the role of flea rats in the transmission of the bacillus that was the missing link in Yersin’s work (Brossollet & Mollaret 1994: 84-97). The operations of deratization and disinfection of ships as well as the building of *entrepôts* and sewers inaccessible to the rodents contributed to reducing the spread of plague throughout the world. The treatment consists of sulfamides and antibiotics.

## Outbreak in Saint-Louis and Political Response. September-December 1917

In early September 1917, there were rumours among the French residents about cases of plague observed in Saint-Louis and the apparent spread of the disease in the city’s slums. The medical authorities were disappointed

that the epidemic preparedness undertaken in 1914 to protect the city against the Dakar plague outbreak was ineffective<sup>4</sup>. Then, following the provisions of the decree of 15 December 1909 and the ordinance of 12 December 1912, the authorities chose the Gardettes Building to house the eventual patients, opened a lazaretto on Baba-Gueye Island for plague suspects, regulated the movement of floating population, kept a watchful eye on the overcrowded slums of Guet-Ndar, Ndar-Toute, and Sor, and unsanitary dwellings, encouraged city residents to destroy rats by offering 0.25 cents per captured rat, and offered the Haffkine vaccine on a voluntary basis<sup>5</sup>. The circulation of rumours of an epidemic in the city three years later provoked fear and panic among city residents even if the authorities had not yet officially announced the outbreak of plague.

It was not until 7 December that the governor confirmed the existence of clinical cases of plague in the city. The focus of infection was located in Ndar-Toute and around Sidy Tall Mosque. The authorities took precautionary measures to stop the spread of the disease in other parts of the city and the rest of Senegal. The decision was a calculated move on the part of the colonial officials, who had at their disposal panoply of urgent sanitary and medical measures within the existing disease surveillance system, as defined by the ordinance of 16 July 1903 related to the measures to be adopted, in order to combat the spread of epidemic diseases<sup>6</sup>. As in previous epidemics, the authorities were hesitant to create panic that could disturb commerce and paralyze the administration. But as the disease spread, the colonial authorities decided to intervene.

According to the provisions of the ordinance of 7 December, city residents were required to notify the colonial authorities about new plague cases. The ordinance gave the medical authorities powers to isolate the sick for medical care, and put people who were in contact with the patient and were considered plague suspects under medical surveillance in the lazaretto at Pointe-aux-Chameaux for a period of 10 days; to destroy or disinfect suspected dwellings, furniture, and other suspect objects; to inspect and issue an unclean bill of health to any ship leaving Saint-Louis; and to prohibit the importation of any product susceptible of transmitting the disease, such as skins, used objects, bedclothes and rags that were believed to carry

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4. Décret du 2 Septembre 1914 édictant des mesures exceptionnelles en vue de prévenir et de combattre la propagation des maladies infectieuses; arrêté du 20 octobre 1914 promulguant en AOF le décret du 2 Septembre 1914 étendant dans les colonies françaises les dispositions du décret du 14 Août 1914, *Journal Officiel de l'AOF*, 1914, 924-5; décret du 28 Septembre 1916. See COLLOMB *et al.* (1921). For an exhaustive list of sanitary measures, see COLLIGNON & BECKER (1989).
  5. ANS/Senegal/H30, Hygiene and Public Sanitation Colonial Committee meeting records, May 20, 1914; ANS/Senegal/H30, governor to mayor, July 1914; ANS/Senegal/H30, governor to Health Service, December 13, 1914.
  6. ANS, Ordinance related to the measures to adopt in order to combat epidemic diseases, no. 195 of July 16, 1903, *Bulletin officiel du Sénégal*, 1903, p. 401.

infectious agents. *Indigènes* as well as foreign minorities (Moors, Syrians and Moroccans) present in Saint-Louis were required to hold a health passport or medical certificate issued by the sanitary authorities showing proofs of a completed quarantine or vaccination. Travellers without this medical document would be denied access to the train station<sup>7</sup>. Vaccination was made available to city residents<sup>8</sup>. The declaration of an epidemic meant that the colonial state would intervene into more and more aspects of people's lives. Physicians were authorized to make daily inspection visits in the houses located within the infected perimeter in search of people presenting the symptoms of the disease. People would be told what to do and where to go or not to go.

But three days later, on 10 December, the disease acquired a specific social and spatial character, as the residents of Ndar-Toute and Guet-Ndar became the targets of the anti-plague measures. Indeed, the governor imposed a sanitary *cordon* on the two peri-urban villages, or slums, and restricted the contacts between them as well as between them and the rest of the city; targeted residents were prohibited to change residence without an official authorization<sup>9</sup>. In order to prevent the clinical cases and people who had been in contact with them from spreading the disease, residents were required to notify the municipal medical authorities of cases with suspected plague symptoms as well as suspected plague-related deaths<sup>10</sup>. A three-member commission was put in place to evaluate the cost of infected property to be destroyed<sup>11</sup>.

### Popular Protest

The urban poor found the health control measures described above arbitrary, discriminatory and alien, given the fact that they violated their social norms and cultural values. So the masses and their leaders were determined to resist such discriminatory laws even if the indigenous healers had no cure for plague (Echenberg 2002: 159-165). Resistance took various forms ranging from violent protests to peaceful demonstrations and passive actions. Some leaders of violent protests were often arrested and prosecuted. The

7. ANS/Sénégal/H49, Arrêté déclarant contaminée de peste la ville de Saint-Louis, (quartier de N'Dar-Toute, Mosquée Sidy Tall), 7 décembre 1917.

8. ANS/Sénégal/H76, Police de la ville de Saint-Louis, rapport du 22-24 décembre 1917.

9. ANS/Sénégal/H49, Arrêté interdisant aux habitants de Guet-Ndar et Ndar-Toute, pendant toute la durée de l'épidémie, de changer de domicile sans autorisation préalable de l'autorité sanitaire, 10 décembre 1917.

10. ANS/Sénégal/H49, Arrêté interdisant l'accès du quartier de Ndar-Toute contaminé de peste, 12 décembre 1917.

11. Arrêté nommant une commission chargée de procéder à l'évaluation des constructions et objets divers dont la destruction aura été ordonnée par l'autorité sanitaire, 11 décembre 1917.

most popular form of peaceful protest was the refusal by the women of Guet-Ndar to sell fish on the market<sup>12</sup>. The first protests started in December when physicians Lailheurgue and Le Gallen visited a plague suspect, daughter of Amadou Moctar, in Ndar-Toute and were told that she went to the city-island. At the same time, women of Ndar-Toute took to the street to express their anger against the specific restrictions imposed upon them, and verbally abused the two doctors, as they were leaving the premises, prompting the resignation of Dr. Lailheurgue<sup>13</sup>. The next day, health officials extended the vaccination that started on 7 December to the rest of the city and replaced the sanitary passports with vaccination cards. The same day, François Carpot, the *métis* deputy and lawyer, conveyed the grievances of the people of Ndar-Toute to interim *secrétaire général* Muller concerning the harshness of the anti-plague measures and the unfair compensation for destroyed property<sup>14</sup>.

The administration officials believed that, although the sanitary and medical measures adopted were not sufficiently “energetic”, their strict application would have contained the epidemic. But most provisions of the early anti-plague measures never received the beginning of execution, especially in Guet-Ndar that was considered “the main focus of infection” because of a number of factors, chief among them the resistance of the people of Guet-Ndar and the loopholes in the legislation that made the prosecution of protestors difficult<sup>15</sup>. In the meantime, the ravages of the epidemic continued to spread and, by the end of 1917, plague mortality was estimated at 58 deaths.

Resistance resumed in mid-January when the first two deaths in Guet-Ndar were followed by the evacuation of only two individuals to the lazaretto, the other plague suspects refusing to be isolated. In a telegram dated 16 January 1918 to the governor who was in an inspection tour at Bakel in Upper Senegal, interim *secrétaire général* Muller reported that the entire population of Guet-Ndar had exhibited a “grave attitude of character”, threatened the Europeans, and resisted all attempts to remove the corpses of plague victims and to evacuate the suspects, thus forcing the Hygiene Service to suspend its activities in that peri-urban village. He also mentioned another serious incident that took place in the northern *quartier* of Saint-Louis where two European gendarmes—Bouville and Perennsez—and several European and African health workers were beaten up as they tried to

12. ANS/Senegal/H76, Police report, 15-16 February, 14-15 March 1918.

13. ANS/Sénégal/H76, Rapport de l'inspecteur de Police, Albertini, 23 décembre 1917; ANS/Senegal/H76, telegram of Governor General Angulvant to governor, March 16, 1918.

14. ANS/Sénégal/H76, Note de service de Muller au gouverneur, 24 décembre 1917.

15. ANS/AOF/H57/31, 29-30. The penalties for non-compliance with sanitary and medical measures were either too severe (ordinance of December 12, 1912) or too lenient, weak and inoperative (decree of April 14, 1904 related to the protection of public health in French West Africa) to be imposed by the courts.

remove the body of Bouna, an interpreter of the tribunal who had passed away the night before. He described the situation as a “worrisome effervescence”, requiring the use of armed force, and urged the governor to return to Saint-Louis where plague cases were in a “marked recrudescence”, as the first European plague case was reported and sent to the lazaretto<sup>16</sup>. The colonial authorities’ anxiety was justified in the light of the publication of the fatality case for the first two weeks of January which indicated a total of 22 new plague cases and 14 deaths. Ndar Toute had the highest number of cases (15 cases with 11 deaths), followed by Saint-Louis (4 cases) and Guet-Ndar (3 cases with 3 deaths)<sup>17</sup>. But the people of Guet-Ndar had their own perspective on the causes of the tension. In a letter to the governor dated January 18, 1918 they made it clear that they did not reject the medical advice; “what we disdain”, they argued, “is to see our dead taken away by the hygiene service when we can ourselves bury them as well [...] according to the requirements of our religion”<sup>18</sup>. The response of the local population shows that health officials were culturally insensitive.

It should be emphasized that the colonial authorities came to construct resistance as a “Wolof resistance”, while the Bambaras (Bamana) were described as “docile”, accepting to be evacuated to the lazaretto “without any resistance.” Such a perception led Dr. Le Gallen of Hygiene Service to wonder whether the colonial authorities could redefine the “native problem” in Senegal in terms of “races” instead of religions (Islam vs. “animism”), as both Wolof and Bamana were Muslims and yet responded differently to the European demands, and to question the relevance of the usual colonial categories (Europeans, *assimilés*, and *indigènes*)<sup>19</sup>. Moreover, the resistance of Guet-Ndar residents was seen as a contagious disease capable of spreading and infecting (healthy) people in other parts of the city<sup>20</sup>. But the evidence suggests that violent incidents were first signalled in Ndar-Toute and Saint-Louis, at the time when the situation was still calm in Guet-Ndar. In addition, there were instances when the Bamana resisted the evacuation to the lazaretto<sup>21</sup>. Clearly, Dr. Le Gallen’s assertions were based on incomplete information.

A serious incident took place at the occasion of the death, on 22 January 1918, of Coumba Diaw, a woman of Guet-Ndar who had shown symptoms of bubonic plague. Once notified of the death, Dr. Damian, Head of the

16. ANS/Senegal/H76, Official telegram of interim *Secrétaire Général* Muller to lieutenant-governor Bakel-Maka-Colybentan, no. 409 of January 16, 1918.

17. ANS/Senegal/H76, Inspection of Sanitary Services to governor general, January 19, 1918.

18. ANS/Senegal/H76, “Habitants of Guet-Ndar” to governor, January 18, 1918.

19. ANS/Senegal/H76, Police report, January 22-23, 1918; also ANS/Senegal/H76, Dr. Le Gallen to Head of Medical Service, January 22, 1918.

20. ANS/Senegal/H76, telegram of governor to governor general, no. C44 of January 17, 1918.

21. ANS/Senegal/H76, Police Report, 1-2 March 1918.

Health Service, invited Inspector Mailleraud and two other municipal doctors to visit the Lodo *quartier* in Guet-Ndar in order to provide *marabout* Aldia Gueye with specific instructions for avoiding infection during the burial ritual, especially the ritual washing of the corpse, and to isolate in lazaretto the suspected cases, that is, those who had been in contact with the victim. This first encounter between the medical authorities and the residents of Guet-Ndar revealed a great deal of the mutual suspicion that existed between the mostly fishermen and the colonial officials as a result of past experience. Indeed, the medical team noticed that the 7,000 residents of Guet-Ndar were expecting their visit and were prepared to resist the sanitary and medical measures taken by the state officials. Nobody wanted to provide the medical team with the vital information they needed, especially the identification of suspected cases to be isolated. Plague patients fled their huts. The “mob” started to gather around the medical team and Faly Sene, a local notable, shouted that “tous refusent de se laisser évacuer et (que) personne ne bougera” (“everyone refuses to be evacuated and [that] nobody will budge”). As the tension rose, health officers left the *quartier*. The “mob attack” on them ended only when they reached the Servatius Street at the entrance to the *quartier*<sup>22</sup>. So the medical team left Guet-Ndar without seeing Coumba Diaw’s body or granting the permission to bury her, or applying other precautionary measures, such as the isolation of the suspected cases, the burning or disinfection of her home with sulfuric acid, formolisation and cresylage, and the deratization.

### Alternative Strategies: Moderates vs. Hardliners

This first encounter between the medical authorities and the urban poor only reinforced state assumptions about its Civilizing Mission, which were translated into plague policy, and about the “backwardness” of the urban poor. But there was a division within the administration between hardliners (medical authorities) and moderates (public officials) concerning the attitude to adopt vis-à-vis the popular protest to sanitary and medical measures in the early phase of the plague epidemic. The medical authorities, who had observed signs of popular violence in Guet-Ndar, argued in favour of a “law and order” approach, that is, the “strict application” of the provisions of the ordinance no. 2093 of December 12, 1912 related to the compulsory declaration of epidemic diseases, which were being implemented and which contained provisions that violated the privacy of people’s homes. Physicians wanted the administration to suppress the protest and establish the “rule of law.” Public officials (governor, governor general, administrators), in contrast, seemed to prefer accommodation to conflict. Governor Lévecque

22. ANS/Senegal/H49, Chief Medical Officer to Lieutenant-Governor of Senegal, January 24, 1918, no. 31 ss.

contended that the reaction of the people of Guet-Ndar to sanitary and medical measures could be understood as a reflection of their “ignorance” and in the context of the Islamic religion. He suggested an approach that would convince the moderate *marabouts*, such as Marseck from Ndar *quartier* in Guet Ndar, Aldia Gueye from Lodo *quartier* in Guet-Ndar, Amadou Sarr and Diaye Sarr Elimane from the mosque, as well as the *cadis* (judges at Muslim tribunals), who were the natural leaders of the Guet-Ndarians, about the compatibility of the sanitary measures with the prescriptions of the Koran<sup>23</sup>. Some of the contentious issues concerned the widespread ritual burial, especially the washing of the corpses, the burial ceremony and the mourning practices, which attracted crowds and contributed to the spread of infectious agents. It was clear that Lévecque was not prepared to follow the “strict application of the indispensable sanitary measures” as health officials had hoped. Initially, the views of colonial officials seemed to prevail.

### Carrera’s Intervention

Governor Lévecque solicited the intervention of members of the leading families in Saint-Louis who had immense prestige among the lower classes and spoke Wolof. He persuaded Carrera, Administrator of Colonies, to act as mediator between the colonial state officials and the mostly fishermen from Guet-Ndar. Carrera accompanied Dr. Damian, Chief Medical Officer, and Dr. Dupont and his staff at the municipal Hygiene Service, to Guet-Ndar on January 27, 1918 in order to convince the local notables to comply with the anti-plague measures related to the isolation of plague suspects, the disinfection or burning down of infected dwellings, the ritual washing of the corpses, and other burial rituals, and the request for burial permits. But the delegation from the city-island failed to convince the notables from Guet-Ndar to comply with the plague policy as defined by state officials. The local notables simply wanted “to be left alone with a disease that they accepted with the fatalism characteristic of the Muslim religion”. At the end of January, 12 cases with 12 deaths were reported in Guet-Ndar. As of 9 February, 9 cases with 9 deaths were also reported. Doctors expressed the fear that, given the fatality rate of 100% observed until then, the swarming of the fleas in the next couple of months could transform the already overcrowded peri-urban village into a dangerous “focus of infection<sup>24</sup>”. More mediation was needed.

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23. ANS/Senegal/H49, handwritten note, n.d., n.a. provided.

24. ANS/Senegal/H49, Dr. Damian to Inspector of Sanitary and Health Services, no. 58 ss. of February 11, 1918.

## Blaise Diagne's Intervention

In the last attempt to avoid the use of force, colonial officials sought and obtained the intervention of the *Commissaire de la République*, Mr. Blaise Diagne, the first black to be elected *député* to French Parliament in 1914. On 21 February 1918, Diagne sent a telegram to the mayor of Saint-Louis urging him to get involved in the resolution of the medical crisis. He wrote the following:

"I appeal to your high conscience in order to attract the attention of our compatriots from Guet-Ndar on the imperious and urgent necessity for them to accept all the administrative measures that were taken or would be decided in order to wipe out the plague stop. Nobody would accept that because of lack of *raison* our compatriots would contribute to the spread of the epidemic disease which would ravage Saint-Louis as well as the entire colony and perhaps the entire FWA stop.

At the time when military concentrations will take place following the recruitment of natives any hesitation in the preservation of public health will be tolerated no matter the cost. stop.

I would thus be very grateful if you would apply an energetic and last pressure on Guet-Ndar by gathering the local notables of the village along with the leading residents of Saint-Louis in order to make them understand and accept all the measures that the administration has adopted and will adopt. The deadly character of the disease requires these measures that, however painful they may be, remain compatible with the principles of the Islamic religion stop. If I *enfant du pays* exhort my compatriots to submit to the rigors of the situation it is because only there lies the preservation of all the population"<sup>25</sup>.

The fact that the colonial officials bypassed the mayor in dealing with the Guet-Ndarians strongly indicates the existence of some form of tension between the municipal authorities and the colonial authorities. Indeed, during previous epidemics the administration officials blamed the successive mayors for the filthy state of the city and the peri-urban villages. An appeal to other members of the African elite must be understood in this context. Diagne's argument was not different from the "culture of poverty" explanations promoted by the administration, which viewed the Africans as ignorant and irrational. He did not take into account the urban poor's grievances. This is the reason why his intervention through the first elected black Mayor, Pierre Chimere (1916), had little chance of success.

In the meantime, the administration expanded the methods of inspection beyond simple police surveillance by sending troops to enforce the sanitary *cordon* around Saint-Louis, Ndar-Toute and Guet-Ndar in order to arrest the sanitary *cordon* violators by land and by river<sup>26</sup>. The authorities also imposed a quarantine of 10 days in the lazaretto on city residents planning to travel out of Saint-Louis while holding a medical passport. To obtain

25. ANS/Senegal/H49, telegram of *Commissaire de la République*, Diagne, to Mayor of Saint-Louis, February 21, 1918, no. 10.

26. ANS/AOF/3G3-7/38, Requisition, by Lévecque, February 28, 1918.

this document, the *indigènes*, Syrians and Moroccans were required to first show proof of vaccination. In any case, they were not allowed to take the train between Saint-Louis and Louga to Dakar<sup>27</sup>. Fishermen were allowed to fish and sell fish under certain strict conditions in order to ensure the continued food supply to the city, all transactions taking place along the metallic fence. A pass from the Hygiene Service was required to cross the sanitary *cordon*. A burial procession in Guet-Ndar was reduced to a maximum of 10 people and had to be escorted by two soldiers. A military escort was also required for the maximum of three *indigènes* authorized to go to the city hall to request birth or death certificates for a relative, and for those invited to appear at the city hall, the police or gendarmerie<sup>28</sup>.

Governor General Angoulvant endorsed the comprehensive policy suggested by Governor Lévecque. He encouraged him to enforce the sanitary *cordon*, and find a peaceful solution to the crisis<sup>29</sup>, but without letting the rebellion against the police and hygiene service agents go unpunished. Given that all means of persuasion used by the administration, including Blaise Diagne's intervention, had failed, Angoulvant urged Lévecque to enforce the existing laws while avoiding a bloodbath<sup>30</sup>.

### From Accommodation to "Assault on the Body" The Colonial Hygiene Committee

By March the medical authorities made a last attempt to convince the colonial officials to abandon their accommodationist approach in favour of the use of force. The members of the Colonial Hygiene Committee, including five physicians, one veterinarian and five other members<sup>31</sup>, held an urgent meeting on 21 March 1918 in order to consider the strategies to deal with the health crisis. They unanimously agreed that "the free penetration of the Hygiene Service in Guet-Ndar to conduct their operations must be made possible by any means necessary, including the use of an armed force and no matter the consequences that would result from it"; and that all the Guet-Ndar residents had to be classified, *en masse*, as plague suspects to be detained and evacuated in successive groups to isolation camps to be erected

27. Arrêté édictant des mesures sanitaires pour la ville de Saint-Louis, pendant la durée de l'épidémie de peste, February 28, 1918, *Journal officiel du Sénégal*, February 1918.

28. ANS/AOF/H49, Cordon sanitaire. Consignes pour les Chefs de poste, March 2, 1918.

29. ANS/Senegal/H49, governor to governor general, March 15, 1918.

30. ANS/Senegal/H76, Angoulvant's telegram to Lévecque, March 16, 1918.

31. The Hygiene Colonial Committee included Dr. Contaut (Head of Health Service), Dr. Fulconis (Colonial Ambulance), Dr. Basque (Colonial Ambulance), Dr. Dupont (municipal Hygiene Service Head), Mayor Chimère, public works director Grimaux, veterinarian Teppaz, and three notable residents (Douan, Cales, and Marsan).

in Sor and on Langue de Barbarie south of the Pointe-aux-Chameaux lazaretto for a period of 10 days<sup>32</sup>. Mayor Pierre Chimère attended the meeting but did not question the harshness of the plague measures for reasons difficult to explain without additional evidence. Taken in a context dominated by the psychology of terror, this plague policy was not without risks for the administration. The committee's members did not even consider alternative solutions, such as face-to-face communication with the notables of Guet-Ndar, nor did they calculate the financial as well as the political cost its implementation would require. In their view the city's health had to be protected by any means necessary<sup>33</sup>.

In his report to the lieutenant-governor the following day, Dr. Contaut, who had replaced Dr. Damian as Chief Medical Officer, argued that the use of force was the best strategy to combat what he then perceived as an epidemiological shift from bubonic to pneumonic plague, which he believed was dangerously spreading from human to human from its "irreducible center" in Guet-Ndar. He provided the details of the new plague policy adopted by the committee members, that included the evacuation and detention, over a period of several months, of the entire population of Guet-Ndar in the isolation camps for a period of ten days for each group, the burning down of the infected huts that formed the majority of the dwellings, the disinfection of the few suspected houses built in durable materials, the relocation of everyone to a temporary segregation camp for further medical surveillance, and their final relocation preferably in several new peri-urban villages to be created. The confinement of the urban poor to one temporary location would provide the medical authorities with the opportunity to visit plague suspects, record deaths, and control burial rituals by putting antiseptic substances in the coffin. Guet-Ndar would be cleaned up with fire, "the only energetic and radical agent of sterilization"<sup>34</sup>. The same day, the autopsy performed on the body of a battalion chief Petitjean revealed the septicemic plague as the cause of his death<sup>35</sup>.

Dr. Contaut's report reflected the widespread belief among French colonial officials and others that the urban poor had brought the situation upon themselves by putting themselves outside the common law; they were to blame for the spread of plague because of their "ignorance, lack of discipline, and undesirability". Dr. Contaut went so far as to consider the urban poor, especially the fishermen of Wolof origin living in Guet-Ndar, as "a special race" with "a particular mentality". He prepared the ground for a justification of the special measures taken to combat the plague in the city.

32. ANS/Senegal/H49, minutes of the Colonial Hygiene Committee, March 21, 1918.

33. ANS/Senegal/H 49, Colonial Hygiene Committee meeting minutes, March 21, 1918.

34. ANS/Senegal/H49, Dr. Contaut to the Lieutenant-Governor of Senegal, no. 108 L.S. of March 22, 1918.

35. ANS/Senegal/H49, Autopsy report done by Dr. Fulconis, March 22, 1918.

In his perspective the financial, social and political cost of the plague operation, including the complete suspension of civil liberties of citizens, would be minimal in the short-term comparing with the long-term cost that the suspicion of Senegal would create abroad if the epidemic was allowed to spread further from its dangerous hotbed. The general interest prevailed over individual liberties<sup>36</sup>.

Dr. Contaut did not solely focus on the plague policy; he also laid down the foundations of a new urban *politique indigène*, based on the fragmentation of the urban poor—who had acquired a kind of “class consciousness”—as well as the fluctuating population (Moors, Bamana, etc.) into several ethnic-based villages. The ultimate aim was to avoid in the future “the negative mental disposition that has characterized Guet-Ndar until now”<sup>37</sup>. Dr. Contaut’s reasoned argument, warning about the consequences for the colony of the implementation of an alternative strategy to combat the epidemic, was aimed at creating doubts in the mind of the governor of Senegal, Mr. Lévecque, in order to convince him to adopt the new proposed plague policy. What was the governor’s response to Dr. Contaut’s report?

### Governor Lévecque’s Dilemma

Governor Lévecque rejected the radical plague measures—such as opening fire on the protestors, setting houses ablaze in Ndar-Toute and Guet-Ndar, and resettling everyone somewhere else—, proposed by Dr. Contaut and his colleagues, who dominated the Colonial Hygiene Committee, even if they both shared the colonial state’s perceptions of the urban poor. Indeed, in his long letter to the governor general of French West Africa dated 25 March 1918, Governor Lévecque described Guet-Ndar as “overcrowded”, “with houses on top of each other”, and he characterized the response of the Guet-Ndarians to sanitary and medical measures as a “net resistance” compared to the “sporadic resistance” observed in other parts of the city. Lévecque nevertheless made a conscious effort to try to understand the reasons behind the Africans’ response to anti-plague measures. He attributed that resistance not only to the “indigenous customs, superstitions, and religious beliefs and practices”, but also to the encouragement that the protestors received from “unscrupulous individuals, for whom everything goes when it comes to conserving, regaining or winning the confidence of the voters one may need”<sup>38</sup>. Clearly, a conspiracy theory was being developed

36. ANS/Senegal/H49, Dr. Contaut to the Lieutenant-Governor of Senegal, no. 108 L.S. of March 22, 1918.

37. ANS/Senegal/H49, Dr. Contaut to the lieutenant-governor of Senegal, no. 108 L.S. of March 22, 1918.

38. ANS/Senegal/H49, Governor Lévecque to governor general of FWA, March 25, 1918.

within some administration circles to make sense of the reactions of the urban poor to sanitary measures.

Although Governor Lévecque and Dr. Contaut agreed on the causes of the crisis, they differed, however, concerning the solutions to the problem. From the governor's perspective, the suggested anti-plague measures were "radical", "excessive" and risky. He was aware of the fact that many among the European city residents disagreed with him, especially those "who are surprised that fire is not yet set on the four corners of Guet-Ndar, that no shots were fired at those people, that they were not thrown to the sea [...]"<sup>39</sup>. He had an answer for his critics: "I have not burned down Ndar-Toute where the epidemic disease tends to disappear; I have not yet burned down Guet-Ndar because I had to consider the consequences of that radical measure, and did not want to aggravate an already complicated situation."

Having set the records straits, Lévecque went on to present his alternative solution to the crisis. His views were more moderate and realistic, taking into account the imperatives of justice, reason, the available financial and human resources, especially the small size of the police available for the plague operation, and people's cultural and religious beliefs and practices. Moreover, Governor Lévecque was well aware of the fact that the majority of the urban poor living in Guet-Ndar was French citizens since 1848; he did not want their civil liberties to be violated in the name of public health and was prepared to oppose radical measures that would leave an embittered population. His efforts were paying off. Some leading resisters had been prosecuted for rebellion. Among them were Fergueye Gueye, Alioune M'Boye, and Makhary Samb. Gueye was charged with assault (*voies de fait*) but he was acquitted on 18 January for having acted without discernment. M'Boye of the southern part of Saint-Louis opposed the evacuation of people to the lazaretto; he was arrested and charged with rebellion and menace to the police inspectors during the exercise of their functions; he received a six-month jail sentence on 13 March. Samb was scheduled to appear for arraignment on 28 March. Thus, Governor Lévecque hoped that the combined effect of indictment and successful prosecution of some leading resisters as well as the pressure from the sanitary *cordon* around Guet-Ndar, in addition to the one around Saint-Louis, would create weariness and, eventually, would break down the protestors' morale to the point of surrendering to the police<sup>40</sup>.

The optimism of the colonial officials was justified in the light of the encouraging signs coming from the leaders of the urban poor. In early March, 33 moderate notables from Guet-Ndar communicated to the colonial

39. ANS/Senegal/H49, Governor Lévecque to governor general of FWA, March 25, 1918.

40. ANS/Senegal/H49, Governor Lévecque to governor general of FWA, March 25, 1918.

officials their willingness to submit to the sanitary and medical measures and revealed to them eleven names of the leading protestors against the measures, including one former chief, Birahim Gaye<sup>41</sup>. The initiative reflected a split within the Guet-Ndarian community itself between moderates and radicals. There were reports of an increasing tension between the residents of the two neighborhoods, one group preventing the other from selling fish<sup>42</sup>. The leaders of the moderate faction also sought the intervention of Francois Carpot, former député (1902-1914) and a member of one of the most prestigious Creole families in Saint-Louis. On 7 March 1918, 28 “*habitants de Guet Ndar*” sent him a letter requesting his assistance in convincing the colonial administration officials to lift the quarantine. They underlined the social (and geographical) character of the plague policy which discriminated against them simply because they were the most vulnerable segment of the urban population. They argued that such treatment was not appropriate in the light of the contribution they had made in the framework of the war effort in terms of troops<sup>43</sup>.

In addition, Moctar Bouna, Chief of Guet-Ndar, made contacts with the police chief to arrange a meeting with the municipal authorities in order to discuss the conditions of the application of the plague measures. However, the police denied him access to the mayor’s office because he was only in favour of disinfecting the contaminated huts but opposed handing over the corpses to the medical team as well as the isolation of plague suspects<sup>44</sup>. Both sides missed the opportunity to resolve the crisis peacefully because Western prophylaxis was incompatible with the indigenous theories of contagious disease and practices. Groups involved on both sides were unable to effectively communicate cross-culturally.

### Mortality, Fear, Protest, and the “Radical Solution”

The publication, on April 3, 1918, of a special report on case fatality for March, confirmed the apprehensions of the medical authorities. There were 9 deaths reported on the city-island, 1 in Sor, 1 in Ndar-Toute, and 57 in Guet-Ndar in the previous two weeks (15-31 March). Mortality in Guet-Ndar was increasing compared with 48 deaths recorded at the beginning of the month (1-14 March), including 43 deaths due to pneumonic plague. The clean-up efforts had resulted in the capture of 852 common domestic rats, *Yersinia pestis* carriers, during the same time period.

41. ANS/Senegal/H74, notables from Guet-Ndar to lieutenant-governor, March 1, 1918.

42. ANS/Senegal/H74, telegram of cabinet director, Muller, to governor in mission in Ziguinchor, March 7, 1918.

43. ANS/Senegal/H74, “Habitants de Guet-Ndar” to Francois Carpot, March 7, 1918.

44. ANS/Senegal/H49, Police Report, March 26, 1918.

The report showed that there was an improvement in the *quartiers* where regular disease surveillance, disinfection and burning down of infected or suspected dwellings and case notification took place and a high case fatality in Guet-Ndar. In his construction of the epidemic, Dr. Contaut attributed the high mortality in Guet-Ndar to “our inertia *obligée vis-à-vis* Guet-Ndar” and called for “a plan of action against this refractory village” that constituted “a dangerous thorn on Saint-Louis’ side<sup>45</sup>”.

The same day, 3 April, Governor General Angoulvant sent a telegram to Governor Lévecque in response to his letter dated 25 March. Angoulvant also rejected the radical strategy proposed by Dr. Contaut and the other members of the Colonial Hygiene Committee to combat the epidemic. Administrative and financial considerations weighted heavily in his decision. He urged that the sanitary *cordon* around Guet-Ndar remain in place, and that the governor initiates contacts with local moderate notables in order to find if there were volunteers for 10-day quarantine at Pointeaux-Chameaux, and give indemnity to the people who would loose their dwellings. He posited a linkage between compliance with vaccination and re-vaccination and the lifting of the sanitary *cordon*<sup>46</sup>. The task ahead was difficult given that at the same time there were reports that 12 Guet-Ndar residents, who had to appear before the instruction judge, categorically refused to first submit to medical examination at the lazaretto<sup>47</sup>.

The next report, made public on 17 April and covering the previous two weeks (1-15 April), gave 3 deaths in the Northern part and 3 deaths in the Southern part of the city-island, 1 death in Sor, 4 deaths in Ndar-Toute, and 43 deaths in Guet-Ndar. The report indicated a general improvement in mortality compared with the previous report. The improvement was due to two factors: a) the predominance of the bubonic and septicemic forms of plague and the decline in cases of pneumonic plague, the most contagious form of plague, b) and the migration of infected rats from Ndar-Toute to Guet-Ndar and from Ndar-Toute to the city-island. The medical authorities were able to establish Ndar-Toute as the point of departure of the epidemic and to link the movement of the infected rats to the clinical cases and deaths reported. From its basis in Ndar-Toute the disease spread with the movement of rats as follows<sup>48</sup>:

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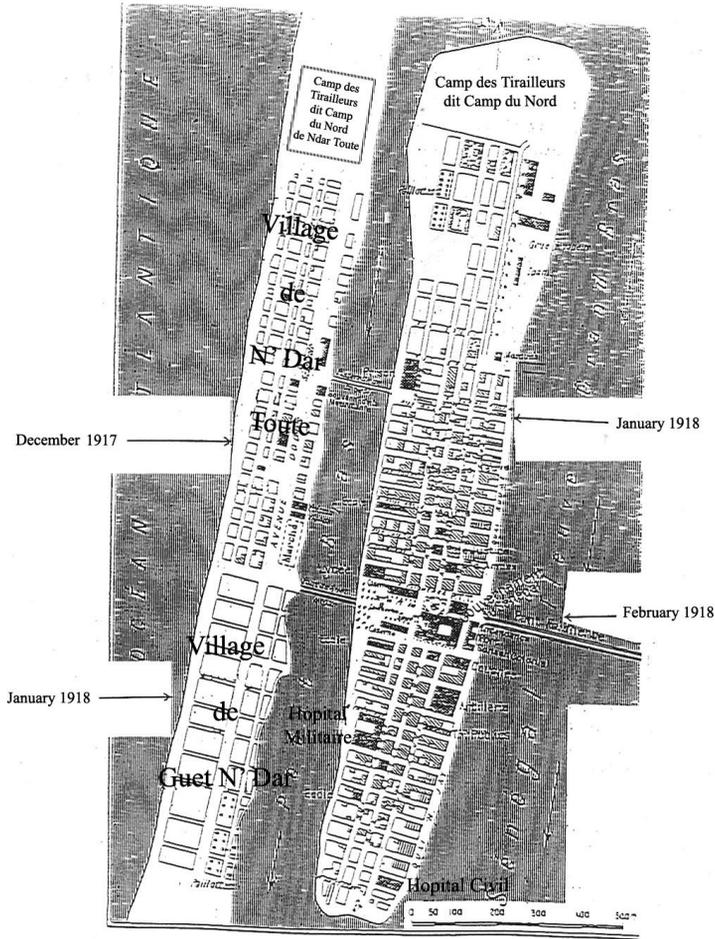
45. ANS/Senegal/H49, Special Report on plague in Saint-Louis (15-31 March), April 3, 1918.

46. ANS/Senegal/H49, Official telegram, Governor General Angoulvant to governor of Senegal, no. 365 of April 3, 1918.

47. ANS/Senegal/H49, Police Report, n.d. mentioned.

48. ANS/Senegal/H49, Special Report on plague in Saint-Louis (1-15 April 1918), by Dr. Contaut, April 17, 1918.

THE EVOLUTION OF THE PLAGUE EPIDEMIC IN SAINT-LOUIS  
 (adaptation from *La Géographie*, nos. 4-5 (Nov.-Dec.), 1925, p. 424



Mage St. (January, February) (from N to S)  
 ↓  
 Ndar-Toute → Geole Bridge → City Place du Gouvernement (February)  
 ↓  
 Bisson St. (end of March)  
 Ndar-Toute → Guet-Ndar (December, January)  
 Ndar-Toute → Sor (Dec.): visit by two people incubating the disease;  
 Guet-Ndar → Sor (Febr.): visit by infected people.

The medical authorities could reconstruct the evolution of the plague epidemic with confidence. They explained the low mortality rate in Sor in relation to its particular ecology characterized by the abundance of sand that was an obstacle to the multiplication of rats.

In the meantime the medical authorities continued with the operation of deratization on the city-island and in Ndar-Toute. To expand the sanitary law enforcement powers, the governor general requested the abrogation of article 31 of the local ordinance dated 12 December 1912 and its replacement with a new ordinance that would a) increase the size of the Hygiene Commission of Saint-Louis to include the personnel already involved in the execution of the sanitary measures, such as physicians, police officers, gendarmerie brigade chief, etc., b) and toughen the penalties. From then on, refusal to comply with sanitary legislation would result in 15 days in jail and the payment of a penalty of 1,000 francs<sup>49</sup>. Angoulvant also moved to resolve the issue of conflict of interest faced by the mayors of Dakar and Saint-Louis, especially during the epidemic crises, by suggesting the promulgation of a new decree, issued on 6 May 1918 that delegated all prerogatives related to hygiene and public sanitation to an *Administrateur Délégué* from the Hygiene Service who would represent the governor<sup>50</sup>.

By May the crisis in Guet-Ndar had deepened. The supporters of the conspiracy theory, who saw a linkage between the popular protest in Guet-Ndar and the covert actions of some “political personalities”, including “those who previously occupied high elective offices”, hoped that Governor General Angoulvant would take radical measures to deal with the “serious incidents” reported in various quarters of the city as well as the continued defiance campaign against the plague policy led by 8,000 Guet-Ndar residents. But the governor general continued to support the strategy of accommodation adopted by Governor Lévecque. In a letter to the president of the *Conseil Général* dated 4 May 1918, Angoulvant argued that burning Guet-Ndar would only be a partial solution, for the colonial state would have to rebuild it, as the majority of its residents were French nationals. He broached aside any attempt to establish similarities between Guet-Ndar and Dakar in 1914, where a new quarter (Medina) was erected for the displaced people. He would only accept a temporary sanitary segregation but not the erection of several new permanent quarters to accommodate the residents of Guet-Ndar. He was in favour of a balance between civil liberties and health concerns, and of a new legal framework to deal effectively with the protest<sup>51</sup>. There were also financial considerations, as the expenses for plague operation doubled, passing from 25,531 francs in 1917 to 50,000 francs in 1918<sup>52</sup>.

The publication, on 7 May 1918, of another special report on plague mortality in Saint-Louis for the second half of April (16-30 April) revealed

49. ANS/Senegal/H49, governor general of FWA to lieutenant-governor of Senegal, April 22, 1918; ANS/Senegal/H57/31, 31.

50. ANS/AOF/H57/31, 32.

51. ANS/Senegal/H49, governor general to president of General Council, May 4, 1918.

52. ANS/Senegal/H77, Extrait des délibérations de la Commission coloniale, Janvier 14, 1918.

73 cases and 62 deaths, including 38 deaths in Guet-Ndar, 1 death in Ndar-Toute, 3 in Saint-Louis North, 4 in South, 3 in Sor, 1 in Gandiole, and 13 in the lazaretto. The actual number of deaths in Guet-Ndar was higher than the official statistics indicated, if one takes into account the clandestine burials taking place inside the dwellings. The report also established that the vaccination and re-vaccination of the population, the isolation of clinical cases and suspects, the disinfection of homes, and the payment of incentives for the destruction of rats had intensified. But the residents of Guet-Ndar did not show signs of compliance with the sanitary and medical measures<sup>53</sup>, even after the issuance, on 25 June 1918, of an ordinance making the anti-plague vaccination and re-vaccination compulsory in Saint-Louis, Dakar and the towns located along the railway between the two cities<sup>54</sup>. Given the difficulties to import vaccine from France, the administration encouraged Dr. Leger to produce vaccine in the laboratory in Dakar; the production of vaccine went from 10,000 cm<sup>3</sup> to 150,000 cm<sup>3</sup> per month<sup>55</sup>. Vaccination consisted of a double inoculation at 5 days of interval; and the re-vaccination took place 5 months later. A certificate was issued as a proof that the individual was vaccinated<sup>56</sup>. But more state intervention in people's lives led to more protests.

Protest continued through July into early August, while the leaders of Guet-Ndar multiplied contacts with the colonial authorities in Saint-Louis to reach a compromise but with little success. On 12 July, Léveque submitted a plan for a progressive evacuation and disinfection of Guet-Ndar, and the *Général-commandant supérieur* his military strategy<sup>57</sup>. On 1 August 1918, Governor General Angoulvant tried one more time to persuade Blaise Diagne to travel to Saint-Louis to bring the people of Guet-Ndar to their senses. The real problem, as the governor general understood it, had nothing to do with the compensation for destroyed property, but their declared intention to disobey the laws and not to cooperate with the colonial authorities in various matters ranging from disease control, to garbage collection and hygiene. He saw a direct correlation between the resistance of the people of Guet-Ndar to sanitary and medical measures and the formation of a permanent focus of infection, on the one hand, and the continued spread of plague epidemic in the entire colony, on the other hand. He concluded

53. ANS/Senegal/H49, governor general of FWA to president of *Conseil général*, May 4, 1918.

54. ANS/AOF/H56/117, Arrêté déterminant les mesures propres à enrayer l'épidémie de peste constatée dans certaines régions du Sénégal, 25 juin, 1918; ANS/AOF/H56/117-6, Arrêté no. 806 déclarant contaminées de peste la ville de Saint-Louis et les escales de la voie ferrée Dakar-Saint-Louis, et en danger de contamination la ville de Dakar, et déterminant les conditions dans lesquelles seront faites obligatoirement la vaccination et la revaccination dans ces agglomérations urbaines et suburbaines.

55. ANS/AOF/H57/31, 33.

56. ANS, *Moniteur du Sénégal*, 413.

57. ANS/AOF/H57/31, 34-5.

his message by stating that only “the rule of law in its entire rigor” could come to terms with such “stubbornness”<sup>58</sup>. Diagne’s second intervention failed to convince the leaders of Guet-Ndar to comply with the anti-plague measures.

### The State of Emergency, 13 August-14 November 1918

The strategy of accommodation, referred to by the colonial officials as the “political phase” of the plague policy, ended in early August 1918, when the “mob” chased Mailleraud Frederic, an agent of the Hygiene Service on duty in Guet-Ndar, shouting insults at him. Plague administrators came to the realization that the accommodationist strategy adopted so far was unworkable<sup>59</sup>. They gave way, and on 13 August 1918, they inaugurated what they called the “medico-military phase” of the plague policy by declaring the state of emergency on Guet-Ndar, Ndar-Toute and on the isolation station of Pointe-aux-Chameaux. The hardliners were delighted. They then had the opportunity to use the “purifying fire” to destroy *Y. pestis*, as they had hoped since the beginning of the epidemic crisis. Dr. Thoulon, Head of Health Service, claimed that “because of their incurable inertia, the *indigènes* had irritated their opponents and exhausted their best friends”<sup>60</sup>.

It is interesting to note that not only the medical discourse borrowed the military vocabulary, referring to the people from Guet-Ndar as “rebels” (*habitants réfractaires*), but also the plague operation was to be conducted like a military operation, using the military tactics and military personnel. Prophylactic and sanitary measures were secondary. The plague operation included the immobilization of the fishermen’s canoes to prevent escape, the occupation of the targeted neighbourhoods, the progressive evacuation of the people to the lazaretto for 10 days before being sent to two temporary segregation villages in Sor and in the hinterland of Saint-Louis, the systematic disinfection of few houses that were built in durable materials, and the burning down of the majority of suspected huts. The instructions given to the plague administrators were strict and uncompromising:

“It [the operation] is not about shuffling, negotiating, sparing such hut, sparing such notable, (hesitating) instead of burning down: weapons must speak—with cold steel, for the *Tirailleurs* (infantry) will have only the butt and the bayonet, the *Spahis* will only use their sword or the clog of their mount”<sup>61</sup>.

58. ANS/Senegal/H77, Angoulvant to Commissaire de la République, no. 59 of August 1, 1918.

59. ANS/Senegal/H49, agent Mailleraud Frederic to Hygiene Service physician, August 9, 1918.

60. ANS/Senegal/H49, Report on the evacuation of Guet-Ndar (14 August-14 September 1920), by Dr. Thoulon.

61. ANS/Senegal/H49, Dr. Thoulon.

The operation started on 14 August 1918 at 4 p.m. after the fishermen returned home, and was met with fierce resistance. Men, women and children were all armed with sticks, clubs, iron bars, harpoons, knives, axes, and swivels. Within three days, given the imposing military force deployed, the resilient residents of Guet-Ndar gave up all opposition and decided to negotiate. On 17 August, a letter addressed to Governor Lévecque by the “habitants de Guet-Ndar” reached the desk of the *secrétaire général*. Written in broken French, it is almost incomprehensible because of the form of sentences, grammar and disjointed ideas which reflected the problems the colonial administration faced in making the Africans French. A close reading shows that the anonymous authors of the letter tried to present a counter-argument to all the accusations made against them. They attributed various incidents that had occurred to serious “misunderstandings” and “non-comprehension”. They denied being “resistors” and reminded the governor that they had a long tradition of cooperation with the colonial authorities going back to the time of Governor Faidherbe in the 1850s and 1860s. The main evidence presented as the most recent example of cooperation with the administration was the military conscription during the First World War. After setting the record straight, the letter’s authors complained about the negative impact of the sanitary *cordon* on their fishing industry and about the non-payment of allocations to the families of the soldiers sent to the front lines. In conclusion, they reiterated their attachment to the *patrie* (France) and to Guet-Ndar, the land of their ancestors, and promised to cooperate with plague administrators in the hope that, after their stay in the isolation camps, they would be permitted to resettle in Guet-Ndar and resume their normal fishing activities<sup>62</sup>. The letter from the residents of Guet-Ndar never reached the governor’s desk. It was discarded because of its anonymous character and classified by the hardliners within the administration *sans suite*<sup>63</sup>. Argument could be made that by early August the colonial officials’ construction of the plague epidemic was deeply influenced by the doctors who had lobbied all along for a “radical solution” to the Guet-Ndar problem in order to achieve “the final extinction of this dangerous focus” of infection<sup>64</sup>.

An orderly evacuation of the people of Guet-Ndar began on 18 August 1918. Groups of women, children, the elderly and the sick in convoys were transported in canoes, while men, escorted by the *Spahis* (cavalry) walked to the lazaretto at the Pointe-aux-Chameaux on the Langue de Barbarie, as the following table indicates.

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62. ANS/Senegal/H49, Residents of Guet-Ndar to lieutenant-governor of Senegal, August 17, 1918.

63. ANS/Senegal/H49, cabinet’s minute, March 11, 1918.

64. ANS/AOF/H57/31, 35.

## EVACUATIONS OF THE PEOPLE OF GUET-NDAR (SAINT-LOUIS 1918)

Date	Men	Women; Children	Children	Total	End of Quarantine
8 August	54	583	—	637	29 August
1 <sup>st</sup> Sept.	—	—	—	459	—
11	—	—	—	128	—
15	—	—	—	377	—
16	—	—	—	397	27 Sept.
28	A76	—	—	464	—
12 Oct.	—	—	—	533	—
3 Nov.	—	—	—	248	—
14	—	—	—	—	End of emergency

*Source:* ANS/Senegal/H49, Report on the Evacuation of Guet-Ndar (14 August-14 September 1918), by Dr. Thoulon. a. ANS/AOF/H56/48, *Commandant militaire* to governor general, September 29, 1918.

The dwellings at Pointe-aux-Chameaux could accommodate a total of 400 people at one time. The duration of the quarantine was 10 days. In any case, by mid-September the leading protestors surrendered to the security forces after receiving assurances that they would receive special wards in the isolation camp. In early November Guet-Ndar was empty and ready for the “purifying fire” which consumed all but 126 dwellings built in durable materials<sup>65</sup>. The medico-military phase was then replaced by the “medico-hygienic” phase of the plague policy. Governor General Angoulvant estimated the expenses engaged in the operation of evacuation of Guet-Ndar and the destruction of homes at around 1 million francs<sup>66</sup>.

The very operation of the quarantine itself in the lazaretto presented the administration with a logistical challenge that became a real nightmare. Carrera, administrator of the plague policy in Saint-Louis, received many complaints about the inadequacy of food and water supplies, transportation of health officers, indiscipline of plague administration agents, inexperience of canoeists, and delays in the payment of indemnity to the troops enforcing the quarantine. Abdoulaye Wade, a local notable whose mother, niece, and two sisters—one having three little children—were isolated at the lazaretto at Pointe-aux-Chameaux, accused the administration officials of using a double standard in their isolation practices by making exceptions and allowing some city residents to be isolated in their own homes, while rejecting his request to keep his relatives in his house that was disinfected. His mother and one of his sisters died of plague in the lazaretto. From his perspective, a terrible injustice was done to him and others<sup>67</sup>. Other complaints came from people from out of town who simply found themselves

65. ANS/Sénégal/H73, *État des baraques épargnées à Guet-Ndar*, 1920.

66. ANS/AOF/H57/31, 32.

67. ANS/Senegal/H74, Abdoulaye Wade to governor, December 6, 1917.

in the wrong place at the wrong time and who wanted to go back to their families<sup>68</sup>. The year 1918 saw a sharp increase in plague morbidity and mortality, with 1,233 officially listed cases and 1,033 officially listed deaths<sup>69</sup>. Upon the completion of the quarantine in the lazaretto, 36 alleged leading resistors were arrested and detained. Later, 18 were released for various reasons<sup>70</sup>.

By early January 1919, the plague operation in Saint-Louis had created serious administrative problems. After a ten-day stay in the lazaretto, people who had nowhere to go were settled in two segregation villages built one in the southern part of Sor and the other in the hinterland of Saint-Louis, with the capacity to accommodate 1,000 people<sup>71</sup> out of 7,000 ex-residents of Guet-Ndar. Others became homeless. The reporter of the newspaper *La Tribune* criticized the colonial authorities about the fate of the people left homeless after the destruction of their homes<sup>72</sup>. Some notables from Saint-Louis, whose relatives lived in Guet-Ndar, complained about the social character of the plague policy because residents of the city-island (the elite and the middle class) were accorded a special treatment; they were isolated in their own homes, not in the isolation camps as it was the case for the urban poor<sup>73</sup>. F. Devès, General Councillor, was appalled by the difficult living conditions of the people who were left to fend for themselves in the city streets, including over 2,000 people camping on the beach in makeshift tents. He blamed the government for the prevalence of “complete anarchy, brutality and illegality” during the post-quarantine period and demanded explanations from the governor general about the crisis<sup>74</sup>.

After a period of vacillation and shuffling and under intense pressure from local elite and Paris, the administration finally decided to find solutions to the crisis. An Evaluation Commission was set up to propose the compensation to the residents of Guet-Ndar for the loss due to the plague operation. In 1919 there was a substantial decline in plague mortality estimated at 257 deaths. The most crucial issue related to the reoccupation of Guet-Ndar remained under investigation until September 1919 when the authorities agreed to rebuild Guet-Ndar according to a new master plan to be designed, which would have provisions for large spaces and street alignment and give priority to hygiene and waste removal<sup>75</sup>. The decision to rebuild Guet-Ndar can be seen as reflecting the final triumph of the moderates within the

68. ANS/Senegal/H74, unclassified document.

69. ANS/AOF/H57/18.

70. ANS/AOF/H56/51, lieutenant-colonel Lafitte to *Commandant supérieur des Troupes*, September 27, 1918.

71. ANS/AOF/H57/31, 33.

72. ANS/AOF/P165/90, governor general to governor, January 13, 1919 about the rebuilding of Guet-Ndar. See also *Tribune*, no. 66, January 5, 1919, 1.

73. ANS/Senegal/H74, Abdoulaye Wade to governor, December 6, 1918.

74. ANS/AOF/3G3.7/202, F. Devès to governor general, February 23, 1919; ANS/AOF/3G3.7/210, letter of March 5, 1919.

75. ANS/AOF/3G3.7/218, governor general to governor, no. 1196 of September 10, 1918.

administration who opposed the suggestion made by the Hygiene Colonial Committee to create several new ethnic peri-villages instead. In October 1920, the new mayor of Saint-Louis, N'Diaye Cledor Amadou, provided a total amount of 5,000 francs for distribution among the most destitute people of Guet-Ndar<sup>76</sup>. The Commission was presented with fantasist claims. El Hadj Macaty Fall requested compensation for a building that never existed. Others misrepresented the rent they paid before the burnings jumping from 40 frs. to 300 frs. per month. The estimated value of the building John Beigh went from 200 to 1,000 frs. It was evident that everyone wanted to take advantage of the victim compensation fund<sup>77</sup>. As far as mortality for 1920 is concerned, the statistics indicate a total of 197 plague victims. Thus, the cost of extinguishing plague in Saint-Louis, the capital of Senegal and of protecting Dakar, capital of French West Africa, from a second plague outbreak left an embittered population.

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The 1917-1918 plague epidemic in Saint-Louis revealed continuity and change in the French medical policy with reference to previous epidemics. The French experience with yellow fever and cholera in Saint-Louis presented many similarities with the 1914 Dakar plague epidemic in that, as Myron Echenberg (2002: 424) has suggested concerning Dakar, the French medical policy was authoritarian and dismissive of African concerns. In the nineteenth century, it was the members of the civil society who led the battle for a balance between health concerns, commercial interests, and civil liberties. What was different in 1917-1918 was that there was a division within the French community between hardliners (physicians), who were in favour of the forced removal policy, and moderates (governor and governor general), who were willing to take into account financial considerations, civil liberties and some aspects of African culture and religion that were compatible with Western medical and sanitary measures. It took the administration several months of negotiations before opting for the forced evacuation of the people of Guet-Ndar. Governor Lévecque never made the kinds of concessions he made to the Africans in Dakar concerning the vaccination card, the possibility to isolate plague suspects in their own neighbourhoods for medical surveillance (*ibid.*: 186), or leaving the dead bodies with their relatives for dignified burials; these were the contentious issues that provoked popular resistance to sanitary and medical anti-plague measures. The grave consequences of using armed force against people whom they had

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76. ANS/Senegal/H78, Ordinance of mayor N'Diaye Cledor Amadou, October 25, 1920.

77. ANS/Senegal/H78, Ordinance of mayor of Saint-Louis, October 25, 1920.

classified as unsanitary subjects led the colonial authorities to abandon the “ethnic villages” project in favour of rebuilding Guet-Ndar. This change of mind shows that accommodation became a viable policy choice contributing to political stability.

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#### BIBLIOGRAPHY

BETTS, R.

1971 “The Establishment of the Medina in Dakar, Senegal 1914”, *Africa*, 41 (2): 143-152.

BIDDLE, W.

1996 *Field Guide to Germs* (New York: Anchor Books).

BROSSOLLET, J. & MOLLARET, H.

1994 *Pourquoi la peste? Le rat, la puce et le bubon* (Paris: Gallimard).

CARMICHAEL, A. G.

1993 “Bubonic Plague”, in K. F. KIPPLE (ed.), *The Cambridge World History of Human Disease* (Cambridge University Press): 628-630.

CLÉMENT, J.-M.

1985 “Histoire médicale de Saint-Louis”, *Bulletin d'Épidémiologie*, 9: 210-212; 10: 241-243; 11: 274-276; 12: 301-304.

COLLIGNON, R. & BECKER, C.

1989 *Santé et population en Sénégambie des origines à 1960. Bibliographie annotée* (Paris: Institut national d'études démographiques).

COLLOMB, HUOT & LECOMTE

1921 “Note sur l'épidémie de peste au Sénégal en 1914”, *Annales d'Hygiène et de Médecine coloniales*, 19: 38-72.

CURTIN, P.

1985 “Medical Knowledge and Urban Planning in Tropical Africa”, *American Historical Review*, 90 (3): 594-613.

ECHENBERG, M.

2002 *Black Death, White Medicine: Bubonic Plague and the Politics of Public Health in Colonial Senegal, 1914-1945* (Oxford: James Currey).

GOERG, O.

1998 "From Hill Station (Freetown) to Downtown Conakry (First Ward): Comparing French and British Approaches to Segregation in Colonial Cities at the Beginning of the Twentieth Century", *Canadian Journal of African Studies*, 32: 1-31.

M'BOKOLO, E.

1982 "Peste et société urbaine à Dakar: l'épidémie de 1914", *Cahiers d'Études africaines*, XXII (1-2), 85-86: 13-46.

NGALAMULUME, K.

2004 "Keeping the City Totally Clean: Yellow Fever and the Politics of Prevention in Colonial Saint-Louis du Sénégal, 1850-1914", *Journal of African History*, 45 (2): 183-202.

PULVENIS, C.

1968 "Une épidémie de fièvre jaune à Saint-Louis du Sénégal (1881)", *Bulletin de l'Institut fondamental d'Afrique noire*, XXX: 1353-1373.

SWANSON, W. M.

1977 "The Sanitation Syndrome: Bubonic Plague and Urban Native Policy in the Cape Colony, 1900-1909", *Journal of African History*, XVIII (3): 387-410.

#### ABSTRACT

In this article I will examine the impact of the plague epidemics that hit the urban colonial society in Saint-Louis between 1917 and 1920. This research shows that because the poor, who lived in appalling hygienic conditions, were the most affected, the measures taken against the plague soon became discriminatory. The refusal by the medical authorities to find a compromise between what was necessary to prevent further contagion and the cultural and religious practices of the poor, especially funeral rites, provoked anger amongst the poor and resulted in a disobedience campaign which lasted several months. This crisis revealed a deep gap between the medical authorities who advocated the use of force against the rebels on the one side, and the political authorities on the other. Although well-know figures such as Carrera and Blaise Diagne intervened with the inhabitants of the contaminated areas, they failed to reconcile the two sides. The frightening idea of seeing the epidemics reach the better-off classes pushed the authorities to declare a state of emergency, force the recalcitrants to go to the lazaret, and set fire to the contaminated areas. The evacuated remained homeless until the day when the decision was made to rebuild Guet-Ndar.

#### RÉSUMÉ

*Peste et violence à Saint-Louis-du-Sénégal, 1917-1920.* — Dans cet article, nous examinons l'impact de l'épidémie de peste sur la société coloniale urbaine à Saint-Louis entre 1917 et 1920. L'étude montre que puisque les pauvres, qui vivaient dans des conditions hygiéniques déplorable, étaient les plus touchés, les mesures prises

contre la peste prirent très vite un caractère discriminatoire. Le refus des autorités médicales de trouver un compromis entre les exigences de la prévention de la contagion et les pratiques culturelles et religieuses des pauvres, concernant spécialement les rites funéraires, provoqua la colère de ces derniers et une campagne de désobéissance qui dura plusieurs mois. La crise révéla une profonde division entre les autorités médicales, qui recommandaient l'utilisation de la force contre les « rebelles » d'un côté, et les autorités politiques. Malgré l'intervention des personnalités, telles que Carrera et Blaise Diagne, auprès des représentants des habitants des quartiers contaminés, les positions des uns et des autres n'avaient pu être réconciliées. La peur de voir l'épidémie gagner les classes les plus aisées poussa les autorités à déclarer l'état d'urgence, à forcer les récalcitrants à rejoindre le lazaret, et à incendier les quartiers contaminés. Les évacués restèrent sans domiciles fixes jusqu'au jour où la décision fut prise de reconstruire Guet-Ndar.

*Keywords/Mots-clés:* Senegal, beliefs, colonial hygiene, health practices, plague, resistance/*Sénégal, croyances, hygiène coloniale, pratiques de santé peste, résistance.*