



Food Discrimination and Restrictions in Senegal (1914-1945)

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Abstract

The confrontation of two cultures very often results in an ambiguity of status and roles which can generate isolation, confusion of identity, socio-economic exclusions. Thus, during colonization (from early 1914 to the end of the Second World War), the food consumption of local populations in Senegal was mostly assimilated to negative representations, contempt, and even socio-economic exclusion. There was a mismatch between the living conditions of the local populations and those of the Europeans established in the colony of Senegal. This context of colonization, marked by socio-economic and political and military crises, gives way to a system of food discrimination between the oppressed and the oppressors on the whole territory. To put an end to the lack of food in Senegal, the colonial authorities thought that they could regulate food, either by enacting a law or by imposing food rations. So, the period we studied was marked by considerable restrictions of food consumption by the local populations, because priority was given to the European civilians and soldiers who were benefitting from their food cards. Actually, the black population was living on cereals, especially millet, sorghum and rice grown in Africa. While the Europeans were living on meat, wine, bread, butter, sugar, fruits and vegetables. This rationalization was well seen among the Lebou community in Dakar, the villagers in Matam, the Joola Bainouk in the Lower Casamance, the Fulani in Ferlo near Louga region. The populations found it difficult to get accustomed to this cereal-based diet. They protested against the substitution of millet and rice with barley. In addition, they were fed up with malnutrition. Diseases, lack of food and starvation caused human losses all around Senegal. Facing their fate and food discrimination, some populations put into practice strategies for survival in this period; some people wore poor quality wrappers; others stole cotton-made shrouds in graves. Fraud and black market were getting widespread. In some villages, the animists invented the fetish food to save their religious guides from the predation of the local authorities who wanted to have control over everything.

Some rice fields and parts of the forests were haunted by the ancestral spirits in order to ensure the survival of the local people during this period of restriction of the consumption.

Subject Areas

Sociology

Keywords

Excluded, Epidemics, Food, Discrimination, Poverty

1. Introduction

Marginality has been much debated in the last few years. And according to J. Mancini-Billson (1988) [1]: “it concerns those excluded from political, economic and social power”. In the colony of Senegal, indigenous consumption is often assimilated to with negative representations, contempt, and even socio-economic exclusion, in contrast with the living condition of Europeans established in the territory. Actually, the context of colonization remains largely marked by politico-military and socio-economic crises which have generated a mechanism of discrimination between the oppressed and the oppressor everywhere in the colonies. In Senegal, it was marked by restrictions of the consumption of local populations, while priority was given to the troops. Consequently, diseases, shortages, and famine started entailed ravages everywhere in Senegal. In fact, the time interval between the beginning of the Great First World War and the end of the Second World War is revealed of the management of the socioeconomic destiny and the diet of the natives on the margins of the group of Europeans established in the colony. For M. Richet, the results of malnutrition read as follows: decrease in genital vitality; considerable infant mortality; higher frequency of epidemics; and greater severity of all infections. Indeed, the wars of 1914-1918 and 1939-1945 brought to light food crises, the decline of food crops in favor of groundnuts, shortages and drastic reductions in food consumption [2]. This historical framework offers us the opportunity to reflect on several issues raised by these events. Why is the black group left behind? How did they live on the daily food restriction? What were their reactions? We therefore advance the hypothesis that the black populations were very tested by these dietary discriminations characterized by drastic reductions in rations. To verify this hypothesis, we had to carry out an analysis of archival documents, and a review of the work of researchers in the humanities and social sciences. So, our objective was to reflect on the mode and living conditions of local populations during the two great world wars, to see the degree of marginality of the black group in colonial Senegal. Thus, this text first revisits the food restrictions of the local population. And finally, it analyzes the harshness and the deterioration of their living condition; the study of this part will make it easy to understand the social reactions to the difficult conditions,

malnutrition, and colonial epidemics.

2. Discrimination and Restrictions on People's Food Consumption

After World War I, there was large-scale inflation and speculation. Commodities including millet, rice, and textiles experienced a considerable increase. Unemployment was accompanied by severe shortages linked to the occupation of France. In such a context of precariousness, we witnessed a significant change in the daily life of black populations. To remedy at once to the widespread food shortages, France is asking for restrictions through decrees (Figure 1).

During the First World War, the distribution of foodstuffs had been regulated. Thus, a set of restrictions on indigenous food consumption accompanied the rational measures during the colonial era. The reduced rations lead to a deterioration

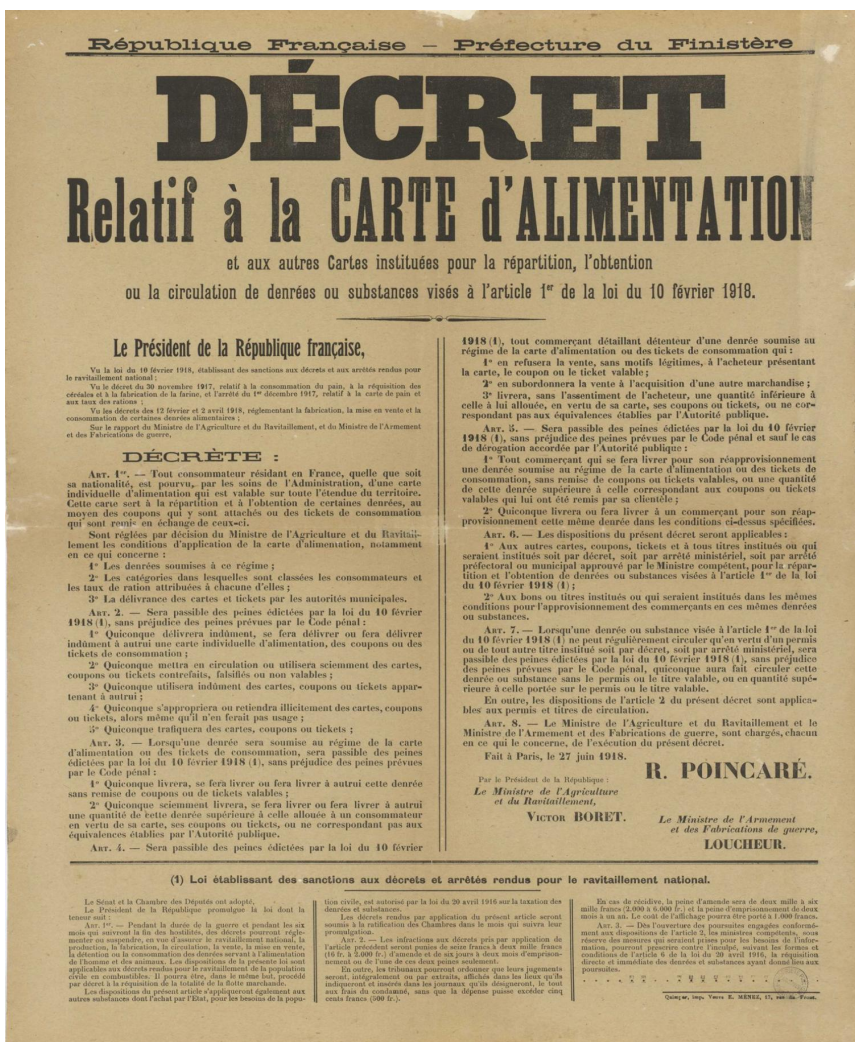


Figure 1. Decree of June 27, 1918 of the prefecture of Finistère relating to rationing measures. Source: Departmental Archives of Finistère (Finistère during the 1914-1918 War-Educational tool/Archives...) Quimper, 5 alley Henri Bourde de la Rogerie; and in Brest, 1 rue Jean Foucher.

of the food situation of the natives. This situation of the blacks is unbalanced, and the populations suffered from the lack of calories required for an activity. Faced with the shortage, the colonial administration sought to supplement this lack of calories with “cracked wheat; barley and other products” [3] hardly accepted by the indigenous populations.

2.1. The Consumption of Local Populations

The black diet is based on cereals, especially millet, sorghum and African rice. Thus, porridge (preparation made from cereals boiled in milk or water) or “lakh” are consumed at midday and couscous in the evening and morning as breakfast.

However, with the grain shortage, the colonial administration rationed rice while in normal times each native could eat at least up to 500 g of rice per day. With this rationalization or discrimination, every native now had discount on their coupons. Thus in April 1941 an order fixed the ration of rice at 150 g/day and per person, *i.e.* 4.5 kg of rice per person and per month. In February 1942, the ration was set at 2 kg per person per month; in July of that same year, it fell to 0.5 kg per month and per person. After the Second World War, in 1946, rice rations were maintained between 0.5 and 0.4 kg per person and per day.

This low consumption of rice was compensated by the consumption of millet. The rationalization of its consumption also began in 1941, and from January of the same year, all throughout the colony of Senegal, the monthly ration of millet per person was 1 kg. In 1942, it was risen up to 3 kgs/person per month. Following the good harvests of 1944 in Senegal, rations increased significantly. Thus, millet, like maize and wheat, constitute substitute cereals for rice, and the shortage pushed the colonial authorities to resort to relief cereals.

Barley is also undergoing rationalization. Between 1941 and 1942 the ration of barley was 4 kg/person per month, before it was risen up to 7 kg per person per month in 1943. It is therefore enough that the shortage of these cereals worsens, for the famine and diseases knock at the doors of the natives. And in this context, barley became a real plant for food stuff, a bulwark against famine. This rationalization was poorly received among the Lebous of Dakar, as well as among the foutanké of the Senegal River and among the Fulani of Ferlo near Louga. Thus, in 1943 Mr. Guichard, said about the catastrophic food situation of the colony of Senegal in general, the Fouta in particular that: “It is impotence caused by physiological and moral misery... It would be necessary, to remedy it, to develop the cultivation of barley and wheat for several years (...), and to promote abundant food”. Indeed, there was an exceptional drought during this period, and famine broke out in the Senegal River. This was a multifaceted crisis (agricultural, food, social) which was expected to worsen on account of world conflicts. Barley and wheat are forcibly introduced by the authorities to alleviate malnutrition; but the local population found it difficult to adapt to this new cereal situation. People are protesting against the replacement of millet and rice by barley. The discontent and bitterness of the natives were all the greater because

the preparation of barley was a painful chore for the housewives. Because before being consumed, it should be pounded, shelled, put in hot water before being cooked. The restitution of rice is compensated first by millet, then corn: this is the first act. The second act: the shortage of these cereals calls for wheat and barley, which are emergency cereals that are difficult to accept by the African populations. The use of these famine foods reflects the harshness and deterioration of the living conditions of the natives, unlike the European population established in the colony of Senegal. Despite all the efforts made by the colonial authorities, many blacks are still undernourished. Dr. Vantsen, moreover, did not hesitate to write: “the black who comes to offer his services is generally a malnourished man. In his village he had to follow a vegetarian diet only. Periodic food shortages and famines taught him to eat irregularly and also to fast. Physically he is an undernourished person who lives on the borderline between good health and disease”. And he further adds that “it must be taught how to eat, put at its disposal a ration meticulously calculated from the point of view of quantity and variety in composition”.

In short, we must therefore, in general, admit that the food of the local populations during the period studied is too scanty, irregular, not very varied, insufficient and poorly balanced.

2.2. European Consumption

In general, this consumption is a reflection of a social unevenness. It is a varied and balanced diet on the ground and on the backs of local populations. The Europeans based in the colony of Senegal lived on meat, wine, bread, butter, sugar, fruits, vegetables, soap, etc. And decree 807 of April 17, 1941 on the rationing of bread gives Europeans the choice between bread and flour on the one hand; and rice, millet, and but on the other hand (Figure 2).

Each European must choose between 250 g of flour per day or 200 g of rice + 100 g of millet + 100 g of corn per day [4]. They had overloaded coupons and

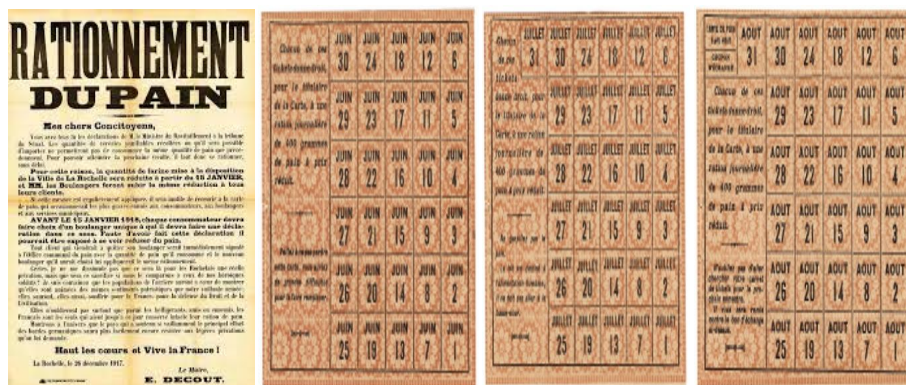


Figure 2. The Bread Rationing Order of 1940, and Food Ration Tickets. Bread rationing in 1940; Food ration tickets for the months of June, July and August 1920. Archives and collections (1914-1922) of the Rhône department. Sources:

*<https://unmondedepapiers.com/tag/rationnement>.

priority cards. Every month, an order from the Secretary of State for supplies sets, for each rationed foodstuff, the quantities allocated to consumers. In 1940 local decrees regulate consumption. Consumers are divided into several groups according to their age and profession: E/ children up to 6 years old, J/ from 6 to 12 years old, A/ from 12 to 70 years old, V/ old people over 70 years old, T/ workers exercising a difficult job and C/ farmers. The consumption of bread, milk and fats was reserved only for Europeans, their children, the sick and soldiers. Thus, milk collection centers are created in Keur Ndiaye Lo, Niaga, and Niakoulrab. Milk was collected from the herds and then transported to Sangalkam where it was filtered and put in cans. Peanut butter and oil were also consumed by Europeans. While each indigenous family was only entitled to 3 to 4 liters of oil per month. Europeans also consumed fruits, vegetables, and wine from the metropolis; while the natives could only consume the local fermented wine.

For sugar, each European was entitled to up to 750 g per month, because priority was given to the troops. As for soap each could have 1 kg per month, while the natives were only entitled to 300 g per person per month. Regarding meat, massive cattle requisitions were made in Fouta, Louga, and Ferlo. Only soldiers and Europeans established in Senegal had the right to consume. The small coast and Casamance supplied the colonial authorities. And with the scarcity of the Second World War, horses were also slaughtered.

3. Harshness and Deterioration of the Living Conditions of the Natives

The black populations were tested through these food discriminations characterized by drastic reductions in the rations. In addition to this hardship, starvation broke out. Then the plague killed many people in Casamance, on the small coast, and in several indigenous neighborhoods of Dakar and Saint-Louis. Nevertheless, priority was always given to the French army, navy and civilians.

3.1. The Local Population Tested

The local population had to participate in the war effort and in supplying the troops. The massive concentration of troops, soldiers in Dakar, after the rallying of Free France, to prepare the landings and the counter-attacks from the native lands, led to the precariousness of the situation of the natives, because the European civilians and the soldiers were priority and had priority cards. They have a varied and balanced diet (bread, meat, butter, milk). While the local people have a grain-based diet. In 1943, for example, no native had the right to consume bread and milk; and infractions were severely punished. Thus, the colonial authorities affirmed that during this period: “the distribution was equitable between Europeans and natives”. Contrary to this assertion, equity has never prevailed between these two elements of the population in the colony of Senegal. On the contrary, the blacks were victims of segregation and humiliation. In front of

the shops in Saint Louis or Dakar, we had three rows: Europeans, Levantines, and natives. The natives rarely refuel, because the stocks were quickly depleted after the passage of the Europeans.

Segregation was all the more serious as during this period the colonial authorities prohibited traders from selling to the natives the fabric called fabric on the occasion of the Korité. Vouchers for this fabric were only issued in the event of death for the making of shrouds. In the same vein, the chief of the village of Bourofaye Baïnouk, Yaya Coly [5], affirms that during this period (between the two wars): “many young people of my generation repeatedly used empty flour sacks to dress, and others in cities like Dakar stole the percale shrouds from the tombs”. As well as fraud and black markets flourished during this period. This ban was lifted in 1943 with the arrival of American fabrics; there too the sale was limited and the pulpit the meter of fabric cost 25 Fcfa, which was not within the reach of the majority of the local populations. It was suspected that France intended to starve the population. And this discrimination results in the deterioration of relations between Blacks and Europeans, in the anger felt by the local populations, and in clashes. This marginalization is present everywhere: in everyday life, and in the workplace. The conclusion of a demographic survey carried out in 1938 in AOF [6] shows that the intensification of maternal and child protection from the 1930s, after having targeted infant mortality as a major obstacle to population growth, painted a picture less brilliant: considerable stillbirth and mortality, significant pathological abortion, 15% to 20% of pregnancies do not result in live births, disappearance before the age of fifteen of almost half of the children. Moreover, we noticed the epidemics of infections, the poor living and hygienic conditions of the local populations, syphilis, alcoholism which multiplied. To illustrate the health consequences of food insufficiency, we report in the below table the multiplicity of some diseases during this period.

Table 1 below shows the multiplicity of dreaded diseases such as yellow fever, smallpox, and plague in the colony of Senegal. These diseases wreaked regular havoc on the colony for some time.

The observation and analysis of the data in the table shows the multiplicity of epidemics between 1914 and 1945. This is a witness of the significance of an image of the “time of death” attached to the dark period of the conquest as well as the entrenchment of colonial power [7]. The episode of the first plague epidemic in Dakar in 1914 illustrates this image very well. This epidemic was the occasion of serious clashes between the health authorities, very concerned to maintain a political domination jeopardized by the election of the first Senegalese deputy, Blaise Diagne, winning over French competitors, and the strong resistance of the indigenous populations in relation to the maneuvers of the European community which tried to take advantage of the situation of the epidemic’s danger to increase its control over their property and their lives by establishing marginalization and residential segregation on the pretext of health considerations [8]. But with the seriousness of the health and food situation, the colonial authorities

Table 1. The multiplicity of some epidemics in Senegal between 1914 and 1945.

Years	Yellow fever	Smallpox	Plague	Meningitis	Dengue fever
1914	+++		+++		
1915	+++		+++	+++	
1916			+++		
1917			+++		
1318					
1919			+++		
1920 at 1924			+++		
1925				+++	+++
1926	+++				+++
1927	+++		+++		
1928	+++	+++	+++		
1929 at 1930			+++		
1934	+++				
1936				+++	
1939		+++			
1941				+++	
1944			+++	+++	
1945				+++	

Source: the data are taken from the article by Charles BECKER and René COLLIGNON on Epidemics and colonial medicine in West Africa, Orstom, Dakar, CNRS, Paris - Nanterre, Dakar, 10 p., February 1997. But the table is produced by the author (Aliou Sène, December 2019).

were obliged to set up some initiatives.

3.2. Some Initiatives to Address Food Deficiency

The food situation of the local populations worsened to the point that a famine broke out in 1943. To remedy without as early as possible the overall food deficiency, the colonial authorities put in place some health control measures which are gradually developing with, in particular, the sanitary strengthening of municipalities [9]: immediate declarations, sanitary and hygienic measures, quarantines, dissemination measures. The multiplication of epidemics led to the medical reorganization of French West Africa (FWA) and the establishment of Indigenous Medical Assistance (AMI) provided by the civil health service. Thus, in 1943, new food crops were introduced into the colony, in particular barley, beans and corn. The situation was somewhat rectified at the end of 1944, thanks to the efforts of a Food Commission [10]. The metropolitan municipal system was introduced in 1872 in Saint-Louis and Gorée, in 1880 in Rufisque and in 1887 in Dakar. With the food crises, these services were reinforced throughout the colony of Senegal, in which the territorial, medical and agricultural services partici-

pated. The decisions of this commission were carried out by a large European and auxiliary staff. In addition, to compensate for insufficient recruitment, military doctors will be employed in these functions of doctors in administrative circles. We are moving away from a logic of individual curative medicine to think about health problems in more collective and public hygiene [11] terms. We are concerned with the organization of care and the prevention of endemic diseases, urban and rural hygiene, vaccinations, school supervision and maternal and child protection, we articulate the health subdivisions on the administrative structures (Figure 3).

A vaccine service is created at the Saint Louis [12] microbiology laboratory; indigenous auxiliary doctors, medical assistants and midwives, vaccinating nurses, hygiene guards and indigenous health guards are trained. Major sanitation [13] works were undertaken in two programs (1903-1908 and 1909-1914) before the First World War. Since 1904, health arrangements between the eight territories of the FWA have been established, but it will however be necessary to wait for the decree of June 7, 1922 for the international health convention of 1912 to be promulgated in the colonies. In 1918, the Jules-Carde medical school [14] in Dakar was created with Aristide Le Dantec as its first director. All of these measures will no doubt have the effect of attenuating the impact of the clash between two types of society created by the colonial intrusion, but the fact remains that the era of the conquest was marked overall by a demographic decline of local populations. The proliferation of maritime contacts, portage, large construction sites, migration to cities, and ecological upheavals have favored the development, extent and magnitude of epidemics on a scale hitherto unknown [15]. The First World War was the occasion of an awareness of the demographic problem by the importance of the puncture constituted by recruitment and the losses it caused in the black troops engaged in the conflict. The Spanish flu epidemic, imported from Europe at the end of the war, was the greatest known short-term

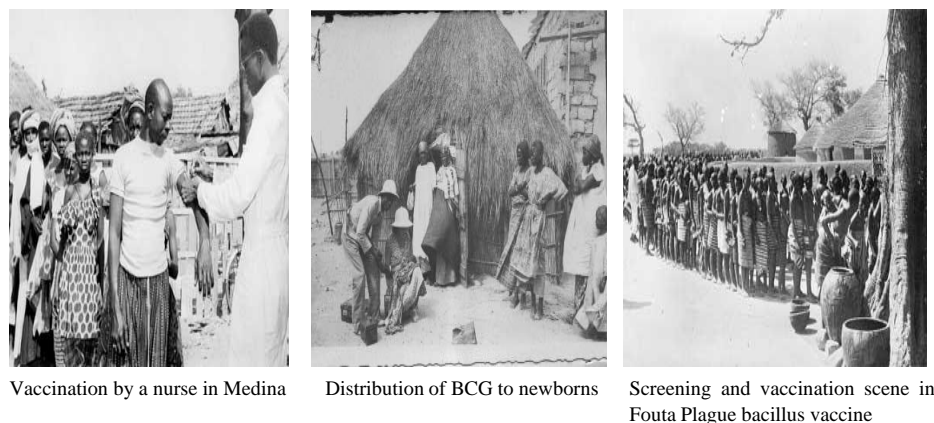


Figure 3. Vaccine service. Source: National Archives of Senegal, *1H 86H 28: 1903-1930, Hygiene: correspondence from the Director of Health to the Governor of Senegal on the health situation. *1 H 82 (163): reports on trachoma (infectious and contagious disease, of bacterial origin) in Dakar, Casamance, Upper Volta, Sudan, 1941, from the SGHMP.

demographic catastrophe in the history of the continent; no other epidemic, no more than the slave trade or the conquest, claimed so many victims in such a short time (between one and a half and two million people).

The Plan Albert Sarraut, Minister of the Colonies in 1921, was to place at the forefront of the administration's concerns a health policy likely to ensure the reproduction of a labor force increasingly in demand. Mass medicine and prophylaxis were more and more on the agenda, a context in which Pasteurians (researchers at the Pasteur Institute) military doctors will particularly shine. However, the authoritarian attitude of the sanitary measures forced the local populations to social reactions.

3.3. Social Reactions to the Difficult Conditions and Epidemics of the Colonial Era

The food rations of the natives were below physiological standards. During the National Colonial Congress of 1920, D. Broden, in a speech, highlighted the catastrophic food situation of the colonized populations. Thus, it was necessary to consider the conservation and development of these native populations and consequently to fight against the diseases which decimate them. The vitality of blacks, compared to that of Europeans established in Senegal, is generally weak. The most apparent cause is lack of food. The black eats too little. He only eats his fill every four days: the content is meant to calm his appetite with a few pieces of cassava, a few bananas or a little corn, when he has some. The dry season aggravates the situation. The soil became unproductive and the food supplies were running out, the famine started itself. It is therefore necessary in this article to take into account, with regard to the food of the local population, the wishes expressed by the Academy of Colonial Sciences [16] of Paris, in 1942. Indeed, the malnutrition of the local populations was widely described by D. Roubaud, a senior French colonial official of this Academy. He had affirmed during the presentation of the vows to the Academy, that:

“Among the general causes of the depopulation, the problem related to the food of the natives arises in all the colonies in a pressing way (...). To remedy as early as possible the overall food deficiency, the Academy appeals to the need to develop to the maximum, in all the colonies, the food crops and the resources of fishing and breeding and to pursue a rational policy of education (...). Indigenous food crops and fishing will be made compulsory. Indigenous livestock will be developed and encouraged. The passage of the natives in the corps of troops will be used to induce their habituation to a rational diet, in particular to the consumption of fish and meat and to their usual real culinary preparation. The fight against alcoholism will be made more rigorous...” [17].

These wishes relate to the fight against famines and their disastrous effects on man and his descendants, through the extension of food crops, fishing and animal husbandry. They also aim to improve and raise the standard of living. Thus, the administration will multiply the attempts to introduce food plants and will endeavor to spread them by free distribution of seeds. In all posts, gardens,

schools, training centers for monitors of indigenous cultures, will be established. These wishes remained a dead letter, because it was difficult to implement them: these measures are not adapted to the conditions of the environment. Despite these initiatives, there are serious deficiencies in the diet of local populations. And the latter were constantly visited by terrible “foreigners”: pestilence and hunger. The plague visited the colony of Senegal several times: in 1914, during the First World War, and in 1944 [18]. It wreaked havoc. Thus, the lamentable hygienic conditions (400 g of soap per native per month) favor faecal peril, skins, and rats. The study by Jeannes (1991) [19] demonstrates the slowness of this awareness: certain diseases such as measles did not appear until the end of the 1950s as a public health problem in West Africa. The sick were forcibly removed from their homes, parked, isolated, blocked and watched. And vaccinations became mandatory with campaigns to destroy rats. It is very certain that these medical campaigns, in the colony of Senegal, will find opponents in certain circles; there will be fear of seeing an additional Administration set up. Thus, faced with their fate, illnesses and malnutrition, some people turned to traditional beliefs, and put in place strategies and food fetishes to survive (Figure 4).

The village fetish was kept in view of the people. The latter collected palm wine which they poured into the hole while pronouncing words so that the spirits would protect them against hunger and disease, give them rain, good yields, and the strength to work the land. During the prayer it is the eldest who pronounces the following incantations:

“O sacred fetish and the spirit of our ancestors
 Provider of power and wealth (...)
 Protector of souls against the forces of evil,
 (...) Makes our village prosperous and
 populations are spared evil, hunger and disease...”

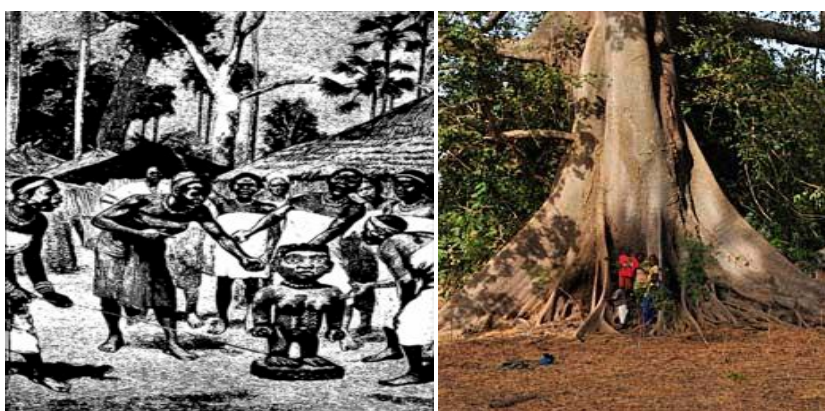


Figure 4. Engraving of a prayer scene around a fetish in Karabane (in Casamance), in 1943. Incantations of the spirits of the ancestors around a fetish so that it rains. Great Bourofaye Diola cheese maker which houses the spirits of the ancients. Source: this engraving is taken from the work of Captain Henri Francois Brosselard, Casamance and Mellacorée. Penetration in Sudan, Paris, 1893, p 13 (National Library of France). The photo on the right is a snapshot of the author (Aliou SENE), April 2014.

So from that moment, the fetish becomes active. Crops, fields, and certain fruit-producing trees are protected by ancestor spirits. And if you tried to attack their harvest, the person was punished by disease and possibly death. The guardian of the food fetish can at any time request prayer sessions for the village or for particular cases; because according to local beliefs, Europeans are at the origin of many discriminations and as such they must be fought. Thus, beliefs constitute the means for certain groups of the local population (animists) to have the impression of controlling their destiny. They are found in certain areas such as among rice farmers in Lower Casamance, or among Fulani shepherds. Finally, certain superstitious practices, inscribed in animist beliefs, have the effect of protecting the population against the “misfortunes” of Europeans during the colonial era.

Moreover, the authoritarian attitude of the health measures of the colonial powers and the hostility of doctors to traditional variolation techniques forced the local populations into rigorous clandestinity. The death of certain people vaccinated under duress fueled popular mistrust of French methods and contributed to fueling certain interpretations attributing these African deaths to revenge by the losers of the vote. The reaction of the dominated population to the authorities took various forms, ranging from the concealment of the dead, to the refusal to lend themselves to medical actions [20], and to passive or more violent resistance, to militarily supervised measures of isolation and dissemination.

4. Conclusions

Ultimately, the analysis of the food consumption of the group of blacks, between the beginning of 1914 and the end of the Second World War, in the colony of Senegal has highlighted the famine, the harshness and the deterioration of living conditions, and the multiplicity of epidemics. The populations experience a feeling of abandonment and rejection on the part of the authorities. Unlike the Europeans established in Senegal, the local population has suffered greatly from food discrimination. This had many consequences, including the deterioration of Aboriginal/European relations, the appropriation of animist beliefs for some (in order to save their food and Récollets in the face of multiple requisitions from the authorities). It also appears in this contribution, that in the face of shortage and famine, the authorities took measures of discrimination and segregation through requisitions and rationing. Despite the measures taken to remedy undernourishment and epidemics, it was a real policy of abandonment and social exclusion of the weakest exposed to undernourishment, malnutrition and disease.

The latter and epidemics have long been part of the daily landscape of West African societies and people, without popular knowledge or written knowledge being able to accurately recall ancient episodes of misfortune. Research and experimentation have known certain developments (Africa perceived as a privileged laboratory), and unquestionable progress in the development of vaccines

and drugs, but little university research seems to have manifested itself on the medical practices implemented. Our study may inspire researchers today to question the resurgence of old food and health problems that we thought had been overcome.

Conflicts of Interest

The author declares no conflicts of interest.

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