15 'The dog that did not bark'

Memory and the 1918 influenza epidemic in Senegal[1]

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> The [influenza] epidemic is seldom mentioned, and most Americans have apparently forgotten it. This is not surprising. The human mind always tries to expunge the intolerable from memory, just as it tries to conceal it while current.
>
> H.L. Mencken, 1956[2]

The world influenza pandemic of 1918–19 pounced upon the French colony of Senegal with a ferocity of biblical proportions in the first week of September of 1918. By the time the last case was noted in December in the remote *cercle* or province of Kédougou, situated near the border with Guinea and Soudan, influenza had touched every village, had probably infected over half the estimated population of one and a quarter million, and had left a total of roughly 47,000 dead.[3]

Unlike most places in the world, the 1918 influenza outbreak has left comparatively little trace in Senegal's written or oral history, despite its heavy death toll. This is all the more surprising, given the presence of an elaborate French colonial bureaucracy situated in Senegal's leading city, Dakar, the core of the colonial Federation of French West Africa. As for contemporary newspapers, they appeared sporadically if at all during the crucial months of 1918 and said little or nothing about the raging pestilence.[4] The silence is also unusual because the diverse peoples of Senegal have long preserved a rich and elaborate tradition of oral history. Recognising that it is always more difficult to determine why something fails to materialise, this chapter nevertheless seeks to explain why this particular dog did not bark.

Such silence is not typical. For many historical research projects, including those dealing with the history of health and disease, Senegal offers a rich collection of archival records. An extensive bibliographic survey in 1989 produced almost 3,000 entries, many of which were based in part on archival sources, but with only three entries on the 1918 flu pandemic.[5] Indeed, Senegal, quite untypically, offers three layers of archival documentation. Like the other French African colonies, Senegal

possessed an administrative capital (Saint-Louis), where the Governor received the various reports of the respective *commandants de cercle*, or local administrators. Unlike the others, Senegal also housed the seat of French West Africa's capital in its largest city, Dakar, where the Governor-General of the federation maintained a relatively large central bureaucracy. Finally, at the municipal level, because Dakar's daily affairs were the concern of the Governor of Senegal, he appointed a Delegate, who regularly reported on political, economic and, of special interest to this chapter, sanitary matters. In order to seek out an African voice, I also conducted over twenty interviews with African informants selected because they were reputed for their memories in general and for their interest in medical questions in particular.

In the *Archives Nationales du Sénégal* (ANS) which house the records for Dakar, Senegal and French West Africa, only one thin dossier, H61, entitled 'La Grippe Brésilienne, Dakar, 1918', is a specifically classified source for the pandemic. It contains three valuable handwritten letters by senior health and administrative officials to the Governor of Senegal, and little else. A thorough search of other series, for example the D and G series for military and political matters, did provide some additional information. A visit to the French colonial archives in Aix-en-Provence proved even more disappointing. If they were ever written, none of the medical reports for Senegal in 1918 seem to have survived.

Fortunately, the historical legacy for influenza in Senegal is not completely blank. A fragmentary record of the influenza pandemic of 1918 has survived, and in published form. This main source is a compilation covering all of the French colonies, published 3 years after the pandemic by Dr Paul Gouzien, Medical Inspector General of the French Colonial Army.[6] France, along with other member nations of the *Office International d'Hygiène Publique* (OIHP), received a questionnaire from that body requesting data some time after the world influenza pandemic had abated. Gouzien, in turn, issued his own questionnaire to his medical staff in each French colony, and it was on the basis of these responses that he constructed his published report. Gouzien's publications aside, no scientific or popular writing has ever been devoted to the 1918 flu epidemic in Senegal.

The various regional reports in the Gouzien compilation were of uneven quality. The best of the French West Africa reports, by Dr Pezet for Guinea, was based on his more detailed annual medical report, and provided regional breakdowns and the qualitative and quantitative information that are completely lacking for most other regions. The section by Dr Burdin for Ivory Coast, for example, was poorly done, and Dr Thoulon's for Senegal, unfortunately, was little better.[7] It would appear that each medical officer, upon receiving instructions from Gouzien in Paris, responded with what he found at hand. In Senegal, with little available in his files, Dr Thoulon passed on what he himself had written and

observed. That is why a thorough search of the Dakar archives simply repeats what Thoulon, and therefore Gouzien, knew in 1920. While the arrival of influenza in late 1918 itself was a contributing factor to its under-reporting, fortunes of war had also conspired to leave most officials so short of staff and material that even routine annual reports were not written in 1918.

The course of the influenza pandemic in Senegal followed the global pattern. The presence of foreign and domestic soldiers, and wartime overcrowding generally, provided the influenza virus with an unusually large number of potential hosts. All but twenty of the 1,380 Brazilian sailors in Dakar harbour were infected aboard the crowded ships. By the time flu had run its course, 108 had perished, a mortality rate of seventy-eight per 1,000 men.[8]

French officials were quick to blame the Brazilians and especially British officials in Freetown, Sierra Leone, for not having alerted them earlier.[9] Yet French public health officers delayed 2 days after being apprised of influenza aboard the Brazilian fleet before inspecting the ships and the patients. In reality, even the most diligent actions of public health authorities would not have made any difference. The airborne virus A of influenza was virtually impossible to stop by means of quarantine throughout the world, even when authorities had ample warning of its approach.

African soldiers constituted a second group of victims. The deadly virus jumped from the Brazilian ships to the town of Dakar, first manifesting itself in buildings nearest the wharf before quickly moving to the city centre and beyond. At the military base in Ouakam, a good 10 km from the port, the first truly catastrophic day was 18 September, some 10 days into the pandemic, when twenty-eight *Tirailleurs Sénégalais* died. All told, the military was to register 155 deaths at Ouakam by the end of the pandemic in November.[10]

Authorities' reactions to the first influenza cases varied widely. The Governor's Delegate in Dakar was so alarmed at the number of deaths and at the prospect of hundreds more among the African military that he asked the Army to bury its dead in Ouakam, rather than sending the corpses to the main native hospital in Dakar.[11] On the other hand, the chief medical authority in the colony, Dr Thoulon, seemed to have misread the seriousness of the epidemic, and erroneously assumed, like many medical people the world over, that this disease would place at risk only the weakest elements in the population. No doubt he would later regret his optimistic prognosis:

> The flu does not seem to be very serious. As always, it strikes the most vulnerable, people with low resistance who are in poor physical condition. Without prejudging events, I nevertheless think that we can face the future without too much concern.[12]

On the contrary, the immediate future was most disquieting. Making its way by means of infected human hosts travelling by rail, river and road, influenza reached every town, village and hamlet in Senegal. One of the last regions to be affected, the remote interior *cercle* of Kédougou, provided a rare glimpse of the flu's impact in a rural setting:

> The outstanding event of the month has been the appearance of an influenza epidemic brought in from the [west]; and in another direction from the *cercles* of Kayes and Bafoulabé. In some major villages such as Dioulafoundou, with the exception of the village chief and three women, everybody was infected at the same time, and at the precise moment when the fields most needed strong arms following the rainy season floods.[13]

A month later, the *cercle* commandant reported that his medical staff, consisting of only one auxiliary nurse in the entire *cercle*, was helpless to treat the epidemic, lacking such basic medicines as quinine, tincture of iodine and camphor oil. Such medicines might have made the patients more comfortable but they would not have countered the influenza virus. Without the means to treat victims, the commandant ordered the school at Kédougou closed in late November after two pupils had died and another eight were seriously infected. All the children, sick, incubating or healthy, were sent back to their villages.[14]

This detail from remote Kédougou stands in dramatic contrast to most of the French colonial administration in Senegal. In the Upper Senegal Valley, flu went entirely unremarked in the monthly reports from Matam and Bakel, and was only briefly mentioned for Saldé.[15] In the three political reports written for 1918 Governor Léveque of Senegal devoted not a single line to flu.[16] The Governor-General, Angoulvant, was almost as mute. In a letter to the Minister of Colonies in January of 1919 he implied that flu was being used as an excuse for a failure of Senegalese authorities to bring the lower Casamance region under firm political control.[17] Such denial at the highest levels of administration ignored what little detail the local man-on-the-spot in Casamance had provided. Almost the entire population was reported to have been infected, and an estimated 8 to 10 per cent to have perished.[18] All political, agricultural and commercial activity had ceased, and the commandant complained that he would not be able to meet his anticipated tax collections, thus apparently arousing the ire of his superiors.

French medical officials, while not maintaining the virtual silence characteristic of their civilian counterparts, were less than adequate in their reporting of the pandemic. To be fair, it should be said that normal medical procedures broke down in many parts of the world under the double impact of war and infectious disease. As Dr Thoulon noted, it had become impossible in Dakar or anywhere else in Senegal to insist upon

obligatory reporting of morbidity and even of mortality figures.[19] Nevertheless, when the physicians did report on flu, in their confusion they relied more on rumours and guesswork than on facts.

Their confusion showed up both for diagnosis and treatment of the new illness. Understandably concerned about the recurring cases of plague, which had first struck Senegal in 1914, and had returned in 1917, some French doctors at first misread the pulmonary complications of influenza, confusing it with pulmonary plague, the most virulent form of this disease.[20] Believing quinine, the malaria suppressant, to be a wonder drug, Dr Thoulon urged the population by means of public notices and handbills, to take daily doses of 'this invaluable alkaloid'.[21] While this therapy was of no benefit, his prescriptions did at least help make the patients more comfortable. He recommended large quantities of iced drinks, careful hygiene relative to the mouth, hands and nasal passages, and the disinfection of contaminated apartments. A year later, well after the epidemic, Thoulon continued to hold to some curious notions about effective treatment:

> Nothing special to say about treatment, except that alcohol in all its forms – Todd's potion, champagne for Europeans, wine for natives – was administered to patients and distributed as a preventative, in the form of rum, to the general public, including Muslims. To this tonic is attributed a certain amount of success, at least as a stimulant, with some observers going so far as to state that the habitual consumption of 'bangui', a fermented alcoholic beverage in Balante country (Casamance) would explain, to a certain extent, the benign impact of influenza in that region. Still, it should be remembered that the immoderate consumption of alcohol leads to intoxication, to liver disorder, and to myocarditis, and influenza, we know, is particularly severe among alcoholics.[22]

While there was no evidence that alcoholic beverages were of any benefit, Thoulon's prescriptions undoubtedly received a mixed reaction. The French Army took the advice seriously and issued hot drinks and alcoholic beverages to all its military personnel.[23] For those Africans who had no objection to alcohol, the chief medical authority's prescription of rum for them while French tax-payers were given champagne was a ludicrous example of colonial discrimination, while for those who were Muslims, many would have resented the obligation to violate a religious precept.

Estimated mortality rates often amounted to sheer guesswork. For the Upper Senegal Valley Dr Thoulon guessed that in some villages as many as a third of the population may have died.[24] By contrast, in the same region the Commandant of Saldé, less given to hyperbole, and one of the few local officials anywhere in the colony even to mention flu, would say only that influenza had been responsible for 'many deaths'.[25] It was commonly

assumed that the more remote corners of the colony, difficult to reach, and the last to be struck by influenza, were less seriously affected, but no evidence permitted such a conclusion.

Despite the absence of reliable details, medical officials confidently, if somewhat rashly, generalised about which elements of the population were more vulnerable to flu. Dr Thoulon was convinced that soldiers, for example, suffered less than the general population because they received better supervision.[26] A similar argument was made for low mortality among the African *Tirailleurs* at the posts of Dagana and Podor. It is always possible that Senegal was the exception, of course, but these opinions ran contrary to better evidence elsewhere in the world that men in their twenties who were confined to crowded areas, in other words young soldiers, experienced the highest mortality rates of any age group.

Medical and civilian officials held sometimes directly opposite notions of what had transpired. In Casamance, the civilian man-on-the-spot maintained that his region had suffered death rates up to 100 per 1,000 population, but Thoulon later claimed that Casamance was *less* severely affected than other areas. He even speculated, as we have seen, that the alcoholic palm wine favoured in Casamance may have been responsible for the relatively moderate death rates![27]

Several explanations can be advanced for the relatively silent historical memory in Senegal. One speculation argued at the time can be quickly discarded. Wartime shortages of equipment and personnel, which French officials in Senegal constantly invoked, were not unique to them. The same difficulties were experienced in other parts of Africa where the historical record for the influenza epidemic is richer. For example, equally hard-pressed officials in Dahomey and especially in Guinea found time to offer significantly more details on the impact of influenza in their jurisdictions.[28]

A more valid explanation, but not the primary one, has to do with the peculiarities of epidemic influenza. Modern populations have a degree of familiarity with common influenza strains, and they are rarely lethal. It is the emergence of new and dangerous variants which produces periodic pandemics. When the 1918 epidemic struck, medical authorities in Senegal, as elsewhere in the world, at first mistook the epidemic for yet another annual visitation of a benign strain of the disease. A second reason for this misreading may have been caused by flu's similarity to a bad cold. Then, as now, it was common practice to use the term 'flu' colloquially as a label for a wide variety of respiratory infections, in which the general symptoms were a runny nose, a sore throat, a cough and a fever.

Only after the influenza pandemic of 1918 had run its course did medical authorities become alarmed. The highest ranking physician in the French Colonial Army, Dr Paul Gouzien, estimated that the scourge had claimed at least a half million victims in one year in the French colonies alone, and described the flu unequivocally as 'the most deadly of

the pestilences which have, from time immemorial, raged over the earth'.[29] Calling for a new Paris Conference to revise the International Sanitary Convention on contagious diseases of 17 January 1912, Gouzien not only wanted influenza placed beside cholera, plague and yellow fever, all of which had permanent sanitary measures associated with them. He even argued that influenza was the worst of the lot since its etiology remained unknown and its prevention extremely uncertain. From the vantage point of 1921, while he could confidently predict the virtual disappearance of yellow fever and total control of cholera in the near future, he could not be as sanguine about influenza.[30]

In spite of Gouzien's fears, the world was given a reprieve for an entire generation. Indeed, no serious pandemic developed until 1957, when the 'Asian' flu, so named because it had been first identified as being of pandemic magnitude in Singapore, spread around the world. By this time, however, the rapid availability of anti-influenza vaccines, and above all of antibiotics to treat secondary infections, meant far less mortality worldwide. As in 1918, Dakar and Senegal were the first French territories infected, but while three-quarters of the population of the Cape Verde peninsula were reported sick in August of 1957, the overall mortality was limited to 120 persons.[31] The consequence of this twentieth-century pattern has been, with the partial exception of the years immediately following 1918, to remove influenza from the list of scourges.

If the relatively benign history of influenza after 1918 explains why people in all walks of life are not alarmed at the mention of flu, it does not help us understand why the collective memory of 1918 is blank in Senegal but indelibly sharp in other parts of Africa. In Nigeria, Chad, Southern Rhodesia and South Africa the time of the flu is recalled in rich detail. For example, in Igbugo and other Igbo towns of Eastern Nigeria, so powerful was the impact of influenza that all men and women born between 1919 and 1921 named their age set the *Ogbo Ifelunza*, or 'Influenza Age Group'. In Kenya, on the other hand, Marc Dawson found that a famine which raged at the same time rather than flu was the catastrophe which dominated people's recollections.[12] Perhaps the Kenyan example provides the essential clue for understanding flu in Senegal. If it is the case that a society may accord priority of place in their recollections to another, emotionally more memorable catastrophe, as the Kenyans seemed to have done, then a strong argument can be made that in Senegal it was not influenza but bubonic plague (*Yersinia pestis*), which made the first of its many visits to twentieth-century Senegal in 1914. By 1918 plague seems to have acquired a local wild animal reservoir in Senegal and to have become endo-epidemic as well as endo-epizootic.

During the first and most serious ever epidemic of plague in Senegal in 1914, French health officials appeared more interested in political control than in African health needs, and clashed frequently with the people of Dakar. Africans resisted, often successfully, attempts by Europeans to use

the epidemic to intensify their control over African property and lives.[33] Vaccinations were not always effective, and some who received these died of plague, so that Africans developed little confidence in French medical procedures. Coercion was used to force Africans to have the vaccinations, and to force people to obtain certificates in order to travel from Dakar to the interior.

Unlike influenza, however, bubonic plague remained confined to Dakar, the Cape Verde peninsula and its extension inland as far as the north–south Thiès-Saint-Louis rail line. In this concentrated area it killed an estimated 3,700 people in 1914.[34] Its return in 1918 cost Senegal another 3,000 lives, and roughly the same number again in 1919. While these figures were about 10 per cent of the influenza deaths of 1918, these were highly concentrated among the population of the 'plague zone'. Indeed, bubonic plague remained present in endemic or epidemic form either in Dakar or its immediate hinterland each year thereafter until 1945. While no single year's mortality rates ever matched those of 1914, the numbers were nevertheless frightening enough. In contrast, as we have seen, only one subsequent flu epidemic recurred in Senegal and it was no match for the catastrophe of 1918.

Several other contrasts between plague and flu in Senegal can be noted. Of the two diseases, plague has received far greater attention in the scholarly health literature, with over 100 articles devoted to it.[35] Similarly, partly because its timing was associated so closely with the election of a Black African Deputy in Senegal for the first time, the Senegalese plague epidemic of 1914 has received frequent mention in the political histories devoted to Blaise Diagne and his times.[36]

Nor should it be forgotten that plague had a powerful place in the collective memory of Europeans living in the colonies. The Black Death of the fourteenth century remains to our own day a vivid symbol of pestilential disaster. The high death rates of plague in Senegal surely frightened colonial officials in a manner not possible for influenza. Even if Africans did not share in this particular collective memory of the Black Death, their first-hand observation of the terrible suffering of plague victims alarmed them deeply. Taken together, the high death tolls, arbitrary official repression, and political linkages to the election of Diagne, combined to imprint the plague indelibly on the Senegalese collective memory. Similarly, the people of the 'plague zone' in Senegal have preserved vivid recollections of their years of suffering. Healers' accounts, praise poetry and funeral dirges speak of how even wealthy and powerful men were brought down by this dreadful disease. Older villagers still preserved rusty rat traps and cages that testified to plague control measures imposed on them by French health officials.[37]

The Senegalese memory of plague overriding influenza has parallels in other parts of the world. In Australia, and especially in Sydney, the influenza pandemic of 1918 has become telescoped with a bubonic plague

invasion in 1900 as a single historical event in the memories of a consistent number of oral informants. As in Senegal, Australia's influenza pandemic was the bigger killer, but bubonic plague the more dreaded disease in memory. Newspapers contributed to this fusion of the two diseases by referring to influenza by the generic term of 'plague', but more importantly, the two diseases hit young adult males hardest, and took greater tolls among the working classes of the poorer districts. In both instances, victims were stigmatised, and their property, dwellings and persons subjected to arbitrary sanitary measures. The result was a good deal of layering of memory of these momentous days, and the unusual social, political and economic circumstances in which influenza occurred.[38]

As Alfred Crosby has noted, people fear diseases with high mortality rates that are difficult to contract more than diseases with low but quite real mortality rates that they are likely to contract eventually.[39] Senegal's experience with plague and with influenza confirms the point. Somewhat embarrassed that Senegal was the only sub-Saharan French colony where plague became endemic in the twentieth century, French medical authorities were to struggle with little success for the next 25 years to eliminate this scourge from their jurisdiction.[40] As for the African population, with the passage of time, plague and not flu came to dominate the collective memory of epidemic disease in Dakar and the Senegalese hinterland, and at the same time it erased the memory of influenza. Accordingly, the recent epidemiological history of Senegal provides a dramatic illustration of how collective memory can sometimes become selective memory.

Part VI

Epidemiological lessons of the pandemic

The Spanish Influenza Pandemic of 1918–19

New perspectives

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