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“Where is the pharmacist?” asked a customer visiting Pharmacie Thiaroye-sur-Mer. ‘He will not return until the afternoon.’ ‘No, I want to speak to *her*.’”¹ Exchanges between pharmacy patrons and proprietors such as this were commonly heard in the 1980s at this Senegalese pharmacy, and probably at many other such establishments throughout the country’s urban centers. By the late 1900s in Dakar, Senegal’s capital city of roughly two million people, sixty five percent of pharmacies were owned by women, and nearly fifty percent nationwide.² As Donna Patterson writes in her new book *Pharmacy in Senegal: Gender, Healing, and Entrepreneurship*, this “creation of a large class of female pharmacists” is “unique to Senegal,” emerging out of France’s colonial biomedical expansion in the region.³ In charting the emergence and spread of pharmacies in French West Africa, Patterson places at the center of her examination this “professional class of educated women entrepreneurs,” an unforeseen result of European colonial projects in West Africa that has remained largely unexplored.⁴

Patterson, who is currently Assistant Professor of Africana Studies at Wellesley College, has written an insightful history of pharmacy education, practice, and entrepreneurship in Senegal. Although the study’s scope is situated precisely in colonial and postcolonial Senegal, relevant connections to neighboring West African contexts are addressed. Explaining the expansion of European (primarily French) biomedical knowledge, training, and implementation programs outside of Europe is central to this story. While broadly tracing the development of Western health-care in Senegal, this book draws particular attention to the crucial role played by indigenous Senegalese pharmacists, and specifically women pharmacists, as leaders within their country’s public health sector. In the early to mid-twentieth century, colonial authorities in French West Africa initiated programs aimed at educating more local Africans in medical fields. Prior to that point, and continuing well after, most all medical professionals in French West Africa were from France, white, and male. Yet, as Patterson explains, by the 1940s and 1950s local Senegalese women began studying

medicine, pharmacy, and midwifery at what would later become the University of Dakar. "It could not have been predicted," Patterson explains, "that they would eventually create a professional class of educated women entrepreneurs who would transform societal notions of property ownership and familial relations."⁵

Interactions and intersections between Western and indigenous Senegalese conceptions of biomedicine, as well as of gender norms in education, entrepreneurship, and many other factors, affected this rise of women pharmacists. From before women first started enrolling in pharmacy training programs in the 1940s they faced discrimination in education. Yet by the 1960s and 1970s more women were attending university in Senegal generally, and in pharmacy programs specifically women were more likely to complete their degrees than men. In this period more French women also began owning their own pharmacies and playing a larger role in medical administration and professional organizations, which Patterson cites as benefiting African women's inclusion in these fields more broadly. Whereas previous works have addressed Senegalese and other coastal west African women's significant roles in economic activities of both formal and informal sectors, including studies of women's roles in indigenous healthcare, few if any scholars have explored women's work specifically within the formal economies of Western healthcare in Africa.

One major strength of this book comes from Patterson's attention to multiple and overlapping locations and temporalities, from Europe to West Africa, 1800s to the present. Although Patterson specifically explores the international medical industrial complex as it emerged out of European colonial objectives, she does so without ever losing reference to the local contextual contingencies that determine the course of such medical and other knowledge expansion throughout the world. While extending previous work on African women in public health and their professionalization through gaining access to formal education and sometimes more informal financial networks, Patterson also weaves together personal profiles of an array of Senegalese pharmacists and other people of interest. These informants'/characters' stories work to illustrate the nuanced ways in which Senegalese women's multiple roles as community members and caregivers intersect, demonstrating their "active participa[tion] in Senegal's 'economy of health.'"⁶

Patterson's own active participation in the lives of these women (and men) with whom she worked is apparent in the subtlety of her insights, and she does choose to list more than 60 of these "informants" by name. Throughout the book Patterson cites interviews she conducted in Senegal mostly in 2001, but does not include transcripts or quotations of significant length within the text, which is after all less than 130 pages, with about 15 pages of helpful notes and an extensive bibliography and index. Included in the book are also a set of seven black and white images of pharmacy exteriors and interiors, and an archival photograph of a Dakar pharmacy class in-session in 1921. Although black and white and printed in poor quality (as are the other six images), it depicts a group of about a dozen black male students, with a white man at the center, presumably the instructor, all facing the blackboard where a student is writing. Patterson's study makes clear that in the decades to come, increasingly more women would occupy seats in such classrooms, affecting greater changes still in Senegalese society.

Notes

¹ Donna A. Patterson, *Pharmacy in Senegal: Gender, Healing, and Entrepreneurship* (Bloomington and Indianapolis: Indiana University Press, 2015), 59.

² *Ibid.*, 2, 60.

³ *Ibid.*

⁴ *Ibid.*

⁵ *Ibid.*

⁶ *Ibid.*, 61.