

Private Medical Practice: The Gold Coast Colony's Christiansborg Infant Welfare Clinic

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As the British colonized West Africa, Africans worked as medical officers. John Farrell Easmon practiced private medicine that in 1897 affected his work as the chief medical officer. The Secretary of State for the Colonies Joseph Chamberlain investigated the complaints of medical officers and fashioned the policy of the West African Medical Staff in 1902. During the Great Depression, the West African Medical Staff and Staff Pay shaped how African medical officers and European women medical doctors earned salaries as colonial government workers. Percy Selwyn-Clarke the deputy director of health service employed European women medical doctors in preventive health at infant and child welfare clinics. In 1935, health visitor Christian challenged the government for paying European woman medical doctor Nora Vane-Percy £10 to treat destitute African women and children at the Christiansborg infant welfare clinic.

Keywords: private medical practice, European women medical doctors, health visitors, Africanization, the Gold Coast Colony, Christiansborg, 1920s, 1930s

From 1897 to 1907, as the colonial government made decisions that limited African medical officers, the economy of the Gold Coast developed. Economic development increased after the First World War, from 1919 to 1927, then the Great Depression affected the Gold Coast Colony (Kimble, 1963). As the colonial government emphasized preventive health, health visitor Christian enquired why a European woman medical doctor earned £10 for working with destitute mothers and children at an infant welfare centre (CSO 11/6/2). This paper employs archival sources about two specific medical officers to pose the question: What conditions made the government fashion policies about African medical officers and European women medical doctors during the colonial era?

In 1880, John Farrell Easmon a Sierra Leonean of Nova Scotian descent worked with the Gold Coast Medical Service (Browne-Davies, 2014; Dumett, 1968). He as assistant colonial surgeon earned £400 salary a year, free residence or an allowance and was entitled to private medical practice. Easmon while managing the medical department analyzed mosquitoes and published "*Blackwater Fever*" (1984) as acute anemia and haemoglobin in urine (Patton Jnr., 1989). During the 1890s, he advocated that medical doctors who worked in West Africa should have a course about tropical diseases for three months at Accra (Dumett, 1968). In 1893, Easmon the chief medical officer earned £600 salary a year, could not practice private medicine but could aid consultation. Easmon practiced private medicine at Accra and Cape Coast. He generated more than the government estimated £100 a year, a decent remuneration but "unfit" for his reputation (Patton Jnr., 1989).

From 1897-1901, Chamberlain stimulated tropical medical research and administration (Dumett, 1968). In 1897, Chamberlain downgraded Easmon to the next level, colonial surgeon (Patton Jnr., 1989). In the Gold

Coast, Governor Williams who had reported Easmon to Chamberlain showed antipathy and caused Easmon to resign. The highest African medical doctor Quartey-Papafio could not become the colonial surgeon. The African medical doctor was a “native medical officer” who could only rise to senior assistant colonial surgeon (Patton Jnr., 1989). Chamberlain’s committee investigated and coordinated the complaints of the medical officers. In 1902, the policy of the West African Medical Staff was racist. Only physicians, whose parents were Europeans, earned a salary from the government for treating Europeans and Africans. The medical officers continued to complain about their salaries, promotions, conditions in the civil service, laboratories, drugs and kit and housing (Johnson, 2010; Gale, 1973; Hall, 1904; Kimble, 1963). In 1915, during the war, Governor Hugh Clifford criticized that the government could not employ African medical officers at government hospitals but could employ other African professionals (Johnson, 2010).

After the First World War, in 1919, when Brigadier General Frederick Gordon Guggisberg became the governor, F. V. Nanka-Bruce was a Gold Coast medical officer. In 1920, the colonial government employed T. Mensa Annan as a medical officer until he resigned in 1922. In 1923, Governor Guggisberg constructed the Gold Coast Hospital as Korle Bu Hospital (Roberts, 2011). The next year, he decreased the starting salary of African doctors from \$500 a year to \$400 a year. In 1927, new African doctors had to train at Korle Bu Hospital and work as junior medical officers. They could not work as private medical practitioners. Governor Guggisberg’s colonial government aimed for Africanization but was not encouraging African medical doctors to senior positions in the medical service. Nanka-Bruce said Governor Guggisberg had to indicate to the colonizers in England and the West African Medical Staff that he aimed to employ African medical officers (Gale, 1973). Nanka-Bruce mentioned the high mortality among women at childbirth and infants (Ayesu, Gbormittah, & Adum-Kyeremeh, 2016).

During the interwar years, Governor Guggisberg guaranteed the education and growth of the postwar population. In 1920, the American Phelps-Stokes Commission on Education in Africa with missionaries were in the Gold Coast Colony and in 1922 made recommendations to maintain communities (Kimble, 1963). The Education Ordinance No. 21 of 1925 managed the expenditure on teachers, school buildings and equipment (Colonial Reports, 1927-1928¹). Since English language was not compulsory as the medium of education, Europeans in the colonies had to learn the indigenous languages to understand the teachers and the school children (Amoah Boampong, 2013). The Education Department staffed the schools but education was voluntary. The schools were: (1) government schools that the government funded to be proficient. (2) The government assisted schools that were often Christian mission schools, one Muslim mission school and undenominational schools. The Christian mission schools were the Roman Catholic Mission, the Presbyterian Mission, the Ewe Presbyterian Church, the Wesleyan Mission, the English Church Mission, and the African Methodist Episcopal Zion Mission. The government assisted schools were efficient and had grants for expenditure on salaries. (3) The non-assisted schools were low standard and had unfitting buildings and equipment. The school children learned reading, writing, arithmetic (the three Rs), hygiene, craft, and nature study. The primary schools for only girls taught domestic science and child welfare. In 1927-1928, Achimota School a government school had 120 school boys and school girls in kindergarten and the lower primary school. In 1928, the Accra Training College for Teachers, which taught vernacular and infant teaching, relocated to Achimota School to train teachers (Colonial Reports, 1927-1928).

¹ Colonial reports-annual No. 1418 Gold Coast report for 1927-1928. London: His Majesty’s Stationary Office.

As the Great Depression affected the Gold Coast Colony, the colonial government and O'Hara May the deputy director of health service decided not to close infant and child welfare clinics, which were for preventive health (CSO 11/6/5²). The medical department reassigned European women medical doctors to preventive health. From 1925, the European women medical doctors (5) in the medical department worked in the health branch. In 1926-1927, the medical department reassigned one of the two European women clinical doctors to the maternity hospital (CSO 11/1/413³; Gale, 1973). In 1928, the colonial government constructed a maternity hospital free for patients (Ayesu, Gbormittah, & Adum-Kyeremeh, 2016).

The Gold Coast colonial government and medical doctors retained European women as private medical doctors (ADM 11/1457⁴; CSO 11/6/4⁵; CSO 11/6/8). European women medical doctors were less than the number the Gold Coast Colony needed and after a tour of duty went on leave to Britain (CSO 11/6/2⁶). European women medical doctors as private medical doctors learned the treatment of tropical diseases at infant and child welfare clinics and referred cases to the hospitals or medical doctors in private practices (CSO 11/6/8). Governor Slater and the medical and health services employed European women medical doctors as government workers and private medical practitioners. European women medical doctors, midwives, nurses, and health visitors worked to sustain infant and child welfare clinics to develop the communities (CSO 11/6/5; CSO 11/6/2; CSO 11/6/8⁷; Slater, 1930a; 1930b).

By 1932, the Gold Coast Colony had four European women medical doctors. The European women medical doctors worked with staff such as midwives, nurses, and health visitors to sustain infant and child welfare clinics to develop the communities (CSO 11/6/5; CSO 11/6/2; CSO 11/6/8⁸; Slater, 1930a; 1930b). European women medical officers at infant welfare clinics worked with health visitors who educated mothers and children about preventive health. Health visitors needed elementary education, the standard seven certificates. But the certificate did not make them qualified for the next level of training as health visitors. The colonial administration chose midwives and nurses to progress as health visitors, and put health visitors at the level of assistant health visitors. The colonial government dropped the assistant health visitor level. The health service worked with voluntary associations that did the work of health visitors (Ayesu, Gbormittah, & Adum-Kyeremeh, 2016).

In 1932, Selwyn Clarke the deputy director of health service initiated the Gold Coast Branch of the Red Cross Society for Roman Catholic Sisters to work at the infant welfare clinics. Selwyn-Clarke had decided that the colonial government would not pay any more expenses when the Red Cross worked at infant welfare clinics (CSO 11/6/8).

The Infant Welfare Clinic at Christiansborg, Accra

In 1921, European woman medical doctor Jessie Beveridge launched an infant welfare clinic at

² Public Records and Archives Administration Department, Accra, CSO 11/6/5 Infant Welfare Work at Koforidua—Proposals by Miss B. A. S. Russell, Lady M.O. to undertake.

³ Public Records and Archives Administration Department, Accra, CSO 11/1/413.

⁴ Public Records and Archives Administration Department, Accra, ADM 11/1457 Marriage-Mr. Sarbah's Suggestions and Recommendations in Relation.

⁵ Public Records and Archives Administration Department, Accra, CSO 11/6/4 Infant Welfare Centres-Principles, Inauguration of the Gold Coast Branch of the British Red Cross Society.

⁶ Public Records and Archives Administration Department, Accra, CSO 11/6/2 Infant Welfare Clinic Christiansborg.

⁷ Public Records and Archives Administration Department, Accra, CSO 11/6/8 Infant Welfare Clinic Sekondi.

⁸ Public Records and Archives Administration Department, Accra, CSO 11/6/8 Infant Welfare Clinic Sekondi.

Christiansborg in Accra. The Gold Coast colonial government funded drugs and dressings, then the interpreter's salary and grants. The colonial government managed the infant welfare clinic when Beveridge relocated to mandate Togoland in 1923-1924 (Ayesu, Gbormittah, & Adum-Kyeremeh, 2016). The Great Depression affected the Gold Coast colonial government to strategize for the Estimates of 1931/32: (1) to account for money used when the government opened the Christiansborg infant welfare clinic; and (2) for the people at Christiansborg, Teshi, and Labadi towns to adjust to the government closing the infant welfare clinic. The government could rent the Christiansborg infant welfare clinic to private medical practice.

Table 1 points that O'Hara May the director of medical and sanitary services and deputy director of health service did not want to close the Christiansborg infant welfare clinic that cost £1569 a year. The government's expenses were a European woman medical doctor's car and salary £846, a midwife and a dispenser £98 each, dressers £57, drugs and dressings £400, interpreters £42, and labourers £28. When the Christiansborg community did not have a European woman medical doctor working with the government, the government paid £120 as a retaining fee (or drugs and dressing) and the midwife and dispenser who stayed £98 each. The dispenser worked with the government at another place in Christiansborg.

The government could rent the closed infant welfare clinic to a European woman medical officer for private practice. The government would pay the midwife and dispenser £196 and the caretaker £30 making £226. A European woman medical doctor in private practice was £90 cheaper than the £316 if Christiansborg infant welfare clinic closed. The colonial government could take the £226 from the £1569 paid to staff the Christiansborg infant welfare clinic annually. The £226 as an alternative of £1569 would benefit the government and European woman medical doctor Nora Vane-Percy about to start private medical practice at the Christiansborg infant welfare clinic.

Table 1

The Cost of Health at Christiansborg Town (Annual)

Woman medical officer salary, car allowance	Infant welfare clinic £846	No infant welfare clinic £0	European woman medical doctor private practice £0
Midwife	£98	£98	£98
Dispenser	£98	£98	£98
Dressers	£57		
Drugs, Dressings etc. (or retaining fee)	£400	£120	
Interpreters	£42		
Labourers	£28		
Caretaker			£30
Total	£1,569	£316	£226

Since July 1928, Vane-Percy planned to work as a government employee or a private medical doctor when she completed her medical services in January 1931. Inness the director of medical and sanitary service was not working with the maximum number of women medical doctors. For example, Inness aimed that Stewart open the infant welfare clinic at Christiansborg. Yet, Inness had to control Koforidua infant welfare clinic, where C. D. Williams was not well, had time off, and could travel to England on leave. Inness put Stewart at Koforidua (CSO 11/6/16⁹).

⁹ Public Records and Archives Administration Department, Accra, CSO 11/6/16 Infant Welfare Clinic Koforidua.

The Gold Coast colonial government could not let go of Vane-Percy either. Vane-Percy's husband was government staff and had acted as the deputy. O'Hara May suggested that the government fund Vane-Percy's medical services February and March. From 1st April, the government could lease the Christiansborg infant welfare clinic to Vane-Percy. As a European woman medical doctor, Vane-Percy would use the infant welfare clinic buildings appropriately and the government would not have to provide a caretaker. Vane-Percy would receive £60 clinic fees annually from private medical practice at Christiansborg infant welfare clinic. The government would give drugs and dressings or pay £10 a month to Vane-Percy to care for the poor who became destitute people. The community would have a dependable government. Vane-Percy demanded the £10 as reimbursement since she had arranged for drugs. Colonial Secretary Trafford was certain that when Vane-Percy was not in the Gold Coast Colony, the government would not pay the £10 reimbursement.

Vane-Percy would pay a minimal rent of one shilling a week and the government and Vane-Percy could give three months' notice. Inness drafted the rent for the Christiansborg infant welfare clinic as one shilling a year instead of one shilling a week. The reduction in rent was because Vane-Percy was a European woman private medical officer. The lease had to be explicit: (1) Whether the rent of one shilling included a consulting room. (2) Older women who needed ante-natal and gynecological care should consult Vane-Percy at the infant welfare clinic. (3) Vane-Percy when subletting the infant welfare clinic had to organize with the government. The government decided not to modify the lease to charge the cost of the bungalow and telephone to women medical doctors (CSO 11/6/2). Vane-Percy would not pay for the bungalow as European medical doctor Alice Piegrome, who had a profitable private career at Bekwai and Sekondi infant welfare clinics (CSO 11/6/2; CSO 11/6/8). On 10th February 1931, Inness returned the draft lease of the Commissioner of Lands for European women medical doctors at infant welfare clinics to the colonial secretary. Inness had not amended the lease of one shilling a week to one shilling a year.

In 1935, Vane-Percy planned her leave. At 9:00 am on Friday, 1st March, she delivered the Christiansborg infant welfare clinic to the government. W. J. Phillips the medical storekeeper, the district engineer's delegate and the director of health service's delegate had an appointment to confirm the inventory at the Christiansborg infant welfare clinic. Vane-Percy had the keys to her kit in the cupboard. The district engineer's delegate had a key to a piece of the Christiansborg infant welfare centre allotted to the estates office. The deputy director of health services delegated Nettey to take the key to the other piece of the Christiansborg infant welfare clinic to weigh babies. The colonial government and the medical government then had the case brought forward by Christian the health visitor about the European woman medical officer reimbursed £10 for treating the destitute, and the roles of the African male medical officers and the Red Cross preventive health workers.

On 27th March 1935, the report of the Select Committee on the Estimates for 1935-36 alleged that:

Mr. Christian a health visitor raised the question of subsidies to lady medical officers. The Director of Medical Services and the Treasurer explained that only one such payment is made by the Government, namely to Dr. Vane-Percy, a former Government medical officer, who receives £10 a month as reimbursement for drugs used by her in treating paupers at the Christiansborg clinic. Mr. Christian objected to this arrangement on the grounds that it confers on her an unfair advantage over other private practitioners, that it is an unwise policy because medical men are debarred from such privileges, and that it is unnecessary. (CSO 11/6/2)

On 8th April, Selwyn-Clarke the deputy director of health service corresponded with the director of medical services about health visitor Christian's complaint against Vane-Percy. The colonial government was "Select Committee on Estimates, 1935-1936, Question by Mr. Christian Regarding Subsidy to Private

Practitioner". Selwyn-Clarke said:

Everyone will admit that Dr. Vane-Percy has not only done excellent welfare work amongst the women and children of Accra but that she possesses special training and experiences in such duties. (CSO 11/6/2).

Selwyn-Clarke wrote that Christian was up to date with welfare centres in England where local medical doctors worked for about two hours for payment as Vane-Percy in the Gold Coast Colony. The Gold Coast colonial government was "competent" to grant Vane-Percy £10 to care for destitute mothers at the Christiansborg infant welfare clinic. The colonial government aimed to develop welfare services retaining European women medical officers (CSO 11/6/2). If Vane-Percy was not a staff, the local Red Cross would work at Christiansborg infant welfare clinic, as Sekondi and Cape Coast infant welfare clinics (CSO 11/6/2; CSO 11/6/8).

Selwyn-Clarke thought Vane-Percy would surrender the work at the Christianborg welfare clinic, which was "far from remunerative". The preventive workers and the towns' people were at the infant welfare clinic often. On Monday 1st April, Selwyn-Clarke had met 40 mothers weighing their babies. He requested that the Gold Coast colonial government should not pay for any expenses if the Red Cross worked at the infant welfare clinic. Christiansborg and Labadi would be lively and the clinic would be "kept open throughout the week, and year in and year out".

Vane-Percy had a leave of absence (May until September) but had not received three calendar months' notice to sign a lease for the government. When Vane-Percy was on leave: the government aimed to temporarily employ local African medical doctors at the Christiansborg infant welfare clinic. The staff at Christiansborg could weigh babies. The mothers from Christiansborg, Teshi and Labadi would not have "rather a long walk from the Princess Marie Loieuse Welfare Centre".

On 10th April, the director of medical services corresponded with the colonial secretary:

Mrs. Vane-Percy is the practitioner best qualified to carry on work amongst women and children at Christiansborg, and, in fact, her work there is not, I believe, remunerative to her. Moreover, the £10 per month is only a reimbursement to her for expenditure on paupers met with in carrying on her work. (CSO 11/6/2)

The deputy director of medical services questioned African medical practitioners in Accra if they would labour at the Christiansborg infant welfare clinic.

On 21st May, he corresponded with the director of medical services that the colonial government could resolve the complaint with health visitor Christian's "veiled suggestion". Vane-Percy was on leave until 28th September or 2nd October and could allow the voluntary association the Gold Coast League of Maternal and Child Welfare have a baby weighing clinic at the Christiansborg Centre (CSO 11/6/2). In 1925, Selwyn-Clarke as the senior sanitary officer at Kumasi arranged for a "Health Week" to culminate with about 200 babies at the Baby Show. Five hundred babies were at the Baby Show! The next year, Selwyn-Clarke made a policy for the Baby Show to exhibit only babies the Register of Birth had recorded (Allman, 1994).

A medical doctor could have a consulting room at the Christiansborg infant welfare clinic and the dispenser sell drugs. Other dispensers and druggists were far from the Christiansborg infant welfare clinic. Yet, if Vane-Percy accepted only consultation at the baby weighing room, the African medical doctor would "dispense his own drugs or make arrangements for his prescriptions to be dispensed near at hand". Selwyn-Clarke asked the director of medical services to select one of the two African medical practitioners to work with the babies weighing room as a consulting room for £10 a month from the Estimates to treat poor, destitute mothers and

children. Male African medical officer W.A.C. Nanka-Bruce did not accept to exploit the baby weighing room as a consulting room. The African medical officer at an infant welfare clinic was temporary work until Vane-Percy returned from leave and would affect his work as a private medical practitioner. African male medical doctors did not want the temporary government work especially when they could make long term profit from private medical practice (CSO 11/6/2).

Race was the overarching reason that affected whether African male medical officers and European women medical officers worked with the government. In 1929, European woman medical doctor Sybil Russell worked at the infant welfare clinic at Kumasi (CSO 11/6/9¹⁰). She was interested in general medicine, surgery, hospital work and maternity. Russell worked at the Maternity Hospital at Kumasi but made an objection to Inness the deputy director of health service about working in the health branch. She applied to work in the medical branch. The senior health officer said the application caused Russell to work in private practice. The Gold Coast colonial government refused to provide the Staff Pay for Russell. The Gold Coast colonial government afforded African medical doctors the staff pay but denied European women medical officers. European women medical officers like African medical doctors were not in the West African Medical Staff. However, European women medical officers played the game of race and followed the West African Medical Staff rules and regulations (CSO 11/6/2; CSO 11/6/5). The colonial government and the medical and health services employed European male power and expertise to assign European women medical doctors to private medicine at infant welfare clinics (Dumett, 1968).

Conclusion

In 1936, Selwyn-Clarke the deputy director of health service left the Gold Coast Colony. The British colonial governments had to manage, and increase the women educated as doctors, health visitors, nurses, and midwives. The British colonial governments demanded from the Secretary of State funds for jobs for women medical officers, European nurses, and health visitors (CSO 11/1/413; Ayesu, Gbormittah, & Adum-Kyeremeh, 2016). In 1937, the British colonial government increased health workers, training, supervision, and general education.

The scheme to retain European women medical officers at infant welfare clinics in the health branch did not achieve the aim to provide health in towns in the Gold Coast Colony (CSO 11/6/4). In the Ministry of Health, medical officers were forfeited for the years they could not practice private medicine. In 1961, Kwame Nkrumah, the president of Ghana called Selwyn-Clarke to appraise the health system. The medical officers, nurses, and staff that had not increased were trained to cure the dense population. Selwyn-Clarke recommended preventive work in the community as public health education (Front Matter, 1963).

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