In 1855 three young Sierra Leoneans boarded ship to Britain where they were to start their medical education. They were the first in a line of Sierra Leonean 'Creoles' to practise medicine throughout English-speaking West Africa. Medicine, like the Church, offered good careers at the time to any West African boy who chose to study hard in the largely mission-based schools. Furthermore they had a major advantage over white applicants for medical posts on 'the Coast': not only did they speak a language that their patients and parishioners could understand, but they might also succumb less readily to the tropical illnesses that killed off European missionaries and medical men alike. And being 'at home', they might possibly not get addicted to drink. All in all, a corpus of African professionals - whether saving souls, teaching minds or mending bodies - was a logical solution that benefited everyone. Or so it seemed.

Adell Patton examines the strictly medical dimension of this solution to staffing the colonies - the missionary element has long been analysed by historians - and charts the rise and subsequent tribulations of the African doctors on the Coast. By the 1890s, as colonial rule was extended and formalised, Sierra Leonean doctors were not given the posts in the Colonial Medical Service that their qualifications and experience demanded. In part this reflects the senior position the 'Medical Officer' had in the colonial hierarchy. In the absence of the Resident, for example, he was expected to take charge. Matters of public health were his responsibility; so too was the health of the colonial staff. He was doctor to the expatriate community, but, just as important, he was the official in charge of handling all medically-related matters in the colony. In many respects he was an official first, a physician second - and, even then, physician only to officials.

The political role of the physicians and surgeons who were hired to practise their medicine in West Africa left plenty of room for racism in appointments to key medical posts. It is this rise of racism that Adell Patton chronicles well through the biographies of the doctors that experienced it. Once colonial officials were allowed to bring out wives to West Africa, a further element of racism entered the equation: should Africans practising obstetrics and gynaecology examine white women?
There was, of course, medical practice outside government service, and there existed opportunities for Sierra Leonean doctors to earn a good income from private practice, especially from the business community in the larger towns. Freed from government constraints they could act as leaders in society, socially and intellectually as well as politically – writing articles, belonging to Freemason lodges, setting up doctors' trades unions and articulating opposition to colonial government.

Finally Adell Patton looks at the cohort of doctors trained in the Soviet Union and other Eastern-bloc countries. In its wider implications the subject is worthy of a full book. Their training - and therefore their practice - differed from that of others, as did the language in which they had been trained. The result was considerable friction and often a lower status for them within the medical services of the newly independent states. Adell Patton provides us here too with a study of medical arrogance and anxiety.

But this book is not primarily a study of conflicts, interesting though these are. It is a celebration of both an intellectual tradition and a particular kind of skill - West African medics had to be competent surgeons, physicians, paediatricians, gynaecologists and obstetricians all in one - competences which they had to adapt to a tropical context. And then some managed to do research as well. Their memory is well served by this study.

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