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DR. JOHN FARRELL EASMON: MEDICAL PROFESSIONALISM AND COLONIAL RACISM IN THE GOLD COAST, 1856–1900

By Adell Patton, Jr.

Pseudo-scientific racism permeated the colonial service in West Africa near the end of the nineteenth century. Africans and West Indians had held high administrative positions earlier in the so-called "open phase" in the colonial service. In pioneering studies on medical history in West Africa, Raymond E. Dumett and K. David Patterson show the extent to which the rigid color bar gained momentum in the 1890s and how European personnel began to monopolize top posts. Africans in all branches of the colonial service, many of whom had been educated in the same schools with their European counterparts, now found their careers blocked by rising racism. The Eastmon episode is perhaps the case that best illustrates this development in the Colonial Medical Service.

The Gold Coast rose to prominence in Anglophone West Africa in the 1850s. It received special government status in 1842, and competing European

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stations were annexed in 1871. African studies flourished in the region, with at least sixteen published works by African and European scholars by 1874. Lagos, which was first under the government of the West African station at Sierra Leone, was transferred to the authority of the Gold Coast in the same year and held this link until 1886, when Lagos became an independent colony.

Developments in colonial infrastructure, however, created a demand for African personnel. Just as it had earlier in the century, Sierra Leone continued to supply British needs from Freetown, the "Athens of West Africa"—as the center of recruitment and posting across colonial frontiers. K. A. B. Jones-Quartey described this "brain drain" in the following manner:

for generations in the early days of the opening up of West Africa, involuntary Sierra Leonean expatriates were sent out to the Gambia, Nigeria, the Gold Coast, Dahomey, Fernando Po, and elsewhere by Government, the Church, and the trading firms;... they went as accountants, clerks, teachers, ministers, and even top administrators, without whom no modern processes or installations in those countries could have been worked.

The use of quinine against falciparum malaria allowed for the gradual increase of the European population on the coast, and the Berlin Conference of 1884 signaled the end of informal empire. Since the African medical elite held some of the highest posts under incipient colonialism, the African medical community was the first to experience restraints of mobility under changing forms of domination. As the chief medical officer (C.M.O.) in the Gold Coast, Dr. John Farrell Easmon was the highest-ranking African in the colonial service from 1893 to 1896. His dismissal from high office serves as the most appropriate paradigm for analysis of the changing status of the African medical community in the Gold Coast. This paper will explore this dimension of Easmon's experience within the framework of collective biography.

In the 1880s a new generation of African doctors emerged in West Africa who did not owe their training to the colonial government. Dr. James Africanus Beale Horton (M.R.C.S., L.M., Eng; M.D., Edinburgh) and Dr. Broughton Davis (M.D., Fife), Igbo and Yoruba respectively, were born in Sierra Leone. They represented the second generation of doctors of African descent, graduating from abroad in the mid-nineteenth century, whose training expenses were paid for by the British. The War Office dispensed with the policy of training West African

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surgeons after Horton and Davis. The doctors of the 1880s, like the earlier ones, all took the road to Freetown for study in the secondary schools and at Fourah Bay College, but their merchant parents and relatives of means usually paid for their medical training in England, Scotland, and Brussels. Sierra Leone and Nigeria continued to supply most of the doctors for the nineteenth century because the Liberated Africans were the first to be sponsored by the Church Missionary Society for medical education. Thus only two doctors came from the Gold Coast in the latter nineteenth century. Save Horton and Davis, all of the other pioneer doctors of Nigerian descent returned to Nigeria, and indicative of fervent nationalism, some dropped their English names for Yoruba ones.

Sierra Leone doctors of Nova Scotian descent introduced yet another dimension: critical thinking. Deprived of the land promised to them by the British for their loyalty in the American War for Independence, the Nova Scotians passed on to their progeny a tradition of independent thought. Dr. Davidson Nicol sums up some of the salient characteristics of the early Nova Scotians:

Their social exclusivity from the Maroons, the Liberated Africans and the indigenous communities alienated them; they were largely snubbed by the Europeans. . . . By the middle of the nineteenth century when they started intermarrying with the others, they appeared to have lost their social and economic dominance to the Liberated Africans. . . . But their political influence of radicalism and of fighting against white supremacy and whatever they considered to be unjust, remained.

Dr. John Farrell Easmon, who distinguished himself in the world of medical scholarship, proved to be the most formidable representative of the Nova Scotian tradition in the new generation of African doctors.

John Farrell Easmon was born on 30 June 1856 of a Nova Scotian settler family in Freetown, Sierra Leone, who had first arrived from the United States via Nova Scotia in 1792. There were 131 in their settler group. But Easmon had a second genealogical side. Walter Richard Easmon married three times, and John Farrell Easmon was the son of Mary Ann McCormack, the second wife. Born in Londonderry in 1794, Mary Ann was the daughter of John McCormack, a "wild" Irishman of a renowned Northern Irish medical family. He arrived in West Africa in 1813 and developed a thriving timber business for export, which, it is noted, was the first major export business from the Crown Colony of Sierra Leone. McCormack went on to hold several offices in the Colony government; an influential man, he ensconced himself with the affairs of interior rulers and treaty negotiations for the governor. He returned to Britain in 1864, and died in London in 1866.

John Farrell Easmon matriculated first at the Roman Catholic Primary School in Freetown and attended the Grammar School under James Quaker in 1868 for his secondary education. There, some of his peers were Drs. William Awooner-Renner, Obadiah Johnson, Joseph Smith, and John Randle, and such future barristers as Abraham and Jabez Hebron, Peter Awooner-Renner, and others such as Principal Moore, Solomon Farmer and Matthew J. Marke. Dr. Joseph Smith was the first in Sierra Leone to obtain the F.R.C.S. (the highest specialist surgery degree in the United Kingdom), and under his tutelage, Easmon was allowed to serve as apprentice dispenser and nurse in the Colonial Hospital. The late John McCormack had kept his grandchildren in Africa in mind; upon the settlement of his estate, Easmon inherited £400 and abruptly departed for medical study in London in 1876.

Easmon enrolled in the University College on Gower Street with a self-imposed allowance of £6 8s. per month. Qualification required four years of study, and in 1879, he earned the M.R.C.S. (a routine basic degree in surgery at The Royal College of Surgeons, England) with a distinguished student career. In the final year Easmon took six gold and silver medals. The Sierra Leone papers accorded him numerous accolades. After London he studied in Ireland, earning the L.M. (a post-graduate certification in obstetrics and gynecology [midwifery]) and L.K.Q.C.P. (licensing for permission to practice medicine in Ireland), and on to Brussels for the M.D. with distinction.

Opportunity beckoned again from a distant cousin of the Irish branch of the McCormack family. Surgeon Sir William McCormack, president of the Royal College of Surgeons, senior surgeon at St. George's Hospital, and surgeon to Queen Victoria, perhaps the most decorated physician in Europe at the time, heard of his cousin's success, and offered Easmon an appointment at St. George's as his House Surgeon, ultimately leading up to an assistantship to him. This was the first such appointment ever offered to a West African. For reasons unknown to the writer, Easmon spurned the offer as Harley Street surgical consultant, including its wealth and fame, and returned to Freetown instead.

In Freetown Dr. Easmon put up his plate at No. 2 East Street and was quickly surrounded by elderly settlers in need of medical treatment. Observers noted his dress in the proper English medical attire: a silk top hat, a frock coat, and striped trousers. Thus, John Farrell Easmon became the representative scion of a tradition in which other family members of subsequent generations likewise pursued the medical art (see Figure 1). The medical family tradition, however, was not the only route to distinction in West African social history.

Similar to Krio professionals of earlier years in general, Dr. Easmon and other Sierra Leone elites inherited an elite-validated status and passed it on through endogamy to future generations. Through time his success allowed for the concentration of diverse resources in the hands of a small range of elite families. It brought together couples with the best education, those familiar with...
colonial rulers and their institutions and culture, and those individuals pragmatic enough to recognize the significance of consolidating non-material assets. In addition the web of relationships—conjugal and affinal—entailed extensive networking of alliances in schools, education abroad, jobs, acquisition of credit, bureaucratic influence, and land acquisition. Even further, as Kristin Mann has shown, individuals who in the precolonial era had been part of extensive lineages of corporate descent, transformed their allegiance to a different type of corporate group, united by a common identity and goals, and based on the elite invention of new tradition. Hence, Dr. Easmon had an array of affinal connections with prominent families along the West African coast—in Bathurst (Banjul), Freetown, Cape Coast, Lagos, the Calabars, Cameroon, Fernando Po, and Gabon—useful for status recognition and class mobility (see Figure 2).

Dr. Easmon decided to leave his private practice in Sierra Leone and applied for a job in the Gold Coast Medical Service some time in 1880. The need to increase his emoluments may have been behind the move. On orders from the secretary of state for the colonies, the Government House of Sierra Leone informed Governor H. J. Ussher in the Gold Coast of Dr. Easmon’s appointment as assistant colonial surgeon on 10 September 1880. Easmon was to receive salary of £400, rising by triennial increments of £50 to £150 a year; free quarters or an allowance for said purpose; and the right to private practice. On 9 October 1880 Easmon received an advance of £50 and proceeded by steamer to the Gold Coast.

From 1880 to 1882, Easmon was posted at Kwitta, Awuna District, in Ewe territory and temporarily placed in the general charge of the District, where he had the non-medical assignment of suppressing smugglers at Affonhoo. He received a commendation from the secretary of state for a job well done. From 1882 to 1883 Easmon was in Accra; and in 1883 Lagos; and back to Accra in the same year, where Dr. Jeams, the colonial surgeon, had him administer the Medical Department in his absence. Akim was his next assignment, with service on the Annexed Boundary Commission from 1883 to 1884. One may stop to ponder how such doctors—Drs. Horton and Dr. Oguntola Odunbaku Sapara, for example—came to do any research with the constant rotation, but their achievements must have come when they were more permanently assigned. This was certainly the case with Easmon.

Christopher Fyfe reported that Easmon produced the first original contribution to European medical science ever written by a West African

9Kristin Mann, Trying Well: Marriage, Status and Social Change Among the Educated Elite in Colonial Lagos (Cambridge, 1985), 82, 96–100.


11Public Archives Sierra Leone (hereafter referred as PASL), Letters to the Gold Coast 1874-1887, 4th September 1874 to 1st July 1887 (with index).

physician. 13 This assessment requires qualification because of Dr. Horton's earlier scientific studies. His magnum opus was *The Diseases of Tropical Climates and their Treatment* (1874), based on more than a decade of medical experiments in the region. In regard to this study, Adeola Adeoye recently concluded that "Horton did not merely give an account of the different modes of treatment recommended by various writers, but he ultimately drew his own conclusions from the whole." 14 Hence, this excellent 669-page work also presented the views of other authors.

On the other hand, T. S. Gale shows the uniqueness of Easmon's contribution, which supports Fyfe and the archival data. Gale notes that "The term 'blackwater fever' was coined by Dr. J. Farrell Easmon in the Gold Coast in 1884 and thereafter it became the local name for hemoglobinuric fever. At this time Easmon wrote the first clinical analysis of the symptoms of the disease in English [J. Easmon, *Blackwater Fever*, London 1884]." 15 Easmon wrote this while administering the Medical Department for ten consecutive months in 1884. 16

This innovation requires some review. In Easmon's time, hemoglobinuric fever was the most severe and yet least-defined complication of *falciparum* malaria in West Africa. It struck many Europeans, but it was rare among the indigenous people because of their genetic adaptations to malaria. While it was recognized as a distinct fever in 1864 and received the nomenclature "blackwater fever" in 1884, Easmon's analysis showed its most important symptoms as severe anemia and excess hemoglobin in the urine. It struck people whose constitutions had been progressively weakened by frequent bouts of *falciparum* malaria; and with a sizable dose of quinine as the immediate reciprocating factor, the mortality rate could reach 50 percent. The Gold Coast governor forwarded Easmon's clinical report to the Colonial Office on 15 December 1888, and on 24 April 1889, The Royal College of Physicians noted receipt of enclosures on "Blackwater Fever," which had been referred earlier to Committee of the Fellows. The Easmon report and those of other observers provided the Colonial Office with comparative data for medical officers in the empire. 17

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16 Public Records Office, London (hereafter referred to as PRO), C. O. 96/224, Record of Service of Dr. J. Farrell Easmon, Assistant Colonial Surgeon, Gold Coast Colony, 25 June 1892, see PRO, C. O. 96/164, Dr. J. D. McCarthy on Easmon-to Governor-Easmon application for leave, January 31, 1884, and Enclosure: Dr. Easmon's letter to C.M.O., January 9, 1885. Easmon's library held "between 300 and 500 medical works ... difficult to transport from station to station."

Proper acknowledgement for Easmon's role in this discovery was long in coming; this may be due to several reasons. First, although the data shows that medical researchers might have been careless in their literature scans and other researchers made discoveries independent of each other. Nevertheless, in *Tropical Medicine* (1913 second edition), the authors "blackwater fever" in the seventh edition, published in 1921. Gale; 'Official Medical Policy," 16. If this statement can be perceived as having been made by African physician could expect a larger number of the earlier twentieth century.

I have carefully read this essay which reflects the greatest credit on the Author and shows that Dr. Wood-Mason has a thorough grasp of this most interesting subject. Dr. Wood-Mason has put forward a strong case and certainly my mind has proved that there is a direct connection between the two diseases. If this statement can be perceived as having been made by the earlier twentieth century, the African physician could expect a larger number of the earlier twentieth century.

Easmon's reputation soared in the Gold Coast as a result of his official policy. For British administration's role in the inadequate sanitary conditions, see Gale, "Official Medical Policy," 317-95. For more on sanitary reforms, see Chamber's eulogy, and the interesting subject Dr. Wood-Mason has a thorough grasp of this most interesting subject. Dr. Wood-Mason has put forward a strong case and certainly my mind has proved that there is a direct connection between the two diseases.

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that Ross would exercise his influence on a promotion for him in Sierra Leone. On the other hand, Easmon could have been trying to test his worth for a promotion there in the Gold Coast, where his success would be more likely because of an eight-year friendship with Governor Griffiths. The colonial surgeon post in Sierra Leone was ultimately given in 1891 to Dr. William Thomas Prout, who had served in Mauritius and was highly qualified in tropical diseases, but with less seniority than Easmon. And Easmon, at least for the time being, played his cards right.

Governor Griffiths refused to recommend Easmon, who served as his personal physician and confidant, for the appointment as colonial surgeon in Sierra Leone on the basis of his being too valuable to the colony. Dr. Easmon had high recommendations from the chief medical officer extending back to 1890, and now in June 1892, the governor wrote in a dispatch that Easmon was indeed meritorious in the job sought but that his removal from the colony would constitute a misfortune for not only the inhabitants of Accra but to each European, official and unofficial, at the central quarters. He reminded the echelon further that:

Dr. Easmon’s wonderful skill as a physician, his successful treatment of local diseases, his frequent visits and unremitting attention to his patients, his courage in difficult cases, combined with gentleness as a nurse and a singular power of raising the spirits of his patients and making them more and more hopeful each time he visits them, are qualities which have attracted and attached people to him, and are invaluable at Accra where the European population has increased so much of late.

The motive for denying Easmon the promotion was not a selfish one, the governor went on, although it might appear so, but for reason of general disappointment that his departure from the colony would engender. Hence, he just could not bring himself to recommend such a promotion for Easmon.

Easmon, of course, had left himself an out. In letter of June 1892 seeking the Sierra Leone appointment, he submitted that should the exigencies of public service in the colony prove inimical to his promotion, the colony should duly ask him to be considered for future vacancies of an administrative nature. Obviously, he presented a scenario of his medical achievements from the university days to 1892.

Easmon seized the moment and was not hesitant in making his move for promotion in the Gold Coast colony. Dr. J. D. McCarthy, the chief medical officer, had retired in late 1892, effective May 1893, and Easmon applied for the position, apparently in December. F. M. Hodgson, the colonial secretary in the Gold Coast, confirmed Easmon’s appointment as chief medical officer in June 1893. Easmon’s outstanding professional skill was again borne out in testimony, and his salary, now at £600 per annum, rose to £800 with the promotion, with annual increments of £50 to the ceiling of £1,000 per annum then enjoyed by Dr. McCarthy. There were conditions, however. Easmon was to be debarred from private practice except "when it may be necessary that he should assist at consultations," on 17 May 1893 Easmon assumed his post. Not since the appointment of Dr. William Ferguson, an Afro-West Indian, as principal medical officer and later governor of the Sierra Leone Colony in 1845, had an African medical officer been so promoted in such an important colony.

Easmon accepted the appointment in a letter to the colonial secretary on June 1893, expressing appreciation to all the officials who supported him for the position. He did not, however, agree to all the conditions. "With the reference to the conditions of the Easmon appointment," Easmon wrote, "I shall address you in a separate and distinct communication." This caveat requires some qualification, since the correspondence between the two parties, while perhaps extant, has not been located.

First, private practice by colonial medical officers was a vexing and unresolved issue throughout the era in West Africa. As senior assistant colonial surgeon, Easmon apparently had a sizable private practice among both Europeans and Africans. The new promotion stipulated that private practice must be abandoned except under special circumstances. Second, it remains to be ascertained as to whether Dr. McCarthy, the retired C.M.O., engaged in private practice while holding the position. Third, extant correspondence may reveal that the conditions of the Easmon appointment were moderated upon receipt of Easmon’s "separate and distinct communication" to the colonial secretary.

Dr. Easmon became C.M.O. of a medical establishment whose budget was £15,621 by 1896, with approximately twenty-two medical officers under his control. The medical hierarchy appeared numerically as 1 chief medical officer; 1 colonial surgeon; 2 senior assistant colonial surgeons; and 18 assistant colonial surgeons. Besides Easmon, there were three other African officers: Dr. Spilsbury Smith and Dr. J. O. Coker (both of Sierra Leone), Dr. B. W. Quartey-Papafio (of Gold Coast), and a West Indian, Dr. Derment H. R. Waldron. The death of Dr. Smith in 1894 while serving as district commissioner at Tarkwa created a vacancy at the senior assistant surgeon level. Easmon’s first appointment to fill the vacancy proved to be his Achilles’ tendon in the Gold Coast medical service.

Dr. Easmon appointed Dr. Walter A. Murray, a British medical officer acting as senior medical officer with the Hausa expeditionary force at

27. PRO, C. O. 96/296, Dr. Easmon to the Colonial Secretary, Medical Department, Victoriaborg, 2nd June 1893.
28. PRO, C. O. 96/296, Gold Coast Medical Officers, 27 November 1897, at 415/021 (ca. $82,010.25 - 1 Guinea to £1, 1 Shilling to £5.25) in 1896, the Gold Coast Colony Medical Department’s budget was larger than Lagos Colony’s £8,304 (ca. $43,596) in the same year and Sierra Leone’s £6,047 (ca. $42,246.75) in 1896; see Durrer, "The Campaign Against Malaria," 108-197.
Attabubu, to the vacant position on 26 February 1894. In making the recommendation to the colonial secretary, Easmon said of Murray, that he entered the colony as assistant colonial surgeon on 17 May 1890, and had exercised all the attributes of a qualified professional in the employment of his duties. Easmon admitted that Dr. Papafio, assistant colonial surgeon, was senior in service to Murray, for he had been appointed on 14 March 1889, but Easmon was unable to recommend him for promotion for lack of loyalty to the public service, indispensable to the routinization of the administration. Further, Easmon reported, Papafio's professional skills had not generated confidence among his colleagues. The private secretary suggested in the minutes to the lord marquis of Ripon to approve the promotion of Murray to the higher grade. "Dr. Papafio is a native [Ga ethnic group of Accra] but Dr. Easmon does not hold any tenderness toward him. Request might be expressed that Dr. Papafio's service has not been such as to warrant his recommendation for promotion to the higher grade." The higher echelon's approval went out in a letter on 6 April 1894.

The disappointed applicant, Dr. B. W. Quartey-Papafio, was the son of a merchant trading family (see Figure 3). He attended the CMS Grammar School Lagos in 1876-78, transferred to the CMS Grammar School Freetown in 1878, and to Fourah Bay College in 1880-82. He then went abroad to Durham, where he received medical honors in the Hospital Frizeman Award in 1883 and wrote his medical thesis on "Malaria Hemoglobinuric Fever (so-called 'Blackwater Fever') of the Gold Coast in perhaps 1884." He was the first doctor of Gold Coast birth in the nineteenth century. Dr. Ernest James Hayford (M.D. Brussels, 1896) was the second doctor for this region.

There were few Gold Coast-born doctors in the nineteenth century. Africans in the Gold Coast did not have ready access to the schools of Freetown and were not members of the Krio class which held a quasi-monopoly on African appointments in the colonial service. Of the West Indians, Dr. Derment H. R. Waldron, who had served as district medical officer at St. Kitts in 1880 and as assistant colonial surgeon Lagos in 1881-1882, was even employed in the Gold Coast.

34 PRO, C. O. 96/244, Dr. W. A. Murray, Recommends Promotion of, 2 March 1894.
38 Mace, Marrying Well, 108.
39 M.B.C.M., Edinburgh 1879.
Though the medical bureaucracy was controlled by outsiders, Quartey-Papafio had support from his prosperous family and Ga ethnic group. On 1 June 1894, he began to press his grievance against Easmon for passing him over for promotion. He forwarded a petition against the promotion of Dr. Murray on 30 June 1894 to the marquis of Ripon, the secretary of state for the colonies. Since the petition went through channels in the Gold Coast, Governor Griffiths delayed its transmission and informed Dr. Easmon. The petition, which the governor described as "Foolscap," consisted of enclosures of forty-two pages with data on the creation of the new appointment, preference shown to Dr. Murray, correspondence, his appointments, quotations of testimonials and communications from public officers and patients whom Papafio had treated. The section that dealt with his list of appointments and years of meritorious service were instructive.

Dr. Papafio, writing from Akuse in the Volta River District, had begun his five and a half years' service under the tutelage of Dr. J. Desmond McCarthy, the C.M.O., and was first appointed in March 1887 as medical officer to the Hausa force in Eastern Akim; in September 1888, acting assistant surgeon at Ada; in November 1888, acting assistant surgeon at Kwitta; in 1889, medical officer of the expedition against the "Awoonas" (Awuna District of Togo); in April 1889, permanent appointment to the Colonial Medical Service staff; in 1889, district medical officer at Kwitta (now a significant constabulary station); in July 1890, district medical officer at Elmina (another major constabulary station); in July 1892, acting deputy sheriff of the Cape Coast-Elmina District; in August 1894 medical officer to the Hausa force at Krobo; in December 1892, first time appointed as district medical officer of the Volta River District - his last appointment under Dr. McCarthy. He explained how laborious, exacting, and risky, his duties had been, especially in the Awoonas Campaign of 1889.

Papafio made an explicit charge of Sierra Leonean bias against other Africans:

Before concluding, your Lordship's petitioner would with reluctance direct attention to the feeling of strong antipathy and dislikes which unfortunately exists between the aboriginal natives of the Gold Coast and the very small colony of natives of Sierra Leone residing amongst them. Your Lordship's petitioner is himself not at all in sympathy with this strong feeling which he very much deprecates and to which he refers with regret, in as much as it has not worked for the mutual benefit of the parties concerned.46

The Papafio petition refuted every charge made by Easmon; it further indicates the travails and triumphs of an African medical officer in conflict with a fellow African in the colonial state. African medical officers had already written about their lack of mobility at the hands of European medical officers. And now the Easmon decision not to promote Papafio properly had left the Ga

people with profound resentment against him and possibly against Sierra Leoneans in general. And with no apparent redress, they resorted to the media.

The Papafio family was part-owner of The Gold Coast Chronicle (GCC), and they initiated a scathing attack on Dr. Easmon in an article entitled 'The Gold Coast Medical Service' on 23 June 1894. It announced the promotion of Dr. Murray who ranked below Dr. Papafio in seniority. Since three previous promotions had been filled on the basis of seniority, the new promotion went over the head of Dr. Papafio. It was expressly stated that promotion to these appointments was to be based on seniority subject to recommendation of the C.M.O. to the governor. After the death of Dr. Smith, Papafio was next in line of seniority for the post. In satire of the promotion, the paper then threw a barb at patrimonialism in poetic verse:

But there's no remedy; tis the curse of service,
Preferment goes by letter, and affection,
Not by the old gradation, where each second
Stood heir to the first.

That Easmon had been unfair to Papafio ever since the latter's arrival from England was alleged by many persons. On the other hand, Papafio was a victim of his extraordinary popularity, not only with the people of Accra but also with all the communities of the numerous stations in the colony. How could the governor approve the promotion without the consent of the secretary of state, the paper asked? It was the acting governor who not only referred the question to the secretary of state for his decision, but who found it regrettable that Dr. Papafio was passed over.

The GCC stated that it had observed Papafio ever since his return to the colony in 1887 and took much pride in his accomplishments. First, his popularity was due to his medical skills and had led to a monopoly of the private practice in Accra, to the envy of other doctors. In order to be "promoted" into the Service, the paper reported, Dr. Easmon was more anxious than all the other doctors - McCarthy, Waldron, and Metherel - that Papafio accept the appointment to Akim and the subsequent rotations away from Accra. Obviously his professional skills were further evidenced through his successful promotion of European medicine in areas under the centuries old dominance of traditional healers. Hence, if Papafio had erred in the discharge of his professional duties, his opponents would have broadcast them throughout the colony, the paper argued. Doubts had been raised about the appointment of Dr. Easmon, the paper reflected, by everyone with considerable knowledge of the issue about whether a physician "who, besides his appointment as Chief of the Staff with a salary of £800 to £1000 per annum, required to be permitted to take private practice, contrary to the usual rule, would have too much love for a junior colleague." The paper ended its denunciation of Easmon with the hope that the colonial secretary would rectify the injustice, and promised to supply the reading public with another follow-up essay on justice. The editorial was unsigned.

The Sierra Leoneans in the Gold Coast responded through a rival newspaper of their own in 1895, The Gold Coast Independent (GCI). The editor, Bright Davis, was one of the ablest journalists in West Africa. It was capitalized at 500 shares at £1 each under the authority of the Gold Coast Printing Company. The initial contributions began in November 1894, and consisted of shares like Albert Whiggs Easmon, the brother of Dr. Easmon who was at the time a medical student in England, J. H. Cheek, W. Wilbertorch, B. D. Coker, Bright Davis, D. G. Lionel Fearan, J. E. L. Sawyer, Jacob Coker, J. W. Coles, and J. W. Sawyer. Contributions totaled £150 on the first call.

The GCI published an anonymous article on 3 August 1895 entitled the "Employment of the Native Doctors in Colonial Service." Less than an attack upon Papafio, for his name was omitted, more of a rejoinder to the private practice issue, the article opened with due consideration of the Liverpool Chamber of Commerce's concern about the number of British and "native" doctors in the Gold Coast colony. The Chamber of Commerce had written to the secretary of state for the colonies in this regard on 5 April 1895, and their correspondence now appeared elsewhere in the GCI. The paper purported to recognize the importance of the health issue among the Europeans residing in the colony but remained vague about the motives that generated its interest in the correspondence from its origin. Ever since the public journal began in the colony, its objectives had been against party-spiritism of all categories, such as the commercial, official, racial, or other partisan prejudicial matters. The policy of the GCI was directed neither to incurring nor toward a straightforward opinion prejudicial to the interests of individuals or classes. The paper further noted, with utmost satisfaction, the case in which the Millers brothers of the African Trade Section of the Liverpool Chamber of Commerce had engaged in efforts to defame the character of the "native" professional men. In a telegram to the secretary of the Colonial Office, Miller commented that:

-My Coast agent just home complains bitterly coloured doctors employed by Government. They stand climate better than Europeans, thereby seniority gives advantage, and the lives of Europeans are at their mercy. Possibly you may influence change.

The secretary of state, however, did not favor this request, and expressed satisfaction with the meritorious manner of the African doctors in government service, the GCI observed. The paper acknowledged with regrets the maligning remarks of the local Gold Coast agent and the Mills of Liverpool.

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43 PRO, C. O. 96/265, Medical Service. Request info as to the British and Native Doctors, 5 April 1895; C. O. 96/196, The Gold Coast Independent, 3 August 1895. See Jocca-Quarry, "Sierra Leone's Role in the Development of Ghana," 73-75. This essay is vague on the Sierra Leoneans' reason for organizing the GCI in 1894.
The GCJ noted that the official duties of medical officers were threefold. The first was the welfare of and attendance upon the poor in the dispensaries and hospitals of the colony; second, medical attendance to the European and African officials in government employment; and third, the direction and supervision of the sanitary needs of the colony. The Independent then moved to a collision course with The Chronicle's final allegations:

And it is clearly laid down that these officers are entitled to private practice, but now here is it established either in the agreements signed by the respective medical officers, none by any executive acts found necessary subsequent to the employment of such officers, as can be gathered from the published departments regulation of the medical departments of the Colony, that such medical officers are bound to attend any given class of patients outside the limits of their official sphere of duties no matter what the hue of skin, or twist of hair may be.44

The article shared the belief generally held by all that medical officers were to treat all of their patients irrespective of color, black or white. But it thought further that the government should not have allowed irresponsible persons to cast aspersions on the professional qualities of native medical officers, especially when “the Government of the colony has found the value of native medical officers of great value.”

The general subject was indeed a vexing one, according to the article, as it echoed the changing image of Africa in poetic verse:

The time when,
Geographers in Africa's maps
With savage pictures fill their gaps;
And o'er uninhabitable dales,
Place elephants in place of vales,
is past and gone forever...

Africa must rise from the ashes of ignorance and superstition from within and misrepresentation by the outside world. The Africans must themselves be the final arbiter in guiding the destiny of their magnificent continent in its evolutionary stages, and this factor was to be impressed upon the mind of the abstract scientist and upon the politico-commercial interests of the "civilized" world. And in a defiant manner, with revolutionary overtones the article ended:

In any case, while it is quite true that to "him that hath" it shall be given, it is equally definite that a Shylock may not have his "pound of flesh" without the "blood" thereof.

These words were of a belligerent nature indeed following the Berlin Conference of 1884, which had already partitioned Africa, and the Sierra Leoneans, who had thrown down the gauntlet, now had to confront a new appointee in the government.

Governor William E. Maxwell succeeded Governor Sir W. Branford Griffiths, who left the Gold Coast Colony in April 1895. Dr. Easmon had lost an invaluable ally. Maxwell, who was educated at Ripon and who began his career in the colonial service in 1865, arrived in the colony with an impressive employment record. He had served twenty-four years in Oceania as legal adjudicator and administrator at such places as Penang, Malacca, Perak, and Singapore; and became acting governor of the Straits Settlements before appointment to the Gold Coast, a region heretofore unknown to him. As a member of the Royal Asiatic Society and Anthropological Institute of Britain, Maxwell was exposed to the ideas of pseudo-scientific racism at a time when the scientific study of race was in the hands of scientific and behavioral specialists.45

After a one-year residence on the Gold Coast, Maxwell returned to Liverpool to deliver an address before the African Trade Section of the Chamber of Commerce on 1 July 1895. The address dealt with the "Affairs of The Gold Coast and Ashanti", and was instructive on Maxwell's own "image of Africa" and his comparative perspective on the development of societies in history. Maxwell observed the need to reduce the European casualty rate caused by malaria in West Africa to a level comparable to that in Eastern Asia, and noted that:

The disadvantages on the side of Africa are manifold. Instead of being surrounded, as the Englishman is in India and China, by natives who have attained a high degree of civilization, who have a history, a literature, and an acquaintance with arts and industries, the European who goes to the Gold Coast finds himself among negroes of a low order of intelligence, who know nothing of value that they have not learned from the white man. His house is an inferior one, because the ignorance of native workmen and the difficulty attending the transport of materials make building terribly expenses. Its surroundings are very possibly insanitary, because Englishmen in West Africa have not yet learned to establish their residences at a distance from towns, the almost invariable practice in India.46

Even more, Maxwell reminded his audience, West Africa suffered from "the absence of progress and improvement" and that these conditions bound the European to an "apathetic and despondent" state of mind. Since Eastern Asia owed its development to the importation of energetic native traders from Arabia and India, who brought with them their arts, manufactures, and handicrafts, Maxwell believed that the importation of labor from this region to West Africa would increase the output from the gold fields and improve the living standards for European residents. The health issue was of primary concern in the address, and the governor no doubt returned to the colony with renewed vigor for change.

45 The Gold Coast Civil Service List 1895; See Stephen, The Idea of Race, 85-87.
A complete breakdown in communication occurred between Governor Maxwell and Dr. Easmon by at least August 1896. Maxwell, according to the late Dr. M. C. F. Easmon (1890-1972), the son of Dr. Easmon, "did not like having an African as head of the Medical Department and on his Council..." Generally, the C.M.O. rotated medical officers. But Maxwell began to change a number of assignments that Easmon had already made, hence eroding Easmon’s authority. On the other hand, Easmon was not without culpability in the growing assignments that Easmon had already made, hence eroding Easmon’s authority. The colonial secretary in December 1896 that:

I see that the Chief of Medical Officers has made a marginal comment on my minutes of the 21st and that you have permitted this rudeness to pass unremarked. Please request Dr. Easmon to remove his additions by erasure. 48

And on January 1897, the governor cancelled a station change again through the colonial secretary rather than deal with Easmon directly:

Inform the Chief Medical Officer that I consider it to be undesirable to place Dr. Waldron [an Afro-West Indian] at Accra or, as the sole physician, at any station where a European lady is resident and that this view is to be acted on in determining his destination when he returns from leave. 49

Correspondence followed from the colonial secretary and the C.M.O. until the governor wrote of Easmon’s letter that it was “improper in tone” and that he had permitted this rudeness to pass unremarked. Please request Dr. Easmon to remove his additions by erasure. 48

Maxwell first gathered information against Easmon about events that occurred in the Griffiths administration. Public officers were prohibited from participating in any other occupation, such as trade or other commercial undertaking, without going through proper channels. The governor directed the colonial secretary to inform Easmon of the charges levied against him on 18 February 1897 and required a reply in writing. Allegations were made for the first time connecting Easmon with the commercial venture of the Gold Coast Publishing Company and the Gold Coast Independent. Easmon, the letter held, was a paid public officer who had actively engaged himself in the management of the G.C.I. Even more, Easmon was said to have written many of the articles, even though they were unsigned. Further, articles commented upon government measures and in doing so exceeded the bounds of objectivity. The letter ended by demanding a statement in writing on or before 25 February 1897.

Easmon responded on 26 February and denied all the charges against him. When he had gone to see the governor on 9 February (in connection with a matter of the Medical Department), Easmon had been startled when the governor convened a "Surprise Enquiry" in the presence of the colonial secretary. Easmon admitted authorship of an article on public health, which he justified on the grounds of the enormous mortality that the European community suffered at the time. The article was therefore of a precautionary measure and intended to do no harm to the governor. Easmon recounted that as health officer in Accra during the influenza epidemic of 1893, he had requested with proper approval a general meeting which was held in the district commissioner’s court in James Town, Accra, for the purpose of informing the masses about the prophylaxis. The whole colony had benefited from his alertness. Easmon acknowledged further that letters had been supplied to his brother, Albert Whiggs Easmon, for possible publication under Albert’s name, and that the letters appeared as an editorial was not his fault. Moreover, he did not consider an essay on the triumphal tour of the governor as coming within the purview of Section 79 of the Colonial Regulations. No mischief was intended in any of the cases.

A copy of the questions and answers of the “Surprise Enquiry” he had recently received. Easmon said, showed different nuances and suggest other interpretations than those of his notes taken in the enquiry. For example, to the question: “Have you contributed articles to the Independent?” The “Surprise Enquiry” noted that he had replied “a few.” He distinctly remembered answering “no” to that question; therefore, the data appeared in ways that he never intended. He reminded Maxwell that his loyalty to the government had never been questioned in his sixteen and a half years in the service. If additional enquiries were necessary, Easmon suggested that the governor be advised to conduct them through the court in accordance with the provisions of the Commissions of Enquiry Ordinance 1893. Since so much damage had been done to his reputation in his position as C.M.O., only the fullest enquiry requested through the governor could exonerate him. Easmon pondered further whether such an enquiry would be to his disadvantage against the governor in Council, but he thought that the court was the only proper place remaining that could resolve the issue. Easmon got his wish. On 3 March 1897, the governor ordered an investigation of the charges by Mr. Justice Richards as a commissioner, under Ordinance No. 7 of 1893.

On 6 March 1897, the governor notified Easmon that in view of the evidence now adduced before the Commission that he would no longer be allowed to perform his duties as chief medical officer. Acting through the governor, F. M. Hodgson sent what must have seemed to Easmon an eviction notice:

2. I am accordingly to inform you that you are interdicted from duty with stoppage of half salary. You are to hand over charge to Dr. Henderson and you are, I am to state, to vacate the Government quarters which you now occupy within one week from this date. 50

Mr. Money, the acting attorney general, shortly thereafter began canvassing Easmon’s patients and raising questions about his intimacy with certain females

47 Dr. Easmon, "A Nova Scotian Family," 59-60.
48 PRO, C.O. 96/297, Dr. J. F. Easmon. Explains his reasons for being dissatisfied with administration of the medical department, 24 July 1897.
49 PRO, C. O. 96/297.
50 PRO, C. O. 96/307, Easmon Dr. J. F. Charges against him, 31 July 1897.
throughout the coastal region. Persons who refused to cooperate were threatened with summons. Thirty-two witnesses were called in the proceedings, which went from March to about the end of May 1897.

Hence, the Commission of enquiry met in a series of consecutive hearings on the charges against Easmon and produced a voluminous report. On 23 April, the Commission was issued, and the authorization was published in the government Gazette [Extraordinary], Accra Gold Coast, on 23 April 1897. Governor Maxwell altered a section of the Enquiry Ordinance to read:

authorizes and doth hereby authorize him to enquire into the said herein before recited charges against the said Dr. John Farrell Easmon and also into any matter touching the conduct and character of the said Dr. John Farrell Easmon in his professional capacity as a incumbent of the medical profession. 

This made the enquiry now inclusive and the charges were now broadened to include non-professional charges. The Crown was represented by Mr. T. Hutton Mills, an African who was the acting attorney general and a former patient of Easmon, and African barristers Peter Awooner-Renner and C. J. Bannerman appeared for Easmon. The colonial secretary and the registrar were the first two witnesses called and Awooner-Renner put both of them under examination about Easmon’s service and character. 

In an itemized brief of the charges on 19 May 1897, Awooner-Renner and Bannerman submitted that no evidence appeared before the court that warranted the conclusion that Dr. Easmon had commercial undertakings or involved himself in trade of any kind. Second, he took no active part in the management of the Gold Coast Independent and there was abundant documentary or oral evidence that he dissociated himself from such activity. Third, Easmon never submitted an unsigned article to the Gold Coast Independent, and the other essay on “Weather and Health” was written in accordance within his right as C.M.O. and sanitary officer, and therefore not a contravention of Colonial Regulations. 

In the first hearing of 26 March 1897, Barristers Awooner-Renner and Bannerman had been persistent in their request for definite rules as guidelines in the proceedings. The commissioner refused, and had informed the defense counsel that witnesses could be examined and re-examined upon any subject pertinent to the enquiry. The defense, however, was not allowed to open or review the evidence to which the commissioner had access. They were denied prior knowledge of the witnesses summoned before the court, and of the nature of the evidence on which they were to testify, and the commissioner supported the crown counsel in every respect. Hence the enquiry was always conducted on a “surprise” basis and was far from impartial. Of the thirty-two witnesses summoned, the counsel for the defense called only four. The defense lawyers closed by expressing disappointment about the governor’s absence from the enquiry, since he had initiated the charges, and had prevented the enquiry from eliciting certain matters and facts so relevant to the enquiry and to the defense through cross-examination.

In commentary upon the brief of his grandfather, Peter Awooner-Renner (Figure 4), and Bannerman, some eighty-eight years later, Attorney Raymond Awooner-Renner of Freetown noted in 1985 that the “brief was not a proper defense.” He observed some significant legal features of the enquiry. First, the rules of enquiry can be regulated by the commissioner, in contrast to the court, where the rules are strictly followed. An enquiry, therefore, is a fact-finding tribunal within the terms of reference. A commissioner may be empowered to make recommendations or to act in various ways as if empowered to make recommendations, or to act in various ways as if constituted with the powers of a high court, such as to issue subpoenas, to gather evidence under oath, and to punish for contempt in certain cases which could be referred to the minister of justice for appropriate action in the colony.

The government issued its report on the enquiry on 22 May 1897. Mr. E. H. Richards, the commissioner, reported his role in denying an application for a subpoena to Governor Maxwell, but reminded the defense that it might submit questions in writing to the governor in which a response was to be made to the secretary of state. Since the subpoena was quashed, the defense refused the alternative approach. The enquiry report, however, defined Dr. Easmon guilty of all charges with the exception of the direct involvement in the management of the Gold Coast Independent. The issue of the paper commenting upon government measures was a serious charge indeed. Political activism served as a barrier to advancement long before the Easmon episode. In 1896 T. Hutton Mills, a young clerk in the Queen’s Advocate office, was sacked for his role in a riot in Accra; for he had allegedly shouted: “We must kill all the white men to-day.” Even if 

53 Attorney-Barrister Raymond Awooner-Renner (B.L., London, M.A., Boston University; D.I.L., Harvard; D.L.I., Hague), interviewed at Freetown, 12 February 1985 (Commentary and Notes); Dr. Walter Awooner-Renner (M.A. Harvard, D.T.M. and M.B., M.R.I. Medical University, Denmark; M.D., M.R.I., West Africa), interviewed 8 December 1984 at Freetown, Sierra Leone (Tape 3 Side A and B). In response to the commissioner’s assertion that the Gold Coast Independent was critical of colonial administration, Attorney Awooner-Renner observed, the brief’s response was moderate in language; the newspaper, the brief argued, “was loyal, temperate and fair in its tone and comments . . .” Attorney Awooner-Renner and Dr. Walter Awooner-Renner (M.D.) impugned the conservative nature of the brief’s language to the transition from informal to formal role, and held that “the language changes as the [colonial] domination alters.” The exercising power of colonial representatives in the Enquiry is 1897 access to the validity to their analyses, but the conservative character of the lawyers for the defense requires additional commentary. For the foundation of the legal opinions of Peter Awooner-Renner, see his Reports, Notes of Cases & Proceedings and Judgments in Appeals, References Under Rules, Orders & Ordinances Relating to the Gold Coast Colony and The Colony of Nigeria From 1861 to 1914 (London, 1915). See also Ejura M. Eduman, Lawyers in Gold Coast Politics c. 1900-1945: From Mentaw Serah to J. B. Dampson (Stockholm, 1979).
Hutton later held that the remark attributed to him was inaccurate and unintended as well, an appeal to the secretary of state did not get his job back. Hence, the colonial state sent a strong signal to African civil servants that public criticism of authority would not be tolerated.

Meanwhile, Easmon was further charged with the private practice issue which could only be engaged in while on leave of absence as in official consultation, and finally, he had removed his private prescription book from the hospital which was in violation of the colonial rules and regulations of the Medical Department.

The private practice issue was one of continuous vexation and Easmon attempted to resolve the matter in a letter to the acting colonial secretary on 2 June 1897. Easmon said that he had never fully accepted the terms of his appointment as C.M.O. of the colony. Although he promised to write further about the conditions of his appointment, he never did. Consultation required either one or two medical officers present with the C.M.O. in the treatment of patients and it was almost impossible to have this number present because only there were only two medical men at the Accra station. More often than not Easmon worked the station alone. When Governor Sir Brandford Griffiths had earlier been pressed about the conditions of employment, he had replied:

Doctor I heartily congratulate you on your appointment, but, recalled, whether you are Chief Medical Officer or not, I will always require you to attend me personally I hold you personally responsible for the care of all my European officials; you must look after the European ladies, the wives of the officials; wait until the question of your private practice is raised.

At the same time Easmon reminded him of his very large clientele which consisted of almost the whole private practice in Accra, where his reputation as physician and surgeon had been established. Many of the clients were personal friends of his and some patients had been under his care for years. Hence, it was not feasible to call the private practice to a sudden halt. Easmon promised to give up the private practice gradually, which he had done. The classes of patients attended, however, consisted of those in consultation with other medical officers, personal friends, old patients with diseases that required long treatment, wives of fellow officers not eligible for gratuitous medical aid such as all the English ladies, and former paying patients whom he often treated at own expense.

Easmon further reminded the secretary of state that all private practice was to cease after his leave in 1895, but that the aggravated ill-health conditions that followed the epidemic of 1896 compelled him to continue. The rate of invaliding and mortality rose and the European community had panicked. He felt obligated to treat the European residents in consultation and a few as private patients.

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54 Kimble, A Political History, 95-96.

55 PRO, C.O. 96/346
The Executive Council met the day after receiving Easmon’s letter. Present were Governor Maxwell, G. B. Haddon Smith, Esquire (Acting), W. McLachlan Money, acting attorney general, Davent McDonald, the treasurer, and Sir Francis C. Scott, major general. The Council reviewed the charges as reported in the report of the Commission of enquiry and shortly called Easmon in for further interrogation with a shorthand writer present. The Council adjourned and met again on 8 June 1897 to confirm the minutes. Easmon was required to be present again and was questioned further. The Council informed him that it would notify him in regard to any future proceedings requiring his presence. The Council met again on 10 June and deliberated more on the enquiry.

The Council refused to believe that Mr. Albert Easmon, then in the United Kingdom and funded by his elder brother, was a bona fide shareholder in the Gold Coast Publishing Company and held that the appearance of Albert’s name in the list of contributors was a mere proxy intended to conceal Easmon’s involvement in The Gold Coast Independent. It concluded also that witnesses for Easmon – the Sierra Leoneans – had suppressed much of the evidence during the proceedings of the Commission. Even more, M. S. Thomas, the printer, was accused of perjury for withholding additional information linking Easmon to the management of the newspaper. The Council further stipulated that Easmon’s refutation of contributing unsigned articles to the newspaper could not be accepted and proved the charge. Easmon, the Council continued, published articles in 1896 attacking the government and had therefore committed an error in judgement. The Council additionally proved the charge of private practice both at Accra and Cape Coast, and alleged that the income from such practice exceeded the £100 to £120 a year as said; that the amount must have been several hundred pounds instead; and that the practice should have been shared by one or more of the medical officers in the government service. Even though Easmon said that the practice was now in the hands of Dr. Albert Whiggs Easmon, his younger brother, the Council did not believe it and said that Easmon was still so engaged. Finally, the Council found that Dr. J. F. Easmon was unfit for the office of chief medical officer and recommended his suspension with ultimate removal from the colonial medical service. His defense was one of total dishonesty and perjury. Although they had considered the length and nature of his employment in the Gold Coast Colony, the Council was definitely satisfied that “he [Easmon] is unfit to continue to belong to a service composed of honourable men. The governor adjourns the Council sine die,” i.e. without resumption on the issue on 12 June 1897.

All parties privy to the ongoing proceedings seemed to have been aware of the correspondence to follow, for it was all written on the same day, 12 June 1897. At the behest of the governor, G. B. Haddon Smith wrote to Dr. Easmon that in light of the findings against him the governor had decided effectively as of this date that “you are accordingly suspended from the Service with stoppage of salary from this date.” Easmon’s answer promised a protest appeal to the secretary of state for the colonies against the Council and the commissioner of the enquiry. Smith was quick to respond and warned Easmon that the transmission must be in line with Section 218 of the Colonial Rules and Regulations. This meant that the transmission must first go through the Gold Coast chain of command where it might be delayed or tabled.

Meanwhile, Dr. Easmon applied for a leave of absence on 14 June 1897. He apparently was having some health problems and thought that it was best for himself and the family to leave the colony. The past six months of the enquiry had caused Easmon much mental anguish and he felt he was bordering on a nervous breakdown. He now wished to travel to the Islands and perhaps on to England. Mr. Smith, the colonial secretary, wrote back to inform Easmon that the governor could not entertain his application. In that case, Easmon requested that his application be forwarded to the secretary of state for the colonies by cable, and that he would pay the necessary expenses in accordance with the official regulation. Smith answered shortly that the request to the secretary of state had to be in writing in compliance with Clause 218 of the Colonial Rules and Regulations, and reminded Easmon that the governor could not cable as requested. Now perhaps in a desperate frame of mind, Easmon next wrote to the governor directly submitting his application for a leave of absence on the grounds that:

The prolonged period of mental worry to which I have been subjected during the past six months has had a distinctly prejudicial effect upon my constitutional powers, and I cannot with my knowledge of the facts, contemplate with equanimity the prospect of further mental worry under the circumstances in which I am faced to live at present . . .

Since his alleged offense had not been one of murder, Easmon continued, he saw no reason why he and his family, turned out into the streets in the manner your Excellency determined, forcing us thus far, to live under circumstances we are wholly unaccustomed to, should be any further jeopardised. And he requested again that the governor transmit his cable at his own expense, which was declined.

Informing the governor of his action, Dr. Easmon and his family left Accra on 5 July by ship, The Gold Coast Chronicle, representing the interests of Dr. Papafio, retorted that the government should have required Easmon to take a medical examination before being allowed to leave the colony. And in efforts to counter Easmon’s possible protest, Maxwell submitted a confidential dispatch, 24 July 1897 with examples of unfavorable opinions of Dr. Easmon’s administration of the Medical Department to Joseph Chamberlain, secretary of state for the colonies. The first case dealt with “Exhibition of Feeling in Connection With Non-Employment on Ashanti Expedition” of August 1896; here, Easmon was said to have not complied with the order of the officer administering the government to file the appropriate report. Easmon had explained his lack of knowledge about the expedition. Second, this charge dealt with the “Attitude of the Chief Medical Officer in Regard to the Public Works Department”; here, Easmon had unjustly accused the Public Service and had filed complaints; the report, especially, filed

57 PRO, C.O. 96/307(Dr. Easmon's Appeal to the Secretary of State Through the Governor dated 17th June 1897).
58 PRO, C.O. 96/307, Dr. Easmon's Application for Sick-leave, dated 14th June 1897.
56 PRO, C.O. 96/307, The Acting Colonial Secretary to Dr. Easmon, Accra, 12th June, 1897.
against Mr. J. Holmes, a foreman of works, that suggested his ailment from a relapse of fever was due to "the result of Alcoholism" was unjustified, the governor said. Easmon made the accusation because of his ill feeling toward the director of public works. Third, 'Disrespect to the Governor in Official Correspondence' was a serious charge indeed; here, Easmon obeyed the order that his marginal comments in the Minutes be removed with a protest and without regret or apology. Easmon had forwarded a disrespectful letter from Dr. Waldron to the colonial secretary for the governor to see. And Easmon was said to have been remiss in many other of his duties in regard to requisitions for the medical stores. Fourth, Easmon was said to be in 'Neglect and Delay in Performance of Duty.' The governor attributed the neglect of official duties to his private practice which consumed too much time. In 1895, Easmon was late in filing the medical report, and the governor supplied a list of other overdue and delayed office papers with the remarks of the colonial secretary. Five, Easmon did not exercise fiscal responsibility which resulted in the "Maladministration of the Medical Department; questionable expenditures had been made, although the governor said that an unprecedented number of European patients had been treated at the Accra Hospital. And even yet, hospital fees had not been properly collected until action later taken by the governor. The governor had also intervened in a scavengers strike in order to prevent Easmon from yielding to their demands for higher pay. Maxwell took pride in reducing Easmon's rate of pay to the Scavengers from 1s/a day to 76p and ultimately to 7d a day when he broke their strike with the importation of Kroo laborers. And finally, Maxwell stated that Easmon had failed to maintain the proper social distance between himself and African official subordinates, which his high office demanded. For example, the chief dispenser, Peters, at the Accra Hospital had continuously addressed him with the familiar "Easmon," and one of his constant companions was Gaskin, the master-tailer of the Constabulary Department, the governor reported.

By the end of July 1897, Dr. Easmon had moved into the Adelphi Hotel in Liverpool, England, and related his version of events to the under secretary of state at Downing Street. After his eviction from the government quarters in Accra, his family had much difficulty in finding accommodations of a sanitary nature, and had to proceed to the house of a friend by way of a lagoon in a canoe with a ferryman. The health of his wife, Easmon said, had deteriorated and congestion of the liver, and Easmon attributed much of his and his wife's illness to his official designation as "Chief Medical Officer of the Gold Coast." A number of other letters were sent out from the Adelphi Hotel to individuals at Accra requesting testimonials to the secretary of state for reinstatement. Mr. W. Waters wrote in Easmon's behalf that he had no hesitation in replying that:

"if the officials of the Gold Coast and their wives, past and present, were allowed freedom of speech, without fear of voting against the Government, there is hardly a man who would not testify to the ability and kindness of yourself and confess to a sense of anger when you are not in Accra...

Hence, colonial power had incited enough fear among the European inhabitants to erode public support for Easmon.

In what would have normally been an enquiry, moreover, the Crown legal advisers allegedly used methods that turned out to be favorable to the role of the prosecution. In a filed protest of 5 August 1897 to the Colonial Office, Dr. Easmon accused the Judicial Department of employing its entire apparatus against him, such as the constabulary and the telegraph systems, and repeated many of the earlier arguments of his defense lawyers.

Several of the witnesses were kept practically prisoners until time for the hearings. Their isolation was allegedly based upon the need for protection against interference by the defense counsel or their agents. This policy was responsible for the "surprise" nature of the enquiry that intimidated people in the colony. For example, Mr. T. Hutton Mills, the prosecuting counsel, became unhappy with the evidence given by Mrs. Timmerman, and exclaimed to the Commission that "I thought this witness a friendly one, but I find I must now treat her as an hostile one." This witness, Easmon said further, was an invalid and had been carried from Akusi in a hammock, and kept in isolation until court time. The counsel for the defense called the attention of the Commission to the other similar complaints against improper interrogation of the witnesses.

Obviously in the prosecution the Crown agents had made amends with Barrister T. Hutton Mills, the acting attorney general and Easmon's prosecutor. Easmon, who no doubt was mindful of the fact that Mills had received his secondary training from the Wesleyan Boys High School in Freetown, resented Mills's presence. From the outset, Easmon reminded the Colonial Office, he had protested against his selection to prosecute him "in his so-called Enquiry." To cast aspersion upon the Crown's selection, Easmon reiterated Mills's anti-government stance in 1886 and his role "in exciting the people to murder all the Europeans."

In the final analysis, Dr. Easmon continued in his efforts to exonerate himself from the charges of the enquiry and to prove how the enquiry subverted the legal meaning of the Ordinance of 1893. The governor, he warned, had taken it upon himself to conduct a secret investigation into his entire career with all of the available resources of the government. The role of the Commission and the nature of the evidence gathered attested to this, especially the active part pursued
by the attorney general and the assistance given by a private practitioner such as Mr. Mills. Therefore, the case against him was not conclusive in accordance with proper legal principles but based on the embodiment of a legal technicality, whereby the provisions of the Ordinance were ignored. In the final paragraphs of his communication, Dr. Easmon resorted to an explanation which he deemed ethnological in character that had determined to a large extent the crusade against him; one which he regretted so profoundly in reporting, and yet a theme gathered from so many variants was simply that in his opinion:

my only fault in the eyes of the Governor [Maxwell] has been the colour of my skin [and] the woolly nature of my hair; and that it is utterly irreconcilable with Sir William Maxwell's race prejudices for any native of West Africa to hold such a position as I have filled in the past.

In deference to the secretary of state, Dr. Easmon reminded him of his long, sixteen years' service to the state and argued that he was undeserving of the severe treatment received at the hands of Sir William Maxwell no matter what offense the enquiry had suggested or proved against him. Still not relinquishing his post, he signed his name with title of "Chief Medical Officer of the Gold Coast Colony."

The imbroglio between Dr. Easmon and Governor Maxwell continued as the nineteenth century waned. Joseph Chamberlain, secretary of state for the colonies, supported the enquiry's findings that Easmon had breached colonial regulations in September 1897. He did not overlook Easmon's long service to the government nor the good opinions which you have earned in your professional capacity, and offered to Easmon the post of colonial surgeon in the Gold Coast at the reduced rate of £600 a year which with increments would rise to £700. Easmon accepted the secretary of state's offer. This decision was communicated to Maxwell, who replied: "either Easmon goes or I go." The governor apparently wasted little time in making Easmon an unacceptable offer, and sent a telegram on 31 November 1897 to the district commissioner at Cape Coast. Dr. Easmon, now on route to the Gold Coast from England, was ordered to disembark at Cape Coast Castle and proceed at once to Kumasi to relieve Dr. Rome Hall. He was to be allowed eight hammock men and twelve carriers. These items were to be obtained and temporary quarters were to be provided at Cape Coast from the S. S. "Angola" Easmon returned the message that he was unable to disembark at Cape Coast because his wife was with him and his travelling kit was at Accra, and requested further authority. The colonial secretary reminded Easmon that his request could not be acceded to; the governor was unequivocal in his orders. Easmon went on to Accra instead, and the colonial secretary notified the acting chief medical officer that Easmon had disobeyed the order given to him. The alternative was to withdraw him from duty until the governor decided the next move.

On 17 November 1897 the governor warned the secretary of state that Easmon had disobeyed orders. When the S. S. "Loanda" arrived at Accra in the afternoon, Easmon was to board it at his own expense, but his salary would start only upon embarkation at Cape Castle. Meanwhile, the "Loanda" left without Easmon, and the acting C.M.O. was to call on him in order to see what had happened. Easmon wrote back that a week's stay at Accra was required in order to arrange for the safety and comfort of his wife and to attend to property matters before going on to Kumasi. He requested detailed information on the duration of his stay there in order to make proper arrangements as colonial surgeon. The governor fired back:

With regard to Easmon no alteration permitted in orders given to him. He is in Accra contrary to direct telegraphic instructions. Rome Hall has been at Kumasi for seven months. Easmon may expect that he will be there at least as long. Colonial Surgeon has no definite station but is in the same position as other Medical Officers.

Still unable to communicate directly, Easmon informed the C.M.O. on 19 November 1897 that the governor's orders in regard to the stationing of a colonial surgeon were unacceptable to him and that:

unless I am to be definitely located at either Cape Coast or Accra - exigencies of the service excepted - I will be unable to assume the duties of the Colonial Surgeon of this Colony.

By now Easmon had canvassed the prevailing opinion in the European and African communities regarding the governor's telegram, for Easmon was popular indeed among both groups.

The correspondence, though staggered, finally caught up with the governor at Government House—Accra. In the final week of November 1897, Maxwell reviewed the batch of telegrams and letters involving himself and his former C.M.O. He now had on his desk a confidential despatch of 22 October from Joseph Chamberlain containing further enclosures of Dr. Easmon to the Colonial Office. Easmon's letter, the governor wrote to secretary of state, was tantamount to a resignation of his appointment as colonial surgeon. The only alternatives available to him now, said the governor, were for him either to obey orders or to stand another enquiry on the charge of insubordination. In the confidential despatch forwarded to Joseph Chamberlain sometime after December 1897, Maxwell requested Chamberlain's approval for treating "Dr. Easmon's letter of the 19th instant as his resignation," and got his wish.
The Minutes section shows mixed opinions; most seemed to support the governor's position, but a dissenting opinion of 31 December signed with only the initial "A" was lengthy and more objective. Mr. "A" wrote to Mr. Chamberlain about his regrets for not sharing the views of his colleagues, but the Easmon issue required further consideration. Obviously disobedience to orders was one of the grave offenses in a disciplined service; sometimes, however, the orders stipulated could be so unusually harsh that disobedience was somewhat mitigated so that no penalty ought to be inflicted. "A" believed Dr. Easmon should have been allowed time to provide for the safety of his wife and for arranging his private affairs. This consideration was extended to every officer ordered to a new post, and when the exigencies of the public service did not permit it, the order "to proceed at once" was stated in a more conciliatory manner.

The order was unusual because the colonial surgeon had always been stationed at Accra or Cape Coast Castle. Obviously, Sir William Maxwell's orders stemmed from animosity toward Easmon, a notorious dislike for him, and yet, the governor was in all fairness technically acting within his purview. Furthermore, Easmon was found to have breached colonial regulations and charges were proven against him, but some of the charges involved extenuating circumstances. The governor was indeed anxious to dismiss him, "A" continued, but Mr. Chamberlain had taken a middle course by demoting Easmon from C.M.O. to colonial surgeon. "A" said further: "It seems to me almost tyrannical to have ordered him up to Kumasi at a moment's notice, without explanation, and when that was an unusual place for the Colonial Surgeon to be sent to, and so there is a reason for excusing Dr. Easmon's disobedience."68

"A" noted further that Easmon was very popular in the colony and subject to an unusual amount of jealousy on the part of British officials, and was beyond doubt the ablest medical man on the West African Coast. The public service would certainly suffer with his dismissal, and the manner in which it was carried out would form the basis of much popular discontentment. "A" ended his commentary with the suggestion that the resignation not be accepted and that enquiries be made to the colonial secretary on the possibility of acceding to Dr. Easmon's wish to remain at Accra. The extant data show no activity on "A"'s suggestion.

David Kimble reports that the ouster of a Sierra Leonian did not pave the way for a Gold Coast appointment. Dr. William Robert Henderson, a British medical officer, replaced Dr. Easmon as C.M.O. And Dr. Murray, whose appointment as senior assistant surgeon over Dr. Papafio had initiated the conflict, continued his rise in the service, and was promoted to colonial surgeon. Dr. Papafio received nothing for his efforts, and the service continued to pass him over. He filed another memorial not long after the initial "A" was lengthy and more objective. Mr. "A" wrote to Mr. Chamberlain about his regrets for not sharing the views of his colleagues, but the Easmon issue required further consideration. Obviously disobedience to orders was one of the grave offenses in a disciplined service; sometimes, however, the orders stipulated could be so unusually harsh that disobedience was somewhat mitigated so that no penalty ought to be inflicted. "A" believed Dr. Easmon should have been allowed time to provide for the safety of his wife and for arranging his private affairs. This consideration was extended to every officer ordered to a new post, and when the exigencies of the public service did not permit it, the order "to proceed at once" was stated in a more conciliatory manner.

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68PRO C. O. 96/299, "A" Dissenting against Minutes to Honourable J. Chamberlain, 5th December 1897.
69M.D., M.Ch., Dublin 1878.
70Kimble, A Political History of Ghana, 97-98.

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in European thought on power and who should govern in the colonial situation was well on its way toward optimal implementation in the Gold Coast by the 1890s. In this regard, Frye reminds us that "An axiom of the European empire of race in Africa (and the British Empire during the nineteenth century grew steadily more race-conscious) was the belief that only a white man could command respect from non-white subordinates."

Hence, Kimble's observation that in the late nineteenth century "the doors of African opportunity were closing fast" appropriately describes what happened to Easmon. Steven Feierman adds that "African doctors like Easmon would have been squeezed out sooner or later no matter who was the governor of the Gold Coast."73 From that time on, a new rule stipulated that "native medical officer" (N.M.O.) was to become the designated nomenclature for an African in the service, and N.M.Os would no longer be eligible for promotion beyond the rank of senior assistant colonial surgeon and could fill only one post out of the two in that category. While agreeing to the policy in principle, the Colonial Office did not come out into the open on the ruling until 1902.74 Other considerations than that of seniority were taken into account and justified in accordance with the case at hand. Governor Maxwell, who was a significant catalyst and advocate of the new policy, now symbolized a new era in the changing relationship between Europeans and Africans in West Africa. While returning to England on leave Maxwell suddenly died off Cape Coast and was buried at sea some time early in 1898.

As for Maxwell's nemesis, Dr. Easmon, who was around forty years of age in 1898, he moved into the ranks of private practitioners at Cape Coast. The Cape Coast Merchants immediately offered him a retainer of $1,000 a year minimum following his resignation, which was equal to, or greater than his salary as C.M.O.

Dr. Easmon died on 9 June 1900 at Cape Coast at the age of forty-three. His early death prevented him from making adequate provisions for his children; McCormack Charles Farrell Easmon was only ten, and Kathleen was eight. Dr. Easmon, however, had laid the foundation for a medical dynasty.75 Ever since the death of his own father in 1883, Easmon was the family patriarch and provided the family with financial support. He paid the fees and allowance for the medical education of his brother Dr. Albert Whiggs Easmon in England. Albert received his medical degree in 1896 and shared for a time private practice with his older sister. Dr. John Farrell Easmon, Jr. was the son of Dr. Albert Easmon, the nephew of Dr. John Farrell Easmon, and cousin to the late Dr. M. C. F. Easmon and Dr. Charles Odanten Easmon. Dr. Charles Odanten Easmon, Age 71, interviewed at Accra, Ghana on 9 January 1985 (Tapes A & B), and the fifth medical Easmon, who like his grandfather became chief medical adviser of Ghana and first president of the Ghana Medical Association, 1938, see M. A. Barrow, "A History of Medical Societies in Ghana," Ghana Medical Journal, 1, 1 (September 1962), 67.

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71Frye, Africanus Horton, 42.
72Kimble, A Political History of Ghana 1850-1928, 98.
73Steven Feierman, Personal Correspondence, June 25, 1989.
74PRO C. O. 879/99, Memorandum as to the Employment of Native Medical Officers in West Africa, Colonial Office, December 1908; for African reaction to the stated policy, see Adell Patton, Jr., "E. Mayfield Boyle: 1902 Howard University Medical School Graduate's Challenge to British Medical Policy in West Africa. The Journal of Negro History, LXVII, 1 (Spring 1982), 52-61.
75Dr. Raymond Sarif Easmon, Age 70, interviewed at Freetown, Sierra Leone on 4 August 1983 (Tapes A & B). He is the son of Dr. Albert Easmon, the nephew of Dr. John Farrell Easmon, and cousin to the late Dr. M. C. F. Easmon and Dr. Charles Odanten Easmon. Dr. Charles Odanten Easmon, Age 71, interviewed at Accra, Ghana on 9 January 1985 (Tapes A & B), and the fifth medical Easmon, who like his grandfather became chief medical adviser of Ghana and first president of the Ghana Medical Association, 1938; see M. A. Barrow, "A History of Medical Societies in Ghana," Ghana Medical Journal, 1, 1 (September 1962), 67.
brother. About thirty-five years of age in 1900, Albert returned to Freetown as a private practitioner and never worked in the colonial medical service. The fate of his brother under Governor Maxwell left in him a profound disdain for the colonial service — a legacy that was bitterly remembered by other Basmons and African doctors in years to come. Finally, the Easmon episode did not end with the events of 1897 but anticipated the gradual loss of prominence of African medical practitioners in the colonial service of Anglophone West Africa. Many West Africans' interest in medicine declined by 1900, and they began to study law instead. The Easmon episode was the major catalyst in this professional transformation with the triumph of pseudo-scientific racism and colonial rule.

The area of the Northern Territories was acquired belatedly, and added almost as an afterthought to the Gold Coast Colony. As with all colonies, it stood in a relationship of dependence to the metropole, the function of the colony being to supply raw materials, especially those exotic to Europe. This relationship has been described in many ways, one of the most useful being Andre Gunder-Frank's metropole-satellite model, which is not so very different from the eighteenth-century mercantilist idea. The intention here is not to detail the relationship between metropole and colony, but to look at the relationship among parts of the Gold Coast Colony. Here also, Gunder-Frank has provided a useful framework, showing that as well as a center-periphery relationship between metropole and colony, there developed in many colonies a similar relationship between more and less developed parts of the colony. This model, while not as stark as in, for instance, Latin America, is useful in describing the economic pattern in Ghana of a growing export-oriented money economy in the south, and stagnation, or much slower change in the north.

Growth or development can be defined in terms of per capita income, investment, provision of basic needs, infrastructure, or other indicators. The growth of one sector of the colony cannot be seen in isolation from the slower growth or lack of growth in other parts. The development of the southern part of the Gold Coast depended on there not being similar development in the north. This can be seen in the way colonial funds were allocated, and in the fact that southern industries — commercial agriculture, mining, and other enterprises — depended on labor from the north. Here, various studies of labor migration complement the center-periphery analysis. It seems clear from the work of Samir Amin and others that the large-scale supply of migrant labor has precluded