

ADELL PATTON, JR. *Physicians, Colonial Racism, and Diaspora in West Africa*. Gainesville, University Press of Florida, 1996. 363 pp., illus. \$49.95.

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This is a history of physicians in Anglophone West Africa, physicians who shared the skin color of native Africans, but held the attitude of their white colonial colleagues that London was the center of the world. Through the tool of collective biography, Africanist Adell Patton, Jr. tells the story of these black physicians, trained in western medicine at Edinburgh and other medical schools, who returned to Africa to practice either in the colonial medical service or in the small Creole middle class of their countries. The principal country discussed here is Sierra Leone, a British colony from the early nineteenth century that became a homeland for displaced Africans freed from slave ships or returning from the New World, although Ghana, Gambia and Nigeria are also considered more briefly.

The first physicians to acquire such training emerged in the mid-nineteenth century. One West Indian-born, Edinburgh-trained black doctor had practiced in Sierra Leone before then, and even rose to the post of governor. Still, it was only in the 1850s that the British colonial government selected three African youths for medical training in Great Britain. Two of those ultimately returned to practice in Sierra Leone, although that was the end of government-sponsored medical scholarships. But the prosperous Creole middle class increasingly recognized the opportunities that foreign education would bring their children, and more and more of them were privately funded for training in law and medicine in Great Britain. Patton chronicles the fate of these physicians in the colonial medical corps, where first they were accepted on equal footing with their white colleagues, but by 1900 had been demoted to a clearly separate, and lower, rank as "native" medical officers. These physicians struggled against this prejudice to little avail. There was some possibility of private practice among the middle class, but the bulk of African natives apparently had no interest in or ability to afford the western medicine thus offered. Patton paints an image of physicians out of place—undervalued by the British from whom they took their value system, and unwanted by native Africans who did not share their medical culture. His story is mainly concerned with the roots of the overt racism against these physicians within the colonial government, and the struggle against it led by his cadre of educated Africans, especially in the first two decades of this century.

The book closes with a fascinating account of what happened in these West African countries in the wake of independence following World War II. For Ghana, particularly, the sponsorship of the Soviet Union led to hundreds of doctors being trained at Eastern Block medical schools, and then returning

home to practice. Patton describes the medical training they received as being more narrowly focused on specialty practice than that of western medical schools, and the consequent problems such graduates faced in coming back to rural areas wherein generalists were required. He skirts the issue of the quality of their education (and indeed offers no criteria for determining such) but does speak to the clashes between these new physicians and their older, western-trained colleagues. He tries to be scrupulously fair to these men, several of whom were interviewed for the book, and is particularly proud to point to major achievements where they can be found.

As collective biography, this account does stray into hagiography at times. Patton sees these physicians as heroes who struggled against an oppressive colonial system, and at least in part fought it successfully. This attitude makes it harder for him to ask critical questions about their lives. The tribal African is largely absent from this account—apparently the physician-heroes of this tale did not lead drives to improve the public or individual health of their countrymen and women, but rather focused on gaining preferment amidst the colonial system. This reader wanted to know much more about the ways in which these physicians confronted the traditional healers of their race, and attempts, if any, to win the native peoples over to western medicine. The role of quinine in this regard, given the prevalence of malaria, might have made for a particularly revealing study. Perhaps they did not face this issue at all, but that in itself would be a point of interest.

Patton admits at the onset that he is not trained in the history of medicine, and this is evident with unfortunate frequency in the text. The early chapter which traces all of medicine from ancient Egypt to 1800 will especially make medical historians wince, as will the reference to Donald Ross's work on malaria. After telling us in the introduction that "western medicine was not well advanced in the United States or Europe until the 1940s" (p. 2) he is hard pressed to explain how the health of Europeans in Sierra Leone was improved after 1900, when the "non-advance" (presumably) of malaria vector control decreased the morbidity rate among colonists. Finally, on p. 67, we learn that atropine is an opium derivative, and that ipecac is "one of the strongest ingredients in cough mixtures even today." The book would have benefited from a thorough vetting by a medical historian.

Still, this is a pioneering study offering much by way of stimulus for further research. The bulk of the account is based on thorough research in colonial office archives and personal papers, presenting a detailed portrait of these individual physicians who struggled to acquire respect for their training and dignity to their roles as the equals of white colonial practitioners.