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The *Journal of African History* (ISSN 0021-8537) is published three times a year. Three parts form a volume. The subscription price (excluding VAT) of volume 38, 1997 (which includes postage) is £76.00 (US \$130.00 in the USA, Canada and Mexico) for institutions; £40.00 (US \$64.00 in the USA, Canada and Mexico) for individuals and £32 (US \$52 in the USA, Canada and Mexico) for students ordering direct from the Press and certifying that the Journal is for their own personal use. Single parts £27.00 net (US \$46.00 in the USA, Canada and Mexico). EU subscribers (outside the UK) who are not registered for VAT should add VAT at their country's rate. VAT registered subscribers should provide their VAT registration number.

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brings out the inherent contradiction of native administration, explains, local authorities had first to be suppressed before they could be co-opted. Nuer prophets experienced this from the air. It was not until bombing had failed that Evans Pritchard was left on the bank of the Bahr-al-Ghazal to investigate Nuer from within. Willis disapproved, and this Handbook is, in part, his rebuttal of professional anthropology and a defence of the wisdom of the 'man on the spot'. As such, it deserves study.

The colonial construction of custom is an historical commonplace from Nyasaland to Nigeria, but the Southern Sudan was an area where it could be carried on unhampered by the confusions of mission education, urbanization and the like, and often by violent means. The photographs included in the volume are instructive in this latter respect. The key documents which contain the ethnography of administrators and on which historians rely for their analyses are too rarely available outside the archives. We all owe a debt to Johnson and the British Academy for making the handbook available, not merely as a source but also as a memorial to a world whose contradictions remain even while its substance is fast being overlaid or destroyed by forces more ruthless than amateur ethnographers and ex-military administrators.

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RICHARD WALLER

MEDICAL PROFESSIONALISATION

Physicians, Colonial Racism, and Diaspora in West Africa. By ADELL PATTON, JR. Gainesville: University Press of Florida, 1996. Pp. xx+343. No price given (ISBN 0-8130-1432-8).

This book describes the experiences of African doctors under colonial and post-colonial rule in West Africa. Patton suggests that African doctors enjoyed unusual opportunities for training and employment under 'informal' colonialism before the 1890s. European doctors and colonial officials presented ever stronger obstacles to African doctors' professional advancement thereafter. In the post-colonial era African doctors enjoyed greater mobility, but the profession was fraught with conflict between those trained in the West and in Eastern-bloc countries. Patton uses biographical accounts of African doctors to illustrate the ways in which they contributed to colonial and post-colonial health-care while prevented from achieving sufficient professional status and autonomy. In doing so, his work straddles two genres, one which celebrates doctors' contributions to society as gallant and altruistic scientific pioneers, the other a literature on professionalization, which draws on a critique of professional elitism, occupational closure and the inflated claims of biomedical science. Partly because of current crises within African health systems (pp. 38-9) and the close connection between western professional training and elite social and political status, the study of professionalization during and after colonialism is rapidly becoming a major focus of interest for historians of medicine in Africa.

The features of professionalization in the developing world differ from the classic sociological typology. In 1973, Terence Johnson argued that the colonial state performed a dual role as its professionals' most powerful patron and client, thus restricting professional autonomy to define their own entry requirements, conditions of service, knowledge base and professional culture. African doctors were excluded from colonial Medical Services because the colonial state could impose its own requirements for 'good club men' and competent administrators onto the profession, ignoring professionally defined criteria. In following Johnson's broad schema Patton emphasizes the creation of a racially divided profession,

which left a lasting post-colonial legacy of intra-professional conflict (p. 21). Because racial divisions within the profession hampered African professionalization, Patton suggests that African doctors' level of professionalization should be gauged largely by their autonomy from European-dominated professional bodies (p. 212). This assumes, questionably in my opinion, that 'secondary professionalization' does not offer professional autonomy because it allows metropolitan professional bodies to control a colonial profession.

African medical professionals suffered much racial discrimination. One of the most interesting features of colonial racism was the strong focus on European fears about black doctors attending white women (pp. 157, 205), an issue which deserves further investigation. Another interesting issue is the influence of the often openly racist medical science before 1930 on western-educated African doctors. Dr John F. Easmon advocated racial segregation in the Gold Coast to counter the threat of malaria for Europeans in 1893, failing, as Patton says (p. xiii), to consider the poor conditions under which others lived in the town. Was this simply a political move in the search for promotion, as Patton suggests (p. 21), or was Easmon simply following his medical training? While the emphasis on racism is a welcome contribution to the debate, its explanatory power is not unlimited and professionalization theory should not perhaps be abandoned altogether when it could be used to explain other features of the African situation, such as the existence of qualification requirements for registration (p. xi).

In my opinion, although Patton might disagree (see p. 251), his book should prompt a timely revision of Johnson's thesis. Johnson himself acknowledged that his evidence was selective, to make the point that different socio-political environments might produce different patterns of professionalization. Few professions are fully autonomous, even in the 'developed' world, and from recent work on pre-industrial professionalization in Europe they are now recognized to be historically constructed entities. Patton's work helps us to see how both African and British doctors (the latter more successfully) attempted to manipulate government patronage in the West African colonies. While established in the European context, their professional status was nonetheless recognized by the colonial state. They may also have enjoyed significant public support from an African public sympathetic to western science (p. 252) and receptive to state endorsement of practitioner quality (p. 145). Colonial doctors, including Africans, says Patton, had access to a considerable private practice and more professional associations than previously thought. Stella Quah's work on Singapore (1989) has suggested that private practice was an important tool in doctors' quest for greater independence from state control. Documenting quite widespread medical professional organization before 1950, Patton's study questions Last's contention that African biomedical doctors' focus on combating racial discrimination pushed them into the arms of other professionals, such as lawyers, rather than into medical professional organizations. Patton's book is thus an important contribution to the debate on African professionalization and in spite of the numerous typographical and editing errors, deserves our critical attention.

St. John's College, Oxford

HARRIET DEACON

A LIFE AT EPULU

The King of the World in the Land of the Pygmies. By JOAN MARK. Lincoln: University of Nebraska Press, 1995. Pp. xvi+276. £28.50 (ISBN 0-8032-3182-2).

This is useful reading for academics: it is about a man who made his reputation out of thin air. Patrick Putnam was the pampered son of an old Boston family who