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By the 1870s the coastal area of Sierra Leone had become a full blown settler frontier enclave and center of western learning in West Africa. Both people of African descent who had been living in the West and people autochthonous to Africa had come to Sierra Leone in five separate groups. In 1787 about four hundred of the “Black Poor” arrived with the support of English philanthropists and the British government as the first free immigrants; for Lord Mansfield’s court dictum had freed them from slavery in England in 1772. The next group, about 1,131 ex-slave “Nova Scotians,” who fought on the side of the British in the American War for Independence, willingly returned in 1792 to settle under the auspices of the Sierra Leone Company. Eight years later, the same Company transported to Sierra Leone five hundred Maroons of Jamaica, who had been defeated and involuntarily removed to Nova Scotia. After the abolition of the Atlantic slave trade in 1808, Freetown, the capital of Sierra Leone, became not only a Crown Colony but also an entrepot for the settlement of slaves recaptured from ships that were trafficking in human cargo in violation of the anti-slave trade law. Within this category a revisionist study describes a group previously unrecognized: Recaptives indigenous to Sierra Leone proper estimated conservatively at some 6,000. The Yoruba wars of the nineteenth century produced the fifth and final group of Recaptives. About 84,000 of this latter group were repatriated between 1808-1864.

Shortly thereafter British missionaries arrived in Sierra Leone to Christianize and educate the new Africans. In 1827, Fourah Bay College, the first institution of higher education in West Africa, was founded in Freetown. By the 1870s the emergence of the Krios added to the existing complexity of the frontier that would leave an indelible mark upon the cultural and political fabric of Sierra Leone. Children born in Sierra Leone of settler and Recaptive parents, the Krios gradually outnumbered their parents and lost their parents’ corporate identities. Some of the new progeny absorbed English social habits and sought white collar jobs. Others, however, embraced African culture, pursued agriculture and animal husbandry or worked as unskilled laborers.

Into this cultural matrix of Freetown, E. Mayfield Boyle was born of Krio parentage in 1878. The exact settler or Recaptive cultural group to which the Boyle family belonged may never be known. There are, however, references to a Boyle family of Aku or Yoruba origin extending back in Sierra Leone history to the 1820’s. Until further evidence is uncovered it would be mere speculation to link Boyle to any particular ethnic group. He attended public schools in Freetown at a time when there was already a cultural tradition of notable African achievement in medicine. As early as 1858 under the influence of the Christian Missionary Society, William Broughton Davis and James Africanus Beale Horton (1835-1883) had become medical doctors with European credentials, and both served as commissioned officers in the British army of West Africa. Horton also distinguished himself as a medical scholar through a series of outstanding publications. In 1879 John Farrell Easmon, of Nova Scotian descent, received the M.D. degree in Brussels, and in 1888 became the first African physician to make an original contribution to European medical science with a treatise on black-water fever. European medical authorities at the highest levels consulted Easmon’s work. Boyle also spent his boyhood in Freetown at a time when the local press was very active. For example, in the early 1880’s twelve newspapers were in print, although by 1889 all but one were defunct: The Sierra Leone Weekly News. Another important tract of the times, The Negro was edited by Edward Wilmot Blyden (1832-1912), the important Sierra Leone pan-Africanist, educator and historian. Boyle was undoubtedly influenced by Blyden’s cultural nationalism and other related factors in his world view and subsequent choice of a profession.

Boyle arrived in the United States of America in the 1890’s and enrolled at A & M College, Normal, Alabama, which he attended from 1896-1898. It is not inconceivable that Boyle may have been influenced to come to the United States by Edward Wilmot Blyden. During his lifetime Blyden made eight trips to America and visited several black colleges in the South; his last tour taking place in 1895. Perhaps Southern educators requested his help in recruiting African students for their respective colleges. Oftentimes, Africans studying abroad did so with missionary financial support and were expected to return to Africa upon completion of their education to serve in the ministry. Boyle apparently received some missionary funding, for he entered Howard University in 1898 to study theology. Two years later, however, he transferred to the medical school. In 1902 he received the M.D. degree and thus holds the distinction of being Howard University’s first African to graduate from the College of Medicine in the twentieth century. In 1903 he was licensed as a practitioner in Maryland; 1906 in Pennsylvania; and 1909 in the District of Columbia. Boyle did not return to West Africa for a variety of reasons but there is evidence strongly suggesting that the new colonial policy played a major role in his decision.

In 1902, the British Secretary of State for the colonies appointed a committee to look into the possibility of amalgamating the medical services in the West African colonies. Prior to 1902 there was no effective medical administration in the West African colonies and the qualified African physician could engage in government medical
practice on an equal basis with Europeans. Following this committee's recommendation, however, conflict arose over the new policy that excluded the African physician from participating in government medical practice. The issue of retaining the exclusionist rule was referred again to a Departmental Committee in 1908 for review and was sustained. This report apparently did not become known in Sierra Leone for some time because it was not until October 1909 that Dr. Alb W. Easmon (M.D.) forwarded a copy to the editor of The Sierra Leone Weekly News for reproduction.

Shortly thereafter, the editor printed portions of the "Report of the Departmental Committee on the West African Medical Staff." Based on a consensus of British colonial medical officers who had served in West Africa, paragraph 53 of the report upheld the continued exclusion of West African and Indian physicians to the West African Medical Staff. It recommended further that a Subordinate Medical Service be created for the employment of West African doctors along the lines of the Indian Subordinate Medical Service. Appendix III of the report stated that:

The Committee are strongly of the opinion that it is in general inadvisable to employ natives of West Africa as medical officers in the Government service. They regard it as the duty of the British Government in West Africa to provide the best medical assistance in their power for the European employees, especially when stationed in the bush or at out-stations; and they do not believe either that in professional capabilities West African native doctors are on par, except in rare instances, with European doctors, or that they possess the confidence of European patients on the Coast. Social conditions, particularly in Southern Nigeria, where European officers live together and have meals in common under the "mess" system, and in Northern Nigeria, where a large proportion of the European staff consists of officers of the regular army, make it extremely undesirable to introduce native medical officers into those Protectorates. They have already tried in Southern Nigeria without success.

This provision might allow African physicians to be employed in certain isolated instances such as in hospitals providing health care to mostly Africans. In these situations the local governments could make the final decision. Finally, the report dealt a monumental blow to significant professional interaction between European and African medical authorities:

In any case the Committee are certainly of the opinion that if natives either of West Africa or of India are employed, they should be put into a separate roster, that they should not be employed on military expeditions, and that European officers should in no circumstances be placed under their orders. This exclusionist policy effectively reduced the number of qualified African doctors serving the colonial elites and curtailed the extension of scientific public health services to the underprivileged urban and rural African populations. This policy statement also represented a victory for pseudoscientific racism in an era of changing power relations and caused alarm among the West African elite both at home and abroad.

Boyle received a copy of the edition of the Sierra Leone Weekly News containing the committee's report and was obviously infuriated with its contents. In a lengthy letter to the Colonial Office Boyle excoriated the committee for its undignified racist attitudes and its profound ignorance of the accomplishments of blacks in medicine. Boyle's letter is as follows:

Sir,

Extract of the report of the "Departmental Committee on West African Medical Staff," which your Majesty commanded to be presented to both houses of Parliament on July, 1909, have just reached me, thro' a West African Journal.

To one who is unfamiliar with social conditions in West Africa between the black and white races and the sources of medical education of West Africans at large the nefarious purpose of the Departmental Committee may be unrecognizable.

The strides of West Africans in matters appertaining to education and culture along all lines of modern civilization have recently, more than ever before in the history of Africa, provoked the bitterest rancor and envy of dispossessed Europeans who, instead of finding men with tails like monkeys or with canibalistic propensities, are confronted with formidable rivals in their respective departments of knowledge or of the sciences.

Unfortunately, for West Africa, the Europeans frequently scheduled to serve the British Government and other interests have almost invariably been of that cheap trashy hide of human extraction, which, being incapable of more than the meanest possible livelihood in their own country, have now and again been inflicted upon West Africa. The struggle "for the meat that perisheth" which is ever the end in view of the substrata of the human family, has driven hordes of European proletaires to West Africa, with the painful consequence of unseemly racial strife and the basest calumniations of West Africans. Never have West Africans been so wantonly insulted as when the Departmental Committee, in Appendix III, paragraph 20, of the above report alleged the inferiority of West African Native Doctors to European Doctors, stating further that "it is in general inadvisable to employ natives of West Africa as Medical Officers in the Government Services." This statement, which, in its expatiation, soon takes the form of a contention, rooted upon racial antipathy, is sufficient to reveal even to the most disinterested reader some of the real causes of the recommendations and intimations of that Committee. We hold that while we are British subjects we are Africans and certainly ought in Africa, if nowhere else, enjoy life, liberty, and the pursuit of happiness without the encroachment of Europeans, some of whom are hardly sensible enough to trace their way back home from Africa on the map. There is no inspiration, honor, or pleasure on our part to associate with godless white men, some of them the veriest heathen, who have their meals in vice, inebriety, and all the follies of their vaunted Western civilisation. So that, while the Departmental Committee was involuntarily kind to us in recommending a relief of West African Doctors from attending European residents in West Africa we regret that the recommendation did not exclude English doctors from attending West Africans. This would, of course, simply give official confirmation to the accepting rule of English physicians' refusing to attend the natives except at the hospitals, prevent their get-rich-quick fees, and save some of my people from those frightful alcoholic sudden spectres which some times terrorize their bedside.

West African Scientific Doctors are the reflectors of medical schools in Great Britain and Ireland. Their education was obtained not only at great costs but at the feet of the masters of those very Europeans recommended to supersede West Africans in West Africa. Unless the processes of training of West Africans abroad differ from those of
Europeans—Englishmen in particular—or unless the Departmental Committee is prepared to show by some new process of reasoning or evidences of scientific research that the "sable livery" of the African is indicative of a "superior" breed, will, in the face of the declarations of the schools which have conferred upon West Africans the degrees of proficiency to pursue their professional calling, admit that the report is but a culmination of an infernal scheme of selfish aggrandizement long fomenting in the circles of European nегrophobists.

Certainly, there has never been an instance, to my mind, in which a West African Scientific Doctor has been dismissed from the Government Services from inefficiency. Throughout the Coast, natives have done good, substantial work not only to their own race variety but to the whites as well. The late Dr. John Ferrel Esman, for many years Colonial Surgeon of the Gold Coast, was one of the many West Africans who have distinguished themselves for more than the ordinary skill in the medical profession. To him is due the credit for the treatment of black water fever. He was educated in Great Britain. The late Drs. Horton and W. Broughton Davis, Surgeons-Major of the British West Indian Army, of Sierra Leone, left an enviable record for efficient services to the British Government. What will Dr. R. M. Ford, Principal Medical Officer of Sierra Leone, do without Dr. William Renner, a pure-blooded African, on whose shoulder rests the burden of the surgical work in the Colonial Hospital and whom even Dr. Ford himself has acknowledged as his superior? Dr. Renner monopolizes the practice of the Catholic Mission of Sierra Leone, and there are European residents of that Colony who show preference for him with an eye single to his superiority over the batch of English practitioners about. The record of Dr. Renner shows also that he is not only an alumnus of Liverpool University Medical School, of which Dr. Ross, a member of the crooked Departmental Committee in question, is a professor, but that he carries other higher degrees of proficiency from qualified schools and examining boards of the United Kingdom. If British degrees, priority of appointment, and the fact of Dr. Renner's being a correspondent in Pathology for a Vienna Medical Journal mean anything to English officials, and we hope they do, Dr. Renner ought to have been given the position of Senior Medical Officer in Sierra Leone. And Africans are to-day in sackcloth and ashes over the defect that squalor of race-hate into which their once greatest idol, the Englishman, has fallen.

Last-year Government official announcement of the death of Dr. John Scotland, with acknowledgment of his efficient work in the hinterland of Sierra Leone, appeared in the Sierra Leone Weekly News, a copy of which previously having been sent to his widow. Dr. Scotland was a graduate of Edinburgh. Dr. Albert Whigs Esman, a resident practitioner of Freetown, who is "doing West African medicine," was more than once offered a Government position, which he politely refused. He is also an M.B. of Edinburgh. Dr. Taylor, who succeeded the late Dr. Scotland; Dr. Curtis Jones (of Durham), now employed in Lagos by the Government; Dr. William Campbell (of London University), now Superintendent of the Kissy Incurable and Lunatic Asylums; and others whose names and record will fill volumes are made conspicuous by their invaluable services to their country and to the British Government. It is ostensible, therefore, in the presence of these facts that the "opinion" of Your Majesty's Committee is not only an insult, but a willful, malicious, and monstrous falsehood thrust upon us West Africans by a set of unscrupulous men. It is also an arraignment of British Medical Schools and of British Officials whose honest and "colorless" findings have in years past led to the appointment and maintenance of West African scientific medical men in positions the dignity and honor of which are but the result of their labor and conduct.

Nowhere in civilization have negroes been spoken of as being incapable to grapple the sciences of medicine or the sciences of other department of knowledge—not even in the United States "where every prospect please and only the negro is vile." The fight has expressly been to exclude the negro from the practice of medicine, but with the aid of an unscrupulous set on a back ground of meedlessness and inaptitude. Civilization is full of instances of the negro's capability to do and to achieve and even the Departmental Committee may read and learn.

There has recently returned to Haiti a negro who studied medicine in Paris, where he was subsequently elected to membership of a University Hospital Staff, a position which he held for several years before resigning to return to his native country. In one of the largest medical institutions of Boston, Mass., U.S.A., is a Liberian Neurologist who, with all of the race prejudice so rampant in the United States, has been prevailed upon by his white conferees to remain in this country. Dr. Daniel Williams, of Chicago, a negro, was the first man on record to operate on the human heart. His diagnosis was blood clot over that viscus. Dr. Wheatland, of New Port, Rhode Island, also a negro, is a specialist in electro-therapy and a man of national repute. It is noteworthy that Dr. Wheatland studied in a medical school (Harvard) whose faculty is composed of white and coloured. It is needless to multiply references in this country, in Canada, British West Indies, South America, Australia and other places where negro professional men rank high above the ordinary; but it can not be denied, however, that in its submergence of these facts the Departmental Committee has victimized no less a personage than the Secretary of State for the Colonies in one of the most flagrant acts of cajolery. If negroes elsewhere can master the art of sciences of medicine, why should they not in West Africa?

Civilized West Africans have always proudly recognized their allegiance to Great Britain and have borne on the burden of oppression and injustice at the hands of British Administrators almost without a murmur. Ordinances of the vilest sorts have been introduced and enacted to conserve a regime of "chastisement with scorpions." Trial by assessors, instituted some years ago for (Government) African employees only, by which also the judge exercises the right to incarcerated the accused even contrary to the findings of the assessors is one of those extremes of authority which often cause bloodshed and crimes of self-indication of oppressed people elsewhere, but Africans have been for bearing with patience and fortitude. But there is a limit to human endurance, and ours has not proven an exception to the rule in the unwarranted disgraceful assertions of a Committee which has absolutely no regard for the truth. As British subjects we demand in return for our loyalty no less than the privilege of equal opportunity of British subjects elsewhere, especially in our own fatherland. We ask for justice and not favours—a fair and square deal—a chance to dare and do—to live! The revenue of our country is a part and parcel of the taxes, &c., paid by West Africans and England can least afford to seek the subordination of meritorious and capable Africans in matters of emolument without respectability and substantial reasons as to individuals' merits and defects. Any attempts by Parliament towards the establishment of a law to facilitate the treachery of unscrupulous Englishmen against West Africans in Africa will not only be cowardly and vicious but it will leave a blot upon the proud escuehion of British sense of justice much worse than that of Gladstone's disgraceful interludes into the war-songs of the closing days of American slavery.

Contrary to the biased recommendations of the "Departmental Committee on West African Medical Staff" we suggest a professional examination for all candidates of British West African Medical Appointments, whether they are Africans or Englishmen, whether they studied in Great Britain or elsewhere. The results of examination will help to substantiate or give wings to the bugaboo of West African inferiority and create a basis of appointment unlikely to be fittered by the malicious intents of any coterie of English or of
West African origin. Increase of salary, promotion and even the tenure of office may be made imperatively contingent upon evidences of original research work done by the incumbent or upon his being able to show qualifications of advanced work as provided by schools and examining boards of the United Kingdom. In short, however, rigorous system of appointments and promotion may be, it should call forth no disapproval on our part or on the part of any professional individuals of adequate training so long as it does not savor of a discrimination lacking in the essential requisites of professional gauge and dignity. "The mind"—not the color of the skin or racial characteristics—"is the standard of a man."

In heartfelt accord with this statement is a proclamation of our late Sovereign, Queen Victoria:—"It is our Will so far as may be Our Subjects, of whatever race or creed, be fully and impartially admitted to offices in Our Service, the duties of which may be qualified by their education, ability, and integrity duly to discharge."

Edward Mayfield Boyle, M.D., &c.

Boyle's letter clearly had a belated impact. For some years later, in reviewing what they were beginning to regard as an unjust medical policy, more enlightened officials of the Colonial Office made the following reference to the document:

In November 1909, there appeared in the Sierra Leone "Weekly News" an article which attacked in strong language the views held by the Departmental Committee, and demanded the admission of native Medical Officers to the West African Medical Staff. The views expressed by this newspaper were vigorously upheld in a letter to the Colonial Office from a Dr. E. Mayfield Boyle.14

The Boyle letter requires additional commentary on several issues. It shows not only his intellectual depth and commitment to human rights—beyond the usual bounds of the medical practitioner, but provides useful insights into the social and medical history of Africa and the diaspora. African medical achievements, unheralded for the most part, before and during the colonial era, can no longer be ignored.15 It would be incorrect for readers to conclude from Boyle's strong language that he harbored racist sentiments. For in the nineteenth century Freetown, in which Boyle grew up, color was not a prerequisite for advancement in the society.16 Boyle was not alone in deploring the presence and the favored position of unqualified Europeans in early colonial West Africa. The indefatigable English Scholar Mary H. Kingsley shared his view in an 1899 publication: "Arm'd with absolutely no definite policy, subsisting on official and non-expert trade opinion, they (Europeans) drift along, with some nebulous sort of notion in their heads about 'elevating the African in the plane of civilization'."17 As regards to ideology, Boyle manifests the cultural nationalism of James Africanus Horton and Edward Wilmot Blyden, both of whom shared a deep reverence for African values and rejected in part the western cultural movement. The "pure-blooded African" reference has its origins in "anti-Negro" racial ideas propounded by the American Colonizationists and proponents of slavery; for writings of this genre stressed a hierarchy of races with the "Negro in the near bottom category." Blyden began to adhere to most of these ideas in the 1870's, the decade of Boyle's birth, and believed that "each race was equal but distinct;"18 hence, Boyle inherited a fixed notion about race—a notion that came to lose its importance to him through time.

The historic merits of the letter is further illustrated as regards Afro-American medical achievements in the nineteenth century. Boyle reported correctly that: "Dr. Daniel Hale William (M.D., M.S., L.L.D., F.A.C.S.), of Chicago, a negro [sic] was the first man on record to operate on the human heart. His diagnosis was blood clot over the viscera." By definition viscus refers to any internal organ enclosed within a cavity, such as the abdomen or thorax. Dr. Dan, as he was affectionately known, did perform the operation on the thoracic region at Provident Hospital in Chicago in 1893, before the invention of the X-ray and without the benefit of present day medical technology. It should be noted, however, that it was the pericardium, the sac covering the heart, which was sutured rather than the heart muscle itself. This revelation, however, does not reduce the importance of this historic operation, for in 1954 the Cyclopaedia of Medicine, Surgery and Specialists reported "It is good practice to think of the heart and pericardium together when considering trauma." (Further, Dr. Dan abstracted the operation in the Medical Record of New York on March 27, 1897, and the essay contained the following statement:

...that neither the Index Catalogue of the National Medical Library nor the International Index Medicus give a single title descriptive of suture of the pericardium or the heart in the human subject. This being the fact, this case is the first successful or unsuccessful case of suture of the pericardium that has ever been recorded."

This surgical procedure was still followed as recently as 1954.

Meanwhile, Boyle continued to pursue excellence in medicine. For example, in 1904 he attended lectures in Clinical Medicine at John Hopkins Medical School under the well-known Dr. William Osler, and Sir William Osler. In further postgraduate work he studied diseases of the heart and clinical laboratory diagnostic methods at Harvard University Medical School in the summer of 1921; he completed additional courses at Harvard in 1922 and again in 1924. In 1923 Boyle began to study diagnostic radiology with Dr. Max Kahn and Dr. Joseph C. Bloodgood at Johns Hopkins, and when one realizes that Dr. Wilhelm Konrad Röentgen (a German physicist, 1845-1923) did not discover the X-ray until 1895,20 Boyle must indeed rank as one of the pioneers in radiology. While associated with Bellevue Hospital in New York City, he completed further courses in radiology under Dr. Charles Gottlieb, X-ray specialist of Beth Israel and Lincoln Hospitals, and in the Fall 1927 he completed courses in radiological methodology and interpretation under Professor Alexandra Marcus at the College of the City of New York. Boyle also found time to present papers at medical conferences and publish his findings.21

Although Boyle eventually settled permanently in the United States, it appears that he returned only once to Sierra Leone. As the notion of a fixed race and cultural nationalism waned, Boyle, the African, became Afro-Americanized, and he made accommodations with some facets of the system of social stratification within the Afro-American community in ways that Blyden—the cultural nationalist—might not have approved. He sired a progeny, several of whom went on to become Howard University alumni, and as some of their first and middle names show, such as Leon, Blyden, and Easton. Africa was still remembered (Fig. 1). Dr. E. Mayfield Boyle died on November 21, 1936 at the age of fifty-eight in Baltimore, Maryland, where he now lies interred.
Research for this paper was done in the London archives in the summer 1980, under a grant from the Faculty Research Program in the Social Sciences, Humanities, and Education at Howard University through the Office of the Vice President for Academic Affairs. I express special thanks to members of the Boyle family for sharing memorabilia in the preparation of this essay, and especially to Mrs. Leonie Boyle Thompson who also agreed to an oral history interview on the Boyle family. I wish to thank further Dr. Hildas A. Fonsdeter (M.D., Ph.D., M.S. Ph., Sc.D.) of Howard University College of Medicine, Dr. Calvin H. Sumner (M.D.) of the Howard University Office of Health Affairs; and Professors Arnold H. Taylor, Marsha Putney, and Carol Page of the Department of History, Howard University, for invaluable condolences. I express the usual disclaimer.

This documentary essay is part of an ongoing work on the African physician in colonial West Africa.


Wyse, "Searchlight on the Krio of Sierra Leone," pp. 12-15; The term Krio is now acceptable rather than the traditional Creole. Krio is a contraction of the term Akriyo and taken from a Yoruba expression for those "who go about from place to place after church."

2 Mrs. Leonie Thompson, Oral History Interview on the E. Mayfield Boyle Family, Tape No. 1 (8-31-80), Rockville, Maryland; American Medical Directory (Chicago: AMA, 1912), p. 219.


4 Leon Boyle Thompson, "Edward M. Boyle, M.D.-X-Ray Expert" (9-12-80); Howard University Medical Department Commencement Exercises. Congregational Church, 1902; Hollis R. Lynch, Edward Wilhons Boyle: Pan-Negro Patriot (New York: Oxford University Press, 1967); see also Kelly Miller, "The Historical Background of The Negro Physician," Journal of Negro History, Vol. 12 (April 1916): 99-109. Dr. Carol Page shared with me her data on Boyle; see The Biographical Sketch of The Missionary Students From South Africa and South America, as Wilberforce University, Ohio, Morris Brown College, Atlanta, Georgia, and Howard University, Washington, D.C.

5 (Oxford: Clarendon Press, 1973), pp. 239-248. See also Boleson, "Biographical Sketch of The Missionary Students From South Africa and South America, as Wilberforce University, Ohio, Morris Brown College, Atlanta, Georgia, and Howard University, Washington, D.C.

6 O.C. 554 (2179); 4212, "Admission of West Africans to the W.A.M.S.," (Public Records Office); and O.C. 879-99, "Memorandum As To The Employment of Native Medical Officers in West Africa." (P.R.P.)


8 Sierra Leone "Weekly News" (November 6, 1909).

9 Sierra Leone "Weekly News" (November 6, 1909).


11 Dr. E. Mayfield Boyle to Colonial Office. O.C. 879 102 (P.R.P.).

12 O.C. 554 (2179); 4212 (P.R.O.).


16 Lynch, Edward William Blumen, (54), 60-68.

