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Segregation in British West Africa

A person visiting West Africa during colonial times might have been struck by at least one physical difference between the towns of the French and British colonies. In French West Africa a visitor could usually have found the government offices located within the towns and often facing the main square. In British West Africa however, the situation was normally quite different: government offices were usually located at a government station completely outside of the town. The best example of this occurred in Northern Nigeria where some form of residential segregation was practiced from the very beginning. At Kano the cantonment was located four miles from the town, which made every trip between the two 'somewhat of an expedition'. At Bida the residency was located on a very pleasant hill with fruit trees and tennis courts about a mile from Bida itself. At Kaima the political officer lived in a lone bungalow surrounded by bush and was linked to the outside world by means of a path 'said to be infested by leopards and hyaenas and [. . .] sedulously avoided' (Larymore 1908: 74-75, 167, 187-188). Except in Northern Nigeria (and the Northern Territories of the Gold Coast) however, segregation had not become general policy in any colony before 1910.

What is often not recognized is that the practice of housing segregation in British West Africa was not simply part of a general pattern of racial segregation occurring in most British colonies. It might not have become the general policy after 1910 if it had not been for certain unprecedented developments—the outbreaks of plague and yellow fever epidemics in 1908 and 1910—which alarmed the medical authorities into recommending residential segregation as being absolutely essential to the protection of the lives of the European officials.

The policy of segregation was important because it became one of the most resented features of colonial rule. The Africans disapproved of the heavy investment of their tax money in European reservations and bungalows, the removal of well-to-do Africans from their large homes in order to create the European sectors, and the concomitant neglect of the local towns. Many governors realized from the beginning the political dangers involved in a policy of housing segregation, but they were unable to resist the best medical advice of their day. It was unfortunate that one of the policies adopted to make it possible for European officials to

function more efficiently in Africa also contributed to the nationalism that ultimately forced most of them to depart.

During the 19th century, segregation had not been practiced in British West Africa despite the example of British India where it had long been a prominent feature. India though had its Hindu and Muslim communities who had probably welcomed the British living apart from them. In contrast, the inhabitants of the coastal towns of West Africa mixed easily with the Europeans who had been present since the 15th century.

Not until after the discovery, in 1897, that a mosquito was the vector for malaria was segregation ever suggested as a general public health measure. In 1898 Colonial Secretary Joseph Chamberlain wrote to the Royal Society¹ to seek its advice on how to control this disease in West Africa.² After a visit by its Malaria Investigating Committee, the Royal Society reported that 'segregation from the native is at present the only scheme for preventing malaria that offers the least possibility of success in Africa'.³ The explanation was as follows: natives, especially native children, were the primary reserve for malaria. Since limited resources made it possible to prevent malaria only among Europeans, the most feasible way to do so would be to segregate Europeans from natives. The 'very first sanitary law for Europeans in Africa' was to avoid native quarters.⁴

From the very beginning, there were some governors who were not prepared to follow such advice. Until 1910, they were able to enforce other public health measures instead. The governor who objected most strongly to segregation was William MacGregor of Lagos, a doctor himself and a former colonial Health official. MacGregor opposed segregation first of all on health grounds, because its adoption would mean leaving 'the source of contamination in existence for all time'. If instead of being segregated Africans were cured of malaria, there would be no need to move. 'Under segregation Europeans would be attended to more, natives less [. . .] I should advocate no separation on the colour basis, but vigorously attack malaria in its stronghold, among natives, and should thus hope to effect some permanent good.' He correctly foresaw that if Europeans moved out, they would cease to take an interest in the sanitation of native towns. MacGregor also opposed segregation on humanitarian grounds. He believed that 'segregation would from the social

1. Since the 19th century the British government has appealed to the Royal Society for advice on important scientific matters such as investigation into various tropical diseases.

2. Chamberlain to Lord Lister, 6 July 1898, Miscellaneous [hereinafter: Misc.] 119, N^o 35, p. 33, PRO/CO 855/7.

3. Stephens-Christophers to Malaria Investigating Committee, 20 Dec. 1900, Misc. 129, N^o 84, p. 46, PRO/CO 855/7.

4. Royal Society to Colonial Office and Enclosure, 24 Apr. 1903, PRO/CO 96/414. For the dispute between the Royal Society and Sir Ronald Ross over whether to recommend segregation or mosquito eradication, see GALE 1976a.

point of view be disastrous here'. He wanted no racial problem in Lagos.⁵

MacGregor's own medical program included the eradication of mosquitoes, free distribution of quinine to Africans, and for the first time in any tropical colony, the introduction of hygiene and sanitation courses in local schools.⁶ These programs succeeded in saving European lives. Between 1897 and 1900, thirteen European officials died of malaria. In the five years after the anti-mosquito campaign and free quinine distribution were inaugurated in 1900, only three succumbed.⁷

In the Gambia, Governor George Denton consistently opposed segregation from 1901 until his departure in 1911. He explained that the European health and housing situation did not warrant any expensive projects such as the movement of all Europeans to Cape St. Mary, seven miles away from Bathurst. In twelve out of the seventeen years from 1903 to 1919 inclusive, no European official died.⁸

Elsewhere, governors attempted to comply but not always with much success. Governor Matthew Nathan of the Gold Coast developed some plans, but non-enforcement of regulations even in the 'European town' of the fast-growing Sekondi foiled all of his schemes.⁹ Governor Walter Egerton of Southern Nigeria was able to carry out only one very controversial project in Lagos, where at least 350 Africans were displaced from their substantial homes near the Race Course in order to provide a housing area for officials.¹⁰ This removal of Africans from a desirable area of Lagos was as harmful to community relations as MacGregor had predicted. Resentment was expressed through petitions, the press, and a sympathetic M.P. in London.¹¹

The most important segregation scheme to be completed in the 1900-1910 period was the creation of the famous Hill Station above Freetown. However, two points should be noted about this project. First, the European death rate had already fallen dramatically before its completion in 1905,¹² and second, two successive governors resisted moving their officials and offices to the new station. Governor Charles King-Harmon chose to remain in Freetown in order to 'keep in touch with native

5. MacGregor to Chamberlain and Enclosure, 8 July 1901, PRO/CO 147/155.

6. MacGregor to Chamberlain, 22 Feb. 1901, PRO/CO 147/154; Chamberlain to Governors, 7 Oct. 1903, Misc. 180, N^o 1, p. 1, PRO/CO 885/9.

7. Thorburn to Elgin and Enclosure, 9 Dec. 1907, PRO/CO 520/50.

8. Denton to Chamberlain, 22 June 1901, PRO/CO 87/163; Denton to Colonial Office, 31 Mar. 1911, PRO/CO 87/185; KUCZYNSKI 1948: 388.

9. Bryan to Elgin and Enclosure, 28 May 1906, PRO/CO 96/442.

10. Egerton to Elgin, 27 Jan. 1908, PRO/CO 520/58.

11. Enclosure in Egerton to Elgin, 2 Dec. 1907, PRO/CO 520/50, *ibid.*, 27 Jan. 1908, PRO/CO 520/58; *Lagos Standard*, 5 Feb. 1908 and 27 Jan. 1909; *African Mail*, 31 Jan. 1908; *Westminster Gazette*, 10 Mar. 1908, PRO/CO 520/71.

12. In both 1903 and 1904, only two resident Europeans had died of 'climatic' disease, instead of the thirteen who had succumbed in 1900 and 1901 (*Sierra Leone Colonial Report 1914*, p. 27; Probyn to Lyttelton and Enclosure, 22 Feb. 1905, PRO/CO 267/476).

society'.¹³ His successor Sir Leslie Probyn did make the move, but he then developed a 'well-known dislike to the Hill Station' because of its remoteness from the town. Many officials and all commercial firms except the Cable Company continued to reside downhill until after 1910.¹⁴

The first event responsible for the subsequent widespread adoption of segregation was an outbreak of the plague in Accra in 1908. Plague was a disease which had caused the deaths of at least six million people in India between 1898 and 1907. Therefore, the Colonial Office saw the introduction of this disease in West Africa as a momentous event (Scott 1965: vii). One result was to give the medical departments much more influence than they had wielded previously, and governors found it increasingly difficult to resist their advice.

In 1909 the Principal Medical Officers of the British West African colonies held their first joint conference, and presented then the basic segregation policy that they wanted followed. All Europeans should be required to live in special reservations separated from the nearest African dwelling by at least 400 yards. This 400-yard neutral zone was correctly calculated to give some measure of security against mosquito-borne diseases. Since European traders resided in their business premises for both business and security reasons, the medical authorities also wanted to create separate European business centers apart from the native towns (*Proceedings of the PMO Conference* 1909: 8). Only one governor (Lugard) attempted to follow this recommendation.

Then in 1910 occurred the event which made it seem absolutely essential to enforce segregation. In that year a long-forgotten disease, yellow fever, broke out in Sekondi killing nine Europeans. Previously in British West Africa, outbreaks of yellow fever had usually been ignored by the authorities. In the Gold Coast, the *Colonial Office Lists* for the years 1888 through 1893 all stated categorically that 'yellow fever is unknown'.¹⁵ When a case did occur, it was played down. When in 1902 one Medical Officer at Cape Coast had reported eight cases of yellow fever with seven dying, he was told: 'If you have any more cases of bilious remittent fever to report, please do so', and, unofficially, that 'it would never do to allow it to be known that the disease existed on the Gold Coast, it would interfere with the mining boom'. When another Medical Officer also tried to report yellow fever cases, he was instructed to condense things in such a way that nothing was revealed.¹⁶ A really irresponsible act was finally committed in 1909. In that year strong warnings were received from the Legislative Council, European merchants, and the Sekondi Town Council itself that a yellow fever outbreak might be immi-

13. Minutes on Probyn to Elgin, 11 Oct. 1907, PRO/CO 267/497.

14. Minutes on Probyn to Crewe, 3 July 1910, PRO/CO 267/523.

15. *Colonial Office List* 1888, p. 127; 1889, p. 127; 1890, p. 128; 1891, p. 132; 1892, p. 115; 1893, p. 118.

16. 'Discussions on Yellow Fever. . .', 1912: 284-285; see also 'Report by Sir Rupert Boyce on Yellow Fever in West Africa', n.d., Africa [hereinafter: Afr.] 966, PRO/CO 879/105.

ment in Sekondi because of the prevalence of the yellow fever-bearing *Aedes aegypti* mosquito. Unfortunately, the Principal Medical Officer had scoffed at their reports.¹⁷

Subsequent investigation proved the 'unmistaken reluctance' of Principal Medical Officers to acknowledge the presence of yellow fever, and the frequency of outbreaks in French West Africa (Boyce 1910).¹⁸ Since yellow fever was believed to be endemic among Africans and broke out when non-immunes appeared, segregation seemed even more imperative than before.

Considering how widespread segregation later became, it is surprising how strongly governors opposed it even after 1910. This conflict between the political and medical authorities was in part a natural one. While the Medical Officers were appointed primarily to serve European officials,¹⁹ the governors possessed wider responsibilities and had to consider many non medical factors. The two groups of officials came into sharpest conflict in the Gambia, the Gold Coast, and Northern Nigeria.

In the Gambia, after Governor Denton had resisted all pressures to create a European reservation at Cape St. Mary, his successor Sir Henry Galway began in 1913 to implement a compromise scheme. Under his plan, well-do-to Africans were removed from the desirable Clifton-Marina Road area in Bathurst and relocated on land reclaimed from the edge of the large, unhealthy Half-Die swamp.²⁰ The project was completed in 1919, six years after the last European had died in the Gambia (Kuczynski 1948: 388).

As in the Gambia, the Gold Coast also received a series of governors who proved reluctant to compel segregation for both humanitarian and economic reasons. In 1910, despite the recent yellow fever scare, Governor John Roger wrote that 'the compulsory segregation of Europeans from natives is unknown in any part of the world, and I am certainly not prepared to advocate it in the Gold Coast'.²¹ His successor J. Jamieson Thorburn stated in 1912 that the buying of land in recent years in the name of sanitary improvement had created much resentment, and he was reluctant to 'expropriate native landholders wholesale unless such

17. *Gold Coast Legislative Council*, 29 Oct. 1909; Batty to Seely, 4 Nov. 1909, PRO/CO 96/491; Roger to Crewe and Enclosure, 9 Dec. 1909, PRO/CO 96/487.

18. Since 1900, yellow fever had occurred in Togo, Dahomey, and five times in Senegal.

19. In another contrast between French and British medical policy, French Medical Officers were appointed primarily to treat Africans and not Europeans. In 1914 Nigeria possessed 135 Medical Officers who treated 100,975 outpatients and performed 166,777 vaccinations. In contrast French Africa, with around three fifths of Nigeria's population scattered in an area almost six times as large, only had 96 Medical Officers in 1911. Yet they treated 132,861 outpatients and performed 1,029,380 vaccinations: Foreign Office to Colonial Office, 29 Jan. 1913, Afr. 1000, N° 35, pp. 34-43, PRO/CO 879/112; *Northern Provinces Medical Report 1914*, p. 38; *Southern Provinces Medical Report 1914*, p. 113.

20. Swyn to Harcourt, 11 Nov. 1912, PRO/CO 87/191.

21. Roger to Colonial Office, 16 Aug. 1910, Afr. 940, N° 326, p. 424, PRO/CO 879/102.

a policy is declared imperatively necessary'.²² The Colonial Office declared that it was necessary, and therefore sites for 'Segregation Areas' were selected in Kumasi, Dunkwa, Sekondi, Tarkwa, Axim, Cape Coast, Salt Pond, and Winneba.²³ By 1914 enough bungalows had been erected for officials to begin to move into the new reservations.²⁴

However in 1913, the Gold Coast received a new governor in Sir Hugh Clifford who proved to be an ardent foe of segregation. Always sensitive to African public opinion, he announced upon arrival to his legislative council that he would never follow a rigid segregation policy.²⁵ He then tried to convince the Colonial Office that segregation should 'be abandoned as impractical'. Since Africans paid most of the taxes, Clifford suggested that it was incorrect to spend their money so 'lavishly' to protect European health. The logical result of such a policy was for European officials to reside in Europe since conditions there were even healthier. He believed that the very generous salaries, pensions, and leave privileges were sufficient compensation for any health risks. He concluded by observing that the Medical Department had too much control which it did not always use wisely.²⁶ Clifford had developed into segregation's strongest foe since MacGregor.

Since the Colonial Office firmly believed in segregation, it was disturbed by Clifford's challenge. It produced a vigorous defense in which the basic premise was that Europeans were needed to develop Africa. Unless health conditions improved, sufficient numbers of able men would not serve there, and those who did would often be sick. There were two admitted disadvantages, the cost and the various racial implications. However, the expense argument was counterbalanced by the increased efficiency and continuity of administration. The racial charge was discounted on the grounds that the motive of segregation was to separate Europeans from infected Africans and the poor sanitation of the towns.²⁷

In some ways the Colonial Office's reply to Clifford was a convincing one. West Africa did need the skills that Europeans could offer. However, its statement was not one that Africans could ever accept. It was in part due to government neglect that Africans remained infected with those diseases Europeans wanted to avoid, and that the sanitation in the towns continued to be poor. Moreover, the ever-enlarging gap between the standard of living of the well-paid officials and the local people who paid the taxes bothered other Europeans besides Clifford.²⁸ The Colonial

22. Thorburn to Harcourt, 27 June 1912, PRO/CO 96/518.

23. *Gold Coast Medical Report 1911*, p. 63.

24. *Gold Coast Medical Report 1914*, pp. 44, 46.

25. *Gold Coast Legislative Council*, 3 Oct. 1913.

26. Clifford to Harcourt, 8 Mar. 1913, PRO/CO 96/528.

27. 'Memorandum on the Segregation Principle in West Africa by Fiddian', 10 June 1913, Afr. 999, N^o 177, pp. 294-297, PRO/CO 879/112.

28. Commented the London *African Mail* of 31 Jan. 1908: 'The natives begin to see that it is [the government] who are finding the money to build all these fine palaces; [. . .] the people look at their poor little huts, alongside the palatial buildings

Office's argument showed once again why it is so difficult for one race to attempt to rule another impartially. Segregation could only have widened the gulf between the rulers and the ruled, increasing the arrogance of the Whites and the resentment of the Blacks. It would have been wiser to have at least extended the tours of officials serving at the healthier stations in order to demonstrate to Africans that some financial compensation would result from the segregation policy.

Clifford agreed to enforce segregation where it was practical, but he made it clear that he would never use it where it would violate the primary goals for which British rule was established.²⁹ He therefore rescinded a plan approved by his predecessor Roger in 1910 to move two thousand Africans from Essikado village in Sekondi to a less pleasant site in order to accommodate a few dozen Europeans.³⁰

The conflict between medical and political authorities also raged to a lesser extent in Northern Nigeria. For certain reasons this territory generated Medical Officers with the most extreme views on segregation. I. F. Nicolson (1969: 42) believes that the official who served in Northern Nigeria was a different type of person from those in other colonies. Many in the North had public school and military backgrounds, possessed hyphenated surnames and were conservative in their politics. They were the sort of individuals who in Africa would want to live in a segregated community. Many of their Medical Officers may well have reflected their views.

However, there were probably other important reasons why segregation was especially popular in Northern Nigeria. The people in the region historically had no contact with Europeans, so that there were no westernized African merchants or professional people who spoke English. Since social contacts were so difficult, it was natural that a more formal and distant type of relationship developed. The Muslims in particular were probably pleased to see the English settle down in separate communities. Therefore segregation in such places as Northern Nigeria and the Northern Territories of the Gold Coast was not as offensive as it was in towns such as Freetown and Lagos. Nevertheless, in Northern Nigeria senior officials were forced to resist the more extreme views of their medical advisers.

In this region the Medical Department not only wanted to compel by law all Europeans to live in reservations. It also wanted to force Africans non native to the country to live in their own separate areas so that they would not receive 'unfair commercial advantage over Europeans' by remaining in the native towns. All areas were to be separated by one-quarter mile neutral zones.

of the Europeans and wonder how long and how far this is to go [...] The extravagance of the Government is becoming more than the people can stand.'

29. Clifford to Harcourt, 14 Oct. 1913, PRO/CO 96/537.

30. Clifford to Law, 6 Nov. 1916, PRO/CO 96/572.

Lieutenant-Governor C. L. Temple's reaction was reminiscent of that of MacGregor ten years previously. He explained that compulsory segregation would cause 'serious discontent', that the 'gradual improvement in existing conditions' was better than the wholesale movement of people; that the segregation of commercial people would harm economic development and be too expensive.³¹

While this discussion was occurring, towns were springing up rapidly and some sort of guide-lines were necessary. Because of the new *Pax Britannica*, Africans were beginning to move out of their walled towns to settle in 'New Towns' on the open plains and next to the government stations.³² Furthermore, most were in 'appalling condition'.³³ Governor H. Hesketh Bell had had town-planning experience in Uganda where standard designs had been created for official stations and native towns. In 1911 he therefore designed a standard plan for the following three categories of towns: European cantonments or stations, which would have no Africans, alien towns near the cantonments, which would contain non-native traders, missionaries, and other immigrants, and regular native towns. The European stations were to be 'garden cities' with a European standard of living. Minna was one example of an alien town.³⁴

In 1912 a more sophisticated plan was followed in the new railway and trading towns. They were divided into four sections: the European quarter, 400 yards from the trading and shopping section with the railway station, a section for African clerks and superior artisans, and the *sabongari* for the lower classes. Nothing was compelled by law, and only a 'tentative' attempt was made to separate European and African traders.³⁵

Not much progress had been made when Sir Frederick (later Lord) Lugard arrived in 1913 to become the Governor General of a united Nigeria and, as the only governor to accept the medical view that the compulsory segregation of Europeans and Africans was a desirable objective, proceeded to inaugurate the most comprehensive segregation scheme ever attempted in British West Africa. Such a policy was consistent with his philosophy that little should be done to disturb the *status quo* in African towns. 'A great native city [. . .] lives its life as its forefathers did and is little affected by progress. Such a community has no desire for municipal improvement. It neither appreciates nor desires clean water, sanitation, or good roads or streets.'³⁶ It was very easy therefore for him to advocate segregation.

As early as 1914 Lugard began to make segregation plans for all towns. For each one he designed a European reservation separated from the native sector by a 440-yard neutral zone.³⁷ His first legislative step was

31. Temple to Harcourt and Enclosure, 29 Apr. 1911, PRO/CO 446/97.

32. Bell to Harcourt, 25 July 1911, PRO/CO 446/103.

33. Bell to Harcourt, 19 Dec. 1910, PRO/CO 446/92.

34. Bell to Harcourt, 25 July 1911, PRO/CO 446/103.

35. Bell to Harcourt, 20 Feb. 1912, PRO/CO 446/104.

36. Lugard to Law, 16 Aug. 1915, PRO/CO 583/35.

37. Lugard to Harcourt, 19 June 1914, PRO/CO 583/15.

to pass in 1915 a Town Council Ordinance which created the reservations.³⁸ The Township Ordinance of 1917 was the law that attempted to make segregation compulsory in Nigeria. Section 59(b) made a European liable to a fine or imprisonment if he lived in a non-European sector.³⁹ It was recognized though that enforcement must be gradual. In Southern Nigeria, where the races were 'hopelessly mixed', people would be forced to reside in their proper section as leases expired. In the North, the problem was mainly one of removing African officials and artisans from the European cantonments.⁴⁰ Exclaimed an excited Principal Medical Officer after the bill's passage: 'Now to call the Ordinance [. . .] the Europeans sanitary Magna Charta is no gushing exaggeration.'⁴¹

Lugard's attempt to impose segregation on Nigeria was discredited by both political and Medical Officers after his retirement in 1919. Both his successor Clifford and postwar Medical Officers were unbelievably outspoken in their criticisms of Nigeria's segregation schemes. No Medical Officer ever again recommended compulsory segregation as a desirable objective.

The Medical Department stated that under Nigeria's impractical segregation programs, there was actually less separation of the races than in Sierra Leone or the Gold Coast. Because most European reservations in Nigeria possessed government offices and shops, more Africans were usually present than Europeans. Since European business firms had to be located in a European zone, undesirable animals and crowds clustered into these reservations. The situation in the neutral zones was equally unsatisfactory. Many possessed markets and railway stations which at night were full of sleeping people awaiting trains. The neutral zones in Calabar, Warri, Opobo, and Forcados actually possessed native towns. Some supposedly segregated towns showed virtually no racial segregation at all. At Warri, despite an idealised plan submitted to the Colonial Office, there were 850 Africans and only 44 Europeans living in the European zone. A similar situation existed at Sapele. At Lokoja, the only town in the Northern Provinces 'with any sign of commercial activity', African traders had been forced to vacate substantial buildings that they had built on plots leased from the government in 1901. The reason was that the government had subsequently rented land within 440 yards to European firms. Clifford argued that Calabar's scheme seemed particularly 'illogical, unjust, and wantonly destructive [. . .] [and] incomprehensible to everyone'. This plan banned Africans from maintaining their homes so that 'it will be possible to effect eventual demolition without paying any compensation'. It seemed illogical because within

38. Lugard to Law, 16 Aug. 1915, PRO/CO 585/35.

39. *Nigerian Gazette Supplement*, 18 Jan. 1917, PRO. For a discussion of Lugard's controversial medical policies, see GALE 1976b.

40. Lugard to Harcourt, 19 June 1914, PRO/CO 583/15.

41. Clifford to Milner, 28 Oct. 1919, PRO/CO 583/78; Enclosure in Clifford to Milner, 19 May 1920, PRO/CO 583/87.

the European zone there were a prison with 500 inmates and a police barrack with 100 constables. If present plans were carried out to destroy much of Calabar in order to provide for a 440-yard neutral zone, the result could 'seriously shake the confidence of the natives in the goodwill and justice of the government'.

Clifford suspected that there were underlying reasons such as the preservation of the political and economic *status quo* behind these Nigerian segregation schemes.⁴² While such goals were ones that pre-World War I officials might have contemplated, by 1919 they had become out-dated as people were beginning to question the whole concept of colonial rule.⁴³

Governor Clifford therefore reversed Lugard's plans and stated that under his administration no Africans or missionaries would be moved as a result of segregation policies. As an example of his town-planning schemes, Clifford approved a plan for Lagos that permitted both Africans and Europeans to live at Ikoyi since it was the most logical area into which the native town could expand.⁴⁴ Since by 1920 segregation had succeeded in greatly influencing town-planning schemes, and the European health picture had vastly improved, it ceased to be a burning issue. Moreover, new ideals such as self-determination and the liquidation of colonialism had grown out of World War I and had begun to put colonialism on the defensive. Segregation no longer seemed to be such an attractive proposition as before.

In retrospect, how effective was segregation as a public health measure? An evaluation is difficult because it was only one of several reforms emphasized after 1900: the increased use of mosquito nets and quinine, a greater individual effort to avoid and to kill mosquitoes, and, above all, the vigorous anti-mosquito campaigns. The fact that the European death rates in such towns as Freetown, Bathurst, and Lagos declined before the completion of their segregation schemes makes one wonder whether the insistence on segregation in all towns was absolutely legitimate. Segregation undoubtedly increased the comfort and morale of European officials, but it also helped to destroy the social harmony that had long existed in the coastal towns. As the arrogance of the European officials increased, it made it more difficult for them to rule in the interest of the African people.

The complaints that Africans made about segregation were of the kind that more sensitive and sympathetic officials should have readily

42. Nowhere was the contrast between the typical pre-war and post-war official drawn more sharply than in the governorships of Lugard and Clifford in Nigeria. Clifford described Lugard's main purpose as having been 'to postpone as long as possible the dawning of what is regarded as the evil day of emancipation'. According to Clifford, administration and not development had been for Lugard 'the sole *raison d'être* of the Government'. (Clifford to Milner, 28 Oct. 1919, PRO/CO 583/78.)

43. Clifford to Milner and Enclosure, 19 May 1920, PRO/CO 583/87.

44. Clifford to Milner, 18 Sept. 1920, PRO/CO 583/91.

responded to. One such complaint was that as Europeans moved out of the native towns, less money was spent on the sanitary needs of these towns. The *Gold Coast Medical Report* for 1914 acknowledged that with Whites moving to segregated areas, there was less need to spend money on costly projects in African towns.⁴⁵ Another objection to segregation was the paradox of evicting higher-class Africans from their homes, as occurred in Bathurst and Lagos, while servants and mistresses were allowed to remain in the new reservations.⁴⁶ Letting servants live with their wives and children in the European zones seemed medically unsound as it should have cancelled many of the benefits that a policy of segregation might have offered. The removal at Cape Coast of African officials from the Castle while prisoners and servants remained could only have been done by insensitive officials.⁴⁷

The result of such actions was to convince many Africans that segregation was followed more for political and social than for medical reasons. As one African doctor observed:

'The European in West Africa is generally a snob; he lives every day of his life in West Africa trying to find ways of asserting his authority and of showing his contempt for and superiority to the African, and the educated African is his special bug-bear; and it seems to us that the segregation propaganda is European snobbery crystallized.'⁴⁸

He predicted (with much accuracy unfortunately) that segregation's main result would be 'the deepening of race-prejudice, the heightening of race-pride among Europeans, the inculcation of the spirit in natives of antagonism and opposition to European pride and arrogance, and the welding of native forces to assert their own rights as a race'.⁴⁹

A description of Freetown by Graham Greene in the 1930's (1936: 32-33) also suggests that segregation may have been one of the most unsatisfactory legacies of colonial rule in British West Africa:

'Tin roofs and peeling posters and broken windows [. . .] Where there wasn't a tin shed there were huge boardings covered with last years' Poppy Day posters [. . .] This was an English capital city; England had planted this town, the tin shacks and the Remembrance Day posters, and had then withdrawn up the hillsides to smart bungalows, with wide windows and electric fans and perfect service [. . .] They had planted their seedy civilization and then escaped from it as far as they could. Everything ugly in Freetown was European [. . .] if there was anything beautiful in the place it was native.'

Thus segregation helps to explain why the British failed to build attractive colonial towns as did the French. The contrast between Freetown and French town-planning that aimed at safeguarding the lives of

45. *Gold Coast Medical Report 1914*, p. 44.

46. *Gold Coast Leader*, 12 Aug. 1911; *Gold Coast Nation*, 20 Mar. 1913, 3 Mar. 1917; *Aurora*, 20 Aug. 1921.

47. *Sierra Leone Guardian*, 10 Apr. 1908.

48. *Gold Coast Leader*, 9 Mar. 1912.

49. *Ibid.*, 4 Oct. 1913.

all the people was seen as early as 1905 in a visit by three British professors of tropical medicine to both Freetown and nearby Conakry. 'A visit to Conakry is a most instructive lesson. One cannot fail to be impressed with the great skill and energy which in a few years has planned and constructed a modern town [. . .] the contrast with Freetown, only 78 miles away, is striking.' There were boulevards, parks, and fountains but no segregation. The town was 'scrupulously clean [. . .] [and there was] remarkable freedom everywhere from faecal or putrid smells' (Boyce *et al.* 1905).

One question that remains to be answered is why, if the British medical authorities were so convinced that segregation was vital to the safeguarding of European lives, did the French ignore it? One reason was because the overall goal of French medical policy was quite different from that of the British. The French aim was primarily to protect African lives and not European ones. To the French, medical policy was 'the best form of political propaganda' and crucial to their effort to maintain loyalty over people scattered over a vast, thinly-held area.⁵⁰ Moreover, French administrators saw these colonies as a reservoir for laborers and soldiers. Without enough laborers, there would be few profits for anyone. As Colonial Minister A. Sarraut said in 1923, 'Medical aid is our duty [. . .] but it is also, one might say, our most immediate and matter-of-fact interest. For the entire work of colonization, all the need to create wealth, is dominated in the colonies by the question of labor' (Suret-Canale 1971: 407). Governor General M. Carde coined the slogan 'More Blacks' in the 1920's as he encouraged policies to increase the population (Deschamps 1971: 567). Thus a policy of segregation would not have helped the French solve their problem of finding enough healthy Africans to make the colonies ultimately profitable.

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