

The Gold Coast Colony's Infant Welfare Clinics During the Great Depression

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This paper employs archival documents to research how the Gold Coast colonial government worked with European women medical doctors at preventive health to sustain infant and child welfare clinics. After the First World War, the objective of the colonial government and medical officers was to prevent child mortality and child morbidity. European women medical doctors working with the government and in private practice at infant and child welfare clinics cared for African pregnant women, mothers, and children not older than three years old. European women medical doctors at infant and child welfare clinics educated the community. In 1932, the Great Depression peaked and Percy Selwyn-Clarke in the health service needed to increase funds and staff. Selwyn-Clarke established the Gold Coast Local Branch of the British Red Cross Society to work at the infant and child welfare clinics.

Keywords: infant and child welfare clinics, Gold Coast women and children, interwar years, the Great Depression, European women medical doctors, Percy Selwyn-Clarke, Gold Coast Branch of the Red Cross Society

Introduction

The Gold Coast colonial government and medical services did not estimate infant mortality until the First World War (Dumett, 1968). During the war in 1916, Governor Hugh Clifford reported infant mortality in the Gold Coast capital town Accra and approved a hospital for Africans at Korle Bu (CSO 11/6/8¹; Ayesu, Gbormittah, & Adum-Kyeremeh, 2016; Addo-Fenning, 2013). This paper asks the question: After the First World War, how did the Gold Coast colonial government and medical officers strategize preventive health to decrease the mortality and morbidity of women, infants, and children not older than three years?

Between 1874, when the British colonized the Gold Coast and after the war in 1919, men married ethnic women and women who had a history of slavery and pawning. Men migrated from the Northern Territories Protectorate to work on the southern mines and cocoa farms. Southern men had large families. Women and children worked on the surface of mines, farmed food, and traded food at the urban and local markets and on the coast. Domestically, women cared for husbands and children, fetched water, stock piled firewood, and cooked food. The tasks of wives and children who were youthful and dependable made husbands efficient and economically productive. During the Great Depression that followed the First World War, the Gold Coast colonial government nurtured African women and children in urban towns and neighbouring villages and was pragmatic about how the African husband lacked education and was not financially viable. A European visited

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¹ Public Records and Archives Administration Department, Accra, CSO 11/6/8 Infant Welfare Clinic Sekondi.

Asante and wrote in the diary that middle-aged Asante women were fragile. As girls, they married early, had three children, and did house work and farmed. The Gold Coast colonial ventures for health, welfare, and education were for women, children, and communities to progress (Ayesu, Gbormittah, & Adum-Kyeremeh, 2016).

From 1919, Brigadier General Frederick Gordon Guggisberg was the governor of 2112000 people according to the 1921 Gold Coast population census. The objective of Governor Guggisberg was to reduce infant mortality and morbidity. In 1927, in 26 towns with a population of about 245000, the colonial government recorded 5574 births, 4884 deaths, and 679 deaths of infants less than one-year old:

The most common causes of death amongst...infants in descending order of frequency are marasmus (including inanition), premature birth, diarrhea (including enteritis, gastric enteritis), convulsion, bronchitis (including broncho-pneumonia) and malaria. (Colonial Reports, 1927-1928)²

Four infant welfare clinics managed mothers and infants to prevent and cure diseases. Patients came to the four infant welfare clinics 42275 times: 11021 times at Accra, 5521 times at Christiansborg, 15964 times at Sekondi, and 9769 times at Kumasi (Colonial Reports, 1927-1928). Governor Guggisberg reopened infant and child welfare clinics and constructed infant welfare clinics, dispensaries, and hospitals, trained medical doctors, and increased the primary schools in the Gold Coast Colony (Addo-Fenning, 2013).

From 1929, when the Great Depression was detected worldwide till it peaked in 1932, Ransford Slater was the governor. In 1929, Governor Slater thought Europeans had the training that attracted the African population to moderate government (Shaloff, 1974). In October 1930, Governor Slater wrote the "Changing problems of the Gold Coast" that the government, the medical and health branches, and sanitation workers tended Europeans in the colony and aimed that Africans progress:

As regards the native population, they are no longer suspicious of European medicine; on the contrary, in all parts of the Gold Coast they are clamouring for more doctors, and especially for more women doctors. I am glad to say that we have ten or a dozen lady doctors, but we could multiply them ten or a hundred fold if we had funds, so if any millionaire is present here this evening, and would like to give us a million or two, I can assure him that we can very easily make full use of the money in providing more Infant Welfare Clinics and more lady doctors! (Slater, 1930, p. 463)

The culture of the British colonial administration increased the number of Europeans and European medical doctors working in the Gold Coast Colony during the Great Depression (Shaloff, 1974).

In 1931, Save the Children International Union mobilized about 300 delegates to a conference for the welfare of African children at Geneva. The technical staff shared the facts for policies about children's health with Africans, European government representatives, doctors, teachers, anthropologists, missionaries, the Phelps-Stokes Fund, the League of Nations, and the International Labour Organization. From 1927, 350 out of 1000 people working in Africa replied to a questionnaire. Their answers were published in about 20 booklets. The delegates received in the booklets the answers to the pathological, social, and economic causes of infant mortality and general and vocational education for children's work. The triggers of infant mortality were "syphilis, yaws, malaria, sleeping sickness, respiratory diseases, miscarriages, and abortions, excessive work of expectant women and long journeys, lack of skilled attention at child birth and poverty". Governments and medical officers needed medical policies. Pregnant women, mothers, infants, and children needed women doctors and health visitors at welfare centres, hospitals, and dispensaries. They needed ante-natal care, balanced

² Colonial reports-annual No. 1418 Gold Coast report for 1927-1928. London: His Majesty's Stationary Office.

meals, sanitation, health weeks, and education. The conference persuaded voluntary associations to assist African mothers and children. The medical and health services and the volunteer associations could research pregnant women's imaginations and the indigenous food and drugs in the women and children's vicinity (Smith, 1931).

In 1932, as the Great Depression peaked in the world, the health service needed the British Red Cross Society in the Gold Coast Colony. From 1919, Percy Selwyn-Clarke had worked with the Colonial Medical Service in the Gold Coast Colony (Horder, 1995). Selwyn-Clarke established the Gold Coast branch of the British Red Cross Society to work with infant and child welfare clinics. Selwyn-Clarke the deputy director of health service structured the Red Cross and served as the secretary. The European women medical doctors worked with the Red Cross, a health visitor from a commercial establishment (Cadbury) (CSO 11/6/8), and the Roman Catholic Mission sisters at the infant welfare clinics.

The European women doctors at the infant and child welfare clinics cared for African women and children. In an official medical year, about eight European women medical doctors worked with the medical and health branches at infant and child welfare clinics at Dsodje, Kpandu, Keta, Koforidua, Christiansborg, Winnebah, Cape Coast, Sekondi, Kumasi, Bekwai, and Tamale (ADM 11/1457³; CSO 11/6/2; CSO 11/6/4⁴; CSO 11/6/5; CSO 11/6/8).

The Infant Welfare Clinics in Keta District

During the 1920s and 1930s, the services of welfare centres continued in the Keta District in the Mandated British Togoland, the Eastern Province of the Gold Coast Colony. In 1923, Bishop Augustine Herman the Vicar Apostolic of the Roman Catholic Mission from the Society of African Missions established the Lower Volta vicariate at Keta (Catholic Diocese of Ho, 2018⁵; ADM 11/1457). When mission buildings at Kpandu had not reopened after the war, the Roman Catholic Mission bid the Gold Coast colonial government to develop an infant welfare clinic (ADM 11/1457). In 1926, when the Roman Catholic Mission began a Minor Seminary at Kpandu, the Little Servants of the Sacred Heart started dispensaries at Kpandu (Catholic Diocese of Ho, 2018). In March and June 1927, the Gold Coast colonial government aimed to renovate the welfare centre at Kpandu and paid £100 plus £100 from each of the Estimates for 1928/1929 and 1929/1930. The medical officer at Ho, the capital of the Keta District, gave medicine and dressings gratis (CSO 11/6/1⁶). In 1928, the Kpandu infant welfare clinic buildings reopened (ADM 11/1457).

The colonial secretary, the director of medical and sanitary services, Vicar Apostolic Bleasdel, and Newlands arranged to plan for a welfare centre at Dsodje. Dsodje was an urban welfare centre that served many villages. The Gold Coast colonial government funded the Dsodje welfare centre for Dsodje, Some, Klikaw, and Hevi and their villages in the Lower Volta vicariate (CSO 11/6/1). Bishop Herman realized that since 1921, Dsodje villages were densely populated with 9,863 people (CSO 11/6/21⁷). He was building a church at Dsodje

³ Public Records and Archives Administration Department, Accra, ADM 11/1457 Marriage-Mr. Sarbah's Suggestions and Recommendations in Relation.

⁴ Public Records and Archives Administration Department, Accra, CSO 11/6/4 Infant Welfare Centres—Principles, Inauguration of the Gold Coast Branch of the British Red Cross Society.

⁵ A brief history of the Catholic Church in the diocese of Ho in the Volta Region of Ghana. Retrieved from <http://hocatholicdiocese.org/about-us/about-diocese>

⁶ Public Records and Archives Administration Department, Accra, CSO 11/6/1 Infant Welfare Clinic at Dsodji.

⁷ Public Records and Archives Administration Department, Accra, CSO 11/6/21 Infant Welfare Centre—Establishment of by the Catholic Mission at Dsodje in British Togoland ii Financial Assistance and Free Issue of Drugs 1928.

and would open an infant welfare clinic immediately. Bishop Herman would not wait for the decisions of the local people which could delay or stop the welfare project (CSO 11/6/1). The Provincial Commissioner Major Jackson instigated the infant welfare project at Dsodje (Ayesu, Gbormittah, & Adum-Kyeremeh, 2016). He requested labour and funds from the chiefs and the government. The chiefs promised £100 (and labour). The government acceded to aid the sisters at the infant welfare clinic at Dsodje as at Kpandu and granted £50 in the first year. The government would grant £100 in the second year.

Bishop Herman had an objective to employ four Sisters for the Dsodje infant welfare clinic if the government would use the grants for school buildings to pay one-third the cost of the Sisters' residence. The Sisters' residence at Dsodje would have a dispensary as Kpandu. In 1929, Bishop Herman asked the government to pay £300 for the Sisters' residence at Dsodje. The Little Servants of the Sacred Heart at Cape Coast and Keta intended to send three or four Sisters to Dsodje.

If the Dsodje chiefs did not contribute funds, District Commissioner Masser and Bishop Herman would make the people of Dsodje downtown pay to open the infant welfare clinic. The Dsodje chiefs paid £30 of the promised £100. The governor visited Dsodje and recorded that he would assist Dsodje infant welfare clinic as Kpandu. W. D. Inness, who during the 1930s was the director of medical and sanitary services and the deputy director of health service, wrote to the commissioner of the Eastern Province that the Dsodje infant welfare clinic should have £100 a year for medicine and dressings.

Yet, the commissioner of the Eastern Province did not advocate that the government obtain the land to construct the Dsodje infant welfare clinic, Sisters' residence, and dispensary. C. S. Masser the district commissioner of Keta was cautious that Dsodje was not a place fit for a social welfare centre and Roman Catholic Sisters' residence. Masser, the Fia Sri who was a leader at Dsodje, the medical officer and a representative of the Roman Catholic Mission would obtain land free from the "Missionary Authorities" for the infant welfare clinic, the dispensary and the Sisters' residence.

In October 1930, the Gold Coast colonial government decided that the Roman Catholic Mission, which assisted schools and welfare centres in the Keta District, could have funds from the health branch of the medical department for the infant welfare clinic at Dsodje. The Roman Catholic Mission could receive £100 of the Estimates for 1930/1931 and a grant of the draft Estimates for 1931/1932. Rhetorically, the government probed the Keta district commissioner: If the chiefs would pay the remaining £70 to the Roman Catholic Mission, would the £200 (the Estimates for 1929/30 and 1930/31) be a "token vote"?

Within two months, October to December 1932, the Great Depression made the Gold Coast colonial government unenthusiastic about adding funds to manage Dsodje infant welfare clinic. The professional and religious organizations and Africans resolved how to obtain funds for the infant welfare clinic. In December, the Great Depression made the Gold Coast colonial government decide unequivocally, that the Estimates for 1933/1934 would not fund the construction of the Dsodje infant welfare centre.

The Gold Coast colonial government decided that after a year, Dsodje infant welfare clinic could receive funds from the Estimates for 1933/1934. The director of medical and sanitary services counselled that the deputy director of health service take account of £100: If finances increased, the Roman Catholic Mission would receive £25 per quarter for operating the infant welfare clinic at Dsodje. The Roman Catholic Church had accumulated funds in Europe to construct the residence for the two Sisters from Kpandu to work at Dsodje infant welfare clinic. The people at Dsodje had paid £80. The Roman Catholic Mission had land and blocks to construct Dsodje infant welfare clinic. Bishop Herman anticipated that the financial Depression would end. In

August 1933, he would make a plea that the construction of the Sisters' residence had started and needed more funds (CSO 11/6/1).

The Infant Welfare Clinic at Kumasi

The objective of the Gold Coast colonial government was preventive health. In 1928, the Gold Coast colonial government built an infant welfare clinic at Kumasi (Colonial Reports, 1927-1928; Allman, 1994). As the Great Depression was having an effect on the number of open infant welfare clinics, the Kumasehene and the other Asante chiefs asked Governor Slater not to close the infant welfare centre at Kumasi. They said Asante women aided pregnant women to have children, but allowed the medical doctors to use "scientific methods" in the infant welfare clinic. Closing the infant welfare clinic at Kumasi might cause an increase in infant mortality:

Your petitioners are quite aware that when a steamer is sinking the first thing that receives the attention of the Captain of the steamer and the Crew is the saving of the lives of the children and women on board the steamer. Your petitioners therefore humbly submit that Government should not allow the present financial stringency to compel it to allow the women and children of this land to perish (CSO 11/6/9⁸).

The Kumasi infant welfare centre could charge higher fees to stay open.

At the Princess Marie Louise Welfare Centre at Kumasi and Accra, the children's in- and out- patient hospitals called the "cot" clinics had cots, treasure cots, and cradles. The objective of the cot clinic was to educate and advise staff, women, and children about the work at infant welfare clinics. At the Princess Marie Louise Welfare Centre in Kumasi, the cot clinic trained staff to treat children who had coughs, malaria, yaws, wounds, ulcers, and worms and increased knowledge about tropical illnesses common in infants. The director of medical and sanitary services arranged for drugs (CSO 11/6/8; CSO 11/6/5; CSO 11/6/2).

European medical doctor Sybil Russell worked at the infant welfare clinic and the maternity hospital at Kumasi (CSO 11/6/9). In 1932, Russell accomplished her preliminary third year and submitted an application for employment as a private woman medical officer. She aimed to work at Koforidua infant welfare clinic (CSO 11/6/5). The colonial government, when constructing the Koforidua infant welfare clinic, had qualms about the health branch reproducing the hospitals in the medical branch (CSO 11/6/4).

The Infant Welfare Clinic at Tamale in the Northern Territories

In 1924, Governor Guggisberg met Dr. Pirie about a plan for European women medical doctors to work at infant and maternal health clinics in the Northern Territories. From 1929, Governor Slater visited the Northern Territories and maintained Governor Guggisberg's construction of medical buildings in the districts. Tamale Hospital was an industrious health institution which had a new ward with 22 beds and a laboratory. Nonetheless, in 1930, the Great Depression in world trade affected the price of cocoa that Africans farmed as cash crops and the colonial government exported for profit. Prices fell from £50 per ton in 1929 to £20 per ton in 1930 and had a negative impact on the construction of medical and health services (Gundona, 1999). In 1932, Selwyn-Clarke started a babies weighing clinic. European medical staff at Tamale led a nursing sister, an African nurse and two European ladies to work at the babies weighing clinic in a space in the laboratory of the African Hospital. When about 50 patients were present at each babies weighing clinic, the mothers and babies

⁸ Public Records and Archives Administration Department, Accra, CSO 11/6/9 Infant Welfare Clinic Kumasi.

needed shelter. The Great Depression had a negative effect on construction. The old Electric Power House could serve as a place for weighing, infant welfare, exhibiting mother-craft and domestic hygiene (CSO 6/11/10; Gundona, 1999). The medical service examined babies' blood and spleen, cured malaria, taught how to prevent malaria and Selwyn-Clarke was optimistic about the Junior Red Cross in the Northern Territories during the Great Depression (CSO 11/6/10; CSO 11/6/4; CSO 11/6/5).

Cape Coast and Sekondi Infant Welfare Clinics

Infant welfare clinics paid revenue to the medical officer of health. The medical officers of health had to find time, about two or three hours in the morning, to open the infant welfare clinics at Sekondi and Cape Coast. The Gold Coast government closed the infant welfare clinics in the colony and had up to £250 for Cape Coast and Sekondi infant welfare clinics. The colonial government's present revenue was £64 at Sekondi infant welfare clinic and £88 at Cape Coast infant welfare clinic (CSO 11/6/8). The Gold Coast colonial government considered the loss of funds from clinic fees and drugs to rent the buildings or close the infant welfare clinics. The director of medical and sanitary services suggested the Sekondi and Cape Coast infant welfare centres should close (CSO 11/6/2; CSO 11/6/5; CSO 11/6/8; CSO 11/6/9).

Table 1

The Cost and Revenue at Sekondi and Cape Coast Infant Welfare Clinics

Average annual cost before retrenchment		Actual cost to government 1/4/32-30/6/32		Same rate for a year		Cost of government annual	Cost to Red Cross annual	
Sekondi £1660	Cape Coast £1680	Dispenser					Nursing Sister's Salary £150	
		Sekondi £18 x 2	Cape Coast £24	Sekondi £96	Cape Coast £96			
		Dresser interpreter income						
		Sekondi	Cape Coast £9	Sekondi £36	Cape Coast £36	£36		
		Drugs etc.						
		£45	£45	£180	£180	£130 (should diminish)		
		Other charges						
Sekondi (Health vote ½) drugs £14	Cape Coast £14	£56	£56		Passage £56, Transport £48, Servants £60, Laundry £12, and Sundries £24			
£92	£92	£368	£368		£350			
Revenue								
£240	£350	£70	£70	£280	£280		£100 Estimated Revenue (fees) £158 Red Cross (local) £96	

Note. Adapted from CSO 11/6/8.

Table 1 points that at each infant welfare clinic, the government's expenses were a dresser and interpreter £36 and drugs £130 or less. When not retrenched, the average annual cost at the welfare clinics were Sekondi £1660 and Cape Coast £1680. The infant welfare clinic revenue was £240 at Sekondi and £350 at Cape Coast. For the quarter 1st April to 30th June 1932, the colonial government expenditure was £92 at each infant welfare clinic. (At the Sekondi infant welfare clinic, the government paid two dispensers £18, a dresser and interpreter £9, a one-half health vote, and drugs £45. At the Cape Coast infant welfare clinic, the government paid a

dispenser £24, a dresser and interpreter £9, drugs £45 and sundries £14.) The revenue at each infant welfare clinic was £70. The quarter's expenditure for one year at each infant welfare clinic would be £368. (The government expenses for a dispenser £96, a dresser £36, an interpreter £56, and drugs £180.) The revenue would be £280. The Red Cross would pay £350 a year: each nursing sister £150, passage £56, transport £48, servants £60, laundry £12, and sundries £24. Sekondi proposed £192 expenditure and needed an additional £128. The government approximated £100 for revenue (clinic fees £158 and Red Cross local fund £96). Each clinic had a Red Cross Central Fund at Accra, which collected £200 from England. Sekondi's local fund was £225 and Cape Coast's £425. The Town Council paid Sekondi £24 (CSO 11/6/8).

The Gold Coast colonial government and Lennox, who was the medical officer of health and the local secretary of the Red Cross, approved a strategy that the Red Cross would pay the expenses of the Sekondi infant clinic and receive the clinic fees. The Red Cross would maintain the buildings and pay for the equipment, utilities, and conservancy. The Gold Coast colonial government was concerned with the patients, treatment, dressing, and shelter (CSO 11/6/5; CSO 11/6/2; CSO 11/6/8). The opinion of the Gold Coast colonial government was Gold Coast persons had funds but became used to the free services of the colonial government. The Red Cross would receive subscription from persons in the Gold Coast that the Great Depression made poorer (CSO 11/6/8; Ayesu et al., 2016).

At Sekondi, the medical officer of health was the honorary secretary of maternal and child welfare. The medical officer of health worked with a midwife, dispensers, women dressers, interpreters, and health sisters at the infant welfare clinic. A European woman medical doctor would work as the medical officer of health. When the Red Cross worked at Sekondi and Cape Coast infant welfare clinics, the Red Cross nurses and the colonial government midwife at the infant welfare clinics would measure and weigh the children and document their names and addresses and visit them. The Gold Coast colonial government, the medical and health service, the staff at the hospitals, and the non-governmental Red Cross did the scope of preventive health work treating and educating the pregnant women, mothers, and the community. European women medical doctors at infant welfare clinics referred cases to the children's hospitals, the children's out-patient "non-cot" clinics and the Colonial Hospital (CSO 11/6/8).

Alice Piegrome worked as a European woman medical doctor with the Gold Coast colonial government. Her husband had tours, became the commissioner of police at Kumasi, and Piegrome worked as a private woman medical doctor at the Bekwai medical centre that shut down briefly. During the 1932 tour shuffle, her husband relocated to Sekondi and the Gold Coast colonial government permitted that at a token rent Piegrome perform private medicine treating babies and children at the Sekondi infant clinic. Piegrome would assist the senior health officer to take on preventive health. Piegrome would manage the midwife who referred patients to her infant welfare clinic, the health visitors, the infant welfare clinic, and school medical work. As the European woman in private medical practice, she would receive the kit at the infant welfare clinic, a grant of £17 and pay infant welfare clinic fees. The director of medical and sanitary services did not have £10 to pay monthly to Piegrome as an alternative to drugs.

The Messrs. Elder Dempster ship demanded that single and married women who were alone should travel first class. Peigrome in Great Britain paid first class to travel by ship to the Gold Coast Colony to work at the Sekondi infant welfare clinic.

Alice Piegrome probably did not work as a private medical doctor when she arrived at Sekondi. She had to work on a scheme for pregnant women to have an antenatal day a week at the Gold Coast League for Maternal

and Child Welfare. Her work with the administration of the infant welfare clinic would earn her salary from the Sekondi Town Council. To maintain the salary of £35 for European women medical officers, Piegrome and health visitor Christian and the chiefs of British and Dutch Sekondi upheld that Awoonor-Williams, Sarah Mercer, and Henrietta Peters represent the Ladies Welfare League to agree to accumulate £8 public subscription each month. The Sekondi Town Council could pay £24 when needed and resolved to pay £10 a month. The Sekondi infant welfare clinic fees were £17 (CSO 11/6/8).

Conclusion

European women medical doctors and the staff at the infant welfare clinics advised pregnant women about hygiene and nutrition, tested their urine, and measured their pregnancy. The Gold Coast colonial government and European women medical doctors at the medical and health branches made certain that pregnant women benefitted from frequent ante-natal care. The staff registered births, vaccinated, weighed, cleansed, and dressed infants and children. As a follow-up, the midwife and the health visitor at the infant welfare clinics visited homes and districts to investigate the cause of pregnant women's health problems and advise mothers about hygiene, feeding, bathing, and clothing infants. The medical officer of health and the staff at the infant and child welfare clinics planned entertainments, sales, fairs, and concerts. The health workers lectured girls, clubs, and Christian and pedagogic institutions, and performed at baby-shows and Health Weeks.

The European women medical doctors at infant and child welfare clinics did curative work. The curative work was "cheap treatment" of individual diseases that the infant welfare clinic staff made available as "low-priced cure". They cured respiratory diseases, eye care, skin diseases, gastric troubles, worms, malaria, and yaws. The European women medical doctors' curative work at infant welfare clinics was secondary to preventive health work and a "lever" to prevent infant illnesses (CSO 11/6/8; CSO 11/6/5; 11/6/2).

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