REVIEW
History and Philosophy of Medicine 2022;4(3):20. https://doi.org/10.53388/HPM20220701020

A historical overview of Western medicine and health in Ghana in the twentieth century

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Competing interests
The authors declare no conflicts of interest.
Abbreviations
OPV3, oral polio vaccine.
Citation
Ampadu SK, Abdul-Hamid B. A historical overview of Western medicine and health in Ghana in the twentieth century. *Hist Philos Med*. 2022;4(3):20. doi: 10.53388/HPM20220701020.

Executive editor: Na Liu.
Received: 20 March 2022; **Accepted:** 13 June 2022; **Available online:** 16 June 2022.

Abstract
Traditional therapy was dominant in Ghana. However, by the 19th to 20th centuries, scientific medicine had been fully introduced to the people of Ghana. There is a growing tendency in the research of medicine in Ghana. Some scholarly works had been published on Western medicine; however, all these works had not been brought together in analyzing the history of scientific medicine in Ghana. This work conducts an opportunistic historical overview of Western medicine and health in Ghana through the twentieth century. This is to bring to light some scholarly literature on Western medicine in Ghana, of which further research could be conducted.

Keywords: history of Western medicine; Ghana

Introduction

The World Health Organization made it clear that about eighty percent (80%) of Africans use traditional medicine for their health care at an annual conference for traditional medicine held in Ghana [1]. However, by the 20th century, Western medicine had been introduced to the people of Ghana. In this work, Western medicine is the same as scientific medicine, biomedicine or modern medicine, and it was defined by Opoku et al as "a system of care that is based on knowledge attained from scientific process" [2]. It is on this background that it was very important to project literature on this new medical practice that was introduced in Ghana.

Method of study

This work reviews literature on selected works that were relevant in the study of the history of western medical practices and health issues in Ghana. The researchers considered the following themes: introduction and reception of Western medicine; health and sanitation, diseases environment in Ghana; and disease control in Ghana before and after independence and did the review accordingly. The researchers reviewed secondary sources such as books, journal articles, and information from the internet.

Introduction and reception of Western medicine in Ghana

Thomas Edward Bowditch in 1817 had given attention to the people of Asante on his arrival in Kumasi to give them some medical assistance. He made it clear in his write-up that:

> During the time we remained in Coomassie [Kumase], and from our first entrance into the Ashantee [Asante] country, I was every day applied to for advice and medicines by those who were afflicted with diseases, of which the number was great, and in the capital more especially, from its very unhealthy situation, being entirely surrounded by an extensive tract of swampy ground, and the natives consequently very subject to dysentery and fever. On first entering the country I was applied to by numbers of patients, many of them miserable objects, from effects of venereal disease: to as many of those applied, during our halt in a town, I gave boxes of pills and strict direction for their use [3].

He put forward the argument that enslaved people and children were brought to him every morning for medical attention and advice. He treated diseases such as craw-craw, yaws, fever, dropsy, and complaints of bowl [3].

Addae had argued that even though facts suggest that the ship surgeon must have exclusively catered for the Portuguese garrison on the coast of Ghana. But he believes that chief Caramansa's [Kwamena Ansa] family and some local Africans might have received some medical aid or advice from these foreign doctors [4]. He quoted William Bossman, that modern medicine began to be practiced along the coast of West Africa predominantly with enslaved people [4]. Slaves were carefully examined and those who were found healthy and suitable were branded with branding irons under the supervision of a doctor [4]. The doctors were also called to decide, on medical grounds, whether slaves were fit to travel [4]. Based on an act of parliament in 1789, a medical examining board was inaugurated, which made it mandatory for all slave ships have on board a licensed ship's surgeon [4]. Until the latter part of the nineteenth century, according to Addae, Western medicine had few answers to the West African fevers and this resulted to the high deaths among the whites in West Africa [4]. He clearly indicated that the first medical colonial hospital was built in Accra in 1878 followed by the rest in the 1880s [4]. It was confirmed that Western medicine was introduced into the interior before the arrival of the four-man British political mission sent from Cape Coast to Asante in 1817 the Bowditch mission [4]. Dr. Tedlie, a physician, and a member of the mission, held a clinic the moment he arrived in Kumasi [4]. He gave medical care to the King, the royal personages, members of the king's court, commoners and their families, and slaves [4]. Other patients from the surrounding villages sought medical aid from Dr. Tedlie. Ashantis response to medical aid from the Bowditch mission for treatment was enthusiastic and immediate, and it was clear that the fame and knowledge of the efficacy of Western medicine in Ashanti pre-date the arrival of the mission [4]. It was stated that based on the readiness and eagerness by the Ashantis to seek medical help from the British mission testifies to the supposition that Western medicine had already made an essential and favourable impression in Asante in 1800s or earlier before the Bowditch's time, and that the Ashantis had long cognisant of Western medicine [4].

Twumasi was convinced that western medical practices in Ghana could be dated to the period of colonization of the Gold Coast (Ghana) by the British in 1844 [5]. He argued that western medical practice did not easily have its way in Ghana during its introduction. Initially, a huge section of the population was opposed because the traditional cosmology was not in agreement with the scientific explanation of disease. The explanation of diseases by the traditional practitioners was mostly attributed to supernatural causation of illness [5]. It was indicated that during the leadership of Sir Gordon Guggisberg, the first health plan to give Ghana its first scientific medical institution was enacted in 1924. This was the Kole Bu hospital which would later be expanded into a teaching hospital by the first president of Ghana, Kwame Nkrumah [5]. In 1957, the government of Kwame Nkrumah built health centres across the country except for the western and the central region in which an explanation was given that the Kole Bu Hospital in Accra gave medical care to patients from the two regions [6]. Twumasi emphasized the usage of scientific medical facilities that:

> The point to remember in this connection is that the rural women are using facilities of scientific medicine because it sustains their levels of implied possibilities. This is not to suggest that this indicates a breakdown of traditional practice of midwifery. We are only pointing out that with alternative possibilities the rural women seek whichever service she finds advantageous after "economizing" the risk and uncertainties each entail. We have also indicated two possible explanations: (1) that urban relatives could exert pressure on rural kin to use the service of scientific medicine; (2) that rural women resort to the services of scientific medicine when immediate curative satisfaction has not been met within the traditional situation, but has been in the scientific medical situation [6].

On the basis of statistics, Twumasi claims that scientific medicine has brought benefits to Ghanaians in terms of improving people's health [6]. He also believes that Western medicine is only modern because of its bases on assured results based on modern scientific physiology and pathology [6].

Patterson agrees with Twumasi on the preventive and curative medicine that was introduced by the Europeans in the twentieth century. He indicated that it had a significant impact on the health of Ghanaians especially since 1920 [7]. In 1920, the British administration had agreed to improve the level of health among the people of Gold Coast (Ghanaian) because of their self-interest and partly because many administrators and physicians wanted to eradicate human suffering [7]. By that time, there was an improvement in the medical department, advances in knowledge of science and awareness of local health conditions, a growing sense of responsibility towards the African population, and increasing public acceptance of a new medical system made slow but real progress possible [7]. However, it must be pointed out that Western medicine came with a problem of which Patterson stated as:

> The department was chronically understaffed. Recruitment was always difficult, and there were generally a number of authorized positions which could not be filled for lack of suitable candidates. Staff shortages were especially acute during the wars and in the early 1930s, when the economic crisis forced the government to cut back the number of medical officers [7].

Aquah indicated that some of the private practitioners in Accra were qualified by the western standard as doctors, midwives, nurses or

dispensers but others lacked western medical qualifications, and continued to practise the traditional methods of healing and midwifery as they did early on before the days of western contact [8]. Aquah in her survey with the use of questionnaires to obtain the treatment sought when ill by 325 males and 176 females in Accra found out that "93% of those questioned seek only western treatment when ill; 4% seek treatment from both scientific and traditional healers, and 3% seek treatment solely from the traditional herbalist. In that particular survey, the number was too small for generalization, it does, however, show a movement toward Western medicine" [8].

Health and sanitation

Wright et al indicated that the United Nations Family of Agencies developed the "Mar del Plata Action Plan" in 1977 to address the water supply and sanitation needs of developing countries [9]. The plan ended in the international drinking water supply and sanitation decade of the 1980s. The aim was to provide potable water for drinking and sanitation for the entire world population by 1990 [9]. Even though the overall goals were not met, most countries and external support agencies subscribed to the aims of the decade. It was particularly challenging that improvements in sanitation lagged far behind in terms of water supply [9]. According to Wright et al, in 1980 around 1.7 billion people in the world were un-served by adequate sanitation systems. During the 1980s sanitation service was made available for about 750 million people, but in 1990 almost 1.7 billion people were without proper sanitation [9].

As put forward by Adu-Gyamfi et al, the Atiwa district of Ghana attempted to promote health and healthcare [10]. Therefore, the people were contacted through midwives, itinerant health officers, and the establishment of village health centres [10]. In a course of outbreak of diseases, personnel from the health facilities were discharged to visit homes and check river banks to find out if there were possible open defecations. Reports were sent to the chief and elders of the town and the Regional Health Administration at Koforidua. Therefore, an action was taken to curb any occurrences. The district health directorate in Atiwa stated in their 2009 report that the people were immunized on oral polio vaccine (OPV3), Penta 3, BCG, yellow fever and measles [10].

According to Addae, before 1880, in Gold Coast now Ghana, the towns along the coast were known for their insanitary condition [4]. It was emphatically stated that:

> All had similar unhealthy features: they all contained lagoons which bred swarms of mosquitoes and gave off pungent disagreeable odours. No public or private latrine existed. Excreta were deposited anywhere: inn alleys within African precincts, in town outskirts, on beaches. Rubbish was similarly deposited anywhere and everywhere: there was no organized collection of waste and rubbish. Animals, including vultures, were depended upon to scavenge them [4].

He had emphasized no town had a street, and drains did not exist, no organized layout existed for any town, and drinking water was horrible, consisting of brackish water obtained from swamps and ponds except Cape Coast which until 1877 was the seat of government [4]. The secretary of state for colonies, Lord Carnavon moved the capital from Cape Coast to Accra in 1877 because the environment in Accra was far healthier than that of the latter [4]. In 1878 Gold coast passed its first public health law. The law was applied to Cape Coast, Accra, Elmina, and Lagos just after it was passed [4]. However, he (Governor Griffith) started with the adoption of a system for disposal of sewage, and strengthening the staff of the public works department [4], but the earliest greatest sanitation activity of the colony was between 1910 and 1920 under the governorship of Sir Hugh Clifford [4]. Sanitation department was established and Dr. T. E. Rice was the first head of the sanitary branch and started business in 1910 and by the end of 1910, over 20 towns received close sanitary attention [4]. These towns were Sekondi, Elmina Axim, Tarkwa, Dixcove, Dunkwa, Coast, Saltpond, Winneba, Mangoase, Koforidua, Adawso, Dodowa, Somanya, Akuse, Ada, Kumasi Adjuah, Nsawam, Cape and Accra [4]. Addae believed that sanitation works in these towns included the provision of "well and water tanks, incinerators, public latrines, slaughterhouse, improvement of markets and construction of drains and the draining of swamps" [4]. It was again emphasized that the most difficult challenge faced by the sanitary branch was how to get rid of what the Europeans call the "culture of the filth of African population" [4].

Dupuis, had put across that even though the coastal settlements were unhealthy but that of the inland towns were clean, pleasant and good to live there. In 1820, he made a journey from the Coast to Kumase and made an observation. He noted that:

> As regards to climate or atmosphere, the Gold Coast and places adjacent to the settlement [on the coast] are more or less known to be unhealthy. But I will hazard an opinion that the countries inland are infinitely more salubrious, the air[sic] are purer [sic], and the soil less humid and vaporous than at any station on the coast… I speak only of the reality of the fact from personal experience, and the effect I witness on the constitution of the party under my command [10].

Twumasi indicated that it was not necessary for a traditional Ghanaian to keep his environment clean. He supported his argument with a statement that:

> It is to be remembered in this regard that the traditional Ghanaian, by custom take pride in attending to his personal hygiene but does not see the necessity to keep his environment in a clean condition. This stems from the fact that the ancestral spirits and the family gods are expected to take care of their health: so, they do not relate the causation of illness to the insanitary environment [6].

Bowditch had also put across that on July 3, 1817, he (Thomas Edward Bowditch) observed that one of the king's sons in Asante who was about ten shot himself dead [3]. On that day of his funeral, a smart fire and musketry were kept up until the sun set [3]. Two men and one girl were killed as sacrifice and their trunks and heads were left in the market (public) place till dark [3].

Anti in support of Bowditch's postulation of the display of dead bodies in public in Asante, described the physical environment of Kumasi in the eighteenth and nineteenth centuries as appalling [11]. He mentioned that in the king's palace, i.e., Kofi Karkari's, was the resident of ghosts where decapitated bodies were dumped [11]. He explained that there was open space with big tall shady trees under which dead bodies were left. He also described some dead bodies as swollen, bloated, discolored, loathsome and putrefied. He furthered that there were others with worms upon which vultures fed them to make the sorrows of the dead everlasting and their pains lasting for a long time [11]. However, Anti noted that the indigenous people made an extensive effort by dumping refuse at the outskirts of the township that was burnt every day [11]. In the eighteenth century, there were not only private latrines but there were public ones to meet the needs of the entire community especially the poor in Kumasi who could not construct their own [11].

Maier also in the nineteenth century, noted in Asante that the more regular rainfall cleans the air, soil and dwellings of the people frequently and makes bathing possible [10]. Maier believed that the washing and bathing daily in Asante has contributed to the absence of tick, louse, and faecal-borne disease [10]. Something he noted to be impossible in the drier north [10]. Medical surveys made in the twentieth century show that Asante had a smaller percentage of outbreaks such as smallpox, tuberculosis, yaws, yellow fever, cerebrospinal meningitis, and relapsing fever [10].

Conclusion

The literature review indicated that Ghanaians recognised the relevance of the two forms of medical practices in Ghana. Attention was given to the western medical practice after its introduction. Despite the fact that attention was given to Western medicine in Ghana, the potency of the traditional medicine in treating diseases was not undermined. Majority of Ghanaians still visited traditional medical practitioners after visiting the hospital. They ensured that

good health is promoted in the country by employing sanitary inspectors to visit homes and educate the people on hygiene.

The western medical practitioners immunized and vaccinated people against an outbreak of disease in the various regions of the country. The people also adhered to the instructions given them to ensure good health. However, the only efforts per the research findings made by some traditional authorities, according to Adu-Gyamfi et al, were spiritual [5]. Sacrifices were made to the gods and goddesses to prevent an outbreak of disease.

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