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THE CAMEROONS AND TOGOLAND

THE CAMEROONS AND TOGOLAND

A DEMOGRAPHIC STUDY

BY

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PREFACE

FOUR years ago, Lord Hailey, the Director of the African Research Survey, asked me to analyse the methods and results of population statistics in some African areas south of the Sahara. The study upon which I then embarked covers the Union of South Africa, the Belgian Congo, French West and Equatorial Africa, the Cameroons, and Togoland. It is as yet far from being completed, though I hope that it will be some day. This volume presents the results of my demographic studies of the West African Mandated Territories.

I wish to express my thanks to the French Ministry of Colonies and the Agence Économique des colonies autonomes, du Cameroun et de l'Afrique Équatoriale Française for the access they granted me to much valuable unpublished material, and to the librarians of the League of Nations, the Colonial Office, the London School of Economics, the Royal Institute of International Affairs, the Royal Empire Society, and the Royal Geographical Society for their untiring helpfulness.

R. R. KUCZYNSKI

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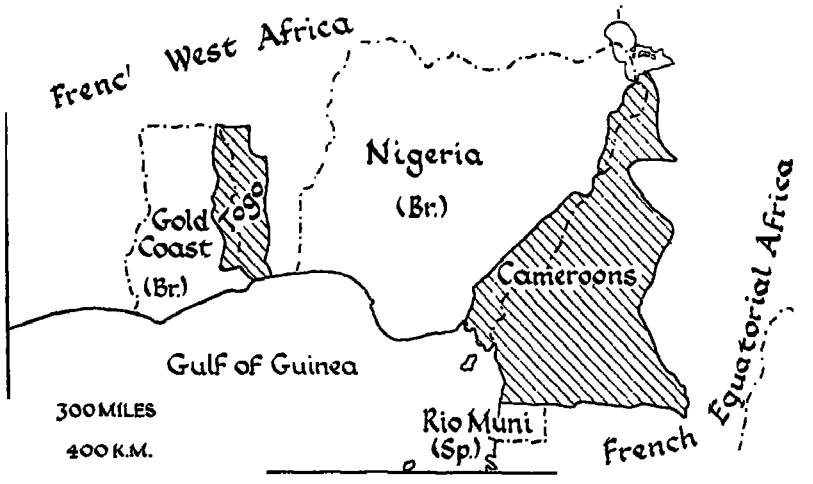
INTRODUCTION

THIS is the first attempt to assemble all the essential facts relating to the collection of population statistics and to the demographic situation of an African area from the beginning of its colonization up to the present time. The Cameroons and Togoland were selected for this purpose because three great Powers, each following a different colonial policy, have participated in their administration, and because—these territories being subject to a mandate conferred by the League of Nations—the sources of information are more ample than for other African areas at a similar stage of development.



The statistics available for a demographic study of the West African Mandated Territories can be classified as follows:

(1) CENSUSES. Under the German régime the statistics of the white inhabitants were excellent from 1904 onwards; under the British and the French régimes they have been unsatisfactory throughout. As for the natives no adequate enumeration has yet been made, and the 'censuses' taken so far do not permit the drawing of any conclusions concerning population growth or decline in any period.

(2) BIRTH AND DEATH REGISTRATION. In the Territories under British mandate births and deaths among natives are registered only in one town (with 3,500 inhabitants). In Togoland under French mandate many Orders have been issued with a view to enforcing

registration, but only a few figures were published for some districts in the 1920's, and none thereafter. In the Cameroons under French mandate compulsory registration was introduced on a large scale in 1930, and the numbers of births, marriages, and deaths registered in each District are published every year; but since no data have ever been published about the number of inhabitants in the various registration areas it is impossible to draw from these statistics any conclusions concerning nuptiality, natality, or mortality.

(3) Demographic Sample Surveys. In the course of the last thirty years Medical Officers, while touring their Districts, have made numerous attempts to gain some insight into fertility and child mortality by questioning native women about their pregnancies, the number of children they have borne, and the number of children they have lost. But even when such inquiries were made as carefully as in the Mamfe Division (British Cameroons) in 1930–1, the results are too inaccurate to be conclusive. Apart from these obviously over-ambitious inquiries investigations have been made in the Cameroons under French mandate with a view to ascertaining for a large number of selected areas the number of births and deaths that have occurred in the preceding twelve months. But here again the results are inaccurate, one reason being that many natives experience difficulty in placing an event in point of time.

(4) Other Statistical Records. More satisfactory demographic material is available for those special groups of natives which came into close contact with Europeans, such as the labourers who built the German and the French railways, the prisoners in the British and French Cameroons, and the plantation labourers in the British Cameroons. The various medical reports on the incidence of certain diseases are another valuable source of information, although an apparent increase in the number of cases known may often be due to an intensification of medical activities, and an apparent decrease to a curtailment in the number of medical officers.

Taken as a whole the population statistics in the Territories under French Mandate are as inadequate as those of French West and Equatorial Africa. They are equally poor in the Territories under British Mandate, and, therefore, are worse than in the neighbouring British dependencies. The British Cameroons is administered as an integral part of Nigeria, but according to the census reports the figures for the Cameroons are based to a much larger extent on estimates than for Nigeria. British Togoland is administered as an integral part of the Gold Coast, but while in the Gold Coast registration of births and deaths is enforced in thirty-four towns comprising

10 per cent. of the total population, registration in Togoland has been introduced in only one town comprising 1 per cent. of the population of the Mandated Area.

While, then, the statistical information for the West African Mandated Territories is just as defective as for other African areas at a similar stage of development,[1] the information conveyed through opinions expressed by the Administration of these Territories is remarkably ample. It is to be found in the yearly reports of the mandatory Powers to the Council of the League of Nations and in the Minutes of the Sessions of the Permanent Mandates Commission. These volumes have attracted so far only scanty attention and are ridiculed in some quarters,[2] but any student seriously interested in any problem concerning the welfare of the natives in the mandated areas must feel very grateful for this opportunity of learning the opinions of so many men who have gained their experiences in responsible positions on the spot.

However, quite apart from the fact that owing to the lack of trustworthy statistics these opinions are largely based on personal observations which are necessarily limited, this source of information is defective in one general respect: the reports to the Council of the League are Government reports and, therefore, are sometimes rose-coloured. They are so even more frequently than other Government reports[3] because the Administrations concerned are aware that the Permanent Mandates Commission takes a very keen interest in the

[1] A short discussion of the main defects of colonial population statistics is to be found in *Colonial Population*, pp. vii–xiv, Oxford, 1937.

[2] See, for example, Rondet-Saint (1933), p. 224: 'Togoland: another mandate in which the English have a share. They and we go regularly to Geneva to give an account of our administration before the representatives of all nations: from Honduras via Estonia to China. The English submit a brief report of 2 or 3 pages through a subordinate who answers every question by a brief 'I shall report it to high quarters'. We arrive with a report of 200 or 300 pages and more, crammed with a wealth of documentation submitted mostly, by way of justification, by a majestic and overflowing delegation which discusses interminably point by point the same topics which the English just before approached in the form which I have indicated.' (In fact not a single report on the British Cameroons or Togoland covered less than 50 closely printed pages; nearly all exceeded 100 pages; the British representatives occupied the highest ranks in the Administration and they answered the questions put by the members of the Permanent Mandates Commission as thoroughly as their French colleagues.)

[3] One example may serve as an illustration. The 1936 report on the British Cameroons states that 'approximately half the good land of the Victoria Division is in the hands of Europeans, mostly plantation companies', while the 1934 report on the Southern Provinces of Nigeria says: 'More than half of the available area of good land [of the Victoria Division] is in the hands of the plantation companies' (alone).

fulfilment of the special obligations of the mandatory Powers towards the natives. Moreover, these reports are revised in the Colonial Offices before being submitted to the Council of the League. But fortunately quite often illusions which may have been created by an unsophisticated perusal of the printed reports are dispelled by the discussions in the Permanent Mandates Commission. This volume contains many examples of censuses which in the reports had been praised as all-inclusive and accurate while the administrative officers, when cross-examined in the Commission, frankly admitted that the figures were arrived at by more or less bold estimates. On the other hand, these proceedings suffer from the fact that the accredited representatives of the Governments concerned are the only witnesses appearing before the Commission and that, since the mandated areas are numerous and are scattered over three continents, it is extremely difficult for the members of the Commission adequately to supplement the information which they receive from the printed and oral reports of the various Administrations.

But there are other defects which affect in particular the official opinions on demographic questions. Some, otherwise exceedingly capable, officers lack all sense for figures where population problems are concerned. The Commissioner of the French Republic in Togoland (1922–31), M. Bonnecarrère, who in collaboration with his wife did more for the fight against infant mortality than any other man in West Africa, stated on 25 June 1930 in the Permanent Mandates Commission: 'Out of six births in Africa at least four or five deaths occur during the first year. The improvement of this situation is one of the most important problems to be solved in Africa.' He was evidently not aware that if actually out of six births in Africa at least four or five deaths occur during the first year, this most important problem would have been solved long ago by the extinction of the population of Africa. It is obviously also a lack of sense for figures which induces so many administrators to exaggerate the incidence of polygamy. The most striking example is to be found in the reports on British Togoland where the situation is described as follows: (1) There are about as many women as men; (2) practically all females over 16 and all males over 18 are married; (3) 'polygamy is universal, the average being about two wives to every man'. A similar lack of judgement causes medical and administrative officers to believe the most fantastic stories—for example, that in one area seven out of ten pregnancies are interrupted artificially; that in Yaounde the European ladies, by teaching the native mothers how

to take care of their children, in one or two years reduced infant mortality from 65 to 9 per cent.; that one chief had 400 wives with not a single child between them.

Yet even when the opinions are not based on gossip or on limited observations but on actual statistics they are often worthless because the administrative and medical officers seldom know how to interpret demographic data. Thus most of them take it for granted that if the proportion of children in a population is small this is a proof of a high child mortality, although it is obvious that, other things being equal, a country with a high child mortality is bound to have a larger proportion of children than a country with a low child mortality.[1] Many officers, furthermore, use the proportion of children as a gauge for measuring population growth or decline. The 1924 report on the French Cameroons says that, in order to increase, a population must comprise at least as many children as adults, that this is not the case in the mandated area, and that 'this explains the low population density of these countries'. But (to my knowledge) there has never been a country where the number of children was as large as the number of adults. The recent reports on French Togoland are somewhat more realistic. They assume that if the percentage of children is less than 30, the population is regressive, that if the percentage is between 30 and 35, the population is stationary, and that if the percentage is over 35, the population is progressive. But a brief glance at a few life-tables shows that all such general assumptions are quite arbitrary. A country with the present mortality of England would have a stationary population with 22 per cent. of children while a country with the mortality of India in 1901–10 would have a stationary population with 37 per cent. of children. Even if we knew for a given country that the present proportion of children which amounts, say, to 32 per cent. had been the same for 100 years, that fertility has remained all the time constant, and that there had been no emigration and no immigration, we could not tell whether this population was regressive, stationary, or progressive unless we knew its mortality. How much less should we be able to do so if the age-composition of the population had been affected to an unknown extent by changes in fertility and mortality and by migrations.[2] For countries such as the Cameroons and Togoland all opinions on reproduction based on the age-composition of the population are, of course, *a fortiori* worthless

[1] If 10,000 children are born every year and only 5,000 of them survive the age of 15, the proportion of adults will be smaller and the proportion of children will be larger than if 7,500 of the 10,000 children survive the age of 15.

[2] See Kuczynski (1938), pp. 116–18.

as the basic data concerning the number of 'children' and of 'adults' are hopelessly defective.

The main sources of information used in this demographic study were thus inadequate statistics, and opinions of administrators and medical officers who, though experts in their own field, display poor judgement in dealing with demographic problems. This book, therefore, is sorely lacking in final conclusions. Some of the most important questions had to be answered by a *non liquet*. I am, for example, not in a position to say whether the population of these mandated areas is greater or smaller in 1939 than in 1914 or in 1884. Nor am I in a position to confirm or to contradict the often expressed opinion that both fertility and mortality have declined in the last few decades. If, then, this book has any merits at all they consist in showing what we actually know about the demographic situation of the West African Mandated Territories and how the activities of three great Powers have affected here and there fertility and mortality.

Sources are quoted in the footnotes in the briefest possible manner. The reader will find the full titles in the list on pp. 550–567. If there was a choice between two German or French sources preference has been given as a rule to the source more easily available. Reports published both in the German Colonial Gazette and the Reichstag documents were quoted from the latter source; so were Orders published both in the Official Gazette of the Cameroons or Togoland under French mandate and in a report to the Council of the League.

The names of districts and tribes are given as they appear in the various sources. The spelling, therefore, is not uniform.

In the Tables the sign '—' indicates that the figure is nil; '. .' that the figure is not available.

PART I
GERMAN CAMEROONS

CHAPTER I

WHITE POPULATION

I. Collection and Publication of Statistics

In July 1884, sixteen years after the establishment of the first German trading post in the Cameroons River,[1] the country was placed under German protection. Civil registration of non-natives was introduced from 1 July 1886 onwards by a decree of 21 April 1886 which applied to the Protectorates of the Cameroons and Togoland the law of 4 May 1870 concerning marriage and civil registration of German subjects abroad.[2] The number of whites was first reported in 1890, and more or less detailed statistics of the white population, usually including vital statistics, were published in each following year until 1914. But, as in other German Protectorates, the statistics for quite a time were not prepared according to definite rules. In 1903, however, the Colonial Department of the Foreign Office decided to establish a uniform basis for the statistics of the white population in all Protectorates. Its motives were officially stated as follows:[3]

In pursuit of the reorganization of the colonial trade statistics effected last year, the colonial administration thoroughly examined the principles followed heretofore in preparing the population statistics of the Protectorates. Up till now the colonial population statistics suffered from defects

[1] It has often been stated that as early as 1868 the Hamburg trading firm of C. Woermann established a branch in Duala, the chief town of the Cameroons; see, for example, Sembritzki (1908), p. 2, Marabail (1919), p. 29, Meyer in *Deutsches Kolonial-Lexikon* (1920), vol. ii, p. 216. But this is a mistake. See Jacob (1938), pp. 74–5: 'Since about 1860, dismantled sailing vessels (hulks) which were fitted up as barter counters had been floating on the Cameroons River; they were solidly anchored but driven here and there by the ebb and flow. On some of these house-boats the German flag was flown, on the majority of them the English flag. From 1868 on, the firm of C. Woermann had such a hulk. The first settlement of the same firm on land (in Duala) followed in 1881.' See also Kemner (1937), p. 141: 'As far back as 1868, the firm of Woermann had fitted up a hulk anchored in the Cameroons River, a dismantled sailing vessel which, if need be, could again be made shipshape. For reasons of safety one dared not yet settle on the shore. . . . It was only in the year 1881 that the firm of C. Woermann tried to establish a business agency in the neighbourhood of Duala.' According to Brackmann (1934), p. 165, Woermann, in 1868, 'had found five English firms which up to his arrival had had in their hands the whole import and export trade of the Cameroons'. See also Chazelas (1931), p. 45.

[2] See *Gesetzblatt des Norddeutschen Bundes*, 1870, pp. 599–602; *Reichs-Gesetzblatt*, 1886, p. 128.

[3] *Deutsches Kolonialblatt*, 15 Aug. 1903, p. 409.

which repeatedly led to justified criticism in the colonial literature also; they lacked above all the necessary uniformity which is as much needed for a comparison of the population conditions of the various Protectorates as for the comparison of conditions in one and the same Protectorate at various dates. The demographic data further lacked the requisite precision and the necessary comprehensiveness.

After having consulted the Governors of the various Protectorates, the Colonial Department, on 22 July 1903, issued a circular ordinance in which it communicated the following principles to the administrations of the Protectorates:[1]

Principles Concerning the Collection of Statistics of the White Population of the Protectorates in Africa and the South Sea

Art. 1. The beginning of the calendar year shall be the basic date for ascertaining the white population of the Protectorates; the calendar year shall be the basic period for ascertaining the population movements (births, deaths, arrivals, departures, marriages).

Art. 2. The statistics shall cover the whites present in so far as they are not merely in the Protectorates *en route*.

Art. 3. The white population shall be classified according to (1) Sex; (2) Age over 15 or under 15 years; (3) District of residence and place of residence; (4) Occupation; (5) Nationality; (6) Religion; (7) Marital condition.

Art. 4. In entering the occupation of the adult male population (of over 15 years), the following groups have to be distinguished: (1) Government officials; (2) Members of the Protective Troops and Police Troops (*Schutz- bezw. Polizeitruppe*); (3) Clergymen and missionaries; (4) Settlers, planters, farmers (agricultural occupations); (5) Technical employees, building contractors, engineers, machinists, photographers, etc. (upper group of industrial occupations); (6) Artisans, workers, miners, etc. (lower group of industrial occupations); (7) Merchants, traders, innkeepers, transportation agents, etc. (commerce); (8) Mariners, fishermen, etc. (shipping); (9) Physicians; (10) Other occupations (scholars, lawyers, editors, consuls, etc.) and persons without occupation.

As Government officials shall be entered all persons engaged by the Government, except artisans, workers, etc.; it shall be stated, however, how many of the Government officials are physicians, technical employees, planters, etc., and how many of the persons entered as artisans, workers, etc., are employed in the Government service. The term 'Government officials' comprises also the Imperial Post officials and the municipal officials.

The adult female persons, in so far as they are married, are also to be classified according to the occupation of their husbands. It is left to the

[1] *Deutsches Kolonialblatt*, 15 Aug. 1903, pp. 410–11.

decision of the administrations of the Protectorates whether the classification is to be effected according to all the groups provided for the occupational classification of the male population or only according to the three groups (1) Government officials and members of the Protective Troops, (2) Clergymen and missionaries, (3) Private persons. The spinsters and widows are to be divided into mission members, nurses, teachers, and others.

Art. 5. For the classification of the white population according to nationalities the officially recognized nationality is to be considered decisive. Subjects of the British Empire are to be distinguished according to their origin from the European mother country (European English) or from a British colony (Colonial English).

Art. 6. In ascertaining marital conditions, married men are to be distinguished according to whether the wife belongs to the white or the coloured population. In case of men married to white women it should further be stated whether the wife lives within the Protectorate or not.

Art. 7. As to the population movements, there shall be stated: (1) the number of births and deaths; (2) the number of arrivals and departures; (3) the number of marriages.

Art. 8. As to deaths, there shall be stated separately the causes of deaths as well as the number of children deceased at the age of less than five years.

Art. 9. The results of the population statistics shall be transmitted by the administrations of the Protectorates to the Colonial Department of the Foreign Office with all possible celerity after the beginning of each calendar year and at the latest with the annual report of the Protectorate in question, the schedules I to VII contained in the Appendix being used as a basis.

Together with these statistics there shall be submitted a report on the causes of the most important changes in the numbers of the population that occurred during the preceding calendar year.

The schedules I to VII, referred to in Art. 9, asked for the following data:[1]

I. Total males, total females; males under 15 years, females under 15 years.
II. Bachelors and widowers, spinsters and widows; men married to white women present, men married to absent white women, men married to coloured women.
III. Males by nationality, females by nationality.
IV. Adult male population by occupation; wives by occupation of husband, spinsters and widows by occupation; boys, girls; total Protestants, total Catholics, total others.
V. Same as IV, except religion, by nationality.
VI. Male births, female births; male deaths, female deaths, deaths under 5; arrivals, departures; marriages.
VII. Male deaths by causes; female deaths by causes.

[1] See ibid., pp. 411–14. All data, except Table V, were to be given by administrative districts and places of residence.

From 1904 on, the statistics for the Cameroons were published, on the whole, according to the above rules; but table V apparently was not published for 1910, the arrivals and departures were not published for 1906, and the statements requested in Art. 4, par. 2, were not always given.

The population and vital statistics are to be found in the following publications:

1890. *Deutsches Kolonialblatt*, 15 Aug. 1890, p. 180.
31 Dec. 1890. *Deutsches Kolonialblatt*, 1 Apr. 1891, p. 154.
31 Dec. 1891. *Jahresbericht Kamerun 1891*, pp. 198–9; *Deutsches Kolonialblatt*, 1 Apr. 1892, p. 209.
31 July 1892. *Denkschrift Kamerun* (1 Jan. 1891–31 July 1892), p. 9.
31 Dec. 1892. *Deutsches Kolonialblatt*, 1 Mar. 1893, p. 113.
31 July 1893. *Denkschriften Schutzgebiete* (1892/3), p. 699.
31 Dec. 1893. *Deutsches Kolonialblatt*, 15 Feb. 1894, p. 112.
30 June 1894. *Denkschriften Schutzgebiete* (1893/4), p. 416.
31 Dec. 1894. *Deutsches Kolonialblatt*, 15 Apr. 1895, pp. 209–10.
30 June 1895. *Denkschrift Schutzgebiete 1894/5*, pp. 23–4, 41.
30 June 1896. *Denkschrift Schutzgebiete 1895/6*, pp. 26–7, 46.
30 June 1897. *Denkschrift Schutzgebiete 1896/7*, pp. 34–5.
30 June 1898. *Denkschrift Kamerun 1897/8*, pp. 1–3.
30 June 1899. *Denkschrift Schutzgebiete 1898/9*, pp. 82–5.
30 June 1900. *Denkschrift Schutzgebiete 1899/1900*, pp. 62–6.
30 June 1901. *Denkschrift Schutzgebiete 1900/1*, pp. 38–9; *Anlagen*, pp. 60–2.
31 Mar. 1902. *Denkschrift Schutzgebiete 1901/2*, pp. 45–6; *Anlagen*, pp. 102–4.
31 Mar. 1903. *Denkschrift Schutzgebiete 1902/3*, p. 26; *Anlagen*, pp. 83–5.
1 Jan. 1904. *Denkschrift Schutzgebiete 1903/4*, pp. 26–7, 173–90.
1 Jan. 1905. *Denkschrift Schutzgebiete 1904/5*, pp. 43–4; *Anlagen*, pp. 135–42.
1 Jan. 1906. *Denkschrift Schutzgebiete 1905/6*, pp. 45, 206–10.
1 Jan. 1907. *Denkschrift Schutzgebiete 1906/7*, part C, pp. 9–10, 40–4.
1 Jan. 1908. *Denkschrift Schutzgebiete 1907/8*, part C, pp. 12, 14, 48–52.
1 Jan. 1909. *Denkschrift Schutzgebiete 1908/09*, part C, pp. 13–14, 16, 58–62.
1 Jan. 1910. *Die deutschen Schutzgebiete 1909/10, Berichtsteil*, pp. 65–6; *Statistischer Teil*, pp. 8–11.
1 Jan. 1911. *Die deutschen Schutzgebiete 1910/11, Berichtsteil*, p. 58; *Statistischer Teil*, pp. 10–15.
1 Jan. 1912. *Die deutschen Schutzgebiete 1911/12, Berichtsteil*, pp. 62–3; *Statistischer Teil*, pp. 12–17.
1 Jan. 1913. *Die deutschen Schutzgebiete 1912/13, Berichtsteil*, pp. 78–9; *Statistischer Teil*, pp. 14–19.

I have summarized the results in Tables 1 to 7. In studying these tables the reader should keep in mind the following points:

1. All data (at least from 1904 on) exclude persons temporarily present or temporarily absent. The number of military persons included in the statistics, therefore, lags considerably behind the effectives since the two-years' service obligation prevailing for the Protectorate comprised a four-months' home leave which implied an absence of six months (including the journey to and from Germany).[1]

2. The statistics of occupation (at least from 1904 on) are rather statistics of social status. The heading 'government officials' thus includes medical officers, colonists, gardeners, and members of the 'upper group' of industrial occupations (engineers, &c.) engaged by the Government, but not mariners and members of the 'lower group' of industrial occupations (artisans, workers) so engaged.

3. All figures refer to Old Cameroons, i.e. the Protectorate as it was constituted before the 1911 cession of part of French Equatorial Africa to Germany which was effected between 1 October 1912 and 1 June 1913. But the large population increase in the course of 1912 was probably due in part to the fact that the extension of the Protectorate was bound to increase the activities both of the Administration and of private enterprises.[2]

II. Composition of the Population

The white population increased from 105 in 1890 to 1,871 by 1 January 1913. Germans constituted all the time the majority, and their proportion increased from 62 per cent. in 1890 to over 85 per cent. in 1904–13. The reason for the growing preponderance of Germans was that the number of officials who were all Germans and of colonists who were nearly all Germans grew much more rapidly than the number of merchants and of missionaries. The English were more numerous than the foreigners of any other nationality in every year except 1903–4 when the Americans held first place, but while the English in 1890–1 constituted over 20 per cent. of the total white population their proportion was less than 5 per cent. after 1907.[3]

[1] See *Denkschrift Schutzgebiete 1906/7*, part C, p. 112.

[2] In *Deutsches Kolonial-Lexikon* (1920) vol. ii, p. 202, the white population of New Cameroons was given by Meyer as follows: 'about 40 or 50 French administrative officers, 50 or 60 members of the Protective Troops, and 60 or 70 commercial and plantation employees.' This statement evidently refers to a date prior to the final withdrawal of the French administration.

[3] The official report for 1901–2 called particular attention to the decrease of the English from 37 on 30 June 1901 to 29 on 31 March 1902. 'The reduction

The great majority of the white population were throughout the whole period adult males. In 1890 there were only 4 white women and 1 white child in the Protectorate. By 1 January 1913 the number of white women had increased to 230 and the number of white children to 81. The fact that the women and children increased much more rapidly than the men was due in part to the growing proportion of married men, which was only 8 per cent. in 1904 but 18 per cent. in 1913. It should be noted, however, that all the time many married men left their wives in Germany. In 1913, for example, only 172 of the 274 married men were accompanied by their wives. Unmarried women were rare; they were mostly members of missions.

The number of officials, officers, and non-commissioned officers[1] increased from 20 at the end of 1890 to 460 at the beginning of 1913. The value of the figures given for officials until 1904 is doubtful.[2] Between 1904 and 1912, the number increased from 93 to 238, and in the course of 1912 it increased further to 338. The number of officers (including military physicians) and non-commissioned officers increased from 14 on 30 June 1895 to 122 on 1 January 1913, but it may well have been much higher at some intervening date since the numbers fluctuated considerably on account of home leaves.[3] Of the

is probably due in part to the fact that the authorities of the Protectorate reject applications and bills written in English whereby the English firms are obliged to engage German commercial employees' (*Denkschrift Schutzgebiete 1901/2*, p. 46).

[1] The privates of the Protective Troops (which were created in 1895) were all natives.

[2] In the report for 1897/8 the number of officials on 30 June 1897 and 1898 was given as 28 and 29 respectively. The corresponding table in the report for 1898/9 gave as number of officials on 30 June 1898 and 1899, 29 and 60, but the accompanying text stated: 'By a mistake which can no longer be cleared up, the number of officials was put, in the preceding year, at 29, but it was later found to have been 55.' The report for 1899/1900 gave the number of officials on 30 June 1899 and 1900 as 60 and 55 respectively, but the text stated: 'The number of officials being put, in the preceding year, at 60 is due to an error inasmuch as, contrary to the preceding years, artisans, mariners, machinists, &c., were entered in the column "Government officials" instead of in the columns provided therefor.'

For 30 June 1901, 31 March 1902, and 31 March 1903, the number of officials is given as 70, 73, and 109. The report for 1901/2 stated: 'It should be noted that the physicians, artisans, machinists, engineers, and gardeners employed by the Government and the Protective Troops are included among the officials.' But the report for 1902/3 stated: 'The increase of officials from 73 to 109 is to a major extent only fictitious and is caused by the fact that the Government this time, contrary to the preceding year, has included among the "officials" the artisans in the service of the Government.' These statements evidently contradict one another.

[3] In the 12 months ending 30 Sept. 1902, the numbers were as follows: 76, 78, 81, 83, 81, 78, 78, 73, 73, 75, 63, and 57 (see *Medizinal-Berichte 1905/6*,

460 officials, officers, and non-commissioned officers, present on 1 January 1913 in the Protectorate, 67 were accompanied by their wives.

TABLE 1

White Population by Nationality, German Cameroons, 1890–1913

Date	Germans	Austrians, Hungarians*	Dutch	English†	French	Portuguese, Spaniards‡	Russians	Swedes, Norwegians§	Swiss	Americans	Others‖	Total
1890	65	1	—	23	—	1	2	10	—	1	2	105
31 Dec. 1890	90	—	—	31	—	1	1	12	1	—	1	137
31 Dec. 1891	109	—	—	31	—	1	—	17	4	4	—	166
31 July 1892	133	—	—	35	—	1	—	16	4	2	—	191
31 Dec. 1892	147	—	—	26	—	1	2	13	5	8	1	203
31 July 1893	145	1	—	33	—	—	2	18	5	10	1	215
31 Dec. 1893	127	1	—	33	—	—	2	20	5	15	1	204
30 June 1894	153	—	—	37	—	1	1	19	4	16	—	231
31 Dec. 1894	153	1	—	35	—	1	2	17	2	16	1	228
30 June 1895	157	1	—	33	—	1	3	15	1	17	2	230
30 June 1896	161	—	—	36	—	1	1	18	3	15	1	236
30 June 1897	181	—	—	31	—	—	2	13	7	19	—	253
30 June 1898	282	1	—	30	—	2	1	10	10	13	1	350
30 June 1899	348	2	—	36	—	1	1	9	14	13	1	425
30 June 1900	433	2	5	42	2	3	3	13	3	19	3	528
30 June 1901	456	3	1	37	1	2	3	7	10	25	3	548
31 Mar. 1902	494	2	8	29	1	2	2	8	13	19	3	581
31 Mar. 1903	561	5	13	33	1	2	—	10	12	33	—	670
1 Jan. 1904	612	7	3	24	—	3	2	11	17	31	—	710
1 Jan. 1905	738	4	3	29	—	3	2	13	10	23	1	826
1 Jan. 1906	773	1	4	46	2	3	4	6	16	39	2	896
1 Jan. 1907	860	6	3	58	3	10	3	6	16	43	2	1,010
1 Jan. 1908	971	13	3	51	2	6	5	4	24	39	10	1,128
1 Jan. 1909	986	21	2	46	2	3	1	4	17	40	5	1,127
1 Jan. 1910	1,132	15	1	56	2	4	2	3	23	37	9	1,284
1 Jan. 1911	1,311	18	1	66	3	3	2	3	19	25	4	1,455
1 Jan. 1912	1,359	21	4	66	3	2	4	5	21	45	7	1,537
1 Jan. 1913	1,643	14	7	79	18	6	3	5	32	60	4	1,871

* Until 1906 all Austrians, except 1 Hungarian on 31 Dec. 1893, 1 Jan. 1904, and 1 Jan. 1905.

† Including 1, 2, 3, 1, and 5 Colonial English in 1906, 1907, 1908, 1910, and 1911 respectively.

‡ Until 1897 all Spaniards; from 1898 until 1913 all Portuguese except 2, 1, 1, 2, 2, and 3 Spaniards in 1900, 1901, 1902, 1905, 1906, 1907, and 1908 respectively.

§ Until 1910 all Swedes, except 1 Norwegian in 1897, 2 in 1900 and 1904–7, and 1 in 1908 and 1909.

‖ *1890: Australians; 1892–3: without nationality; 1894: Belgian; 1895:* 1 Belgian, 1 Australian; 1896, 1898, 1899: Belgian; 1900, 1901: 1 Belgian, 2 Australians; 1902: Australians; 1905, 1906: Belgians; 1907: 1 Belgian, 1 Japanese; 1908: 1 Belgian, 5 Italians, 1 Luxemburgian, 3 Turks; 1909: 1 Dane, 2 Italians, 2 Luxemburgians; 1910: 1 Dane, 1 Italian, 3 Turks, 4 others; 1911: 3 Turks, 1 other; 1912: 2 Danes, 2 Italians, 2 others, 1 without; 1913: 2 Italians, 1 other, 1 without.

The number of missionaries (including clergymen) increased from 18 at the end of 1890 to 144 at the beginning of 1913. At this date 56 wives of missionaries lived in the Protectorate, and in addition 27 unmarried female members of missions. At first practically all

p. 386). Figures on the effectives which include those temporarily absent are to be found in the various issues of *Statistisches Jahrbuch für das Deutsche Reich*. According to the colonial estimates they numbered 171 in 1912–13, 199 in 1913–14, and 205 in 1914–15.

missionaries were Germans, but by 1913 the number of foreign missionaries had reached 37, of whom 25 were Americans and 10 Swiss. No fewer than 26 of the 37 foreign missionaries were accompanied by their wives.

The number of persons engaged in commerce (including inn-keepers, transportation agents, &c.) increased from 71 at the end of 1890 to 614

TABLE 2

German and Foreign White Men, Women, and Children, German Cameroons, 1890–1913

Date	German				Foreign				Total			
	Men	*Women*	*Children*	*Total*	*Men*	*Women*	*Children*	*Total*	*Men*	*Women*	*Children*	*Total*
31 Dec. 1890	85	4	1	90	47	—	—	47	132	4	1	137
31 Dec. 1891	100	6	3	109	55	2	—	57	155	8	3	166
31 Dec. 1892	128	16	3	147	48	6	2	56	176	22	5	203
31 Dec. 1893	113	13	1	127	66	8	3	77	179	21	4	204
31 Dec. 1894	136	15	2	153	67	7	1	75	203	22	3	228
30 June 1895	142	12	3	157	63	8	2	73	205	20	5	230
30 June 1896	140	14	7	161	70	5	—	75	210	19	7	236
30 June 1897	160	18	3	181	62	8	2	72	222	26	5	253
30 June 1898	253	26	3	282	58	6	4	68	311	32	7	350
30 June 1899	292	45	11	348	68	6	3	77	360	51	14	425
30 June 1900	389	37	7	433	81	10	4	95	470	47	11	528
30 June 1901	418	35	3	456	76	12	4	92	494	47	7	548
31 Mar. 1902	450	37	7	494	67	13	7	87	517	50	14	581
31 Mar. 1903	507	42	12	561	79	16	14	109	586	58	26	670
1 Jan. 1904.	557	41	14	612	81	12	5	98	638	53	19	710
1 Jan. 1905.	653	63	22	738	74	14	—	88	727	77	22	826
1 Jan. 1906.	684	65	24	773	92	18	13	123	776	83	37	896
1 Jan. 1907.	757	75	28	860	110	22	18	150	867	97	46	1,010
1 Jan. 1908.	854	85	32	971	112	26	19	157	966	111	51	1,128
1 Jan. 1909.	857	102	27	986	112	20	9	141	969	122	36	1,127
1 Jan. 1910.	..	..	..	1,132	..	..	..	152	1,084	139	61	1,284
1 Jan. 1911.	1,111	140	60	1,311	122	16	6	144	1,233	156	66	1,455
1 Jan. 1912.	1,160	146	53	1,359	135	32	11	178	1,295	178	64	1,537
1 Jan. 1913.	1,388	189	66	1,643	172	41	15	228	1,560	230	81	1,871

at the beginning of 1913. At first foreigners constituted the majority of the persons engaged in commerce, but by 1908 their proportion had dropped to less than 20 per cent. The English constituted practically all the time the majority; on 1 January 1913, 68 of the 109 foreigners engaged in commerce were English.

The number of private persons engaged in agriculture (settlers, planters, farmers, gardeners, &c.) increased from 11 at the end of 1890 to 141 at the beginning of 1906. It dropped in the course of that year to 86 owing to the dismissal, by one of the largest plantation companies, of over 50 white employees who were replaced by natives. The number then rose again and reached 182 at the beginning of 1913. The agriculturists, who mostly were employed on the

plantations,[1] were nearly all Germans.[2] There were in addition some agriculturists employed by the Government and entered as Government officials.[3]

The number of persons employed in industry or shipping (building contractors, engineers, machinists, photographers, &c.; artisans, workers, &c.; mariners and fishermen) increased from 8 at the end of 1890 to 167 at the beginning of 1910.[4] These figures include some but not all of the men employed in such capacity by the Government.[5]

The number of private physicians was very small and in no year exceeded 8.[6] The majority of the physicians, as a rule, were in the service of the civil Government[7] or the Protective Troops.[8] There was in addition a number of nurses in the Protectorate.[9]

[1] The number of white employees on the plantations in 1910–13 is given as 110, 124, 147, and 195 respectively. (See *Die deutschen Schutzgebiete 1909/10, Statistischer Teil*, p. 33; ibid., *1910/11*, p. 63; *1911/12*, p. 66; *1912/13*, p. 82.) These figures probably include the employees on leave.

[2] The number of foreign agriculturists, which in no other year prior to 1913 exceeded 8, was given for 1904 as 24. But I suspect that this entry was erroneous. No American agriculturists were recorded either on 31 March 1903 or on 1 Jan. 1905, but 11 such on 1 Jan. 1904. No American missionary was recorded on 1 Jan. 1904, but 11 on 31 March 1903 and 13 on 1 Jan. 1905.

[3] They numbered, according to the statistics, 5, 2, 4, 10, 10, 10, 38, and 11 in 1904, 1905, 1906, 1907, 1908, 1911, 1912, and 1913 respectively.

[4] The numbers reported for 1 Jan. 1911, 1912, and 1913 were 167, 100, and 89 respectively. But there probably was no actual decrease. When, according to the statistics, the number of artisans and workers had declined from 84 on 1 Jan. 1911 to 28 on 1 Jan. 1912, the official report attributed this change to the fact 'that many artisans had themselves recorded as merchants or under "other occupations"'. This, however, had possibly occurred to a certain extent already on 1 Jan. 1911 when the number of men with 'other occupations' or 'without occupation' increased from 9 to 34; and the apparent decrease in the number of engineers, &c., from 64 on 1 Jan. 1912 to 29 on 1 Jan. 1913 was due, I suspect, to similar causes.

[5] The numbers of artisans, mariners, &c., recorded as such, but employed by the Government, were, according to the statistics, 22, 25, 20, 18, 21, 17, 1, and 1 in 1904, 1905, 1906, 1907, 1908, 1911, 1912, and 1913 respectively. The figures for Government officials, on the other hand, are reported to include 7, 14, 7, 9, 15, 14, 30, and 28 engineers, &c., in 1904, 1905, 1906, 1907, 1908, 1911, 1912, and 1913 respectively.

[6] The actual numbers of private physicians for some early years were even lower than indicated in the table, because they then included hospital assistants.

[7] According to the population statistics, 2, 2, 5, 10, 5, 6, 6, and 4 in 1904, 1905, 1906, 1907, 1908, 1911, 1912, and 1913 respectively.

[8] According to the population statistics, 8, 5, 3, 8, 9, 10, 3, and 3 in 1904, 1905, 1906, 1907, 1908, 1911, 1912, and 1913 respectively.

[9] A few physicians and possibly also nurses were included among the personnel of the missions. It is stated that in the year 1909 there were on an average 28 physicians in the Protectorate (Government 7, Protective Troops 15, missions 3, railroads 3). Steudel (1924), p. 5, gives the following data concerning the sanitary personnel in 1912–13: '40 physicians, of whom 34 were in the administration of the Protectorate or in the Protective Troops,

TABLE 3. *White Adult Population by Sex and Marital Condition, German Cameroons, 1904–13*

Date 1 Jan.	*Bachelors, widowers*	*Spinsters, widows*	*Men married to Resident white women*	*Men married to Absent white women*
1904	585	18	34	19
1905	651	34	43	33
1906	694	32	51	31
1907	760	30	67	40
1908	855	37	77	45
1909	815	32	90	64
1910	901	44	95	88
1911	1,024	47	109	100
1912	1,083	51	127	85
1913	1,286	58	172	102

TABLE 4. *White Adult Males by Occupation, German Cameroons, 1890–1913*

Date	*Officials*	*Troops*	*Missionaries*	*Merchants*	*Colonists*	*Mariners*	*Engineers*	*Workers*	*Physicians*	*Other and without occupation*	*Total*
31 Dec. 1890	20	—	18	71	11	4	4		—	4	132
31 Dec. 1891	30	—	24	81	7	5	5	—	—	3	155
31 Dec. 1892	44	—	28	76	12	1	4	10	—	1	176
31 July 1893	38	—	31	99	9	1	4	7	—	1	190
31 Dec. 1893	38	—	29	88	10	2	5	5	1	1	179
30 June 1894	44	—	40	90	9	4	5	3	—	—	195
31 Dec. 1894	39	—	46	79	13	3	5	14	4	—	203
30 June 1895	36	14	45	78	11	5	4	10	2	—	205
30 June 1896	23	13	48	95	11	2	6	5	3	4	210
30 June 1897	28	9	54	81	24	2	9	10	3	2	222
30 June 1898	55	20	65	101	44	3	12	4	5	2	311
30 June 1899	60	39	60	108	52	3	14	12	8	4	360
30 June 1900	55	31	71	182	92	3	9	16	7	4	470
30 June 1901	70	74	61	198	75	..	2	6	5	3	494
31 Mar. 1902	73	72	59	182	85	..	15	18	8	5	517
31 Mar. 1903	109	93	71	187	100	17		1	6	2	586
1 Jan. 1904	93	85	85	223	103	18		28	3	—	638
1 Jan. 1905	110	73	90	268	108	15	23	33	1	6	727
1 Jan. 1906	112	79	87	283	141	16	30	22	2	4	776
1 Jan. 1907	134	91	91	347	86	12	47	36	4	19	867
1 Jan. 1908	144	87	97	381	105	10	65	47	7	23	966
1 Jan. 1909	179	110	95	326	99	7	60	78	7	8	969
1 Jan. 1910	214	109	95	389	95	9	74	84	6	9	1,084
1 Jan. 1911	244	119	117	436	111	10	73	84	5	34	1,233
1 Jan. 1912	238	122	129	500	131	8	64	28	4	71	1,295
1 Jan. 1913	338	122	144	614	182	6	29	54	4	67	1,560

4 were railroad physicians, and 2 mission physicians; there were, in addition, employed in the medical service of the Protectorate 2 officials, 7 Red Cross nurses, and 33 sanitary assistants or sanitary non-commissioned officers, so that the total European sanitary personnel in the Protectorate comprised 82 heads.' See also the articles 'Ärzte' and 'Ärztliche Mission' in *Deutsches Kolonial-Lexikon* (1920), vol. i, pp. 85–8.

TABLE 5

White Adult Male Foreigners by Occupation, German Cameroons, 1890–1913

Date	Missionaries	Merchants	Colonists	Mariners	Engineers	Workers	Physicians	Other and without occupation	Total
31 Dec. 1890	1	40	—	1	3		—	2	47
31 Dec. 1891	5	44	—	1	3	—	—	2	55
31 Dec. 1892	7	35	3	—	2	1	—	—	48
31 Dec. 1893	7	49	5	—	2	2	1	—	66
31 Dec. 1894	10	49	3	1	1	2	1	—	67
30 June 1895	11	46	3	1	—	2	—	—	63
30 June 1896	14	56	—	—	—	—	—	—	70
30 June 1897	15	40	3	—	—	—	2	2	62
30 June 1898	12	40	5	—	—	—	1	—	58
30 June 1899	18	43	5	—	—	—	2	—	68
30 June 1900	12	61	4	—	1	—	2	1	81
30 June 1901	18	50	3	—	—	2	3	—	76
31 Mar. 1902	13	45	4	—	2	—	3	—	67
31 Mar. 1903	15	52	6	—	—	—	3	3*	79
1 Jan. 1904	10	46	24	1	—	—	—	—	81
1 Jan. 1905	17	48	6	1	1	1	—	—	74
1 Jan. 1906	23	59	8	—	—	1	1	—	92
1 Jan. 1907	21	76	8	—	—	2	3	—	110
1 Jan. 1908	22	72	4	—	8	2	4	—	112
1 Jan. 1909	19	62	6	1	5	12	5	2	112
1 Jan. 1911	23	80	6	—	6	3	2	2	122
1 Jan. 1912	29	87	7	1	4	2	1	4	135
1 Jan. 1913	37	109	10	—	4	7	3	2	172

* Including 1 German official of Swiss nationality.

Male teachers are not recorded separately. Inasmuch as there were full-time teachers they were apparently Government officials and were counted as such.[1] The number of female teachers was highest in 1911 when there were a dozen in the Protectorate. But, apart from that, teaching was done, of course, by male and female members of the missions.

Contrary to what is observed in many other exploitation colonies in Africa, a comparatively small number of whites was concentrated in the chief town of the Protectorate. By 1 January 1913 Duala counted 331 white inhabitants or 18 per cent. of the total white population.[2] The number of officials, officers, and non-commissioned officers was 118 (26 per cent. of all officials, &c.), the number of merchants 79 (13 per cent.).

[1] For 1 Jan. 1904 it is stated that the Government officials included 2 teachers.

[2] The town of Buea, to which the seat of the Government had been transferred from Duala in 1901, had even fewer white inhabitants.

TABLE 6

White Adult Females by Social Status, German Cameroons, 1890–1913

Date	Total							Foreign			
	Wives of			Spinsters and widows*				Wives of		Spinsters and widows	
	Officials, Officers	Missionaries	Others	Missions	Nurses	Teachers	Others	Missionaries	Others	Missions	Others†
31 Dec. 1890	—	3	1	—	—	—	—	—	—	—	—
31 Dec. 1891	—	7	1	—	—	—	—	2	—	—	—
31 Dec. 1892	2	8	2	6	2	2	—	3	1	—	2
31 Dec. 1893	1	5	4	6	2	3	—	4	2	—	2
31 Dec. 1894	2	10	3	3	1	3	—	5	—	—	2
30 June 1895	2	11	3	—	2	2	—	5	1	—	2
30 June 1896	—	8	3	4	2	2	—	3	—	—	2
30 June 1897	4	8	2	5	2	5	—	5	—	—	3
30 June 1898	4	10	3	9	4	2	—	4	—	—	2
30 June 1899	3	20	5	11	8	4	—	4	—	—	2
30 June 1900	1	20	6	12	5	3	—	7	2	—	1
30 June 1901	1	17	4	16	5	4	—	9	1	—	2
31 Mar. 1902	1	17	6	18	5	3	—	9	2	—	2
31 Mar. 1903	3	20	8	16	3	6	2	9	2	1	4
1 Jan. 1904	5	23	5	16	3	—	1	12	—	—	—
1 Jan. 1905	9	24	9	19	8	8	—	8	—	3	3
1 Jan. 1906	4	28	19	23	5	2	2	11	3	3	1
1 Jan. 1907	12	36	18	17	8	3	3	15	4	1	2
1 Jan. 1908	16	39	22	25	5	1	3	16	7	1	2
1 Jan. 1909	24	35	30	23	5	3	2	7	10	2	1
1 Jan. 1910	24	32	39	17	10	12	5	..	..	..	..
1 Jan. 1911	37	34	38	26	12	5	4	8	3	4	1
1 Jan. 1912	42	42	43	29	13	5	4	16	7	6	3
1 Jan. 1913	67	56	50	27	13	7	10	26	8	5	2

* The totals do not all agree with the figures given in Table 3.

† All teachers with the exception of 1 nurse in 1908 and 1909, 2 nurses in 1912, and 1 'other' in 1907, 1908, and 1912.

III. POPULATION MOVEMENTS

Owing to the small proportion of females the birth-rate during the whole period was low. The ratio of births to married women was very high, but then most wives were probably young.

Mortality until about 1902 was very high. It decreased in the following years and was rather low in 1910 to 1912. Black-water fever claimed more victims than any other disease.[1]

The number of arrivals and departures was very high. It seems that on an average about one-half of those present at the beginning of a year left the Protectorate in the course of that year.[2]

[1] In 1895–6 there occurred 7 deaths of Government officials, all of whom died from black-water fever (see *Denkschrift Schutzgebiete 1895/6*, p. 28).

[2] See also in this connexion Rudin (1938), p. 117: 'In the light of this quick turn-over of whites there is little sense in discussing the death rate in the white population; nothing is known of the death rate among those forced to

Table 7 summarizes the population movements as shown in the official colonial reports.

TABLE 7

White Population Movements, German Cameroons, 1891–1912

Year	Marriages	Births	Deaths		Arrivals	Departures	Death-rate per 1,000
			Total	From black-water fever			
1891	..	1	..	..	84	..	..
1892/3*	1	1	19	..	63	22	94
1893/4†	..	1	17	..	123	90	80
1894/5†	1	1	14	..‡	142	130	61
1895/6†	—	4	17	..	123	104	73
1896/7†	..	3	15	..	127	98	61
1897/8†	..	2	13	..	224	116	43
1898/9†	..	1	22	..	225	129	57
1899/1900†	..	11	35	12	233	106	73
1900/1†	..	1	43	..	271	209	80
1903	3	9	32	16	381	318	47
1904	4	11	39	19	427	208	51
1905	2	17	28	14	406	290	33
1906	10	22	32	9	..	..	34
1907	5	19	34	14	631	503	32
1908	3	24	34	13	448	439	30
1909	7	25	36	15	700	532	30
1910	11	24	26	7	931	758	19
1911	8	24	33	14	746	657	22
1912	13	30	23	14	1,170	843	13

* 1 August to 31 July.
† 1 July to 30 June.
‡ According to Dr. Albert Plehn (1897), p. 57, there were 5.

Dr. Friedrich Plehn, the first Government medical officer of the Protectorate, made a special investigation of the mortality of whites during the first decade of the German occupation:

Compilations of the civil registration data exist only from the year 1891 on. Except for the material for mortality statistics nothing can be derived therefrom. I owe to the kindness of the Colonial Department and of the missions and the commercial and other firms residing in the Cameroons territory data which do give some idea of the morbidity and mortality. As I left the Colony at the end of 1894, these statistics were prepared only up to the beginning of 1894. There died in the Cameroons Colony in the years 1890–1, 18 out of 170, or 10·6 per cent.; 1891–2, 25 out of 166, or 15 per cent.; 1892–3, 17 out of 215, or 8 per cent.; 1893–4, 25 out of

return to Germany because of impaired health.' On the other hand the mortality figures for the Cameroons sometimes include the deaths of strangers.

TABLE 8

White Mortality in German Cameroons, 1891–1910

Year	Total whites		Pallotine† and Baptist‡ Missions			
			Number		Deaths	
	Number	Deaths*	Men	Women	Men	Women
1891	166	10	13	1	2	—
1892	180	14	13	7	1	—
1893	204	26	20	8	1	—
1894	228	11	22	9	—	1
1895	230	14	24	6	2	—
1896	236	17	29	11	3	1
1897	253	15	27	13	2	2
1898	324	13	34	14	6	—
1899	425	28	36	16	1	—
1900	528	35	35	20	1	—
1901	548	43	36	19	1	1
1902	581	27	40	20	1	—
1903	670	31	42	23	2	—
1904	710	32	45	26	4	1
1905	826	39	51	29	—	—
1906	896	28	51	26	2	1
1907	1,010	32	52	29	—	—
1908	1,128	35	55	31	—	3
1909	1,127	34	57	31	1	2
1910	1,132	36	60	30	—	—

* Including, in 1904–10, 25, 28, 15, 15, 21, 15, and 23 deaths from 'specifically tropical diseases'.

† 'The Europeans of the Mission live in the midst of the natives and mostly stay longer in Africa than business men, officials, and officers; they therefore live under more unfavourable conditions.'

‡ 'The Baptists also often remain long in Africa, longer than officials and officers, &c.'

220, or 11·4 per cent. The average yearly mortality amounted, then, in the period indicated, to 11·2 per cent. . . . As regards the individual occupational groups, out of 100 Government officials who had been sent to the Cameroons up to 1894, 17 were in service at the beginning of the year 1894, 23 had returned home in good health, 28 had been sent back on account of sickness, 18 had died from climatic diseases, 6 had died a violent death, the others [8] had been discharged prematurely for various reasons. The average length of stay in the Colony amounted to 1 year and 10 months. The Basel Mission sent, from 1886 to 1893, 30 missionaries to the Cameroons. Of these 10 died (8 from malaria, 2 by drowning), 5 had to be sent home on account of sickness.[1] The Catholic mission of the

[1] Details about the individual persons sent by the Basel Mission to the Cameroons in the first ten years are given by Doering (1898), pp. 134–6. A brief survey for the first twenty years is given in *Amtsblatt für Kamerun*, 15 May 1909, p. 83.

Pallotines sent, since their settlement in the Cameroons in the year 1890 up to the beginning of 1894, 36 brethren and sisters. Three of them died in the meantime, 12 had to be sent home after a year or a year and a half on account of fever, 8 returned for other reasons, 13 were still there, mostly in an extremely weakened state.[1]

After giving some less complete data for private firms, he reaches the conclusion:

There were then, according to these data, 52 deaths for 273 Europeans sent out—40 if one deducts those brought about by external violence.

Theodor Seitz, who later became Governor of the Cameroons, relates that 'in the year 1895, 14 of the 230 Europeans living in the Protectorate died and 140, many of them dangerously ill, had to return home'.[2]

Finally, Table 8 summarizes data contained in a more recent medical report on the German Protectorates.[3]

[1] Friedrich Plehn (1895), pp. 48–9.

[2] Seitz, vol. i (1927), p. 108.

[3] See *Medizinal-Berichte 1909/10*, pp. 344–7. Neither these figures nor those of Dr. Plehn agree completely with those given in Table 7. Since in any case I could venture an explanation of the differences only for a few instances I submit those figures without any comment.

CHAPTER II

COLOURED POPULATION

I. Collection and Publication of General Statistics

The first annual report on the development of the Cameroons Protectorate, which covered the year 1891, stated: 'It is not possible to give statistical information concerning the natives, since a census has not been taken and cannot possibly be taken as yet.'[1] The report for 1901–2 still said merely: 'No accurate information is available as to the numbers and the movements of the native population.'[2] But when in October 1902 the question was investigated whether the time had come to subject the natives to regular taxation a census was taken in the district of Duala. It showed the number of taxables (adult men capable of working and unmarried adult women capable of working) to be 15,912 and the total population 23,300.[3] Shortly thereafter an enumeration of the Bakwiri residing in the district of Buea was made in connexion with the fixation of reserved tracts of land. It showed these people to number over 13,000, 'a figure which is several times as high as the estimates made heretofore'.[4]

Meanwhile the colonial administration had drafted principles for the establishment of uniform population statistics in the German Protectorates, and in a circular ordinance of 8 January 1902 had asked the various Governors for their opinion. The passages referring to the non-white population read as follows:[5]

(1) *Concerning the native population.* In view of the great importance of the changes in the status of the native population, particularly in relation to the labour situation, the Governments are advised to order the administrative districts, &c., to make all feasible investigations of the status of the native population, not only concerning the mere number of heads but also concerning the distribution by sex. Special attention might be devoted further to the influence of diseases and epidemics upon the numbers of the population and to the migratory movements of the natives which occur either within the Protectorate or beyond the frontiers of the Protectorate. Statistics concerning the infant mortality of the natives, where such statistics could be prepared, would be of particular scientific interest in climatic and sanitary respects.

[1] *Jahresbericht Kamerun 1891*, p. 198. The same statement re-occurs in *Denkschrift Kamerun* (1891–2), p. 9; *Denkschriften Schutzgebiete* (1892–3), p. 699.
[2] *Denkschrift Schutzgebiete 1901/2*, p. 46.
[3] See ibid. *1902/3*, pp. 25–6.
[4] Ibid. *1903/4*, p. 27.
[5] *Deutsches Kolonialblatt*, 15 Aug. 1903, p. 414.

(2) *Concerning the non-native coloured population.* As to the comprehensiveness of the statistical inquiries it will be possible to be satisfied with fewer requirements for the non-native coloured population [than for the white population], namely, with ascertaining their number by sex, by places of residence, by nationality, and by occupation. Inasmuch as according to the conditions of the Protectorate the more detailed statements to be furnished for the white population seem possible also for this group of the population, such statements are desirable.

The circular ordinance of 22 July 1903, which, as shown above, established final uniform principles for the white population and vital statistics in the German Protectorates, again reminded the various Governors of the advisability of also preparing such statistics for the non-whites. The point of view of the colonial administration was expressed as follows:[1]

In view of the great difficulties which for some time will stand in the way of systematic and complete statistics of the native as well as of the non-native coloured population, the colonial administration in issuing binding instructions has confined itself to the statistics of the white population of the Protectorates. However, in the circular ordinance of 22 July 1903 it was left to the decision of the Protectorates to take those measures which under the circumstances and with the available personnel would satisfy as far as possible the interest in knowing the status and the changes within the coloured population. The ordinance, in this connexion, established as a guiding rule the passages of a circular ordinance of 8 January 1902 concerning this part of the colonial population statistics . . .

After having reproduced the above-quoted passages of the ordinance of 8 January 1902 referring to the statistics of the native and the non-native coloured population, the colonial administration concluded its statement by saying:

The administrations of the Protectorates are furthermore ordered to devote special attention to ascertaining the population status of the half-castes. Their number, sex, place of residence, and occupation are to be shown in special tables.

The first reaction of these instructions issued in 1902 and 1903 by the colonial administration is to be found in the report for 1904–5: 'In a number of districts the attempt has been made this year to ascertain by estimate the number of the native population (men, women, and children).'[2] The estimated population was then given for 11 of the 20 districts, the total amounting to 562,550. It was

[1] Ibid., p. 414.
[2] *Denkschrift Schutzgebiete 1904/5*, p. 43.

stated in addition that an enumeration of the population of the town district of Duala had yielded the number of 22,000 native inhabitants.

The report for 1905–6 merely stated: 'Statistics of the native population for the whole territory of the Protectorate again could not be prepared this year.'[1]

The report for 1906–7 conveyed more information concerning the native population than any of its predecessors:

> In view of the extent of the individual districts and on account of the fact that most natives live scattered in the jungle and congregate only seldom and then reluctantly in larger places, enumerations of the native population are very difficult and have been but little undertaken in the year under consideration. A closer enumeration took place in the districts of Victoria, Rio del Rey, Johann-Albrechtshöhe, and Ossidinge.[2]

In addition to these 'enumerations', covering 114,922 inhabitants, estimates were made for the districts of Duala, Lolodorf, and Lomie, showing a total native population of 194,150 or 199,650. In the town of Banjo, which was stated to have 3,294 inhabited huts, the native population was finally estimated at 9,882 (3 persons per hut). The results were published by districts and within most districts by tribes.[3] In many cases the main occupations of the tribes were stated also. For two districts only the total number of natives was given, for three the number of males and females, for two the number of men, women, and children. The results for the various tribes in the two last-mentioned districts were as follows:

District	*Tribes*	*Men*	*Women*	*Children*
Victoria	Bakwiri, Victoria, Bimbia .	2,075	2,444	1,553
	Bambuko	530	661	195
Ossidinge	Keaka	1,235	1,430	1,435
	Ekoi	1,216	1,824	2,432
	Anyang	800	1,020	1,600
	Boki	428	550	650
	Obang	420	640	850
	Balundu	160	220	320
	Banyang	770	1,000	1,500

The report states: 'The number of children is surprisingly low among the enumerated tribes.'[4] But this statement merely shows that the German authorities had wrong ideas as to the ratio of children to women that was to be expected and as to what is universally understood by enumeration. The number of children given for the

[1] *Denkschrift Schutzgebiete 1905/6*, p. 45.
[2] Ibid. *1906/7*, part C, p. 9.
[3] See ibid., p. 46.
[4] Ibid., p. 10.

Victoria District, it is true, was small, it was even incredibly small among the Bambukos. But it was not small for any tribe in the Ossidinge District, and it was unbelievably large for some tribes. It should be noted, moreover, that although Ossidinge was listed among the four districts in which 'a closer enumeration took place' the published figures were actually estimates. Mr. Mansfeld, a civil servant apparently connected with the taking of the census in Ossidinge, stated:[1]

The number of men has been ascertained through direct enumeration, but it will be, of course, too low, since there are chiefs who will, either intentionally or unintentionally, make wrong statements. The number of women and children has been calculated by means of a table which, to judge from sample tests, may be considered as more or less accurate.

This table provided that the number of women and the number of children were to be calculated by multiplying the number of men for four tribes by 1·25 and by 1·5 respectively, and for the other three tribes by 1·5 and 2 respectively.[2]

The difference [between women and men, and between children and men] which with some tribes was put at 25 and 50 per cent., with others at 50 and 100 per cent., is to be explained as follows:

The Obangs never took part directly in an insurrection. Their villages and farms were never devastated, apart, of course, from occasional small local wars. The Bakogos and Ekois have, since the termination of the Ngolo and Cross Rapids expedition, that is to say, for seven years, remained unmolested. The other four tribes, with the exception of the Banjangs living near Tinto, revolted in 1904 and will still have to suffer, of course, for a series of years from the consequences of the insurrection.[3]

[1] Mansfeld (1908), p. 9.

[2] Many of the figures thus obtained were evidently modified before publication, but some, particularly those for the Ekois, still follow the original pattern,

[3] Mansfeld (1908), p. 9. See also ibid., pp. 20–1: 'As to the effect of the insurrection upon population decrease, the following should be noted: A village of the Keaka country probably provided on an average about a hundred armed men. Assuming that 25 per cent. were carried away as war prisoners to do two years' penal labour on the coast, that 10 per cent. died in fighting, that 10 per cent. perished through other circumstances, then, since—on account of deaths from sickness caused by changes in food and climate—not one-half of those carried away return home, 35 per cent. should be deducted. While certainly a large part of the women perished for want of food during and after the insurrection, yet on account of the loss of 35 per cent. of the men a large excess of women could still be found in some places in 1907; this also explains the fact that a large number of Keaka women were married or sold to the Ekoi region in the course of the last two years. From several parties I have received definite information that during the insurrection the women killed nearly all infants; the reason given to me was that the infants by their cries always betrayed to the military patrols, especially at night, the hiding-places in the forest.'

Statistics similar to those for 1906–7 were published for 1907–8.

In order to obtain basic data for the impending taxation of the natives and in order to be able to ascertain furthermore how many labourers can be provided by the individual tribes for the laying out of plantations and the building of roads and railways, extensive enumerations and estimates of the native population have taken place in the individual districts.[1]

The statistics of this and the following year covered the great majority of the districts, but comprised after all hardly one-third of the total native population of the Protectorate. The results were published in the same manner as for 1906–7. For some districts only the number of men was given, for some the total number of natives, for others the number of males and females, for still others the number of men, women, and children.

From 1909–10 on, the statistics of the native population were meant to be all-inclusive.[2] But in 1909–10 data were apparently still lacking for two districts. The results were published for each year in the same manner as previously, but the indication of the main occupations of the individual tribes was omitted. For an ever-increasing number of districts separate data were given for men, women, and children. Most of the figures are, at least in part, the result of estimates. From 1908–9 on, the enumerations, as a rule, seem to have covered about one-third, and estimates about two-thirds, of the population.[3] Tables 9 and 10 contain a summary of the results of the statistics for each year from 1907–8 to 1912–13.

Data on the non-native coloured population are first contained in the report for 1906–7.[4] The numbers were given by nationality and by occupation for each district where they had been ascertained. Most figures were obtained by estimates. Similar data were given in each of the following reports. By 1912–13 the figures covered nearly all districts and were mostly obtained by enumeration.

Data for half-castes were first contained in the report for 1909–10. The numbers were given by districts and separately for men, women, and children. Similar data were given in each subsequent report.

[1] *Denkschrift Schutzgebiete 1907/8*, part C, p. 12.

[2] See *Die deutschen Schutzgebiete 1909/10*, p. 65.

[3] Statements as to whether the figures were arrived at by enumeration or by estimate are sometimes lacking in the official reports and some of the official statements are evidently wrong. In the 1910–11 report the figure of 430,275 for Kusseri is thus entered as 'enumerated'. But the 1911–12 report points out that this figure had to be reduced to 280,000; 'as has become apparent, the estimates which had been made at the time by the chiefs of the Lake Tchad peoples were in large part wide of the mark'. (*Die deutschen Schutzgebiete 1911/12*, p. 63.)

[4] See *Denkschrift Schutzgebiete 1906/7*, part C, p. 45.

The statistics of the coloured population for 1907–8 to 1912–13 are to be found in the following publications:

Denkschrift 1907/8, part C, pp. 12, 53–4;
Denkschrift 1908/9, part C, pp. 14, 63–5;
Die deutschen Schutzgebiete 1909/10, Statistischer Teil, pp. 21–3;
Die deutschen Schutzgebiete 1910/11, Statistischer Teil, pp. 34–6;
Die deutschen Schutzgebiete 1911/12, Statistischer Teil, pp. 35–8;
Die deutschen Schutzgebiete 1912/13, Statistischer Teil, pp. 41–5.

II. Total Numbers

Towards the end of the nineteenth century the population of the German Protectorate of the Cameroons was officially given as 3,500,000,[1] and this figure still appeared in the 1908 Statistical Yearbook for the German Empire.[2] It was a figure rather dictated by sentiment than based on facts,[3] and was reduced in the following year to 3,000,000.[4] This reduction was possibly caused by the partial enumerations and estimates which the Government had started in the meantime for purposes of taxation and labour recruiting. The native population thus ascertained in the districts covered in 1906–7 was 320,000, and in 1907–8, 762,900. The German authorities thereupon estimated the total population of the Protectorate, excluding the two semi-dependent districts (*Residenturbezirke*) of Garua and Kusseri, at 1,300,000.[5]

[1] See, for example, Fitzner (1896), p. 71, (1901), vol. i, p. 71.

[2] See *Statistisches Jahrbuch für das Deutsche Reich 1908*, p. 373. The same figure was given by Hassert (1910), p. 49. Külz (1908), p. 563, stated that 'the total population is estimated at 5 millions'.

[3] See Passarge (1909), p. 508: 'Usually the population of the Cameroons is estimated to be 3½ millions, *mehr dem Gefühl nach als auf Grund bestimmter Abschätzungen und Zählungen*.'

[4] See *Statistisches Jahrbuch 1909*, p. 408.

[5] See *Denkschrift 1907/8*, part C, pp. 8, 12; *Statistisches Jahrbuch 1910*, p. 396. They maintained this estimate also on the basis of the partial enumerations and estimates made in 1908–9 and covering 730,000 natives.

'With the completion of taxation it will be possible to make the enumeration of the natives more and more accurate. Partly, to be sure, accurate enumerations have been made in connexion with the assessment of taxes. In other parts, however, we had to be contented with estimates which, as the enumerations prove, cannot make too much claim to correctness. Under these circumstances, an accurate survey of the number of inhabitants of the Protectorate is still lacking to-day. Last year's estimate of 1,300,000 for the total population excluding the semi-dependent districts seems to come rather near the truth even if account be taken of the results of the data ascertained in the meantime.' (*Denkschrift Schutzgebiete 1908/9*, part C, p. 14.)

Unfortunately, the general report on the Protectorates for the same year (ibid., part A, p. 7) stated that 'the number of the native population is estimated at 1,300,000', and some of the best German experts who did not consult

From 1909–10 on, the German authorities, as has been shown, made enumerations and estimates of the natives which were meant to cover every individual district of the Protectorate. The totals arrived at in the years 1909–10, 1910–11, 1911–12, and 1912–13 were 2,301,329, 2,717,106, 2,537,423, and 2,648,610 respectively. The apparent increase from 1909–10 to 1910–11 was mainly due to the fact that one or two districts had been omitted altogether in the statistics of 1909–10 and that the estimate for the Kusseri District was raised from about 280,000 to 430,000. The apparent decrease from 1910–11 to 1911–12 was mainly due to the fact that the estimate for the Kusseri District was reduced from 430,000 back to 280,000. The apparent increase from 1911–12 to 1912–13, finally, was mainly due to the fact that the population of the Bamenda District, which had been estimated at 270,000, was, by enumeration, found to be about 370,000. As to the accuracy of the figures in general, the German authorities were very sceptical. Thus the report for 1911–12 says that 'closer statements are still lacking from so many districts that the total of 2,537,423 natives can hardly be taken as approximately correct even for the known parts of the Cameroons and at best offers, as representing a minimum, a certain statistical interest'.[1]

For the sake of completeness it may be mentioned that the official reports recorded in addition for the years 1906–7 to 1912–13 altogether

the special report for the Cameroons did not realize that the official estimate of 1,300,000 actually excluded the districts of Garua and Kusseri. Passarge (1909), pp. 508–12, thus took great pains to prove that the Protectorate must have many more than 1,300,000 inhabitants, and on the basis of a careful estimate arrived at a total of 2,657,200. Hermann, in his otherwise very judicious study on the statistics of the coloured population of German Africa (1914), p. 251, stated: 'While the population of the Cameroons was formerly estimated at about 3,500,000, the official annual report 1908–9 believes that it should be estimated at about 1,300,000. But already in the following year an essentially different result was arrived at and the number of native coloured alone was put at 2,300,000.'

[1] *Die deutschen Schutzgebiete 1911/12*, p. 63. It is noteworthy that the German authorities showed the same candour in judging their colonial census statistics as a whole. Thus the Colonial Office, in the introduction to its last report on the German Protectorates, said: 'The actual movement of the total coloured population, its decrease or increase, is difficult to determine as long as general accurate censuses are not available. Figures of increase or decrease as they appear also for the year covered by this report are therefore, for the present, to be attributed to new estimates and to the greater extent of accurate enumerations.' (*Die deutschen Schutzgebiete 1912/13*, p. xiii.)

Apparently one reason why the authorities of the Cameroons considered the total population figure arrived at as a minimum was that they thought their estimates were rather under-estimates. See *Die deutschen Schutzgebiete 1909/10*, p. 65: 'The estimates are based on more or less trustworthy data and are put at a figure too low rather than too high.'

TABLE 9

Native Population, German Cameroons, 1907–8 to 1912–13

Districts	*1907–8*	*1908–9*	*1909–10*	*1910–11*	*1911–12*	*1912–13*
Duala	52,420	75,160	63,615	63,615	76,954	91,808
Victoria	7,234	11,500*	12,000	12,000	12,000	25,720
Rio del Rey	30,500	14,008	14,625	15,625	19,100	
Kribi	34,042	38,476†	37,756	37,758	33,060	74,294
Ambam			30,000	35,700	35,700	
Kampo	10,083	7,457	8,000	8,000	5,827	
Edea	..	..	120,000	120,000	97,000	120,000
Jaunde	56,982‡	..	300,000	309,056	309,056	332,847
Akonolinga	..	48,000	35,000	60,000	49,202	
Joko	9,120‡	9,600‡	28,800	28,800	28,838	
Ossidinge	23,540	..	34,000	34,000	34,000	34,000
Buea	9,979	13,300	13,300	8,333	11,279	8,635
J.-Albrechtshöhe	60,000	..	..	50,000	60,000	65,000
Dschang	9,000‡	191,603	187,465	185,000	187,400	187,400
Bare			9,138	9,138	20,000	20,000
Bamenda	..	..	..	300,000	270,000	373,155
Banjo	10,000§	129,600	129,600	38,702	38,702	30,452
Jabassi	180,000	..	180,000	180,000	180,000	200,000
Ebolowa	180,000	135,000	120,000	120,000	100,634	109,111
Lomie	60,000	..	30,770	30,770	31,116	30,118
Jukaduma			24,553	12,910	15,088	15,100
Dume	30,000‡	56,488	97,566	97,566	113,467	125,167
Garua	..	..	542,325	529,858	529,000	555,803
Kusseri	..	..	282,816	430,275	280,000	250,000
Total	762,900	730,192	2,301,329	2,717,106	2,537,423	2,648,610

* 11,000–12,000.
† Excluding the Ntum Territory.
‡ Only men.
§ Only town of Banjo.

5,662, 7,249, 4,838, 2,199, 1,605, 2,683, and 2,405 non-native coloured persons, and for the years 1909–10 to 1912–13 altogether 32,101, 85, and 110 half-castes, respectively.

The population figure for 1912/13 then totalled 2,653,000. It was by 4·4 per cent. higher than that for 1911/12, which had been considered a minimum. After the World War, Heinrich Schnee, former Governor of East Africa, claimed that the native population of the Cameroons had actually numbered 3,500,000. He owed this figure to 'oral information from the last German Governor, Ebermaier, based on facts ascertained during his journeys or through other inquiries'. The 'pertinent official reports could not be published on account of the War'.[1]

[1] Schnee (1922), p. 24. See also Schnee (1926), p. 141: 'According to the observations and notes made by the last Governor of the Cameroons, Governor Ebermaier, in the course of his many journeys through the colony, it may be asserted with certainty that the number of natives in the Cameroons immediately before the war was considerably higher than had been stated in former official reports.' Bergfeld (1935), p. 28, likewise states that the population numbered 3,500,000.

It should be remembered in this connexion that all German official population figures relate to Old Cameroons, i.e. the Protectorate as it was constituted before the agreement of 4 November 1911 with France by which a considerable part of French Equatorial Africa was ceded to Germany, while Germany ceded the small 'duck-beak' in the northern part of the Protectorate to France.[1] The area of Old Cameroons was apparently 191,400 square miles (495,600 square kilometres).[2] The area of the 'duck-beak' is usually given as 6,500 square miles (16,800 square kilometres);[3] its population, at the time of the cession, was estimated by the Governor-General of French Equatorial Africa to be 42,000.[4] The area of the part of French Equatorial Africa ceded to Germany is usually given as 107,000 square miles (277,000 square kilometres);[5] its

[1] The cessions were effected in 1912–13. For details see *Deutsches Kolonialblatt*, 1912, pp. 890–924, 1137; ibid., 1913, pp. 40, 150–1, 312, 405, 806, 942.

[2] This was the area given in the German official publications, for example in each issue of the *Statistisches Jahrbuch für das Deutsche Reich* from 1906 to 1912. The figure has been accepted almost universally, but Fidel (1918), p. 78, Mouly (1921), p. 26, and Franceschi (1929), p. 30, give 540,000 sq. km., and Girault, vol. i (1927), p. 329, 557,000 sq. km.

[3] 'Der deutsch-französische Gebietsaustausch' (1911), p. 657: 16,250 sq. km.; Bruel (1914), p. 5: 16,555 sq. km.; Deutsche Kolonialgesellschaft (1915), p. 60: 16,770 sq. km.; Foreign Office *Handbooks*, No. 111 (1920), p. 17: 6,500 sq. m.; Gorges (1930), p. 64: 6,500 sq. m. The German Government, in their Memorandum to the Reichstag of 11 Nov. 1911 (*Denkschrift über die neuen Erwerbungen*, p. 5945), gave as area 12,000 sq. km., and this low figure was accepted, for example, by Rohrbach (1912), pp. 8–9; by Hutter (1913), p. 173; and by Meyer in *Deutsches Kolonial-Lexikon* (1920), vol. ii, p. 169. M. Long, in his report to the French Chamber of Deputies of 4 Dec. 1911 (p. 306), and the minister of colonies M. Lebrun, in his speech in the Chamber of Deputies of 12 Dec. 1911 (p. 1361), gave as area '12,000 or 15,000' sq. km. An area of 15,000 sq. km. was recorded by Merlin (1912), p. 589; F.O. *Handbooks*, No. 108 (1920), p. 22; Mouly (1921), p. 24; Girault, vol. i (1927), p. 329; Terrier (1931), p. 539; and Priestley (1938), p. 293. Lucas (1922), p. 108, on the other hand, gave 7,000 sq. m.

[4] See Merlin (1912), p. 589. Fleischmann (1912), p. 51, however, gives as the population 100,000, and Moisel (1917), p. 212, only 12,000.

[5] See, for example, *Denkschrift über die neuen Erwerbungen* (1911), p. 5945: 275,000 sq. km.; Long (1911), p. 306: about 275,000 sq. km.; Ritter (1912), p. 6: about 280,000 sq. km.; Merlin (1912), p. 589: 270,000 sq. km.; Rohrbach (1912), pp. 8–9: 275,000 sq. km.; Hutter (1913), p. 173: 275,000 sq. km.; Bruel (1914), p. 4: 271,745 sq. km.; Deutsche Kolonialgesellschaft (1915), p. 60: 278,902 sq. km.; Fidel (1919), p. 101: 270,000 sq. km.; Besnard (1919), p. 414: 275,000 sq. km.; F.O. *Handbooks*, No. 111 (1920), p. 17: 107,000 sq. m.; Joseph (1920), p. 5: 270,000 sq. km.; Passarge-Rathjens in *Deutsches Kolonial-Lexikon* (1920), vol. ii, p. 632: 280,000 sq. km.; 'Rapport Cameroun de la conquête au 1er juillet 1921' (1921), p. 450: 270,000 sq. km.; Newland (1922), p. 263: nearly 280,000 sq. km.; Lucas (1922), p. 108: 107,000 sq. m.; Gorges (1930), p. 64: 108,000 sq. m.; Lips (1930), p. 133: 275,000 sq. km.; Martens and Karstedt (1932), p. 743: 107,260 sq. m.; Johannsen and Kraft (1937), p. 20:

population has been estimated to be anywhere between 270,000 and 2,250,000.[1]

It would then appear that the Cameroons, after the readjustment of territory with France, had an area of about 191,400—6,500+107,000 = about 292,000 square miles (756,000 square kilometres), and a similar figure is recorded in fact in about one-half of the publications which we perused.[2] But the German official statistics as far back as 1914 began to give as area 790,000 square

104,600 sq. m.; *Statistisches Jahrbuch für das Deutsche Reich 1937*, p. 307*: 277,824 sq. km. Ritter (1912), p. 6, related that 'according to the lowest estimates' the area was about 225,000 sq. km. (see also Lebrun, 1911, p. 1361). *The Economist* (1916), p. 359, gave only 92,257 sq. m., Girault, vol. i (1927), p. 329, 245,280 sq. km., and Paulin (1923), p. 7, and Franceschi (1929), p. 30, 250,000 sq. km. On the other hand, the area was stated to be 290,000 sq. km. by Schnee (1922), p. 24, and by Richet (1927), p. 5; 295,000 sq. km. by Meyer in *Deutsches Kolonial-Lexikon* (1920), vol. ii, p. 169; 300,000 sq. km. in 'Der deutsch-französische Gebietsaustausch' (1911), p. 657. Bureau des Longitudes, *Annuaire 1913*, p. 520, gave as loss of area to France through exchange of territories, 280,000 sq. km.

[1] *Dépêche Coloniale* quoted in 'Der deutsch-französische Gebietsaustausch' (1911), p. 658: 1,250,000; Lebrun (1911), p. 1361: 1,000,000; Fleischmann (1912), p. 51: 1,000,000; Merlin (1912), p. 589: 1,118,500; Zimmermann (1913), pp. 83–4: 900,000 or 1,000,000; Deutsche Kolonialgesellschaft (1915), p. 60: 1,000,000; Fidel (1919), p. 101: more than 1,000,000; Besnard (1919), p. 414: 1,500,000; F.O. *Handbooks*, No. 108 (1920), p. 22: 1,000,000; Mouly (1921), p. 26: 1,500,000; Uhlig (1934), p. 118: 1,500,000. The net loss of population to France was given in Bureau des Longitudes, *Annuaire 1913*, p. 520, as about 1,000,000, and by Bruel (1914), p. 353, as about 1,350,000. Among the writers who gave only the total population of the Cameroons some, for example Newland (1922), pp. 267–8, arrived at this total by adding 1,000,000 to the population of Old Cameroons while others—such as Lewin (1915), p. 302, and Ziemann (1923), p. 36—added 1,500,000. Joseph (1920), p. 19, said that 'it had been claimed that there were 1,000,000 natives while in reality there were 270,000 or one per square kilometre'. Schnee (1922), p. 24, on the other hand, gives 2,250,000 as the figure communicated orally by the last Governor of the Cameroons, Ebermaier. Townsend (1930), p. 391, gives even 2,800,000, but she probably confounded the total population of French Equatorial Africa with the section ceded to Germany.

[2] See, for example, *Denkschrift über die neuen Erwerbungen* (1911), p. 5945: 761,000 sq. km.; Hutter (1913), p. 173: 760,000 sq. km.; Johnston (1913), pp. 415–16: 292,000 sq. m.; *Statistisches Jahrbuch für das Deutsche Reich 1913*, p. 442: 745,000 sq. km.; *Die deutschen Schutzgebiete 1912/13, Statistischer Teil*, p. 8: 745,000 sq. km.; Lewin (1915), p. 302: 290,000 sq. m.; Calvert (1917), p. 8: 290,000 sq. m.; Besnard (1919), p. 414: 750,000 sq. km.; Lugard (1919), p. 680: 295,000 sq. m.; F.O. *Handbooks*, No. 111 (1920), p. 1: 292,000 sq. m.; Joseph (1920), p. 5: 770,000 sq. km.; 'Rapport Cameroun de la conquête au 1er juillet 1921' (1921), p. 450: 760,000 sq. km.; Paulin (1923), p. 33: 760,000 sq. km.; Archimbaud (1925), p. 1919: 760,000 sq. km.; Costedoat (1930), pp. 202, 204: 765,000 sq. km.; Wright (1930), p. 628: 298,000 sq. m.; Chazelas (1931), p. 53: 760,000 sq. km.; Peyrouton (1932), p. 233: 750,000 sq. km.; *L'Œuvre de la France au Cameroun* (1936), p. 25: 760,000 sq. km.; Labouret (1937), p. 11: 760,000 sq. km.; Rudin (1938), p. 102: 292,000 sq. m.

kilometres[1] (305,000 square miles), and many authorities followed suit.[2]

The population of the Cameroons after the exchange of territories agreed upon in 1911 has been variously estimated to be anywhere from 3,500,000 to 5,750,000.[3] It should be noted, however, that many

[1] See *Statistisches Jahrbuch für das Deutsche Reich 1914*, p. 449, and subsequent issues.

[2] See, for example, Deutsche Kolonialgesellschaft (1915), p. 114: 790,000 sq. km.; Giordani (1915), p. 181: 790,000 sq. km.; Marabail (1919), p. 38: 790,000 sq. km.; Meyer in *Deutsches Kolonial-Lexikon* (1920), vol. ii, p. 169: 795,000 sq. km.; Antonelli (1921), p. 87: 790,000 sq. km.; Schnee (1922), p. 24: about 790,000 sq. km.; Lucas (1922), pp. 179–80: over 300,000 sq. m.; Furukaki (1923), p. 149: 790,000 sq. km.; Richet (1927), p. 1: 790,000 sq. km.; Franceschi (1929), p. 30: 790,000 sq. km.; Abs (1930), p. 22: 795,000 sq. km.; Megglé (1931), p. 99: 790,000 sq. km.; Martens and Karstedt (1932), p. 743: 308,085 sq. m.; Uhlig (1934), p. 118: 790,000 sq. km.; Johannsen and Kraft (1937), p. 18: 305,000 sq. m., Jacob (1938), p. 217: 790,000 sq. km. There is no clear evidence how the German authorities arrived at the figure of 790,000 sq. km. Meyer (1920) stated: 'Our territory, according to new calculations by the geodetic bureau in the Colonial Office, comprises, in round figures, 795,000 sq. km.; of these we received 295,000 sq. km. by virtue of the agreement of 4 November 1911 . . . but we lost 12,000 sq. km. by ceding the so-called "duck-beak".' This would imply that according to the new calculations the area of Old Cameroons had not been 495,600 sq. km. but 795,000 − 295,000 + 12,000 = 512,000 sq. km. The *Statistisches Jahrbuch für das Deutsche Reich 1937*, p. 307*, however, gives as area of New Cameroons only 277,824 sq. km. and as total area 790,000 sq. km. Even assuming that the area of the 'duck-beak' was only 12,000 sq. km., the area of Old Cameroons would then appear to have been 790,000 − 278,000 + 12,000 = 524,000 sq. km., and if the 'duck-beak' covered 16,800 sq. km., the area of Old Cameroons would have reached 529,000 sq. km. But since the official estimate of 495,600 sq. km. for Old Cameroons has never been repudiated it may well be that the total area of the Cameroons never was as large as 790,000 sq. km.

It may be mentioned in this connexion that General Aymérich, commander of the French and Belgian troops in the Cameroons in 1914–16 and first Commissioner of the French Government in the Cameroons, gave as total area of the German Cameroons 900,000 sq. km. (see Aymérich, 1933, p. 16). But then his sense for figures was not very keen. See his statement (ibid., p. 15): 'As to the European cadres . . ., according to German statistics which fell into our hands, there were in the colony, before the War, 1,800 civil functionaries or colonists, nearly all officers or non-commissioned officers in the *Landwehr*.' (According to the last German statistics of 1 Jan. 1913, there were in the colony 338 civil functionaries and 182 colonists. According to Kemner, 1937, p. 69, the Europeans fighting in the World War in the Cameroons were 'less than 600'.)

A still worse mistake was made by Buell (1928), when he stated (vol. ii, p. 271): 'Before the war, the Cameroons, then German territory, had an area of about seven hundred and forty-five thousand square kilometers, plus about two hundred and eighty thousand [square] kilometers, acquired in 1911.'

[3] See, for example, Johnston (1913), pp. 415–16: 'a population of negroes and negroids numbering about 4,000,000'; Deutsche Kolonialgesellschaft (1915), p. 114: 4,149,871; Lewin (1915), p. 302: 4,151,871; *The Economist* (1916), p. 359: 3,611,500 natives; Newland (1922), pp. 267–8: 3,538,937; Schnee (1922), p. 24: 5,750,000 natives; Ziemann (1923), p. 36: 4,150,000

writers have recorded a much lower figure by assuming erroneously that the official population figure for Old Cameroons covered the whole territory.[1]

On the whole the Protectorate was settled rather sparsely. In Old Cameroons, the number of inhabitants per square mile averaged about 14. In the area as constituted after the Franco-German agreement it was possibly not more than 12.[2]

Taking the German administrative divisions as a basis, we find the population thinnest in the south-east and centre, densest in the north and west of the colony. In the Bare, Jang (Dschang), and Yabassi (Jabassi) districts respectively the density is as high as 112, 80, and 48 persons per square mile, while the Banyo district, the least densely inhabited, shows only 1·4 persons per square mile. In the north the average is about 18 persons per square mile.[3]

III. Men, Women, and Children

The official data concerning men, women, and children are much

natives; Jacob (1934), p. 85: 3,700,000 natives; Johannsen and Kraft (1937), p. 18: 3,850,000; Jacob (1938), p. 217: 3,850,000 natives.

[1] Besnard (1919), p. 414: 'The area of the Cameroons attains 750,000 square kilometres and its population 2,537,400 inhabitants'; Antonelli (1921), p. 87: 'The new Cameroons had in 1914 an area of 790,000 square kilometres and a population of 2,540,000 inhabitants'; Furukaki (1923), p. 149: 'The Cameroons with an area of 790,000 square kilometres and a population of 2,640,000 inhabitants'; Paulin (1923), p. 33: 'After the agreement of 4 November 1911 which . . . brought its area to 760,000 square kilometres and its population to 2,540,000 inhabitants'; Gorges (1930), pp. 64–6: 'At the outbreak of war the total area . . . was about 300,000 square miles . . . with an estimated population of . . . 2,750,000 natives'; *L'Œuvre de la France au Cameroun* (1936), p. 29: 'The last figure furnished by the Germans for an area of 760,000 square kilometres was 2,200,000 inhabitants'; Labouret (1937), p. 11: 'In 1914 the territories of the German Cameroons comprised about 760,000 square kilometres with an estimated population of 2,700,000 inhabitants'; Rudin (1938), p. 102: 'By the treaty with France in 1911 this area was increased to 292,000 square miles with an estimated total population of about 2,650,000 people.' The same error is to be found, for example, in Giordani (1915), p. 181; Calvert (1917), p. 8; F.O. *Handbooks*, No. 111 (1920), p. 11; Bureau des Longitudes, *Annuaire 1921*, p. 492; Abs (1930), p. 22; Costedoat (1930), pp. 67, 202; Wright (1930), p. 628; Full (1932), p. 291. Newland (1922), pp. 267–8, on the other hand, made the reverse mistake, by adding to the official German population figure for Old Cameroons (2,537,000) 1,000,000 for New Cameroons and relating this total to the area of Old Cameroons: 'The Protectorate, with an area of over 200,000 square miles, had in 1914 a population of 3,538,937'; see also Lewin (1924), p. 31: 'The area of the country in 1914 was 191,000 square miles, with a native population of some 4,150,000.'

[2] In F.O. *Handbooks*, No. 111 (1920), pp. 11–12, the density is given as 'over 9 persons to the square mile', and in Costedoat (1930), p. 67, as 'less than 4 inhabitants per square kilometre', but these figures were arrived at by erroneously relating the number of people in Old Cameroons to the total area of the Cameroons.

[3] F.O. *Handbooks*, No. 111 (1920), p. 12.

less adequate still than the total population figures. They are summarized in Tables 10 and 11. The percentages of men, women, and children, and the ratios of children to women fluctuate very much in the various years, but this is due in part to the varying area and to the inaccuracy of the figures. The heavy drop in the percentage of children from 1906–7 to 1907–8 is due to the fact that the districts of Kribi and Buea, which in 1907–8 were recorded as having a very low number of children, had not been included in 1906–7. The large increase in the ratio of children to women from 1907–8 to 1908–9 was mainly due to the fact that for the districts of Akonolinga and Banjo, newly included in 1908–9, the authorities estimated the number of children in each tribe to be equal to that of the women. The decrease in the ratio of children to women from 1910–11 to 1911–12 was due to the fact that for the districts of Edea and Ebolowa, newly included in 1911–12, a comparatively very small number of children was recorded. The enormous increase in the ratio of children to women from 1911–12 to 1912–13 was mainly due to the fact that the district of Edea, which appeared in the 1911–12 statistics with 39,800 women and 28,300 children, appeared in the 1912–13 statistics with 30,000 women and 45,000 children, and that for the district of Bamenda, newly included in 1912–13, an extraordinarily large number of children was recorded.

The example of Edea, just mentioned, shows how arbitrarily the estimates of women and children were made in this case. The reader will easily detect many similar cases in studying Tables 10 and 12. He will also notice by glancing, for example, at the figures for Buea and Lomie that even the figures for men show changes from year to year which cannot be due to actual changes in the population. If the data for 1912–13 were to be considered as the most trustworthy, it would seem that the ratio of children to women was not low in any district and was extraordinarily high in some districts.[1]

[1] Dr. Külz (1913), pp. 322–3, using the figures for 1911–12, stated: 'In the Cameroons, the number of children lags far behind that of the women in all tribes, enumerated or estimated, with the exception of the Dume District, which—this gives cause for thought!—has a population on an extremely low cultural level, still practising in part cannibalism, and having come into more intimate contact with European culture only a few years ago. The number of women there is 34,000 as against 42,000 children; in the coastal District of Duala these figures are 28,105 and 25,526 respectively.' He then goes on to discuss the causes of 'this alarmingly small progeny among many native tribes'. According to the figures for 1911–12, the number of children per 100 women was, indeed, 122 in Dume, 91 in Duala, and 87 in the whole of Old Cameroons. But for 1912–13 the corresponding figures were 114, 113, and 111!

TABLE 10

Native Men, Women, and Children, by Districts, German Cameroons, 1906–7 to 1912–13

Districts	*Year*	*Men*	*Women*	*Children*	*Total*
Duala	1909–10*	21,547	22,343	19,725	63,615
	1911–12	23,323	28,105	25,526	76,954
	1912–13	24,902	31,439	35,467	91,808
Victoria	1906–07	2,605	3,105	1,748	7,458
	1907–08	2,373	2,957	1,904	7,234
Rio del Rey	1908–09	4,883	5,391	3,734	14,008
	1909–10	5,500	5,391	3,734	14,625
	1910–11	6,500	5,391	3,734	15,625
	1911–12	7,400	7,900	3,800	19,100
Kribi, Ambam	1907–08	11,462	14,067	8,513	34,042
	1908–09	13,244	15,599	9,633	38,476
Kribi	1909–10	12,954	15,304	9,498	37,756
	1910–11	12,954	15,304	9,500	37,758
	1911–12	10,180	12,420	10,460	33,060
Ambam	1910–11†	11,000	12,000	12,700	35,700
Kampo	1908–09	2,797	3,068	1,592	7,457
	1911–12	2,118	2,456	1,253	5,827
Kribi, Ambam, Kampo	1912–13	23,418	26,656	24,220	74,294
Edea	1911–12	28,900	39,800	28,300	97,000
	1912–13	45,000	30,000	45,000	120,000
Jaunde	1910–11‡	20,483	24,031	24,673	69,187
	1911–12‡	59,588	75,081	74,387	209,056
Akonolinga	1908–09	16,000	16,000	16,000	48,000
	1911–12	17,107	18,474	13,621	49,202
Joko	1909–10*	9,600	9,600	9,600	28,800
	1911–12‡	1,796	1,851	1,191	4,838
Jaounde, Akonolinga, Joko	1912–13‡	97,543	118,723	111,581	327,847
Ossidinge	1906–07	5,029	6,684	8,787	20,500
	1907–08	5,929	7,839	9,772	23,540
Buea	1907–08	3,414	3,873	2,692	9,979
	1908–09§	3,500	4,800	5,000	13,300
	1910–11	2,970	3,161	2,202	8,333
	1911–12	5,903	3,162	2,214	11,279
	1912–13	3,259	3,162	2,214	8,635
Dschang, Bare	1908–09‡	29,979	44,441	42,183	116,603
Dschang	1909–10‡	26,260	40,976	40,229	107,465
Bare	1909–10*	3,719	3,465	1,954	9,138
	1911–12‖	6,000	8,000	6,000	20,000
Bamenda	1912–13	118,665	106,079	148,411	373,155
Banjo	1908–09§	43,200	43,200	43,200	129,600
	1910–11†	14,636	13,396	10,670	38,702
	1912–13	12,101	10,479	7,872	30,452
Ebolowa	1911–12	32,320	40,127	28,187	100,634
	1912–13	31,933	39,933	37,245	109,111
Lomie	1911–12‡	6,167	8,184	5,515	19,866
	1912–13‡	5,167	8,186	5,515	18,868
Jukaduma	1911–12	4,627	5,344	5,117	15,088
	1912–13	4,632	5,343	5,125	15,100
Dume	1908–09	17,180	17,514	21,794	56,488
	1909–10*	30,681	29,822	37,063	97,566
	1911–12	37,001	34,382	42,084	113,467
	1912–13	40,001	39,882	45,284	125,167

* Same 1910–11. † Same 1911–12. ‡ Data lacking for some tribes.
§ Same 1909–10. ‖ Same 1912–13.

TABLE 11

Native Men, Women, and Children, German Cameroons, 1906–7 to 1912–13

Year	*Men*	*Women*	*Children*	*Men, per cent.*	*Women, per cent.*	*Children, per cent.*	*Children per 100 women*
1906–07	7,634	9,789	10,535	27·3	35·0	37·7	108
1907–08	23,178	28,736	22,881	31·0	38·4	30·6	80
1908–09	130,783	150,013	143,136	30·8	35·4	33·8	95
1909–10	156,961	174,901	170,003	31·3	34·8	33·9	97
1910–11	134,090	138,513	131,821	33·2	34·2	32·6	95
1911–12	268,066	310,682	271,025	31·5	36·6	31·9	87
1912–13	412,621	427,882	473,934	31·4	32·5	36·1	111

TABLE 12

Ratio of Native Children to Women by Districts, German Cameroons, 1911–12 and 1912–13

Districts	*Children per 100 women*	
	1911–12	*1912–13*
Duala	91	113
Rio del Rey	48	..
Kribi, Ambam, Kampo	91	91
Edea	71	150
Jaounde, Akonolinga, Joko	93	94
Buea	70	
Bare	75	
Bamenda	..	140
Ebolowa	70	93
Lomie	67	
Jukaduma	96	
Dume	122	114

IV. POPULATION GROWTH, FERTILITY, AND MORTALITY

1. *Introduction*

The official reports on the German Protectorates say very little about the trend of the native population or about its fertility and mortality. The report for 1907–8 stated that 'in the peaceful districts of the interior the population growth has been very considerable'.[1]

Venereal diseases and alcoholism are probably the main reasons why in some districts, especially on the coast, the increase of the native population—contrary to the case in many regions of the interior—is only small.[2]

[1] *Denkschrift Schutzgebiete 1907/8*, part C, p. 9.
[2] Ibid., p. 13.

The report for 1910–11 was the first to take a serious view of the native population situation:[1]

The question of the native women is regarded with growing uneasiness. Statistics of births among the native women have revealed for most parts of the country a considerable decrease of births and therewith of the number of children. A large proportion of the women remain childless; of those who bear children a large number perish through puerperal fever and lack of assistance at childbirth, and finally a large proportion of the children of surviving mothers die prematurely after birth. These sad conditions will never be improved by enlightenment or instruction, but only gradually by means of an energetic fight against bush medicine and 'wise women' as well as by legislative measures.

The report for 1911–12 merely stated that venereal diseases 'are considered in some districts as the main cause of the small population growth'.[2] The report for 1912–13 was more explicit. Referring to the 'perfectly natural untrustworthiness of the final result of the enumerations and estimates', it stated:[3]

The actual population decrease complained of in some districts is apparently offset in other districts; it does not show in the final result; nevertheless there is no doubt that the ratio of adult men and women to the number of children is not a favourable one and that the natural population growth, if there is any, is only very small. The Administration considers it one of its foremost tasks to remedy this evil gradually by all the hygienic, social, and similar measures at its disposal and above all to increase the number of births and to reduce infant mortality.

A 'Memorandum on the further promotion of public health in the Cameroons', attached to the budget for 1914–15, finally stated:[4]

For the sake of a favourable development of the Protectorate the furtherance of public health must be accelerated. We are compelled to do that not only out of regard for the European inhabitants whose activities in the Protectorate hitherto have been disturbed to the utmost by diseases, especially malaria, blackwater-fever, dysentery, and their after-effects, but the future of the native population also makes it most urgent to intensify the medical care. Many districts report that the population is declining. This decline of the native population is caused—apart from economic factors such as the ever increasing number of carriers due to the deficient railway network—especially by the devastating plagues, sleeping-sickness, leprosy, dysentery, worm diseases, and venereal diseases, and in

[1] *Die deutschen Schutzgebiete 1910/11*, p. 60.
[2] Ibid. *1911/12*, p. 64.
[3] Ibid. *1912/13*, p. 78.
[4] *Entwurf des Haushaltsetats auf das Rechnungsjahr 1914, Etat Kamerun*, p. 85.

addition some abuses contrary to hygiene and humanity, and the practices of the so-called medicine men.

Some of the statistics on which the administration based this judgement are perhaps not known, but those which are known do not justify their opinion. The 'statistics of births among the native women' which 'have revealed for most parts of the country a considerable decrease of births and therewith of the number of children' have never been published and I very much doubt whether they ever existed. The most recent statistics which have been published (1912–13) showed, on the other hand, a larger ratio of children to women than had ever been ascertained in the Cameroons, and in fact a ratio which was rather high. But these statistics may have been wrong and the unfavourable judgement of the administration on the population trend may have been right. Some investigations made by medical observers tend to confirm this judgement. I reproduce in this introductory section some comprehensive *exposés* and discuss in the subsequent sections the various aspects of the population situation.

1. The medical officer, Dr. Ziemann, submitted the following general statement on population in the official report on the Duala District for 1903–4:[1]

The scanty population is a main impediment to the opening up to European culture of the wide, extraordinarily fertile and healthy hinterland, which is in a high situation. In the first place, therefore, everything should be tried to bring about population growth.[2] Causes of the lack of population are:

1. The virgin forest in the coastal region which automatically hinders the expansion of the population.
2. Diseases of the natives—malaria, small-pox, dysentery, leprosy.
3. Abuses pertaining to the contracting of marriages—marrying of female children, frequently in their sixth or seventh year. Inbreeding. Deliberate abortions of the women. Continuous female labour.
4. Defects in the nutrition of the children after weaning. Giving of solid food, and, with the Bakossis, the customary pumping of great quantities of water into the child's stomach, in order to 'strengthen' it.
5. The systematic 'fleecing' of the population by the Duala traders.[3]

[1] *Medizinal-Berichte 1903/4*, p. 147.

[2] See also Ziemann (1912), p. 24: 'The Cameroons so far has only about 2,400,000 coloured inhabitants. . . . Yet the Cameroons has room for at least 15 millions.'

[3] Dr. Ziemann, in the following two decades, repeatedly expressed more

The Medical Reports on the German Protectorates for 1909–10 contained a table showing the results of investigations carried out in various localities by questioning a number of native women. I reproduce these results in Table 13.[1]

TABLE 13

*Results of Inquiries in German Cameroons, 1909–10**

Locality	*Children born per 100 women*	*Children surviving per 100 women*	*Mortality of children per cent.*	*Abortions per 100 women*	*Twins and triplets per 100 women*	*Per cent. of women having had no child*	*Maximum number of children born to a woman*
		COASTAL REGION					
Duala . . .	322·1	136·1	57·8	25·4	6·5†	12·0	12
Victoria . . .	238·5	112·3	52·9	18	1	15·7	9
Kumba‡ . . .	342·5	120·4	64·8	..	1	16·8	10
Kribi	114·0	68·0	40·3	3·3	1·7	45·9	..
BORDER OF THE AFRICAN TABLELAND (VIRGIN FOREST OR PARK REGION)							
Jaunde District							
Mwog-Manga-Odsa .	380·1	225·4	40·8	8·3	..	26·6	12
Engona-Ekiemba . .	250	176·7	29·3	30	..	19·0	7
Village Tina .	105·1	59·7	43·1	7·7	1·3	24·0	10
Mwogatemenge, Mwolge§	476·2	371·4	22·0	55·5	3	61·0	12
Ebolowa . . .	214·6	75·6	64·8	14·6	7·3	36·5	12
		GRASS REGION					
Dschang . . .	184·3	82·3	55·3	4·0	3·9‖	4	5
Joko	137·8	94·0	31·7	22·2	..	13·8	5
		SOLDIERS' WIVES					
Military Station, Soppo	66·7	37·9	43·2	33·3	..	59	3
		WAR PRISONERS					
Hottentots . . .	220·6	92·9	59·6	..	..	19·0	7

* See *Medizinal-Berichte 1909/10*, p. 349.
‡ Village near Johann-Albrechtshöhe.
‖ Twins.
† 5·5 twins and 1 triplets.
§ On the caravan road, much prostitution and venereal disease.

Dr. Ziemann, who was responsible for these investigations, stated:[2]

There arises a moving, profoundly sad picture which better than any words brings out over and over again the absolute necessity for medical and administrative officers to enter into close collaboration for doing away with this enormous mortality of children and scarcity of children. An instilling of the spirit of hygiene is sorely needed there.

Twelve years later he discussed this table more fully:[3]

It also reveals enormous differences according to localities as regards the number of births and deaths of children, of abortions, the number of

fully similar views on the German Protectorates in general (see, for example, his article in *Metron*, 1923). He emphasized, in particular, that the main causes of the relative dearth of population are not climatic, since the natives who mostly have lived in the country for 'thousands of years' have become acclimatized. In so far as his statements refer to the Cameroons, I shall quote them in subsequent sections.

[1] I have omitted the notes containing absolute figures; they are to be found in Table 14.

[2] *Medizinal-Berichte 1909/10*, p. 343.

[3] Ziemann (1923), pp. 64–5.

twins, triplets, sterility, and the maximum number of children borne by a woman. We see downright horrifying figures especially as regards the percentages of women who have never borne or have had abortions. Among the degenerate and greatly underfed coastal population of Kribi 45·9 per cent. are alleged to have never borne a child, among the venereally infected female population of Mwogatemenge and Mwolge (on the caravan-road) 61 per cent., at the military station Soppo 59 per cent.

Terrifying, likewise, are the on the whole comparatively small number of children born and above all the mortality of the children, particularly in the coastal region most of all infected by malaria.[1] This disease also victimized particularly the Hottentots imported from a region free of malaria. In this case then the number of surviving children does not convey a correct picture of the possible conditions of the Hottentots in South-West Africa. Also shocking is, in some districts, the smallness of the maximum number of children borne by a woman (see Soppo, Joko, Dschang).

. . . Most of the data give the impression . . . of truly representing actual facts, especially as concerns Kribi, Soppo, and Tina, where the birth-rate and the proportion of surviving children are miserably low. On the other hand Mwogatemenge comes off very well with a good number of births and a comparatively good proportion of survivors in spite of the many abortions and the great sterility of many other women, probably caused by venereal diseases. But on this point still further investigations would have been necessary.

In Duala, Victoria, Kribi, Jaunde, Dschang, Soppo, the material was collected by the physicians themselves. Here therefore it is possible, assuming the approximate accuracy of the data . . ., to elaborate even now certain types among the tribes in the Cameroons, for example:

(1) The type of Mwogatemenge with a large number of births and a comparatively low child mortality,[2]
(2) The type in the villages of Soppo, Tina, and Kribi with a low number of births and a comparatively high child mortality,
(3) Intermediate types.

2. The medical officer, Dr. Külz, stated in his report on a journey which he made from the end of April to the beginning of October 1909:[3]

The successful application of specifics procuring abortion is very wide-

[1] Steudel (1924), p. 33, in his extract from the unpublished official medical reports for 1912–13, also relates an extraordinarily high child mortality from malaria. 'According to a report from Dschang mortality from malaria is estimated at 60 per cent. of all children born.'

[2] Thus the professor thought that the data for Mwogatemenge could be assumed to be correct. He did not realize that those women had made fun of the official to whom he had entrusted the inquiry. It appears from the published figures that out of 63 women questioned 38 stated that they never had borne a child, while the remaining 25 stated that each of them had borne 12 children!

[3] Külz (1910), pp. 32–5.

spread in the Jaunde District. It was, however, impossible for me to discover the plants, carefully kept secret, out of which they are prepared. Unfortunately this habit of abortion has, of late, increased very strikingly among many tribes,[1] so that recently even the chiefs have sometimes appeared at the station and complained of this abuse by their women.[2] Therein lies a very serious symptom which demands our fullest attention in appraising all the reasons which up to now have prevented population growth. I have everywhere devoted my attention to this cardinal question of both applied native hygiene and colonial economic development: is the population of our Protectorates increasing, or is it going downhill? In so far as not only estimates but enumerations of the men, women, and children are available, the serious fact has become evident that for various tribes of the interior of South Cameroons, which is in any case only inadequately populated, the reproduction rate is not large enough by a long way to maintain the present population, to say nothing of increasing it; in other words, they are in process of degenerating. The communication of the detailed results of the relevant observations lies outside the scope of this study. I shall mention only one test which I made in order to investigate the very important question of the number of children and their mortality as it relates to the field of child pathology. It was of moment to me to make this test above all for a tribe which had preserved itself as little influenced by our civilization as possible, and thus offered original conditions; for a tribe which moreover had not been harassed, within the last decades, by any devastating disease such as small-pox, and also among which venereal diseases do not yet prevail, thereby causing abnormal reproduction conditions. The comparatively small tribe of the Etúms, residing somewhat distant from the large traffic roads, somewhat west of Jaunde, fulfilled these conditions. At the same time I was offered a particularly favourable opportunity for making the desired investigations among them. On one of my marches I met a gang of several hundreds of labourers who were employed in road-building and who had been provided by people of just this tribe. With them were also 203 women of the most varied ages. The officer supervising the building of the road put his people most readily at my disposal for my investigations. I shall first show the purely numerical results [see p. 38].

What is particularly striking in this result is that it is just the recently married women who have an exceedingly small number of children. In the case of civilized nations it is just the reverse, and in Germany, for example, the married women of the age from 19 to 20 years have by far the highest relative number of births. It is safe to assume that such a low increase for the younger age-groups of the native women is due to abortions.

[1] See also Külz (1909), p. 186.

[2] See also Külz (1919), p. 21: 'In the interior of the Cameroons I have myself observed that the chiefs came to the German authorities and asked them to take action against the increasing reluctance of their women to bear children.'

Age of women	*Women questioned*	*Children born*	*Children deceased*	*Deaths per cent.*	*Childless women*
Under 15 years	38	3	2	..	35=92 per cent.
15 to 19 years	24	4	3	..	20=84 „ „
20 to 29 years	68	164	88	54	7=10 „ „
30 to menopause	46	183	81	44	4= 9 „ „
Beyond menopause	27	163	70	43	2= 7 „ „
Total	203	517	244	47	

. . . The table shows furthermore the enormous average child mortality of 47 per cent., and I must add that, according to the statements of the mothers, nearly all deaths occurred in earliest childhood. In order to assess the true fertility of the women only those, of course, must be considered who are beyond menstruation. Since 27 of them had borne 163 children this would mean the high average number of 6 children per woman. The highest single achievement ascertained was that of 12 children. For a people living in a state of nature, the number of sterile women is surprisingly large. If we consider as really sterile those who beyond the thirtieth year have not yet a child, there would be 6 out of 73, or 8 per cent. Here again we must probably single out as cause deliberate abortions often leading to impaired health. As to prolificness the Etúms whom I have selected for a closer test are in a very favourable position as compared with most other neighbouring tribes. While with them the ratio of women to children is 203 : 273 (100 : 135) the censuses of others have mostly shown a considerably more unfavourable ratio, and just those civilized for the longest time show the poorest results, so that with them there are often not even 100 children per 100 women. The Makkas who have only just been subjected reveal, in spite of their miserable external living-conditions, the highest number of children (100 : 150)![1] If one looks more closely one finds, it is true, that the conditions for a direct comparison are not very simple because even for closely neighbouring tribes entirely different habits prevail as to the feeding of children and sexual abstinence, which latter with some is observed only for a short period, but with others during the whole period of lactation, often extending into the fourth year of the child.

In 1911 Dr. Külz published a most valuable short treatise on tropical hygiene, the following passages from which throw light on conditions in the Cameroons:[2]

Various tribes have been enumerated summarily in the Cameroons by having the villages congregate, men, women, and children standing separately, and by counting them. Since the negro does not know his age, the

[1] See also Külz (1909), p. 186.

[2] For his opinion on the influence of polygamy upon fertility see pp. 45–6 below.

inaccuracy of this method consists in the impossibility of accepting a definite age as a demarcation between adults and children; the external impression of the physical development must decide. In most of the districts thus enumerated the number of children does not even reach that of the women; for some it even lags much behind, so that, for example, among the Bakwiris in the Victoria District of the Cameroons coast there are not even 50 children per 100 women. While these inaccurate enumeration results, to be sure, are not absolutely correct, yet they do say this for certain, viz. that among such people no maintenance of the present population is possible, and still less a population growth; that they will decay unless a change for the better occurs soon. Whether we have to deal in the case of this dearth of children with a temporary crisis or with a degeneration of the race which is already an actual fact; whether the coming years will bring an improvement automatically; which tribes are menaced most and where help is therefore needed most urgently—all this can be found out only if we provide the statistical basis by enumerations made periodically. The small number of children of the negro woman could in itself be explained by two different circumstances: first, by a smaller fertility on account of which she bears fewer children than, say, the European woman, or, second, by her rearing fewer children. We lack also in this respect figures on a large scale. I myself have made a test among a Bantu tribe of the interior of the Cameroons. For judging the natural fertility of the negress I consider it a necessary condition that the tribe concerned should live under fairly primitive conditions, thus that it should not be strongly influenced by our civilization whether for better or worse, and that extraordinary events such as war, particularly grave epidemics, or economic misery should not have plagued it recently.

The result for a tribe spared such circumstances for a series of years (the Etóns in South Cameroons) was that each woman having passed the child-bearing limit and questioned by me about the number of her confinements had borne six children on an average. And this under polygamous conditions! This is a figure which exceeds the average fertility of the German woman. I further questioned over 200 women of the most various ages not only about the number of children born but also the children deceased, the result being a mortality of 47 per cent., and this almost exclusively confined to infancy. This is an enormously high child mortality for a people living in external calm. . . .

I believe that, assuming primitive conditions among the negroes, we must not look for an unfavourable number of births, i.e. for a low fertility of the women, as the cause of the small progeny, as is sometimes done, but for an excessive child mortality.

Unfortunately, for many tribes, there is added a secondary factor, a grave upsetting of this primitive condition, by which their fertility is also menaced strongly, that is their being infected by venereal disease which in many cases dooms the person suffering from it to sterility and moreover impairs or destroys the foetus. Thus in all regions highly infected with

venereal diseases lowered fertility must be added to child mortality as a source of deficient progeny. Whether they are decreasing or increasing, which after all is quite an important question, enumerations alone can reveal. These are likewise indispensable for ascertaining whether general mortality, including that of adults, which is also far higher than among civilized peoples, is decreasing, thanks to hygienic measures.[1]

3. Dr. Jaeger, during a journey made in August and September 1910 in the district of Ebolowa, investigated the population conditions in thirty-two villages, most of which lived 'under comparatively favourable conditions' (no war, little trade) and 'which certainly had no reason to furnish an unfavourable picture if the old fairy tale of the high rate of increase of the negroes were true'.[2]

The questioning of the people was always made with the assistance of the elders and by people acquainted with the country. In questioning the women, especially the older ones, about their children, the children themselves, and also the husband or the chief, were called in in order to jog the memories of the women.

Difficulties never arose in connexion with the questioning. No persuasion and no presents were needed to induce the people to give information. There was probably hardly any distrust of the questioner, who was already known to the people.

The figures, therefore, are probably as trustworthy as can possibly be obtained under present conditions.[3]

Dr. Jaeger published the results for each village. I reproduce here his totals:

Old men	*Men*	*Old women*	*Women*	*Boys*	*Girls*	*Total inhabitants*
113	1,674	408	1,954	1,164	1,000	6,313

Fertile women present and children borne by them

	Children born			*Surviving children*		*Deceased children*		*Abortions*	*Twin-births*
Women	*Boys*	*Girls*	*Total*	*Boys*	*Girls*	*Boys*	*Girls*		
809	1,386	1,375	2,761	865	918	521	457	172	27 × 2

	Of whom so far sterile					
Women present	*Under 20 years*	*20 to 30 years*	*30 to 40 years*	*over 40 years*	*Total*	*At present pregnant*
1,167	152	86	36	11	285	65

[1] Külz (1911), pp. 75–7. [2] Jaeger (1912), p. 327. [3] Ibid., pp. 328–9.

The large preponderance of old women over old men is largely due to the fact that for women the climacteric was considered as the beginning of old age, while only those men were counted as old who were no longer vigorous enough for their own domestic work (farming, house-building).

209 women, having passed child-bearing age, had borne altogether 890 children, or 4·3 per woman.

For 734 of the 978 deceased children the cause of death was stated. 226 were still-born, 20 were prematurely born, 18 died from accidents, 46 in tribal wars, 2 by suicide, and 422 from other causes. Of the deceased children, 454 were reported as under 1 year, 174 from 1 to 3 years, 196 from 3 to 10 years, 81 from 10 to 20 years, and 61 over 20 years.

A final judgement about the question of the rate of increase of our natives can, of course, only be based on repeated comprehensive enumerations and accurate statistics of births and deaths. . . . The above figures by no means show an excessively favourable picture, especially if one considers—this may be emphasized once more—that they are derived from a population living under very favourable conditions. When these regions have also been 'opened up to culture' without hygienic measures being taken, the figures will soon change.

If one comes into closer contact with the people and learns how the villages and tribes owe their origin to the families all descending from one man after whom they often call themselves, one gains the impression that formerly the increase was greater. Everywhere one hears complaints that the women prostitute themselves increasingly, and that abortion is becoming prevalent. The large number of abortions (6 per cent. as against 3 per cent. in Germany) would seem to indicate this, and likewise the large number of childless women.[1]

4. Finally, I want to mention the testimony of a doctor who did not hold an official post but was connected with a mission. Dr. Martin relates:[2]

Dr. Weber of Effoulen quotes figures which are interesting because they are based on his experience in the Cameroons from 1902 onwards. His influence as missionary and the opportunity he had of questioning the natives without an interpreter give to his figures a great value. For 800 women questioned between N'Komakak and Ebolowa he found that infant mortality amounted to 67 per cent. including abortions. The most frequent causes of this mortality are, according to him, syphilis of the parents in respect of miscarriages, and malaria among the young children. Mortality, he says, is increasing, while a decrease of fertility is likewise to be recorded. . . .

[1] Ibid., pp. 335–6.

[2] Martin (1921), pp. 439–41.

'A considerable number of women of the Boulou race have uterine displacements often provoking sterility. There is no doubt that this state of the genital organs is a result of the native dance. The woman and the young girl do not take any account of the menstruation period. If a tam-tam takes place they take part in it; it would be difficult to understand how the organs could stay in their normal position after the contortions in which they indulge. In any case, one fact to be retained is that so many women have only one child and cannot have any more (50 per cent.): it is due to pregnancies of girls who become pregnant too young. Among all the women I have operated on, I found the womb smaller than normal and very often presenting displacements and even inversions. Among 726 who were examined nearly 70 per cent. had uterine displacements.' (Dr. Weber.)

2. *Fertility*

Births to natives were not registered in the Cameroons.[1] The scanty available statistics on fertility are based on the answers of women questioned about the number of children they have borne. I have summarized the results in Table 14.

It appears that the average number of children born to a woman varied enormously. For the soldiers' wives in the military station of Soppo it was as low as 0·7. In the Jaunde district, on the other hand, it was as high as 3·8.[2] The percentage of women who had never borne a child varied between 4 and 59 per cent., and the average number of children born to a mother between 1·4 and 5·2.

But these enormous differences may have been due in a large measure to differences in the age-composition of the women questioned. It is evident that, other things being equal, the percentage of women with no child or with few children must have been higher when the proportion of young women questioned was small than when it was large. The proportion of 'sterile' women for all investigations combined was 24 per cent. In the Etúms tribe it was 33 per cent. But of the 68 sterile Etúms women 55 were under 20 years and 35 under 15 years! Of the 141 Etúms women over 20 years only 13, or 9 per cent., had not borne a child. The percentage of 'sterile' women among all women questioned is thus absolutely meaningless. But of all the investigations only those of Dr. Külz and Dr. Jaeger for the Etúms and Ebolowa respectively show the number of sterile

[1] As early as 1904 the medical officer, Dr. Ziemann, had urged the gradual introduction of birth and death registers for natives. 'The districts of Duala, Victoria, and Kribi should before long certainly be sufficiently developed for the introduction of such a scheme.' See Ziemann (1904), pp. 170–1.

[2] The average number recorded for Mwogatemenge and Mwolge was 4·8. But the data for these two localities were evidently wrong.

TABLE 14

*Fertility of Native Women in German Cameroons, 1909–11**

Localities	*Women questioned*	*'Sterile'*	*Mothers*	*Live-born*		
				Total	*Per woman*	*Per mother*
COASTAL REGION						
Duala . . .	560	67	493	1,804	3·2	3·7
Victoria . . .	260	41	219	620	2·4	2·8
Kumba . . .	113	19	94	387	3·4	4·1
Kribi (*a*) . . .	235	108	127	268	1·1	2·1
(*b*) . . .	354	193	161	384	1·1	2·4
BORDER OF THE AFRICAN TABLELAND						
Jaunde District . .	110	29	81	419	3·8	5·2
Etúms tribe . .	203	68	135	517	2·5	3·8
Engona-Ekiemba .	30	6	24	75	2·5	3·1
Tina	375	90	285	394	1·1	1·4
Mwogatemenge, &c. .	63	38	25	300	4·8	12
Ebolowa (*a*) . .	41	15	26	88	2·1	3·4
(*b*) . .	(1,070)	(261)	809	2,535	2·4	3·1
GRASS REGION						
Dschang . . .	254	10	244	468	1·8	1·9
Joko	135	19	116	186	1·4	1·6
SOLDIERS' WIVES						
Soppo Station . .	66	39	27	44	0·7	1·6
WAR PRISONERS						
Hottentots . .	27	5	22	62	2·3	2·8
TOTAL†						
	3,620	885	2,735	8,195	2·3	3·0

* See for Kribi (*b*), *Medizinal-Berichte 1910/11*, pp. 465–6; for Etúms tribe, Külz (1910), p. 34; for Ebolowa (*b*), Jaeger (1912), pp. 328–9; for all other data, *Medizinal-Berichte 1909/10*, p. 349.

† Excluding Kribi (*a*) and Ebolowa (*a*).

women by age, and since Dr. Jaeger does not give the number of questioned women by age, it is impossible, even for Ebolowa, to ascertain the percentage of sterile women by age-groups. The only data which might convey a picture of the proportion of sterile women are, then, those given by Dr. Külz for the Etúms. His own conclusions, as stated above, were: 'For a people living in a state of nature, the number of sterile women is surprisingly large. If we consider as really sterile those who beyond the thirtieth year have not yet a child, there would be 6 out of 73, or 8 per cent. Here again we must probably single out as cause deliberate abortions often leading to impaired health.' But this argument is by no means convincing. Quite apart

from the fact that an old woman who had no living child may have stated erroneously that she never had borne a child, the number 6 is too small to allow of any conclusion. Moreover, even if the proportion of 'sterile' women actually had been 8 per cent., this proportion cannot be considered excessive.

The average number of children born to a woman was 2·3 for all investigations combined. The data of Dr. Külz show an average of 2·5. But these averages are just as misleading as those of the 'sterile' women. Dr. Külz was quite right in saying that 'in order to assess the true fertility of the women only those, of course, must be considered who are beyond menstruation. Since 27 of them had borne 163 children this would mean the high average of 6 children per woman.' Thus total fertility was high in spite of the fact that the women questioned, until the time of questioning, had borne 'only' 2·5 children on an average. If, then, this average for all investigations combined was 2·3, it is in itself no proof that fertility in the Cameroons as a whole was low.

The maximum number of children born has been recorded for 2,591 women.[1] It amounted to 12. Even taking into account the fact that many of these women had not passed child-bearing age, this figure seems rather small. For one investigation carried out in the Kribi District, the number of children born to each of 354 women has been published.[2] The result is summarized in Table 15.

TABLE 15

Women according to number of live-born in Kribi District

Tribe	*Number of women having had live-born children*										
	0	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*10*	*Total*
Mabea	169	55	21	6	1	6	2	1	1	1	263
Bule	9	2	2	—	—	—	—	—	—	—	13
Jaunde	14	14	6	3	1	—	1	1	—	—	40
Batanga	1	7	7	6	5	2	6	1	1	2	38
Total	193	78	36	15	7	8	9	3	2	3	354

But here again the lack of any knowledge as to the age of the women questioned makes it impossible to draw any conclusions.

There is no evidence that the German administration suspected a restriction of fertility through polygamy. The Governor of the Cameroons, it is true, issued on 22 February 1913 an order for the taxation of the natives[3] in which he claimed the right to impose a

[1] No data are available for Ebolowa (*b*).

[2] See *Medizinal-Berichte 1910/11*, pp. 465–6.

[3] Reprinted in *Deutsches Kolonialblatt*, 15 June 1913, pp. 505–6.

supplement to the yearly tax to be paid by each male adult native capable of making a living

(*a*) on natives having a yearly income of over 400 marks, according to the amount of the yearly income,

(*b*) on natives having power over more than one adult wife capable of making a living, according to the number of wives.[1]

The French authorities stated that this order was inspired 'by the anxiety to strike not only at acquired wealth but above all at polygamy, the cause of sterility of a great number of women and of depopulation'.[2] But since the German official reports do not contain a single statement supporting this view, it seems sounder to assume that the supplementary tax for polygamous husbands was planned because the possession of more than one wife was considered a symptom of wealth rather than as a measure of population policy. But this does not imply that the German officials were not interested in the demographic effects of polygamy. There appears indeed in the writings of Dr. Külz a most judicious statement on the difficulties of rightly assessing the fertility of wives living with polygamous and with monogamous husbands:

Strange to say, the small number of children in many native tribes is very often represented as the consequence of polygamy.[3] I say strange to say, because so far any strict or even merely acceptable proof of it is lacking.[4]

As to its effects, even from an hygienic standpoint, the most contradictory opinions have been expressed. While some see in polygamy the main cause of the weak population-growth of the negro, others hold the view that without it the black race would have perished long ago.[5]

[1] According to an Order of 16 May 1903, concerning the levy of a head tax in the district of Duala (*Deutsches Kolonialblatt*, 1 Apr. 1904, pp. 227–8), each adult native man capable of working, and each unmarried adult coloured woman capable of working, had to pay 3 marks a year; in addition each married man had to pay 2 marks a year for every wife in excess of the first. But difficulties arose in collecting the tax (see *Denkschrift Schutzgebiete 1903/4*, p. 26; *1904/5*, p. 56; Rudin, 1938, pp. 339–40), and by Order of 15 Apr. 1907 (*Deutsches Kolonialblatt*, 15 Jan. 1908, pp. 52–3) the Order of 16 May 1903 was repealed and a hut tax introduced.

[2] See 'Rapport sur l'administration du Cameroun depuis la conquête au 1er juillet 1921', p. 428.

[3] Külz probably referred here to Ziemann (1907), p. 6, who had said: 'I had, for example, in the Cameroons the impression . . . that the number of children borne by the individual negress mostly lags behind the corresponding number for the European women living in the state of monogamy', and to Mansfeld (1908), pp. 193, 199, who had stated that the small number of children born was due in the first place to the large number of wives in the possession of old debauchees.

[4] Külz (1911), p. 68.

[5] Ibid., p. 69. See also Rudin (1938), p. 346: 'Polygamy was regarded by

As to the number of births and child mortality under polygamous as opposed to monogamous conditions, in so far as the latter exist already among the coloured people, clarity could only be obtained by contrasting both on the basis of a statistically faultless and large material. This comparison, of course, should be made for a really comparable object and under otherwise equal conditions. Up to now such a comparison is lacking. If we compare the numbers of children of 30 wives of a sultan, who has become sterile through gonorrhoeal epididymitis or is physically ruined by *lues* or alcoholism, with those of 30 monogamous marriages, we shall, of course, not obtain a result justifying a general judgement; and if the former are much smaller than the latter, one should in fairness direct one's accusations to quite another cause than polygamy. It would, for example, also be inadmissible to contrast simply the number of children of, say, 100 monogamous women living under especially favourable external conditions with that of 100 polygamous women who languish in the greatest misery. It would be necessary, furthermore, that the monogamous marriages chosen for comparison should remain really monogamous up to the limit of the child-bearing age of the woman concerned, since her total child-bearing achievement is undecided up to that date. I myself have tried, among the most different tribes of the Cameroons, to obtain useful material for comparison, but I did not succeed on a large scale. The chief difficulty which I encountered again and again was to discover a fairly large number of marriages which were really permanently and not just temporarily monogamous, in which the woman during the whole period of her conceptive capacity had lived as the sole wife.[1]

3. *Abortions and Still-births*

The women questioned about the number of children they had borne and the number of children surviving were also asked about the number of their abortions. The results are summarized in Table 16.

It appears that for all investigations combined there were 16 abortions for every 100 women questioned and 7 abortions for every 100 live-births. Thus, abortions would not appear to have been very frequent.

Two investigations also covered the number of still-born. Dr. Jaeger ascertained for 809 Ebolowa women 226 still-births (as

some as aiding and by others as checking the growth of the colony's population. The former said that polygamy made it possible for women to bear children and to nurse them while other wives did necessary work in the huts or in the fields; that in monogamous marriages women turned to abortion or weaned their children very early to keep child-bearing and nursing from interfering with the work required of them. The others argued that polygamy kept many young men from getting wives and having families, and therefore was a check on population.'

[1] Külz (1911), p. 71.

TABLE 16

Abortions of Native Women in German Cameroons, 1909–11

Localities	*Abortions per 100 women*	*Abortions per 100 live-born*
Duala . . .	25	8
Victoria . .	18	8
Kribi (*a*) . .	3	3
(*b*) . .	3	3
Jaunde District .	8	2
Engona-Ekiemba .	30	12
Tina . . .	8	7
Mwogatemenge, &c.	56	12
Ebolowa (*a*) . .	15	7
(*b*) . .	16	7
Dschang . .	4	2
Joko . . .	22	16
Soppo Station .	33	50
Total* . .	16	7

* Excluding Kribi (*a*) and Ebolowa (*a*).

against 2,535 live-births and 172 abortions). In Kribi 354 women recorded 136 still-births (as against 384 live-births and 12 abortions). The proportion of still-births would thus have been 8 per cent. in Ebolowa and 26 per cent. in Kribi!

It is evident that these statistics suffered greatly from the confusing of abortions and still-births. The medical officers apparently did not succeed in securing correct answers from the native women. But it seems that the officers themselves were not always aware of the difference between abortions and still-births. Dr. Jaeger, speaking of 'the large number of abortions (6 per cent. as against 3 per cent. in Germany)' did not realize that the German figure of 3 per cent. referred to still-births and not to abortions, and that while among the Ebolowa women there were 6 abortions for every 100 births there were in Germany at least five times as many abortions for every 100 births. The medical reports of the period are full of complaints about an extraordinarily large number of deliberate abortions by native women, but this attitude was due in part to the ignorance of the medical officers concerning the extent of abortions among other primitive races and in part to their credulity when hearing exaggerated reports of the frequency of abortions.[1] The statistics do not show a particularly large number of abortions. If, however, one

[1] See, for instance, Ziemann (1904), p. 152: 'I was myself surprised by the extent of this custom. Out of 10 pregnancies in Ninong about 7 are said to be interrupted artificially.'

assumes that most events recorded as still-births were actually abortions and that many abortions were not recorded at all, the number of abortions among the native women of the Cameroons may have been large.[1] But it should, of course, be borne in mind that a considerable number of abortions were not deliberate, but were due to malaria, syphilis, overwork, and other causes.

4. *Mortality of Children*

There is a consensus of opinion that infant mortality was very high. But some authorities do not give any data to support their opinion and the evidence of most others cannot be considered as conclusive. Statements like those of Dr. Weber, that by questioning 800 women between N'Komakak and Ebolowa he found an infant mortality of 67 per cent., including abortions,[2] or of Hutter, 'Infant mortality is absolutely colossal, according to Dr. Mansfeld over 50 per cent.',[3] are far too vague to permit of any conclusions. Dr. Külz found by questioning 203 Etúms women that, out of 517 children they had borne, 244, or 47 per cent., had died, and he reports that 'according to the statements of the mothers nearly all deaths occurred in earliest childhood'.[4] He concludes that infant mortality was 'enormously high', a conclusion which would be right only if, what seems most unlikely, actually very few children had died after earliest childhood. The only infant-mortality statistics deserving this name are those of Dr. Jaeger which show that, out of 2,535 children borne by 809 Ebolowa women, 752 had died, of whom 228 were reported as having died under one year of age. This would imply an infant mortality of only 9 per cent. It is quite likely that a number of children actually deceased under one year were not reported at all or were returned as still-born or else as having died at a higher age; it may well be, moreover, that infant mortality was exceptionally low among those Ebolowa children. All we can say is: the infant mortality of the Cameroons may have been very high but the data submitted by those who held this view do not afford any proof.

As for the total mortality of children, the available material is more satisfactory. The results of the investigations published in the official

[1] For the attitude of various tribes towards abortion, see Lips (1930), p. 177.
[2] See also *Le Togo et le Cameroun* (1926), p. 41.
[3] Hutter (1910), p. 74.
[4] This most uncertain result of a sample covering only a very small fraction of one tribe has sometimes been quoted as representing *infant mortality in the Cameroons*. See Martin (1921), p. 434: 'The Germans gave as the total figure of infant mortality 47 per cent. It reached 64 per cent. in Ebolowa and at certain points of the coastal region.'

medical report for 1909–10 and by Dr. Külz and by Dr. Jaeger may be summarized as follows:

Source	*Mothers questioned*	*Children born*	*Children deceased*	*Deceased per cent.*
Medical Reports . .	1,783	5,115	2,589	51
Dr. Külz	135	517	244	47
Dr. Jaeger . . .	809	2,535	752	30
Total	2,727	8,167	3,585	44

Out of 8,167 children borne to 2,727 mothers questioned, 3,585 or 44 per cent. had died. This rate, to be sure, does not allow the drawing of any final conclusions. Some of the children had been born only a few weeks previously, while others at the time of questioning were adult persons who had been exposed to the risk of death for over twenty years.[1] A number of deceased children, especially among those who died a long time ago, may not have been reported at all.[2] If the average mortality had actually been not more than 44 per cent., it would by no means have to be considered as very high, but it may well be that in reality it was considerably higher.

Nothing definite can be said about the trend of child mortality. Dr. Weber, whose experience went back to 1902, thought that infant mortality was increasing. Dr. Ziemann (1907) said with regard to the district of Duala that infant mortality apparently was decreasing.[3]

5. *Mortality of Adults*

The official medical reports discuss fairly fully the mortality of special groups of adult natives who lived in close contact with the Europeans. The best data available are those for the native soldiers in the Protective Troops. Table 17 shows their mortality in the years 1900–1 to 1911–12.[4]

Only in one year (1903–4), in which war deaths were particularly numerous, did mortality exceed 40 per 1,000. If war deaths are left out of consideration, mortality fluctuated between 11 and 24. Hence it was not excessive in any year.

[1] Of the 752 'children' reported as dead by the mothers questioned by Dr. Jaeger, 61 had been over 20 years of age when they died.

[2] According to Dr. Külz the mothers under 30 years of age would have lost 93 of their 171 children, or 54 per cent., while the mothers over 30 would have lost 151 of their 346 children, or 44 per cent. (If mortality had remained the same, the older mothers should, of course, have lost a higher percentage of their children than the younger women.)

[3] See *Medizinal-Berichte 1906/7*, p. 89.

[4] No data seem to be available for 1906–7.

TABLE 17

*Mortality of Native Soldiers**

Period	Number of Soldiers	War deaths†	Other deaths	Total deaths	Yearly Death-rate per 1,000: Other than war deaths	Yearly Death-rate per 1,000: Total
1 Oct. 1900 to 30 Sept. 1901	963	13	..	..	..	..
1 Oct. 1901 „ 30 Sept. 1902	1,028	14	25	39	24	38
1 Oct. 1902 „ 30 Sept. 1903	909	8	19	27	21	30
1 Oct. 1903 „ 30 Sept. 1904	891	38	19	57	21	64
1 Oct. 1904 „ 30 Sept. 1905	974	19	20	39	21	40
1 Oct. 1905 „ 30 Sept. 1906	1,442	34	22	56	15	39
1 Oct. 1907 „ 30 Sept. 1908	1,316	14	16	30	12	23
1 Oct. 1908 „ 30 Sept. 1909	1,171	—	22	22	19	19
1 Oct. 1909 „ 31 Mar. 1910	1,214	—	11	11	18	18
1 Apr. 1910 „ 31 Mar. 1911	1,225	7	14	21	11	17

* See *Medizinal-Berichte 1905/6*, pp. 392, 406, 420, 430, 439–40; *1906/7*, p. 324; *1908/9*, pp. 506, 1–12; *1909/10*, pp. 634, 636, 640; *1910/11*, pp. 764–6.
† Deaths in fighting or as a consequence thereof.

Mortality was much higher among the natives employed on plantations or in the construction of railroads or as carriers, and among native prisoners. The medical officer, Dr. Külz, in a letter to his wife, dated Kribi, 20 September 1905, wrote:[1]

Often, it is true, it looks to me a useless undertaking if I daily take great pains with a comparatively small number of blacks to restore their health while at the same time I see how little consideration the Europeans in general often have for the state of health of the natives. Quite apart from the threatened degeneration through alcohol this shows itself with particular frequency in their dealings with all the blacks who are recruited for work either in building roads or as plantation labourers or as porters on expeditions.[2] *That* this is done, is, of course, only right. But *how* is it done! The amount of losses through sickness and death among these labourers is enormous. It has happened that, of the people employed as porters in a war expedition, more died through sickness than the enemy lost in fighting. Such occurrences cannot of course remain without profound reactions. Is it to serve the propagation of the notions of 'culture', 'humanitarianism', and 'civilization', is it to render the natives docile, to make them like to work for us, if they see that out of a hundred men of their tribe who set out to work only one-half return home? This question of furnishing labourers in the Cameroons is a sore point. A fact of grave importance is that many people are made to work not in their native district

[1] Külz (1906), pp. 189–90.

[2] It is interesting to note that, twenty-seven years later, Orde Browne, in the Introductory to his book *The African Labourer*, stresses the same point (without reference to any particular territory): 'The doctor does something to mitigate diseases and combat child mortality, but it may be in a group whose whole physical welfare is being jeopardized by conditions of work' (Orde Browne, 1933, p. 4).

but in a remote part of the country. Such a transfer of blacks results invariably in all kinds of diseases, particularly malaria and dysentery. How indeed could it be otherwise if one tears the people suddenly out of their old traditional habits of living and subjects them to entirely new ones; if they can no longer have the same food as heretofore and at the same time often are to perform work of a kind and a harshness hitherto unknown to them. . . . The recruiting of labourers from other regions cannot be avoided in sparsely settled districts of the Cameroons. But the grave dangers of such an undertaking must be mitigated by special precautionary measures. In this, according to my conviction, we have failed so far. What has been done so far in this matter? Who troubles about the kind of food the particular tribe needs? Who decides whether the negro will be able to perform the work required of him? Who decides in case of sickness whether he shall continue to work or not? Who gives him medicine, who orders his discharge, who isolates persons with a contagious disease? Who decides whether the quantity of food provided is sufficient, whether the shelter satisfies at least the most elementary requirements? I really should like to know how many thousands have already died the 'death for the fatherland' in labour service for the Government, in prison, or on the plantations. And yet the solution of these questions, while difficult, is not impossible. The Esser plantations with their thousands of labourers chose long ago to provide for their people, for example, extensive help in case of sickness. In addition to the European dressers hitherto in their service they will appoint in the near future a special physician with tropical experience, and the quartering of the patients is well taken care of. A few Government officials also carefully supervise the physical well-being of the blacks working under their control. But in general very much still remains to be desired. First of all, every transfer of blacks over great distances should be permitted only in cases of emergency. If it is unavoidable the nutrition of those transferred must be adapted as far as possible to their native habits. Those who fall sick must be eliminated, those with contagious diseases must be isolated, the chronically sick must be sent home where they will at least find again their old living-conditions. Already when recruiting the labourers the question of health must be considered; weaklings should be left at home. Very often the villages intentionally send sick persons to work for the European, mostly chronically sick persons who are no longer of any use in their community and of whom either they want to be rid, or for whom sometimes they may expect help from the European. Such people should be rejected. Wherever the density of population and the kind of work to be performed permit it, the blacks should be relieved after a short time—which also seems desirable for the sake of an equal distribution of the work imposed. Wherever possible they should be followed by their wives to take care of their food. In the interior districts of Togoland I have often seen how, for example, in connexion with road-building the people started on a fortnight's work and after this period were relieved by the next group recruited from other

villages. Briefly, there is a whole series of very obvious and effective measures, which, of course, must be adapted to the particular external conditions, so that no generally valid pattern can be established for them. However, not only the physician but also the layman must take an interest in them. Unfortunately the understanding of the tribal hygiene of the natives is still very defective. And yet the profits to be derived from and the welfare of a colony are based essentially on the welfare and the progressive development of its inhabitants. If no other motive, then sheer self-interest ought, therefore, to induce us to keep a watchful eye on the physical well-being of our black people.

A little example which I witnessed a few weeks ago may serve as an illustration of the conditions in question. A telegraph line is being laid at present from Kribi through the jungle to Jaunde. A few days' distance from here about 100 negroes recruited from various districts are engaged in this work under the direction of a European. At the beginning of this month postmaster S. went from Duala by way of Kribi to examine the line and to learn about the state of work. He undertook the laudable task of checking for once the physical condition of the black workers. The report which came from him was as follows: Out of the 100 people who had been working there only a few weeks, 7 had died, 15 had run away, and some 20 had become seriously ill. He discharged the sick into my care at the coast where they arrived after a few days. Unfortunately for 3 of them it was already too late, since they died on the way, and a fourth who was carried here in a hammock can probably not be saved either; the rest, I hope, will recover. But, I ask, should one, then, be surprised if, in the future, the villages concerned furnish us with workers only with the greatest reluctance, should one be surprised if so-and-so many of the men run away? Should one demand willing obedience from them? The 15 fugitives were recaptured shortly afterwards and were likewise brought before me. Five of them suffered from severe ulcerations of the feet, recognizable even to the layman; the other 10 declared themselves to be in perfect health and gave hunger as the reason for their flight. In reality it appeared that, while they had received ample quantities of food, it was not the kind to which they had been long accustomed and, therefore, was unpalatable to them.

The official reports confirm that up to November 1905 there was not on a single plantation a physician to attend the workers.

On the large plantations of the [Victoria] District medical help is given in part by certified European dressers (*Heilgehilfen*), in part by laymen and coloured helpers. At the end of November 1905 a civilian physician was appointed by the West African Plantation Company, Victoria.[1]

The consequences of this neglect were appalling. The medical officer, Dr. Waldow, in the official report for 1905–6, states:[2]

The mortality of the labourers on the plantations, who were not subject

[1] *Medizinal-Berichte 1905/6*, p. 150.

[2] Ibid., p. 153.

to treatment by the Government medical officer, was quite high: as far as can be judged up to now, out of 5,910 labourers 625 have died. The causes of death given are mostly fever and dysentery. Consumption and insanity are cited more rarely. Death resulting from an accident occurred only very seldom.

The death-rate of the plantation labourers, even according to these apparently incomplete statistics, exceeded, then, 100 per 1,000 in the year 1905–6. No figures were given for other years.[1] The comments in the official medical reports on the mortality of plantation and railroad labourers and of prisoners in 1905–6 and in subsequent years were as follows:

1905–6. Dysentery prevails endemically in the whole Protectorate. The mountainous regions seem to be particularly affected. . . . So far it has been the most devastating among the war prisoners and labourers brought from the interior to the coast where they receive instead of their usual food (maize, makabo, cassava, plantains) the unaccustomed rice diet. The rice is often only half-cooked so that intestinal catarrh and dysentery easily result from it. This is the more so as the bodies of those people from the mountain heights are often enfeebled by malaria. By a strict supervision of the cooks the abuses relating to wrong cooking of the rice may be removed in part. Through regular dispensing of palm oil with the daily rations the propensity to intestinal troubles has been reduced to an extraordinary extent on the plantations. . . .

Already it can be said that for all the coloured labourers dysentery is a much more serious and more frequently fatal disease than malaria. Questionnaires, therefore, have been prepared for the employers in order to ascertain statistically the morbidity and mortality of the labourers owing to malaria and dysentery, and in order to be able to eliminate altogether for the labour-recruiting agents those tribes whose members show themselves particularly susceptible to dysentery at the coast.[2]

In order to reduce mortality among labourers, war prisoners, &c., imported from the hinterland, all people are to be examined by a physician, as far as possible, before marching off to the coast, and old, weak people as well as persons too young are to be excluded.[3]

1906–7. Duala District. Dysentery. Those most affected were convict labourers (Banyamta people). Physically in a very bad condition owing to unaccustomed food and labour as well as to the transportation to the

[1] When the colonial trader, Vietor, in 1901 had become member of the Colonial Council (an advisory council of colonial experts to assist the home administration), he repeatedly, but in vain, urged the regular publication of statistics of mortality of the natives on the plantations. See Vietor (1913), p. 121.

[2] Medical Officer Professor Dr. Ziemann, *Medizinal-Berichte 1905/6*, pp. 175–6. It apparently did not occur to the professor that the plantation-managers might have remedied the evil by producing the food which the labourers needed.

[3] Dr. Ziemann, ibid., p. 184.

coast, they could offer only little resistance to the grave illness. Nineteen died in a state of great exhaustion.[1]

Victoria District. On the plantations of the District I found on my inspection tours the sanitary arrangements satisfactory throughout. Suitable hospital rooms are provided everywhere; nearly everywhere there are also isolation barracks for dysentery patients. If on some plantations the death cases accumulated, this was due probably to the kind of labourers employed. I have pointed out before this that by no means all tribes from the interior are equally fit to work in the coastal region. Only statistics covering a longer period, concerning morbidity and mortality among negroes from the interior working on the coast, can determine the tribes from which plantation labourers are best recruited.[2]

Kribi District. Health conditions of the natives (except for prisoners and convict labourers) are not unfavourable.

The natives coming from the hinterland to the coast mostly fall ill of malaria or intestinal diseases. The unaccustomed food, rice and stockfish, have their share in it, and to an equal extent also the bestial greed and the intemperance in eating. The ration destined for seven days is polished off mostly by the third day.[3]

1907–8. Government hospital, Duala. At least nine-tenths of all dysentery cases admitted were those of prisoners and convict labourers. Among them the members of tribes not belonging to the Duala territory were again by far the majority. The dysentery patients, then, were recruited primarily from such natives as were torn from their long-accustomed living and food habits. In spite of hospital treatment mortality among them is very high; in this year 13 died out of 70 treated. As shown by thorough and careful comparisons, I have had, therapeutically, the best successes if, besides medicinal treatment . . ., the people were provided in as complete a manner as possible with their former fare without any other dietary prescriptions whatsoever. Among 23 patients suffering, in the last quarter, from dysentery, often very grave, not a single case of death was recorded with this method of treatment.[4]

Typhus and dysentery raged among the grass-land labourers of the West African Plantation Company, Victoria, and claimed many victims. . . . Probably a great part of the mortality in Molive and with the West African Plantation Company, Bibundi, was caused likewise by typhus.[5]

Dysentery doubtless is promoted by under-feeding with unwholesome food or weakening of the organism through exhausting diseases. According to the opinion of the author, who had the opportunity of getting to know the conditions on the plantations at the Cameroons mountain, the infection is mainly caused by polluted drinking-water. The natives fre-

[1] Dr. Ziemann, *Medizinal-Berichte 1906/7*, p. 95.
[2] Medical Officer Dr. Raebiger, ibid., p. 109.
[3] Ibid., p. 116.
[4] Dr. Waldow, ibid., *1907/8*, p. 174.
[5] Dr. Waldow, ibid., p. 175.

quently ease themselves near the water while bathing. The thirsty negro indiscriminately drinks any water in an unknown region. Given a good state of nutrition disturbances of health will hardly ever result. If, however, the body, as stated above, is weakened by marches, privations, malaria or other diseases, acute dysentery of a grave kind will develop which plays havoc with the plantation labourers.

The ever-recurring appearance of epidemics on such farms as have bad water near them speaks for the opinion that the illness is mainly caused by water infection. . . .

On the other hand, the importance of the right feeding of the negro shows itself clearly in the fact that with ample provision of plantains, palm oil, makabo, and similar native victuals dysentery occurs only seldom. Unfortunately these native victuals are not grown sufficiently by a number of plantations, so that regularly when the rainy season sets in, at a time when the plants mostly stop bearing fruit, a shortage prevails, with the result that the labourers, who just about this time of the cocoa crop are overworked and exposed to showers, receive an unaccustomed food in the form of rice and stock-fish.[1]

1908–9. In the last months under consideration, the native labourers of the Midland Railway furnished the greater number of the new dysentery cases, still more than the district prison. The causes thereof are varied. In the first place it is due to the food. . . . To this must be added the indolence (which as yet cannot be cured by any teaching) of the people, who live here together much more closely than they are accustomed, towards the most elementary hygienic matters, the thoughtlessness in the disposal of their excreta, the ineradicable bathing and washing in the same little pools from which they take also their drinking-water.[2]

1909–10. A chapter particularly important for the physician from a practical standpoint is that of the hygiene of the coloured plantation labourers.

At the inspections serious grievances were nowhere found as to the lodging, the feeding, and the care in cases of illness of the people. Considered externally, they are certainly everywhere better off than in their native villages. Some plantations have labourers' dwellings of even exemplary cleanliness. The orders issued for the protection of the coloured people are also being carried out everywhere. Nevertheless mortality among them is still so high that it is one of the chief duties of the local medical officer to investigate the causes for this high mortality and to remove them as far as possible.

The medical officer of Victoria sets forth as such causes:

Helminthic diseases prevail to a large extent on all plantations. . . .

The second factor of the high mortality of the plantation labourers is—as already mentioned in connexion with the railroad labourers—one of racial biology. If the mortality rates of longer periods are analysed

[1] Dr. Waldow, ibid., pp. 175–6.

[2] *Medizinal-Berichte, 1908/9*, pp. 202–3.

critically, it is striking how under absolutely identical external living-conditions on one and the same plantation the members of different tribes contribute to them to a quite different extent, that is to say, the individual tribes possess an absolutely different capacity of adaptation to the environment in which they live on the plantations—this was the reason for no longer permitting the employment, as labourers at the coast, of some tribes, such as, for example, the Jabekolle and the people from the hinterland of Jabassi. In this connexion two laws seem to be valid quite universally:

(1) Mortality is the lower the more the climatic and other conditions of the home country of the labourers resemble those of the plantation territory. People, for example, from the territory of the Balundus, the Bakwiris, from the Rio District or the Johann-Albrechtshöhe District show comparatively low mortality figures. With people from the Ossidinge territory they rise mostly to a critical height and reach their peak with pure grass-land people.

(2) By far the most deaths among a gang of labourers always occur at the beginning of the labour period on the plantations. Among those who get over the first months unscathed the subsequent mortality is mostly only small.

Besides, both laws become valid everywhere where larger masses of coloured people undergo a marked change in their living conditions. They are the laws of natural selection through which all individuals who lack the capacity of adaptation to their environment are eliminated. With hygienic care alone we shall be able to mitigate here and there, it is true, the rule of this natural law but we shall not be able to suppress it.[1]

1910–11. Victoria. The plantations have provided mostly good and ample lodgings for their European assistants. For the labourers mass lodgings have been erected which according to local standards are ample for coloured people, but which expose the health of the natives to dangers.

Bamenda. The changes which have become necessary for the improvement of the unhygienic conditions of the prison are well under way and will be completed before long.[2]

There was, then, virtually a consensus of opinion as to the causes of the consistently high mortality of the plantation and other labourers: exhaustion through the march to the coast and the subsequent hard work, inadequate food, and inadequate drinking-water. The remedy was sought mainly in recruiting the labourers preferably from those tribes which could best stand the evil living-conditions on the plantations and by providing medical care and treatment in hospitals.

[1] Dr. Ziemann in *Medizinal-Berichte 1909/10*, pp. 351–2. See also ibid., pp. 342–3. See also Ziemann (1912), p. 24: '. . . at first certainly many negro lives will be lost through the construction of railroads since the labourers are transferred into wholly unaccustomed conditions to which many fall victims.'

[2] Dr. Waldow and Dr. Pistner in *Medizinal-Berichte 1910/11*, pp. 385–6.

Any kind of direct attack on the problem by alleviating the hardships of the march and the work, or by providing the labourers with the food to which they were accustomed and with adequate drinking-water, was hardly made at all, and some of the medical officers were inclined to put the blame on the natives or to bow to a so-called law of nature.

In a petition submitted to the German Reichstag on 6 February 1914, the German Society for the Protection of Natives, founded on 5 December 1913, summarized the demographic effects of the plantation labour system as follows:[1]

> There can be no doubt that a main drawback consists in the too extensive and often too irrational use made of the population by the European plantations. It is an absolutely intolerable state of affairs, if, as has been ascertained conclusively in different parts of the various Protectorates, the entire male population of a village which is fit for work actually works on the plantations of Europeans so that their own farms are neglected, and that the birth-rate declines considerably owing to the long absence of the men. In a general way the accumulation of large masses of labourers far from their homes is an evil; it leads only too frequently to the physical and mental degeneration of the labourers; the change of climate in connexion with the slight physical power of resistance and the unaccustomed diet claim numerous victims, so that the mortality rate among the plantation labourers is in parts very high.

The official reports gave figures relating to the mortality of plantation labourers only for the year 1905–6. This is the more to be regretted as an ever-increasing number of natives was employed on the plantations.[2] How great mortality still was on some plantations in the closing years of the German régime was disclosed by Erzberger, the leader of the German Centre party, in his speech of 7 March 1914 in the German Reichstag:

> But I have also communications which originate directly from the Planters' Union in the Cameroons. This after all should be authentic; this after all cannot be considered dubious. We find there average mortality figures on various plantations which are really terrifying. On the Victoria Plantation in the Cameroons the average number of deaths of labourers—I am speaking now in percentages—was, in 1909, 7·89 per cent.; in 1910, 3·31 per cent.; in 1911, 9·33 per cent.; in 1912, 10·24 per cent.; and in 1913, 9·11 per cent. . . .
>
> Prince Albrecht Plantation! There I arrive for 1912 at a figure of 26·80 per cent. deceased among the average number of labourers. One-quarter

[1] Deutsche Gesellschaft für Eingebornenschutz (1914), p. 156.

[2] It amounted to 17,827 on 1 Jan. 1913; see *Die deutschen Schutzgebiete 1912/13*, p. 85.

of the labourers employed on this plantation died. In the previous year the figure was 13·71 per cent. I am quite impartial and I add that the year 1913 brings a decline down to 7·96 per cent.[1]

The British Handbook on *Treatment of Natives in the German Colonies* stated:[2]

The death-rate on the plantations has been very high. On some, which are well managed, it is normal, but on others it is far above what should be the average. Thus Herr Scholze has stated[3] that within a year a quarter of the labourers died; whilst Herr Vietor has estimated the death-rate to be at least 20 per cent.:

'Already in 1902 I was obliged, in consequence of communications received, to demand publicly in a lecture the better treatment of the people, as 20 per cent. of the labourers died yearly.[4] In 1904 I visited Cameroon for the first time, and heard, chiefly from the officials themselves, how bad things looked on the plantations. . . . Whilst I was in Cameroon last year I was told that in six months on the Tiko plantation 50 to 75 per cent. of the workmen had died, as was acknowledged by the manager.'[5]

Owing to the constant withdrawal of natives from their own homes, whole districts in Cameroon were becoming depopulated. Many of these natives never returned to their homes. They either died or were left stranded on the plantations, in debt to the storekeeper and unable to get away. . . .

It being plain that large districts have been denuded of their male population, to the detriment of the birth-rate in the villages,[6] some

[1] *Stenographische Berichte* (1914), p. 7911. See also H. C. Moorhouse, Lieutenant-Governor of the Southern Provinces of Nigeria (*Reports on the British Sphere of the Cameroons*, 1921, p. 53): 'In a report from the Military Administrator at Bamenda, he records that, in 1912, of 300 Balis sent to the plantations, 94 had died.'

[2] F.O. *Handbooks*, No. 114 (1920), pp. 23–5.

[3] See Scholze (1905), p. 19.

[4] See Vietor (1902), p. 170; see also ibid. (1913), p. 71.

[5] Report presented to the Union of West African Merchants, 1914. See also Vietor (1913), p. 121.

[6] 'On this point there is the testimony contained in the Report presented to the Union of West African Merchants on January 3, 1914. The writer states: "I have sought to test how far the depopulation, which is admitted on all sides as a result of the plantations, has progressed, but have not found any statistics from Cameroon about it. The only thing is a small return that in the Mahea tribe 167 out of 263 have not borne offspring, and the remaining 96 women had 189 children. Among the Bales, out of 40 Yaunde wives (half the women), 30 per cent. were childless, and the 27 remaining had 53 children. Only among the Batangas 38 wives had 144 children. Unfortunately, however, the reasons are not given why so many women have no children. Were so many men really away as porters and workmen, or were there quite other reasons? Anyway, the question of population appears bad enough in Came-

evidence may be given as to the methods adopted to bring the men to the plantations. On this question there is an abundance of evidence, most of it of recent date. Thus in a report from Duala, dated September 24, 1913, the writer says:

'Against such official recruiting we merchants must protest with all energy. . . . It is simply intolerable that the Government should tear the men from their families, and also, as is clearly proved, arbitrarily take the men recruited against their will to these prescribed plantations. . . . No German Government must be responsible for forcing the people against their will to work on plantations, especially on plantations which have a bad name, where the people know that every third, fourth, or fifth man dies. It is simply iniquitous to tear people who have their own property and who are busy as farmers, from their work, or to take married men against their will from their families. That, in plain German, is simply slavery for a time, instead of, as formerly, for life.'[1]

To this and other attacks the late Governor of German East Africa, Heinrich Schnee, replied:[2]

In the Cameroons the Germans are also reproached for having, as is alleged, caused a decimation of the population through forced labour. This charge likewise is absolutely unwarranted. Forced labour was employed in the Cameroons, just as in the other colonies, only when it was a question of executing public works. For all other undertakings volunteers, who were recruited by private agents, were employed.[3] In the propagandist booklets, much is made of the comparatively high mortality rate on certain plantations. It is true that the death-rate among the native labourers was at times regrettably high. The reason for this was twofold. In the first place, most of the plantations were situated in the unhealthy coast regions of the Cameroons, where epidemics were

[1] In order rightly to appraise this protest of the German merchants in the Cameroons, it must be realized, however, that they resented strongly the competition of the planters on the labour market. See, for example, Rudin (1938), pp. 235, 241, 251–2, 303, 316–17, 323–4, 417.

[2] Schnee (1926), p. 139.

[3] This statement is not correct. See, for example, *Die deutschen Schutzgebiete 1912/13*, p. 72: 'The provision of the plantations [with labourers] is one of the most difficult tasks confronting the Administration of the Protectorate . . . Whether the recruiting of labourers through officials—the private agents being excluded—which has been introduced as a beginning in a number of Districts may be introduced throughout has not been decided so far.' See also Sir F. D. Lugard (*Report on the Amalgamation of Northern and Southern Nigeria*, 1920, p. 681): 'Under German rule these [plantation labourers] were recruited by forced levies, and the German district officers continually protested that the country was becoming depopulated and villagers were migrating over the Nigerian border.' On 7 Mar. 1914, Herr Mumm related in the Reichstag (p. 7934) that Ebermaier, Governor of the Cameroons, at a meeting of the Union of West African Merchants, had explicitly declared that he would stick to the system of recruiting the labourers through officials. See also Martin (1921), p. 409–14; Rudin (1938), pp. 325–7.

frequent, and secondly, when natives from the high-lying, healthy regions in the interior were employed, they fell easy victims to the fevers prevailing in the low-lying districts. Similar experiences were made in other colonies —not only in the German territories, but wherever the experiment was tried of utilizing natives from the higher regions in the climatically more unfavourable plantations.

Another group of natives who suffered most seriously through their employment by Europeans were the carriers. When Herr Theodor Seitz became Governor of the Protectorate in 1907, he considered it his most urgent task to improve conditions in this respect.

Above all it was necessary to check the serious abuses which had developed with respect to porterage in the south of the Protectorate and which sooner or later would lead to the economic and moral ruin of the natives and to the gravest disorders unless a regulation were made taking into account not only the interests of the trade but also those of the natives. When on my first journey to the south I marched from Jaunde to the coast, caravan after caravan passed us for hours. Men, women, and children, strong ones and weak ones, dragged their burdens from and to the coast. Everywhere in the villages, in which only a small part of the population had stayed behind, the natives complained about violent infringements by carriers from foreign tribes. The traders expressed their grievances about the lack of uniformity on the part of the various authorities in dealing with the whole carrier question.[1]

Governor Seitz, by an order of 4 March 1908,[2] introduced uniform rules for carriers, which in particular prohibited the employment of children. He reports that conditions in all essentials were improved through the new rules. But five years later the Colonial Secretary, Herr Solf, stated in a talk with representatives of the Chamber of Commerce of the Southern Cameroons:

It is a sad state of things to see how the villages are bereft of men, and how women and children also carry burdens; how the whole life of a people is lived on the road! What I saw on the highways at Jaundi and Ebolowa has grieved me most deeply. Family life is being destroyed; parents and children, husbands and wives are being separated. No more children are born, as the women are separated from their husbands for the greatest part of the year. These are abuses and difficulties which must cease.[3]

[1] Seitz, vol. ii (1929), p. 29.

[2] *Amtsblatt für Kamerun*, 15 Mar. 1908, pp. 9–11.

[3] 'Die wirtschaftliche Lage der Eingeborenen Süd-Kameruns' (1913), p. 740. Solf repeated this statement in the Reichstag on 9 Mar. 1914 and added (p. 7949): 'Conditions in the Cameroons are in part quite sad; this I admit at once. But it is by no means the owners of the plantations alone who are responsible for the unfavourable conditions among the natives in the Cameroons. This is not the case. The fate of the carriers and the fate of the families

In his reply to the attacks on the German Administration of the Cameroons, Schnee stated:[1]

The apparent depopulation of certain districts in the Cameroons was due, not to work on the plantations, but to another cause altogether. . . . The actual cause was the exploitation of the wild-rubber trees growing in one part of the colony. This exploitation led to undue demands being made upon the natives living on or near the caravan routes affected. These men were required as carriers and also to attend to the needs of passing caravans, and this work engaged them to such a degree as to threaten their family life. The result was that the natives sought to avoid the constant disturbances and the work caused by the passing caravans by moving away from the neighbourhood. These then tended to become deserts, not on account of the population dying off, but on account of it moving away.

Finally, the native labourers employed in railroad construction experienced a very high mortality. According to the monthly reports issued for the Midland Railway, the average number of native labourers employed in the years ending 30 June 1913 and 1914 was 5,423 and 8,150 respectively. The number of deaths was 468 and 791.[2] The yearly death-rates would then appear to have been 86 and 97 per 1,000 respectively. But in fact conditions were still worse. The day labourers, as a rule, went home to their families in case of sickness,[3] and most of the deaths occurred among contract labourers. If we assume a death-rate of 30 per 1,000 for the day labourers the contract labourers (averaging 3,081 in 1912–13 and 4,025 in 1913–14) would have had a death-rate of 130 and 160 respectively!

To sum up, there was a consensus of opinion that the strain on the native population occasioned by the labour demand of the Administration and of private employers was exceedingly great.[4]

of the carriers is very much worse than that of the plantation labourers.' Two days before, Herr Mumm had related 'that some bands of carriers from Tschang had had a mortality of 40 and 50 per cent., so that the district officers refused to send more men' (p. 7934). As to the spread of venereal diseases through the carriers in the Cameroons, see Martin (1921), p. 429; Wehrstedt (1926), p. 220.

[1] Schnee (1926), p. 140.

[2] See *Amtsblatt für Kamerun*, 1912, pp. 308, 350, 367; 1913, pp. 30, 80, 136, 188, 270, 304–5, 355–6, 392, 417, 466–7, 495–6, 515–16; 1914, pp. 39–40, 65, 83–4, 154, 193, 287, 341, 384–5. Of the 791 deaths in 1913–14, 380 were due to pneumonia, 270 to dysentery, and 141 to other causes.

[3] See, for example, ibid., 15 May 1911, p. 210.

[4] Sometimes the demand in some regions seems to have been appalling. Herr Mumm, on 7 March 1914, quoted from a letter the following passage (pp. 7933–4):

'. . . My journey through Jaunde gave me very much pleasure. What a

Gustave Martin, in his comprehensive analysis of the situation, states:[1]

> The increasing number of labourers necessary for the public and private enterprises required each year, according to the German estimates, a shifting of nearly 50,000 men whose recruitment was borne almost entirely by the people in the centre of the colony. The mortality which afflicted the labourers went as high as 10 per cent.; at certain periods of the year the proportion of sick amounted to 30 per cent. Several German observers, therefore, attributed, not without good cause, the depopulation of numerous regions to the swallowing up of labour by the large European plantations.

Data concerning the mortality of the adult natives not working for Europeans are lacking almost completely. The dysentery epidemic of May–July 1910 is stated to have claimed in the Bamenda District alone 8,000 victims.[2] The medical officers on the whole took the view that mortality among the native population was very high. But they did not provide figures to support this opinion, and some of them have been misled by the high mortality of the natives on the plantations. Thus Dr. Ziemann stated:

> All experience up to now permits . . . the conclusion that the average age of the natives is lower than that of the Europeans, that one comes to see in general . . . but seldom really old people, and that on the average they have a far larger number of sick days than the Europeans if, as on the plantations, one is in a position to make comparisons.[3]

On the other hand, there is no evidence that mortality was decreasing. Syphilis, which in 1893–5 was a disease unknown among the natives of the Cameroons,[4] was widespread ten years later,[5] and gained still more ground in the following years.[6] In 1910 the number of

splendid, fertile land is the Cameroons, and what could be made of the country if the right native policy were applied! The prevailing system is, however, appalling, the population is continuously on the move. [An official] told me that in the Jaunde District which all of us have considered an inexhaustible reserve of human beings, the population is actually declining.

'Of 100,000 men fit for work, 92,000 were occupied as carriers or as railroad and plantation labourers, so that altogether 8,000 remained to cultivate the farms, to convert the land to arable, and to clear the bush. What will be the outcome? Jaunde is almost as large as Togoland, and there are only 8,000 for the cultivation of land.'

[1] Martin (1921), p. 425.

[2] See *Die deutschen Schutzgebiete 1910/11*, p. 56; see also *Amtsblatt für Kamerun*, 1 Nov. 1910, p. 350, and *Medizinal-Berichte 1910/11*, pp. 401–2, 765. For an epidemic in 1909 see Külz (1909), pp. 182–4.

[3] Ziemann (1923), p. 38. See also Ziemann (1907), p. 6.

[4] See A. Plehn (1897), p. 58; ibid. (1900), pp. 542–3; Külz (1908), pp. 555–6.

[5] See, for instance, *Medizinal-Berichte 1905/6*, pp. 181–2.

[6] See, for instance, ibid., *1908/9*, pp. 214–16.

lepers was estimated to be 'at least 20,000'.[1] The same year witnessed the discovery of the first focus of endemic sleeping-sickness.[2] The report for 1910/11 stated that 'a more thorough investigation of the foci had shown that the spread of sleeping-sickness was greater than had been assumed at first'.[3] The report for 1911/12 related that a great part of the south was strongly infected.[4] The report for 1912/13 finally stated:

> The great spread of sleeping-sickness in the Cameroons still causes the Administration grave concern; to fight it successfully will still require a long time and great energy.[5]

It is wellnigh impossible to judge correctly the actual extent of sleeping-sickness in that period. The number of cases ascertained was rather small.[6] It is said, moreover, that German medical officers in 1914 estimated the total number of natives affected by the disease not to have exceeded 6,000 in Old Cameroons.[7] But there certainly were many experts who by no means shared this optimistic opinion and considered rather the demographic effects of sleeping-sickness to be disastrous.[8]

[1] *Die deutschen Schutzgebiete 1909/10*, p. 66. See for details Vorwerk (1910), pp. 373–4; Martin (1921), pp. 280–6.

[2] See *Medizinal-Berichte 1910/11*, pp. 399–401. See also Steudel, 'Der gegenwärtige Stand der Schlafkrankheitsbekämpfung' (1929), p. 122.

[3] *Die deutschen Schutzgebiete 1910/11*, p. 56. See also Ziemann (1910), p. 348.

[4] See *Die deutschen Schutzgebiete 1911/12*, p. 64.

[5] Ibid., *1912/13*, p. xii; see also ibid., p. 79, and *Amtsblatt für Kamerun*, 1 July 1913, p. 302.

[6] According to Steudel (1924), p. 34, the unpublished medical reports for 1912–13 stated that the patients in the sleeping-sickness camps numbered 218 on 1 April 1912; in the following year 1,149 entered the camps while 215 died and 519 left for other reasons, so that the patients on 1 April 1913 numbered 633. 'Morbidity statistics cannot yet be given because the number of natives undergoing medical treatment constitutes only a fraction of those actually sick and also because the exact number of inhabitants of the villages is not known.' For further details about the number of infected persons, see Kuhn (1913), pp. 587, 589; Martin (1921), pp. 164–6, 181–6, 192.

[7] See Steudel (1930), p. 230; 'Ein englischer Appell an Frankreich' (1930); 'Deutsche Hilfe gegen Kameruns Verseuchung' (1930). While Steudel in 1930 stated that 'prior to the War the persons suffering from sleeping-sickness were estimated to be 6,000 at the most in Old Cameroons', he related in 1937 (p. 367): 'The total number of persons suffering from sleeping-sickness in the Cameroons was estimated at the outbreak of the War to be from 4,000 to 6,000 at the most, including the foci in the territory of New Cameroons ceded in 1912 by the French.' In view of the great spread of sleeping-sickness in New Cameroons, it seems inconceivable that any responsible person should have estimated the number of patients in the whole area of the Cameroons to be only 6,000.

[8] The 'German Society for the Protection of Natives', founded on 5 Dec. 1913, said in its first appeal to the public: 'In vast parts of this colony [German East Africa], as also in the Cameroons and especially in the Cameroons

CONCLUSION

THERE seems to have been a consensus of opinion that the population of the Cameroons did not increase. Most experts supported this view by pointing to the ratio of the number of children to the number of women as ascertained either at the general enumerations or through special investigations. This may seem strange since in most cases the number of children was found to be about equal to the number of women and could justly be considered as low only in a few exceptional cases. The German administrative and medical officers evidently had totally wrong conceptions about the rather complicated relations of age-composition and population-growth. They also showed themselves quite unable to interpret rightly the results of their investigations of fertility, sterility, abortions, and infant mortality. Their conclusion that fertility was low, that sterility and abortions were most frequent, and that infant mortality was enormous was not justified by the data which they had collected. But these data were so scanty and were collected mostly with so little skill that it would be unsafe to use them at all for drawing any final conclusion. It may well be that during the German administration the native population of the Cameroons did not increase, and the outlook was the less promising as the enormous spread of venereal diseases in the last decade of the German régime and the onset of ravages through endemic sleeping-sickness were apt further to affect unfavourably both fertility and mortality.

territories newly acquired, sleeping-sickness rages to such an extent that medical authorities are of the opinion that in some districts the population is virtually dying out'; see 'Eingebornenschutz' (1914), p. 3. Wehrstedt (1926), p. 220, states that 'of all the German colonies the Cameroons suffered most from sleeping-sickness, which depopulated vast regions'. Labouret (1937), p. 110, says that it 'decimated the population'. See also Escherich's description of his journey undertaken in 1913–14 at the request of the German Colonial Office (in particular, pp. 189–93, 259–60), and Bergfeld (1935), p. 94.

PART II
FRENCH CAMEROONS

THE PRE-MANDATE PERIOD (1916–21)

GERMAN CAMEROONS was conquered by French, British, and Belgian troops in 1914–16. As early as 1 April 1915 the territory of New Cameroons which had been ceded in 1911 by France to Germany was re-attached to French Equatorial Africa.[1] In an agreement signed in September 1915 the French and British Governments undertook to rule Old Cameroons jointly; but this agreement was replaced by a convention signed in London on 4 March 1916, by which the two governments divided the Cameroons provisionally between them pending a definite peace settlement.[2] The greater part of the territory was placed under French administration, and under British administration was placed mainly a strip on the southern border of Nigeria.[3]

Through the treaty of Versailles (28 June 1919), Germany abandoned all claims to the Protectorate, which, by a Franco-British Declaration of 10 July 1919, was divided, on the whole, according to the convention of 1916.[4] New Cameroons was incorporated again into French Equatorial Africa while Old Cameroons was placed under the Mandates of France and Great Britain, 161,800 square miles being allotted to France[5] and 34,081 square miles to Great Britain.[6]

[1] See Rouard de Card (1924), p. 24. [2] See Buell (1928), vol. ii, p. 277.

[3] The territory allotted to the British 'comprised the districts of Rio del Rey, Ossidinge, Johann-Albrechts-Höhe, Victoria (north of the Bimbia Creek), Jang (north-west half, including the town of Jang), Bamenda, Banyo, (north-west part, including Gashaka and Koncha), Garua (south-west part), and the portion of the Bornu Sultanate (District of Kusseri) up to Lake Chad' (Foreign Office *Handbooks*, No. 111, p. 25). See also Besnard (1919), p. 416.

[4] See Besnard (1919), p. 417; Rouard de Card (1924), p. 32.

[5] The area was originally stated to be 431,320 square kilometres (see, for example, *Bulletin de l'agence générale des colonies*, Jan. 1920, Supplement, p. 108), and this figure appears still in the 1931 French census report (vol. i, part i, p. 113). A similar figure (429,750 sq. km. or 165,928 sq. m.) is also given in a summary table attached to the 1937 report of the French Government to the Council of the League of Nations (pp. 142–3) upon the request of the Permanent Mandates Commission. But the annual reports to the League for the years 1934–6 give as area 419,028 sq. km. (161,800 sq. m.).

[6] See *Report to the Council of the League of Nations on the Administration of the Cameroons under British Mandate 1937*, p. 4. Townsend (1930), p. 391, describes the distribution of the Cameroons as follows: 'the so-called New Cameroons, consisting of 107,000 square miles and 2,800,000 natives, was reincorporated into French Equatorial Africa; nine-tenths of the Old Cameroons, 166,489 square miles . . . were given to the French government as a "B" mandate under the League; and the remaining one-tenth, with an area of 31,000 square miles . . . was awarded on the same terms . . . to the British

From a demographical standpoint this transitory period was most unfavourable to the Cameroons. The campaign inaugurated by the German authorities against sleeping-sickness, as well as their other hygienic and medical activities, ceased abruptly through the outbreak of the War. 'Unfortunately during the War long-protracted hostilities were waged in regions infected by sleeping-sickness.'[1] The leper houses established by the German administration were left by their inmates during the hostilities, and the lepers again became scattered over the country.[2] Furthermore, the French administration accused the German military authorities of having increased deliberately after their defeat the difficulties of resuming the medical work for the benefit of the natives.

Unfortunately, during their retreat, following a method which they applied strictly in all circumstances and in all matters, the Germans had destroyed most of their medical installations and had carried away or rendered unfit their sanitary material.[3] They thought of inconveniencing thereby their adversaries: the natives, however, were the only ones to suffer from it.

government'. But this description is full of mistakes. She probably meant to say that French Equatorial Africa, including New Cameroons, had 2,800,000 natives, and that nine-tenths of German Cameroons (including New Cameroons) were awarded to the French government (either for incorporation into French Equatorial Africa or as mandated territory) and one-tenth to the British government. (The mistake that nine-tenths of Old Cameroons came under French mandate was also made by Buell, vol. ii, pp. 277, 279, 287. Another author who grossly understated the British share was Leutwein, 1921, p. 408, who thought it comprised only 30,000 sq. km.)

Peyrouton (1932), p. 233, likewise gives a most erroneous description of the distribution: 'Of the old German Cameroons, which comprised 750,000 kilometres, there is left in our hands only an area of a little over 400,000 kilometres; the rest, all the western part, was placed under British mandate. On the other hand, we have recovered the old "duck-beak", the eastern part allotted to Germany by the agreements of 1911.' Actually only about one-quarter of the total area of German Cameroons not placed under French mandate was placed under British mandate, and the 'duck-beak', in 1911, was not ceded by France to Germany but by Germany to France.

Patrick Balfour (1937), p. 28, gives as area of Cameroons under French mandate 268,750 square miles, and it might seem at first sight that he obtained this figure by erroneously including the area of New Cameroons reincorporated into French Equatorial Africa. But his mistake was actually due to the fact that he assumed throughout that the ratio of the square mile to the square kilometre was the same as that of the mile to the kilometre.

[1] Steudel, 'Der gegenwärtige Stand der Schlafkrankheitsbekämpfung' (1929), p. 124. See also *Rapport annuel 1921*, p. 27: 'The acts of war in the Cameroons could only favour the spreading of the disease through the passage of columns of troops and convoys of carriers from the infected regions to the healthy regions.' Steudel, 'Epidemiologische Betrachtungen' (1929), p. 114, points out, furthermore, that French and Belgian troops came from infected districts.

[2] See *Rapport annuel 1921*, p. 32.

[3] This, to say the least, is a gross exaggeration. See Jojot (1916), p. 586.

It followed that everything had to be started anew and precisely at a period when it would already have been difficult even to continue the incomplete efforts of our enemies.

The allied troops indeed lacked not only the material necessary for the immediate replacement of that which had been destroyed or carried away by the Germans and which represented the fruits of long years of efforts, but in addition the state of war forbade France to divert to the profit of the Cameroons a numerous medical personnel and considerable medical and sanitary material.

It was, therefore, necessary to work with an inadequate personnel and limited means.[1]

It is doubtful, however, whether after a war which lasted eighteen months there was much left of the medical installations and the sanitary material which the Germans had provided for the natives, and even if the Germans had surrendered everything intact to the conquerors, this could not have had a lasting effect, France not being in a position to replenish the stocks or to provide an adequate medical personnel.[2]

Another action for which the French administration reproached the Germans was the transfer of a considerable number of natives to the Spanish colonies infected by sleeping-sickness.

In 1916, on the termination of the war operations, the Germans, without any military necessity, evacuated to the Spanish colonies of the Gulf of Guinea not only the Protective Troops[3] but also thousands of native

[1] *Journal Officiel*, Annexe, 7 Sept. 1921, p. 432; see also *Rapport annuel 1921*, p. 24.

[2] It should be mentioned in this connexion that there was one thing which the Germans could not withhold from the Allied Powers and which in the long run, if they had sought access to it, would have been much more useful to them than medical installations and sanitary material. It was the vast mass of German official reports and private publications dealing with demographic and medical conditions in the Cameroons. The fact that the French authorities speak repeatedly of 'the few documents which have been recovered' and that neither the French nor the British reports show any trace of a study of the vast German material may be taken as a proof that the persons responsible for the administration of the Mandated Territories never became aware of the extent and the value of the material. This is the more surprising as most of the German official reports (and, of course, also the pertinent scientific reviews) are to be found in various libraries of London and Paris and, moreover, are still on sale to-day in Berlin. An explanation may perhaps be found in the following statement of a British colonial official, Mr. Migeod (1925), p. 37:

'A good deal of re-exploration has to be done by our Government officials. All the personal knowledge of the German officials is to all intents and purposes completely lost; and as for the few printed German reports that are accessible, they are of little use, as the majority of English officials cannot read them. Most of the German information about the country is now practically lost, and everything has to be done again.'

[3] According to Kemner (1937), p. 70, 533 Europeans and 5,883 native soldiers.

civilians of the Cameroons, men, women, and children.[1] Muni and Fernando-Po are notoriously infected by sleeping-sickness. The German physicians had for a long time accused Fernando-Po of being a menace to Duala. The Cameroonians interned in the Spanish colonies there paid their tribute to trypanosomiasis. In the second half of 1919, these interned natives were brought back to their homes all over the western coast of Africa, from Monrovia to Duala, since the German colonial administration had attracted to the Cameroons natives from everywhere.[2]

It may seem surprising that the French authorities, knowing the danger to the population of the Cameroons, brought back after the War many thousands of natives from regions infected by sleeping-sickness. Their motive for this action was a political one.

Measures were taken immediately by the local administration with a view to giving the natives manifest signs of the complete cessation of hostilities in Europe and of our final installation. The most important, in their eyes, could be nothing less than the return among them of their compatriots carried away by the Germans to Fernando-Po; for a long time the consul of France in Santa-Isabel, with untiring activity, had pleaded the cause of those natives who, carried away by force rather than of their own free will, quite legitimately desired to return to their country. His action had not been ineffective since several convoys had brought back to their homes more than 3,000 Cameroonians. This figure, however, was comparatively small in view of the one represented by the 6,000 sharp-shooters and 7,000 civilians who still remained in the Spanish colony. The local administration, therefore, got into touch with Don Angel Barrera, Governor-General of the Spanish possessions of the Gulf of Guinea, and, from August to November 1919, 13,000 persons again reached the territory of the Cameroons.[3]

[1] See Moberley (1931), p. 420: 'The German numbers which passed the frontier, according to subsequent reports from the Spanish authorities, totalled about 975 Germans, of whom some 400 were non-combatants, and 14,000 natives, of whom 6,000 were soldiers.'

[2] *Rapport annuel 1921*, p. 27. The latter statement is not supported by the German statistics according to which the 'non-native coloured population (so far as their numbers have been ascertained)' totalled 2,405 on 1 Jan. 1913; see *Die deutschen Schutzgebiete 1912/13, Statistischer Teil*, p. 44. It should be noted, moreover, that the 1921 report in another place (pp. 9–10) states with regard to the German administration: 'It tried to attract labourers from neighbouring countries . . . —Nigeria, Gold Coast, Togoland, Liberia. The plan was even considered of organizing a regulated immigration of Chinese or Hindu coolies; the project came to nothing. They had to put up with local labour, and the competition among the various groups of employers led to very lively disputes.'

Steudel is of the opinion that very few if any sick persons were evacuated from Fernando-Po and states that no such complaint was made in any other country to which interned natives returned. See 'Epidemiologische Betrachtungen' (1929), pp. 115–16.

[3] *Journal Officiel*, Annexe, 7 Sept. 1921, p. 419.

In the meantime the French Government had re-established a native health service in the Cameroons on a very modest scale.

After all, everything had to begin anew and under unfavourable conditions. As early as February 1917, the director of the health service did not hesitate to write: 'The medical work to be accomplished in the occupied territory of the old Cameroons is considerable and the present personnel must face, so to speak, unlimited needs. In this country visited by multiple and varied diseases and particularly by such scourges as malaria, syphilis, small-pox, leprosy, sleeping-sickness, it was indispensable for each officer of the health staff to interpret his service in the widest and most comprehensive sense, to avoid confining himself to the narrow concepts of a military or administrative order, and to contribute in every way to the development of the assistance.'

The situation, from the standpoint of the work to be undertaken, presented itself from 1916 on under conditions that were painful in every respect. But one must emphasize mainly the lack of European personnel and of native assistants.[1]

The famous physician Dr. Calmette, in a preface to a book published in 1921 by Dr. Martin, who was appointed director of the health service of French Cameroons on the morrow of the conquest, said:

The duty imposes itself on the Government of the Republic to do everything for developing first of all the hygienic institutions indispensable for favouring natality and for destroying the foci of sleeping-sickness, malaria, and leprosy which are the main factors of depopulation and impoverishment of this marvellous country.[2]

Dr. Martin's book contains a great deal of information on the terrible influenza epidemic of 1918–19 and on health conditions in general in the transitory period. Influenza 'pervaded the whole territory, without sparing, it seems, any zone'.

It was imported (1) from the western coast of Africa by way of the sea to Duala in October 1918; (2) from English Nigeria by land to Moro-Maroua at the beginning of December 1918.[3]

Dr. Martin assembled a large amount of data on the victims of the epidemic.[4] I confine myself to quoting some examples:

Region of North Cameroons. Cases 60 or 80 per cent. of the civilian population; deaths 6 or 12 per cent. of those affected.

Region of Edea. Cases 80 per cent., deaths 10 per cent. of the total population. In 195 villages with a population of 69,913 (23,139 men,

[1] *Rapport annuel 1921*, p. 24.
[2] Martin (1921), p. vii.
[3] Ibid., p. 159.
[4] See ibid., pp. 140–2.

26,409 women, 20,365 children), 7,099 deaths (2,959 men, 2,157 women, 1,060 boys, 923 girls).

Bana. Cases 72 or 75 per cent. of the native population; deaths 10 or 12 per cent. of those affected.

Country of N'Kongsamba-Bare-Foumban. Population 148,883; deaths 14,740 (5,915 men, 5,106 women, 3,719 children).

Subdivision of Akonolinga. Deaths at least 15 per cent. of the total population.

Leper-house of Baïgam (Foumban). 118 lepers, 50 deaths.

Prison of Yaoundé. 125 interned, 20 deaths.

Some of the results quoted by him, concerning fertility and child mortality[1] in the transitory period, may be summarized as follows:

Duala. 66 women questioned at the dispensary of Akoua by the physician-major: 300 pregnancies, 18 abortions, 66 deaths in early childhood (from birth to the end of lactation), 60 deaths in later childhood (from weaning to puberty), 156 children surviving.—90 women questioned by the medical officer of the battalion: 400[2] pregnancies, 24 abortions, 157 deaths in early childhood, 138 deaths in later childhood, 146 children surviving.

Circumscription of Kribi. Statistics submitted by the heads of the Subdivisions to Dr. Gouellec: 1 January to 1 August 1917: births 1,057, deaths of children 579.

Village in the neighbourhood of the Northern Railway, at 120 kilometres from Duala. Figures furnished by M. Champod:[3] In 1914, 485 inhabitants of whom 2 old men, 26 old women, 118 adult men, 146 women, 107 boys, 86 girls. Of the 146 women only 3 were never pregnant; the other 143 had 423 children, of whom 230 died in first or second childhood while 193 survived. There were 27 abortions.

Circumscription of Edea (Investigations of Dr. Borel). 50 women questioned: 90 children born, 42 deceased, 48 surviving.—Region of Eseka, 334 women questioned: 122 never pregnant; the other 212 had borne 640 children, of whom 270 died at a low age.—Village of Pongo (4 kilometres from Edea), 116 women questioned: 69 had 145 children, of whom 120 had died.—Village of the chief N'Souké (7 kilometres from Edea), 85 women questioned: 31 had never borne a child; the other 54 had 177 children, of whom 121 had died.

Let me add that Dr. Borel in the village of Mapan-Tom came across a woman who was said to have had and raised 25 children, of whom 21 were boys and 4 girls (normal, single, and successive pregnancies), but this case

[1] See Martin (1921), pp. 435–41.

[2] Should probably read 465.

[3] 'One of our auxiliaries during the Cameroons campaign, the assistant infirmary-major Champod, who has lived long years as Protestant missionary in the high regions of Manengouba, was impressed by the increase of infant mortality in this mountainous and cold region' (p. 436).

was said to be exceptional. During a journey on foot or in a pirogue from Edea to Malimba and to the coast along the Senaga, he questioned 1,212 women in 18 villages. They had given birth to 5,259 children, of whom 2,301 were living and 2,958 had died (mortality of 56·3 per cent.). Among these women the oldest, numbering 316, had had 2,065 children, of whom 1,337 had died and 728 were still living (child mortality of 64·7 per cent.). In the villages constructed on the heights, on a dry and sandy site, these proportions are reduced considerably, as far as 35 per cent. (the proportion being identical whether the women be young or old); they rise to 88 per cent. for the old women and to 71·5 per cent. for the young in the villages in the lowlands where the marsh is near and permanent. Malaria is certainly to be blamed.

Dr. Borel concludes from his investigations: (1) The general average of child mortality reaches 50 or 56 per cent. It decreases as one approaches the coast. The villages where it is the least high are established on a sandy ground where the waters stagnate little and where mosquitoes are less abundant. Malaria is to be blamed for the major part; the children of low age all have swollen abdomens with splenic hypertrophy. (2) The number of nulliparous women is in direct proportion to polygamy; the villages where the natives, converted to Christianity, have only one wife, have a very low proportion of sterile women (the general proportion of 1:4 falls to 1:15 or 1:16 for the adult female population). (3) European influence is quite evident in the diminution of child mortality; this influence seems to act especially through the use of clothes sheltering the people more against the agents of morbid infection.

Dr. Martin himself states:

The population of the Cameroons is extremely scanty. At present the density seems to be decreasing still further.[1]

The different races of the Cameroons are prolific and fertility appears normal, but child mortality is enormous. Protracted lactation, polygamy, too early marriages, social inferiority of the wife and the mother are in conjunction with the illnesses of childhood . . . among the most important causes to be mentioned.[2]

Criminal deliberate abortions are not rare. . . .

In these countries where the mother suckles her child during three or four years and refrains during this whole time from sexual intercourse, the family can grow each year only if the father has several wives: polygamy thus is an evil only if these are too numerous. However, the wife has become a sign of wealth, and such and such a sultan or lamido of the north is esteemed by his subjects on account of his 200 or 300 wives. Njoya, the native chief of Foumban, has 700 of them.[3]

[1] Ibid., p. 434.

[2] Ibid., p. 441. See also Marabail (1919), p. 164: 'Mortality is . . . very great among children, and if these races were not, as they are, prolific, they would not be long in disappearing.'

[3] Martin (1921), pp. 443–4.

CHAPTER I

CENSUS STATISTICS

I. Coloured Population

1. *Introduction*

The latest official German population figure for Old Cameroons (2,653,000[1]) implied a figure of about 2,000,000 for French Cameroons,[2] but the German figure had been considered by the German authorities as a minimum and it was also considered too low in other quarters.[3] The French Minister of Colonies, Albert Sarraut, in his report on the future development of the French colonies submitted on 12 April 1921 to the Chamber of Deputies, estimated the population of French Cameroons at 3,000,000.[4] The 1921 census report for the French colonies estimated the number of natives at 2,600,000.[5] But according to the report to the Minister of Colonies on the administration of the Cameroons, presented to the Chamber of Deputies on 7 September 1921, French Cameroons would have been 'peopled by over 3,500,000 inhabitants'.[6] This estimate was based on tax rolls.

As soon as he assumed the command, the general entrusted with the functions of Commissioner of the Republic addressed to the officers commanding the various administrative circumscriptions a circular in which he invited them to collect the tax according to the assessment established by the erstwhile authority . . . :

'. . . The Commanders of Circumscription will probably encounter in their task multiple difficulties, if only as a consequence of the disappearance

[1] 2,648,610 natives, 2,405 non-native coloured, 110 half-castes, and 1,871 whites.

[2] Dr. Martin (1921), p. 25, starting from a total of 'a little over 2,000,000' for French Cameroons, allocated about 1,400,000 to the southern and central zones and over 600,000 to the northern zone; see also ibid., pp. 46, 66.

[3] See, for example, F.O. *Handbooks*, No. 111 (1920), p. 11; Costedoat (1930), p. 67.

[4] See Sarraut (1921), p. 62. He gave the same figure in his book *La Mise en valeur des colonies françaises* (1923), p. 130. The same figure appears also as of 1922 in *Bulletin de l'Agence générale des colonies*, Dec. 1922, p. 1530. The Commissioner of the French Republic to the Cameroons, M. Fourneau, was quoted as having estimated the native population of French Cameroons at about 1,500,000 (see Fidel, 1919, p. 102). But this was apparently done by mistake; Fourneau had stated that the central part of the Cameroons from which the Germans recruited labourers had a population of 1,500,000 at most (see 'Au Cameroun conquis', *L'Afrique française*, Jan. 1918, p. 47).

[5] See *Recensement 1921*, p. 55.

[6] *Journal Officiel*, Annexe, 7 Sept. 1921, p. 455.

in many posts of the documents relating to the census of the population which have been carried away or destroyed by the Germans.'[1]

Circulars and instructions frequently renewed[2] urged the Heads of Circumscription and their collaborators, as soon as they entered upon their duties, to be aware of the pressing necessity to come regularly and as often as possible into contact with the native populations. One tour at least was made each month by each Head of Circumscription or Subdivision, and frequent additional trips were effected by the non-commissioned officers attached to the Heads of Circumscription or Subdivision. Thanks to these tours, the census of the part of the population subject to the tax could be effected under good conditions. The rolls had been largely recovered in 1917.[3]

The demographic findings obtained so far permit fixing at 1,600,000 the number of persons subject to the head tax, after deducting the children, the old men and those incapable of working, and the mothers, who are not subject to that tax. Now, the head tax is entered in the rolls of 1921 as amounting to 6,000,000 francs. A simple calculation shows that the head tax comes to 4 francs per taxable person and to 2 francs per inhabitant if it is estimated that about one-half of the population is subject to the tax.[4]

The demographic inquiries, doubtless, were rather superficial, and the estimate that the taxpayers constituted about one-half of the population, although plausible, may have deviated considerably from the truth.[5] But the statement that the taxpayers numbered 1,600,000 was hardly a mere guess, as the French since 1916 had actually collected the head tax.

2. *Reports to the League of Nations*

The first report of the French Government to the Council of the League of Nations, which discussed conditions in 1921, also considered the German figures too low.[6]

It is rather difficult to present figures furnishing a real approximation with regard to the native population of the Cameroons. The era of penetration is not yet closed, and the inspection tours effected in the course of the year 1921 in the zones where the programme of pacification has been carried out lead one to think that the population figure is superior to the German estimates. In 1913 our predecessors established statistics from

[1] Ibid., p. 427.

[2] See, for example, the circular in *Journal officiel du Cameroun*, 1 Feb. 1918, pp. 20–2.

[3] *Journal Officiel*, Annexe, 7 Sept. 1921, p. 419. [4] Ibid., p. 429.

[5] The author of the report showed poor statistical judgement in stating twice (pp. 429, 450) that the total area of German Old and New Cameroons not incorporated in the French Mandated Territory—he gives it as 340,000 sq. km.—had only 1,000,000 inhabitants. The same mistake occurs again in the report submitted to the French Chamber on 12 July 1925 by the deputy M. Archimbaud (p. 1919). [6] *Rapport annuel 1921*, p. 61.

which it appeared that the number of native inhabitants of the Cameroons (not including the territories of New Cameroons ceded in 1911 by Equatorial Africa) amounted to 2,640,000. This figure had been obtained partly by enumeration, partly by estimates.

But one must admit two things: in the regions where it is possible to take a census, it is generally taken in too summary a manner; the native chiefs are interested in concealing from the enumerator the greatest possible number of those under their administration, so as to be free to levy for their own account from these potential taxpayers a tax which then escapes the Treasury. Instructions have been given to the Heads of Circumscription, and have been repeated recently, that the censuses be taken with all desirable care, i.e. by checking the information given by the chiefs through frequent tours by the European officials. In the northern circumscriptions where such census tours have been carried out, the lists show an increase raising sometimes twofold the figures furnished beforehand for the regions where for want of personnel the declarations of the chiefs had to be registered without investigation.[1] On the other hand, in the zones opened up only two years since to the policy of 'taming', particularly in the mountainous regions of Northern Cameroons, we are approached by natives in large numbers who were almost unknown to our predecessors, and the estimates which they had made of them are found in practice to be much inferior to reality.

Although it is then not possible in a new country such as the Cameroons to vouch for the information obtained, it is possible to assert, by taking account of the above facts, that the population mounts up to the neighbourhood of 3,000,000 individuals, a figure, by the way, comparatively high for an African territory. This figure shows an appreciable difference from that indicated by the German administration if one takes account of the fact that the inhabitants of the territory with a dense population which now constitutes the zone of British occupation appeared in the lists of 1913.

The following approximate figures can be given as minima which will be

[1] See also *Rapport annuel 1921*, p. 47, the discussion of the increase in the yield of the head tax: 'The increase is, in fact, due exclusively to a closer census of the subjected peoples, following a more solidly established and more methodical occupation. It is proved mathematically that the former estimates for the enumeration of the taxpayers were much inferior to reality and they will, moreover, remain so until the day when the individual card is introduced. The native chiefs have a marked tendency to minimize the number of their subjects so as to keep for themselves clandestine resources and to restrict their obligations. Tests have been made by way of experiment, and one particularly in the region of Saldé—where the census was taken individually for the settlement of the claims of the sultans Issa and Rey Bouba—has yielded a figure superior by 40 per cent. to the one formerly admitted.'

It is, therefore, hard to understand what Labouret (1937), p. 12, means when, after reproducing the German figures for the various districts totalling 2,648,610, he says: 'The verifications made since 1920 revealed that most of these estimates were exaggerated.'

corroborated in the course of time by the serious census work requested from the officials in the interior:

Region of East Cameroons (circumscriptions of Yokadouma, Doumé, and Lomié)	300,000	inhabitants
Region of North Cameroons (circumscriptions of Garoua, Maroua, and Ngaoundéré)	1,200,000	,,
Region of Central Cameroons (circumscriptions of Kribi and Ebolowa)	230,000	,,
Region of West Cameroons (circumscriptions of Yaoundé, Edea, Dschang, and Duala)	1,100,000	,,

These estimates total 2,830,000. But they were only minima, and the report, at another place, states that the total population was 3,000,000 'according to moderate evaluations'.[1]

The report for 1922 stated:

As has been indicated in the report communicated last year to the League of Nations, it results from the information obtained, by checking as far as possible the data furnished by the native chiefs, that the Cameroons would have about three million inhabitants. . . . In view of the extent of the territory and the dissemination of the groupings, a certain period of time—this will be easily understood—is necessary to permit the officials in the interior to carry out, little by little, actual enumerations.[2]

Having pointed out that the partial enumerations could not possibly be supplemented adequately by means of the optional registration of births and deaths introduced in 1917 for the whole Territory,[3] or by the identity cards introduced in 1921 for the town of Duala,[4] the report concluded:

It is then, after all, the establishment of more and more comprehensive tax rolls, which will constitute for a long time still to come the surest means of arriving at the knowledge, approximate to be sure, of the population figure of the Cameroons.[5]

The report for 1923 gave more explicit data:

The census, by names, of the native population which is being carried out could not be finished in good time so as to enable us to give here the exact figure and the race distribution of the inhabitants of the Cameroons. It is indeed a piece of work requiring much time which our administrators, for want of sufficiently literate native personnel, are often obliged to perform themselves, without, however, neglecting the numerous tasks which otherwise take up their time. On the other hand, where this enumeration could be effected it was not possible, since the native civil status exists

[1] *Rapport annuel 1921*, p. 7.
[2] Ibid. *1922*, p. 90.
[3] See pp. 114–15, below.
[4] See p. 133, below.
[5] *Rapport annuel 1922*, p. 90.

as yet only in principle, to follow up the changes having occurred in the number of persons, and, a few months after its termination, the census no longer represents an exact picture of the truth. We can, therefore, furnish only an approximation based in part on the serious enumeration work carried out by our European agents, and in part on the information furnished by the village chiefs and the heads of families.

The total figure of the native population of the Cameroons would thus attain 2,755,326 individuals distributed by circumscriptions as follows:[1]

The population density for the whole territory, i.e. about 740,000 square kilometres, would thus be less than 4 inhabitants per square kilometre.[2]

The report for 1924 gave revised figures and contained the following comment:

The census of the black population in the Cameroons must necessarily take very much time: it could give, in the present stage of local evolution, but very approximate results.

It should be pointed out, in fact, that the natives to be enumerated are illiterate and therefore incapable of filling in the printed schedules customarily used for this purpose; their chiefs likewise lack all education and thus cannot render the least assistance to the administration. The census can, therefore, be taken only by the Head of the Subdivision: yet he finds himself, most of the time, to be the only person to administer a region often several thousands of square kilometres in extent,[3] and he has to face continually the myriad questions which the native administration brings up every day.

It is only in the course of the inspection tours, which are, to be sure, frequent, but are necessarily insufficient in view of the extent of the territory, that the civil and military officials can attempt to enumerate the inhabitants of the villages through which they travel. They are forced, moreover, in many cases, in the absence of the individuals who have left their huts in order to go to their work, to resort to the declarations of the chiefs, which declarations the latter are interested in making too low in the hope of seeing their obligations and charges reduced, notably the labour dues and the tax.

In short, a census of the territory cannot be in any way accurate until the chiefs of the groupings and villages have an education sufficient

[1] For figures, see Table 1, column 1.

[2] *Rapport annuel 1923*, pp. 103–4. See also Bunle (1925), p. 660: 'A census, by names, taken by the administrators is said to be now in progress. It seems that the population should not exceed 2,750,000 inhabitants, a number inferior by about 250,000 units to the estimate of 1921. The average density of 4 inhabitants per square kilometre . . . .' Bunle, then, did not notice that the author of the report to the League of Nations, by mistake, had related the population of French Cameroons to the area of the German Protectorate of Cameroons (including British Cameroons and the area re-ceded to French Equatorial Africa). The report for 1924, p. 66, gave as area 400,000 sq. km. and as average density 6·9 inhabitants.

[3] The area of the Subdivisions actually averaged over 10,000 sq. km.

to allow them to prepare statistical tables and until a staff of assistants is established as in French West Africa, in order to verify, correct, and bring up to date those population lists.

Until this organization is established the figures given will in large part be only estimates susceptible of correction. A characteristic example is the one of French Equatorial Africa where, twelve or fourteen years ago, the total population figure was estimated at over eight million inhabitants; yet, it is realized to-day that it does not attain five million individuals.

The following figures[1] have been established by the Heads of the Circumscriptions with all possible care; for the reasons indicated above, they nevertheless presumably present deviations from the truth of from 10 to 20 per cent. for certain regions recently occupied.[2]

The report for 1925 added very little that was new:

The census has been prescribed to the administrative Heads of the Circumscriptions and the work having begun is now being done with as close approximation as possible; but, as indicated last year, difficulties arise from the impossibility of obtaining either individual schedules, since the natives are illiterate, or honest summary tables, which the chiefs, for want of education, are not in a position to furnish. The census official must confine himself to his investigations or inquiries while bearing in mind that the chief has the general tendency to conceal for the sake of his clandestine profit the number of taxables.

The statistics of 1924 gave figures which were found to differ little [from those of 1923] except in a few points where the enumeration could be checked and an excess or a slight reduction of the population ascertained.[3]

The 'census' taken as of 1 July 1926, which is considered to be the first actual census, brought a great surprise: it showed the population to be 1,877,113, that is nearly a third less than had been computed for 1924.[4] The situation was most baffling. The official explanation of the divergencies between the total of 1926, on the one hand, and the totals of 1921 (at least 2,830,000) and 1923 and 1924 (2,755,326 and 2,771,132), on the other hand, is as follows:

There is every reason to believe that the enumeration reported in 1921 starts from a wrong basis. . . . The population of the Cameroons under British mandate is estimated in 1924 at 660,024 inhabitants; there remain then for the Cameroons under French mandate, 2,648,610—660,024 =1,988,586. It thus appears that the first enumerations were based on the total shown in the German statistics *from which the population figure of*

[1] For figures, see Table 1, column 2.
[2] *Rapport annuel 1924*, pp. 65–6.
[3] Ibid. *1925*, p. 44.
[4] Table 1 shows the population by circumscriptions as ascertained in 1923, 1924, and 1926.

British Cameroons had not been deducted, and the Heads of the Circumscriptions have revised them [the 1921 figures] closely at each of the later enumerations.[1]

That the census results of 1926 were probably too low was indicated in the annual report for 1926, but it was assumed that they were not much too low:

The figures given by the census of 1926 come near the truth, but one must still consider them as provisional. The drawing up of the tables has certainly been better controlled than heretofore, but it is no less true that the participation of the native chiefs in this respect has remained still very active [*sic*]. Yet, as already pointed out in the report for 1921, the native chiefs are interested in concealing from the enumerator the greatest possible number of those under their administration, so as to be free to levy for their own account from these would-be taxpayers a tax which then escapes the Treasury. . . .

The native population of the Territory, therefore, may be estimated at about two millions.[2]

The number of natives was given as for 1923 and 1924 by circumscriptions;[3] but the report for 1926 gave in addition for each circumscription the number of native men, women, and children.

The report for 1927 states:

The last official census was taken in July 1926. The year 1927 witnessed for the natives only local censuses taken at different dates for the various regions of one and the same circumscription; the 1927 figures, therefore, have not the merit of absolute accuracy. The drawing up of numerical capitation rolls, both original and supplementary, gives, especially in

[1] *Rapport annuel 1926*, p. 49. 'Il apparaît ainsi que les premiers recensements ont tablé sur le total des statistiques allemandes *desquelles n'avaient* [sic] *pas été défalqué le chiffre de la population du Cameroun anglais* et les chefs de circonscription les ont serrés de près dans chacun des recensements ultérieurs.'

[2] Ibid. When this matter was brought up in the Permanent Mandates Commission on 21 June 1927, the Director of Political Affairs at the French Ministry of the Colonies, M. Duchêne, was not aware of this new official estimate of about two millions (see *Minutes*, 11th Session, p. 36):

'M. Freire D'Andrade, after having examined the paragraph "Census of the Population" in the chapter on demographic statistics, and, having compared the statistics with those of last year, expressed surprise that the native population of the territory was only put at about two millions.

'M. Duchêne thought that there was a definite error and that the figure ought to be about three millions.'

But the following slip was attached to the printed edition of the Minutes:

'Erratum. Page 36.—"*Demographic Statistics*", second paragraph, read:

M. Duchêne did not think that there was any material error; the population should be estimated at about 2 millions, as appears from the explanations given on page 49 of the report.'

[3] See Table 1, column 3.

conjunction with the abatements, a close enough census of the *taxables*, that is, of the adult men and the women without children. But the uncertainty is greater for the non-taxable part of the population: old men (few), mothers, and children. For this latter section of the population there are the native chiefs' declarations gradually checked by the administrators on their periodical tours.

The total figure of the partial censuses and the evaluations checked as stated above comes near the figure furnished by the census of 1926: it is 1,880,000 instead of 1,877,000. We give the figure of 1927 merely as an approximation—and with all reserve imposed by the origin indicated above—of the total sum of the elements. It implies a margin of error of something like 5 per cent.[1]

The reports for 1928, 1929, and 1930 contained merely the following statements:

Native population: (about) 1,888,000.[2]
Native population: (about) 1,928,000.[3]
Native population: 2,186,015.[4]

No explanation whatsoever was given for the increase by 13 per cent. from 1929 to 1930.

The report for 1931 showed the results of the second quinquennial census taken as of 1 July 1931. The total was 2,223,802,[5] 'a slight increase' over the figure shown in the report for 1930.[6] The number of natives was given, as in 1926, for each circumscription, but since the boundaries of the circumscriptions had changed very much in the meantime, a comparison by circumscriptions is not feasible. The number of natives in 1931 was given, in addition, also by subdivisions, but no separate data were published for men, women, and children.

The report for 1932 merely reproduced the total figure for 1 July 1931 (2,223,802).[7]

The report for 1933 first gave the number of natives for each circumscription on 1 July 1931 and arrived at a total of 2,199,802, which was 24,000 lower than the total given in the reports for 1931 and 1932.[8] It further gave the number of natives for each circumscription on 31 December 1933, the total being 2,296,457, an increase of 4·4 per cent. over the reduced figure of 1 July 1931. It added the following comment:

Enumerated in as accurate a manner as possible, the native population as a whole shows an appreciable increment in relation to the census of

[1] *Rapport annuel 1927*, p. 42.
[2] Ibid., *1928*, p. 6.
[3] Ibid., *1929*, p. 4.
[4] Ibid., *1930*, p. 8.
[5] For detailed figures see Table 3.
[6] See *Rapport annuel 1931*, p. 67.
[7] See ibid., *1932*, p. 125.
[8] See note 1, p. 82.

1931. This is a reassuring finding for the demographic future of the country.

The considerable increase recorded in the circumscriptions of Maroua, Batouri, and Mokolo is in part the consequence of a closer administration and a therefore more accurate census of the Kirdi and Baya populations.

A decrease was ascertained in the circumscriptions of N'Kongsamba and of Edea, both of which are crossed by the railroad and where, consequently, the major part of the colonization enterprises is concentrated; the reduced operations of most of the undertakings have been followed by the dismissal of a fairly large number of workers, the majority of whom have gone back to their country of origin.

The evaluations furnished in 1931 for the circumscription of Bafia were based, to a large extent, on the declarations of the chiefs who, moved by a sentiment of pride, heedless to say the least, had swelled the number of the persons under their jurisdiction. Without great inconvenience so long as the high prices of colonial products assured the native of easy money returns, this situation made it impossible for certain villages to pay in 1933 the total of their taxes.

[1] The changes made in individual districts and the corresponding figures for 1933 and 1934 were as follows:

			Subdivisions			
	Date	*Report*	*Fort-Foureau*	*Kribi*	*Lolodorf*	*Campo*
Area (sq. km.)	1 July 1931	1931	11,100	5,400	2,600	4,000
„ „	31 Dec. 1934	1934	10,000	5,400	2,600	4,000
Population	1 July 1931	1931	54,105	29,300	19,000	3,337
„	1 July 1931	1933	44,105		37,637	
„	31 Dec. 1933	1933	41,105		37,186	
„	31 Dec. 1934	1934	36,451	22,744	14,746	2,443
Density (sq. km.)	1 July 1931	1931	4·80	5·42	7·30	0·83
„ „	31 Dec. 1934	1934	3·64	4·21	5·67	0·61

The official report does not mention that any change was made in the figures originally published. While it may be that in the case of Fort-Foureau the original entry (54,105) was due to an error in writing or adding, I cannot think of a plausible explanation for the changes made in the other three subdivisions.

An unpublished table giving separate data by sex and age for each circumscription (see Table 5), shows a total of only 2,189,639 or 34,163 less than the table in the 1931 report. The figures for the various circumscriptions are in most cases identical or nearly identical, and the difference in the total is mainly due to the fact that the subdivisions of Banyo (24,460) and Méiganga (12,512) were omitted in the unpublished table (probably because the classification by age was not known). It would therefore seem that the total given for the 1931 census in some recent publications—see, for example, *Bulletin de la statistique générale de la France 1937/8*, p. 253: 2,192,000; Ulmer (1938), p. 114: 2,190,000—is a little too low. It should be noted, moreover, that the 1937 report to the League (p. 142) reproduces the original figure of 2,223,802.

Enumerations coming as closely to the truth as possible were immediately carried out under the control of European officials; they brought out, as a result, an appreciable difference.

The figures furnished for the other circumscriptions do not call for special comment; the few decreases, of scant importance anyway, ascertained in certain regions have no other cause than the inevitable population movements and have as corollary corresponding increases in the neighbouring circumscriptions.[1]

A full-page map,[2] not mentioned in the text, subdivides the districts into those with an increase, those with a decrease, and those without information, but the entries cannot be reconciled with the data given in the table.

The report further showed the native (and the European) population of 10 towns and the native population by races, with a statement in which subdivisions the individual races lived.

The report for 1934 showed the number of natives for each circumscription and each subdivision on 31 December 1934, the total being 2,228,095, a decrease of 3·0 per cent. as compared with 31 December 1933. The official comment reads:

> The censuses, by names, continued in 1934 show an appreciable increase of the native population in proportion to 1931, this growth affecting mainly the circumscriptions of Yaoundé, Dschang, Ebolowa.
>
> The few differences ascertained in the other regions do not call for special comment.[3]

The report showed further the number of half-castes by circumscriptions, distinguishing boys under 15, girls under 15, adult men, and adult women, and distinguishing also between boys and girls recognized by their fathers and those not recognized.[4] The report finally gave for each circumscription the number of natives of each race.

The report for 1935 showed the number of natives for each region (circumscription)[5] and each subdivision on 1 January 1936, the total being 2,338,495, an increase of not less than 5 per cent. as compared with 31 December 1934. The report contained no comment whatsoever. It showed further the number of half-castes (total 304) and the number of natives of each race according to the same classification as the report for 1934.[6]

[1] *Rapport annuel 1933*, pp. 93, 95.

[2] Ibid., p. 94.

[3] Ibid. *1934*, p. 121.

[4] The total number of half-castes was only 296.

[5] By Order of 8 April 1935 'the administrative circumscriptions of the Cameroons, in their present limits and with their present subdivisions, are named regions'; see *Rapport annuel 1935*, p. 165.

[6] *L'Œuvre de la France au Cameroun* (1936), pp. 171–200, shows the total number of villages and the total population on 1 Jan. 1936 for smaller districts.

In 1936 a new quinquennial census was due. The report for this year relates:[1]

Pursuing its policy of methodical censuses of the native populations the local Administration is not content with merely completing this work, but revises it constantly so as to have always an accurate survey of the demographic movements. At the beginning of June 1936 a very extensive quinquennial census was taken, the results of which are displayed in the table on the opposite page. On the whole, an increase of the population has been ascertained due at the same time to the use of more rigorous research methods, to a greater confidence on the part of the natives, above all in the north, and also to the decrease of mortality, thanks to a health policy pursued with steadfastness, and, for certain regions, to a rather large immigration or return of formerly emigrated elements. . . . The largest increases are found in the northern countries, especially in Mandara where the population thus goes from 158,000 (in 1931) to nearly 172,000, in Logone which on 31 December 1936 had about 308,000 inhabitants, or 14,000 individuals more than in the preceding year, and above all in Adamoua, having nearly as many as 140,000 inhabitants.

But apart from the mere statement that a quinquennial census was taken at the beginning of June 1936, the report does not afford any evidence that such an operation was actually carried out. The table which is supposed to show the results of this census resembles in every respect the population table contained in the 1935 report, the only difference being that in the 1936 report data are given as of 1 January 1937 while in the 1935 report data are entered as of 1 January 1936. Moreover, the figures quoted in the 1936 report as results of the quinquennial census of June 1936 all agree with those given in the table as of 1 January 1937, and the report states explicitly that the Logone figure refers to 31 December 1936. It may be noted finally that some of the figures in the 1936 report are practically the same as those in the 1935 report, and that in two cases, the subdivisions of Dschang (109,931) and of Banyo (17,954), the figures are identical.

The 1936 report showed also the number of natives of each race according to the same classification as the reports for 1934 and 1935,[2] but contained no data for half-castes.[3]

[1] *Rapport annuel 1936*, p. 99.

[2] The tables for races should be used with caution. The 1935 report showed as total for the population by subdivisions '2.238.495' and as total for the population by races '25.228.09'. M. Rappard said on 28 Oct. 1936 in the Permanent Mandates Commission that he 'had been struck . . . by the fact that the data given in certain tables—particularly those on pages 105 and 109

[3] See note 1, p. 85.

The report for 1937 in its demographic section gave no population figures for natives, but in a summary table prepared at the request of the Permanent Mandates Commission entered as native population for 1937, 2,513,517, that is 5·7 per cent. more than for 1936.[2] This total appears also, as of 1 January 1938, in a table in the (unpublished) Medical Report for 1937, which shows the total population and the approximate area for each subdivision.[3]

3. *Census-taking*

The reports of the French Government to the League of Nations are very vague as to the methods used in enumerating the native population. All that can be gathered from them is that the civil and military officials on their inspection tours record as far as possible the taxable persons (men, and women without children) in the villages through which they travel; that the village chiefs are to supply the names of those taxables who because of absence or some other reason are not enumerated by the European agents, as well as data on the non-taxables (old men, mothers, and children); and that the agents check as far as possible on their periodical tours the declarations of the native chiefs. The reports do not describe the schedules used and do not even tell whether the non-taxables are listed individually.[4]

of the report—did not exactly correspond'. M. Besson, Chief of the First Bureau of the Political Department at the French Ministry of the Colonies, gave the following explanation: 'The reason why the tables on pages 105 and 109 did not coincide was because the "full stops" were in the wrong place.' (See *Minutes*, 30th Session, p. 49.) The main reason, however, why the tables did not coincide was that in the table by races the total for 1934 (2,228,095) had been entered erroneously instead of the total for 1935 (2,238,495). Incidentally, the 'full stops' were also in the wrong place.

In the 1936 report the tables again did not coincide. The reason this time was that, owing to an arithmetical error, the total for the region of Benoué was given in the table by races as 119,470 instead of 109,470, and that the Grand Total, therefore, was likewise too high.

[1] It is not possible, therefore, to state the total population of the Territory on 1 Jan. 1937.

[2] See *Rapport annuel 1937*, p. 142.

[3] See *Service de Santé, Rapport annuel 1936, partie médicale*, pp. 428–9.

[4] This question was raised on 24 Oct. 1935 in the Permanent Mandates Commission in connexion with the discussion of the 1934 report, but the representative of the Ministry of Colonies made a non-committal reply (see *Minutes*, 28th Session, p. 116):

'M. Rappard noted that . . . the present report contained surprisingly detailed figures for the population of the territory. Mention was made of a "census" by names (page 121 of the report). Was it really on that basis that the general figures given for all parts of the territory had been obtained? If so, administrative action must have reached a high point of efficiency throughout the Cameroons.

'M. Besson explained that the Governor had given strict instructions to the

In the early years, to be sure, not even the taxable persons were recorded by names. A circular sent on 25 August 1926 to the Heads of Circumscription stated explicitly that the Administration expected no more than that the number of taxables be ascertained for each village.[1] A circular of 2 December 1933,[2] however, urged the Heads of Circumscription to take censuses by names. It was accompanied by a model form which, 'as compared with certain others, seems to present the advantage of a greater clarity, of a simple classification, and, owing to the ease in bringing it up to date, of a usefulness of longer duration'. The form, one of which was to be filled in for each family, provided for the entries shown opposite.

There is, however, no evidence as to the extent to which these instructions were followed.

While the reports to the League are very vague as to the methods used, they are much more explicit as regards the difficulties encountered in taking the censuses. These difficulties are:

(1) The territory is very large and the groupings are scattered.
(2) The number of available European officials is very small.
(3) There is no native personnel sufficiently literate; the chiefs lack all education and thus cannot render the least assistance to the administration.

district chiefs to obtain the fullest possible information. The intention had been primarily to satisfy the Mandates Commission and, in the second place, to satisfy fiscal interests.

'M. Rappard, reverting to his first observation, asked whether the census figures were as accurate as they were detailed.

'M. Besson could only say that the Administration was doing its best.'

Another request for more information on the methods of census-taking was made on 28 Oct. 1936 (see *Minutes*, 30th Session, p. 38):

'Lord Hailey understood that, in a certain district, the Administration of the mandated territory had found that there was a great difference between the results of an actual census and the estimates made by the chiefs. It was worth while making serious efforts to establish a normal system by means of a nominal census. He hoped to find in a future report details of the present methods of census-taking as compared with the system adopted in other regions.

'M. Besson replied that the necessary action would be taken.'

[1] This circular, referring to the Decree of 30 Dec. 1912 concerning the financial régime of the colonies, says (*Journal officiel du Cameroun*, 15 Sept. 1926, p. 449):

'Article 160 of the aforementioned decree establishes the principle of the inscription by names of the taxables on the rolls of direct taxes.

'Yet this principle undergoes an important derogation in certain colonies, and especially in the Cameroons in the case of the rolls for the head tax. In the colonies where, because of the absence of a civil status for the natives, it is impossible to identify each taxable person, numerical rolls may be established for the various villages. The amount of the tax is fixed according to the number of taxables (established on the basis of the enumerations effected in the village) multiplied by the rate of the tax per individual.'

[2] *Journal officiel du Cameroun*, 15 Dec. 1933, pp. 727–30.

(4) The natives to be enumerated are illiterate and therefore incapable of filling in printed schedules.
(5) Identity cards for natives have not been generally introduced.
(6) The chiefs are dishonest and for the sake of their own profit conceal from the enumerator the greatest possible number of taxables.

Nominal Census of the Native Population by Families

Cameroons
Circumscription of .....
Subdivision of

Family = family head (father)
+ his wife or wives
+ their children
+ persons at charge (old people, invalids)

Date of Census

Notes:
Underline the name of the family head

Indicate the approximate age of the person in the columns M. F.

Region .....
Grouping .....
Village .....
Chief .....
Remarks:

Recapitulation

	M.	F.	Total
Taxable adults	..	..	..
Children	..	..	..
Old people or invalids	..	..	..
Total	..	..	..

No.	Names	Taxable adults +14 years		Children −14 years		Old people or invalids		Parentage		Remarks
		M.	F.	M.	F.	M.	F.	Father	Mother	

'A census of the territory cannot be in any way accurate until the chiefs of the groupings and villages have an education sufficient to allow them to prepare statistical tables, and until a staff of assistants is established as in French West Africa in order to verify, correct, and bring up to date those population lists.'

It is evident that most of these difficulties, taken by themselves, are irrelevant. There are countries in Europe and elsewhere which take accurate censuses, although their territory is larger than French Cameroons, although the chiefs of the villages have not an education to allow them to prepare statistical tables, although most natives are incapable of filling in printed schedules, and although the inhabitants have no identification cards. On the other hand, a census would be a failure in every country of the size of French Cameroons

if it were to be taken as a side-issue in the drawing up of tax rolls by a few score officials who are more or less illiterate, if by illiteracy is meant ignorance of the language of the persons to be enumerated.

4. *Completeness and Accuracy of Censuses*

The opinion expressed in the official reports on the deviations of the results of the enumerations from the actual number of inhabitants may be summarized as follows:

1924. Result, 2,771,132. Presumable deviations from the truth of from 10 to 20 per cent. for certain regions recently occupied.

1926. Result, 1,877,113. Population about 2,000,000.

1927. Result, 1,880,000. This figure implies a margin of error of something like 5 per cent.

In so far as the reports estimated the degree of inaccuracy, they always assumed that the results lagged behind the truth, but their estimate of the probable error in the total figure was all the time surprisingly low. For recent years no such estimate was made, but it was indicated that the enumerations became ever more complete.

A just appraisal of the degree of completeness of the enumerations is very difficult. When the 'census' of 1 July 1926 had shown a total native population of 1,877,113, as against 2,771,132 in 1924, 2,755,326 in 1923, and at least 2,830,000 in 1921, the official report gave as an explanation that the former enumerations had started from a wrong basis, namely the German statistics which also included the population of the Cameroons now under British mandate.[1] But this explanation is unacceptable. Granting the theoretical possibility that by some blunder too large a total population figure for French Cameroons might have been derived from the German statistics,[2] how could every Head of Circumscription have returned too large a figure for the area under his jurisdiction by using the German statis-

[1] The official report assumed that the authorities, in making their estimate for 1921, had forgotten to deduct from the German total of 2,648,610 natives, 660,024 who lived in the area now under British mandate. If the latter figure had been deducted, the official totals for 1921, 1923, and 1924 would have read: 2,170,000, 2,095,302, and 2,111,108 as against 1,877,113 in 1926. It is amusing to note that one writer (Costedoat, 1930, p. 67) wished so eagerly that this deduction had been made that he thought this was actually done: 'The last quinquennial census was taken in 1926 by the Heads of Subdivision. The population figure is estimated at about 1,878,000; the divergency from reality will hardly exceed 10 per cent. The official figures given in 1921 comprised (*portaient sur*) 2,170,000 inhabitants; in 1922, 2,095,000; in 1924, 2,110,000.'

[2] This was actually not the case, since the estimate for 1921 comprised only circumscriptions under French mandate; see p. 77, above.

tics as a basis? If they had no access to the published German statistics, but knew only the total figure for Old Cameroons, they could not possibly have used this figure for ascertaining the population of their circumscriptions. If, on the other hand, they had access to the German publications with all their details for individual districts, they could not possibly have allocated the population under British mandate to their own circumscriptions. Unless one assumes that all figures reported by the Heads of Circumscription were swelled in the central office in order to produce a higher total or that French Cameroons lost a considerable part of her population through deaths or emigration, two possibilities suggest themselves as explanations for the enormous divergencies between the enumeration results of 1921–4 and the census results of 1926. Either the Heads of Circumscription had exaggerated the population of the areas under their jurisdiction, perhaps in order to take account of the omissions in the data furnished by the native chiefs, the importance of which they may have over-estimated, or the census results of 1926 were far too low.

Table 1 shows the results of the enumerations of 1923, 1924, and

TABLE 1

*Coloured Population of French Cameroons, 1923–6**

Circumscription	*1923*	*1924*	*1926*
Yaoundé	585,705	583,430	457,312
Maroua	679,629	679,627	348,668
Dschang	313,547	315,355	235,672
Edea	203,910	215,220	142,462
Ebolowa	167,154	167,172	117,884
Yabassi	132,261	132,500	99,814
Doumé	114,453	114,792	95,046
N'Gaoundéré	124,936	125,473	72,535
Lomié	79,068	80,028	69,683
Kribi	59,238	60,388	40,400
Mbanga†	94,851	96,740	34,289
Duala			19,590
Garoua	200,574	200,407	123,033
Hausas and various foreigners	—	—	20,725
Total	2,755,326	2,771,132	1,877,113

* See *Rapport annuel 1923*, p. 104; *1924*, p. 66; *1926*, p. 49.

† Segregated from the Circumscription of Duala by Order of 26 Jan. 1926; see ibid., *1926*, pp. 77, 170.

1926 by circumscriptions. The figures for several circumscriptions were in 1926 over 40 per cent. lower than in 1924. Maroua alone shows a decrease from 680,000 to 349,000. There cannot be the least

doubt that many Heads of Circumscription in 1926 had good reason to believe that the 1924 figures published for their circumscriptions were grossly exaggerated. On the other hand, there is good reason to believe that the 1926 figures for quite a few circumscriptions lagged behind the truth. The official report for 1926 assumed that the total for 1926 was somewhat too low and that the actual population numbered about 2,000,000. But if the total for 1937 (2,513,517) was not exaggerated, it is most likely that the population in 1926 exceeded considerably 2,000,000. Bruel thinks that it amounted to 2,200,000 or 2,500,000, but he bases this estimate on most arbitrary assumptions.[1] However, he rightly calls attention to the fact that the apparent decreases from 1924 to 1926 were particularly conspicuous in the northern region which was the least adequately occupied and where there were only 32 officials including 11 specialists (physicians, teachers, &c.). The changes in the administrative subdivisions which occurred after 1926 make it impossible, unfortunately, to compare the 1926 results for the individual circumscriptions with the results of later years and it is, therefore, impossible to check the 1926 figures in the light of later enumerations, but it is safe to say that understatements in 1926 were much more important than the administration believed them to be. The 'census' of 1926 probably came nearer the truth than the preceding enumerations, but it certainly erred considerably in the other direction.

The more recent enumerations also raise points of doubt which have not been clarified in the meagre comments of the official reports. Table 2 gives the results by regions (circumscriptions) for 1931, 1933, 1934, 1936, 1937, and 1938. It appears that, from 1931 to 1933, 4 of the 17 circumscriptions showed an increase of more than 10 per cent. (Batouri 33, Maroua 15, Ebolowa 12, Mokolo 11), while 4 showed a decrease of more than 5 per cent. (Bafia 11, N'Gaoundéré 9, Fort-Foureau 7, Edea 6). The report says that the increase in Batouri, Maroua, and Mokolo 'is in part the consequence of a closer administration and a therefore more accurate census of the Kirdi and Baya populations'. But according to the census by races there were no Kirdis or Bayas in the circumscription of Maroua, and the report does not mention at all the enormous increase in the circumscription of Ebolowa. As for the important decreases, the report explains merely those in Bafia and Edea and considers the others as 'of scant

[1] Apart from minor corrections, he assumes that the ratio of children to women in French Cameroons was the same as that ascertained in the Belgian Congo in 1928 (109 : 100), and that the omissions in French Cameroons were likewise the same as those supposed to have occurred in the Belgian Congo (12 per cent.). See Bruel (1927), pp. 340–1; (1935), p. 331.

importance' and as having 'no other cause than the inevitable population movements'.

It appears further that from 1933 to 1934 the total population decreased by not less than 68,362 or 3·0 per cent., and that the decrease in 3 circumscriptions exceeded 10 per cent. (Garoua 24, Maroua 16, Fort-Foureau 11). The official report does not mention this decrease with a single word, but merely states that the enumerations in 1934 'show an appreciable increase of the native population in proportion to 1931, this growth affecting mainly the circumscriptions of Yaoundé, Dschang, Ebolowa. The few differences ascertained in the other regions do not call for special comment.' When the circumscription of Maroua between 1931 and 1933 had shown an apparent increase from 267,544 to 307,251, this increase was said to be due to a more accurate census of the Kirdi and Baya populations (although there were no Kirdis or Bayas in Maroua). When the enumeration of 1934 showed the population of Maroua to be only 258,561, the difference did not call for special comment. The subdivision of Garoua was entered in the 1931 report with 87,975 natives, and in the 1934 report with 53,681,[1] the area being in both cases identical (46,000 sq. km.). Did this decrease really not call for comment?

But the changes between 31 December 1934 and 1 January 1936 (which were not commented upon at all) were still more amazing. It will suffice to point out a few striking examples:

*Circumscription**	*1 July 1931*	*31 Dec. 1933*	*31 Dec. 1934*	*1 Jan. 1936*
Duala	26,125	27,186	27,186	38,350
Fort-Foureau . . .	44,105	41,105	36,451	27,501
Maroua	267,544	307,251	258,561	293,854
N'Gaoundéré . . .	67,868	61,646	67,699	124,092

* In none of these cases had the area changed.

The population was finally reported to have increased between 1 January 1936 and 1 January 1937 from 2,338,495 to 2,377,125, or by 1·7 per cent. This increase, according to the report, was due to the use of more rigorous research methods, to a greater confidence on the part of the natives, above all in the north, to the decrease of mortality, and to immigration. It is to be regretted that the report does not specify where the increase was due to a decrease of mortality. The only district which it explicitly quotes as having had a notable immigration is the Subdivision of N'Kongsamba; but there the

[1] See Table 3.

population declined between 1 January 1936 and 1937 from 35,145 to 30,331! The greatest increases, according to the report, were ascertained in the northern districts, especially in Mandara where the population rose 'from 158,000 (in 1931) to nearly 172,000', in Logone with 'about 308,000 inhabitants or 14,000 individuals more than in the preceding year', and 'above all in Adamoua' having nearly as many as 140,000 inhabitants.' Let us consider the causes of the population changes in these three regions.

TABLE 2

*Coloured Population of French Cameroons by Circumscriptions, 1931–8**

Region (*Circumscription*)	Population					
	1 July 1931	*31 Dec. 1933*	*31 Dec. 1934*	*1 Jan. 1936*	*1 Jan. 1937*	*1 Jan. 1938*
Upper Nyong (Abong-Mbang)	85,796	86,429	82,418	81,788	84,021	81,582
M'Bam (Bafia)	125,239	111,846	114,436	111,733	111,075	114,197
Lom and Kadei (Batouri)	73,886	97,914	96,668	90,858	80,702	89,342
Noun (Dschang)	345,001	364,977	369,596	383,589	394,136	415,988
Wouri (Duala)	26,125	27,186	27,186	38,350	35,842	41,812
N'Tem (Ebolowa)	131,561	147,678	145,134	146,862	147,938	150,098
Sanaga Maritime (Edea)	172,283	162,568	148,702	143,302	147,904	161,432
Chari (Fort-Foureau)	44,105	41,105	36,451	27,501	30,107	21,787
Benoué (Garoua)	118,387	117,170	89,601	107,309	109,470	128,234
Kribi (Kribi)	37,037	37,186	39,933	46,737	49,211	50,230
Logone (Maroua)	267,544	307,251	258,561	293,854	307,807	352,888
Mandara (Mokolo)	141,680	157,596	156,416	162,033	171,373	170,916
Mungo (N'Kongsamba)	73,249	70,636	71,985	71,696	68,730	70,797
Adamoua (N'Gaoundéré)	67,868	61,646	67,099	124,092	138,953	157,856
N'Kam (Yabassi)	54,011	52,271	56,100	53,268	51,929	52,250
Nyong and Sanaga (Yaoundé)	415,373	432,808	446,830	436,194	427,580	433,560
Boumba-Ngoko (Yokadouma)	20,057	20,100	20,379	19,329	20,347	20,548
Total	2,199,802	2,296,457	2,228,095	2,338,495	2,377,125	2,513,517

* The same area was recorded for each year except:
Bafia, 1931: 36,000 sq. km.; 1934–8: 32,278 sq. km.
Fort-Foureau, 1931: 11,100 sq. km.; 1934–8: 10,000 sq. km.
Kribi, 1931, 1934: 12,000 sq. km.; 1936–8: 12,600 sq. km.
Maroua, 1931, 1934: 13,900 sq. km.; 1936–8: 13,870 sq. km.
Mokolo, 1931: 10,200 sq. km.; 1934: 11,300 sq. km.; 1936–8: 11,330 sq. km.
N'Gaoundéré, 1931: 62,500 sq. km.; 1934–8: 64,500 sq. km.
Yaoundé, 1931, 1934: 28,500 sq. km.; 1936–8: 27,900 sq. km.
Territory, 1931: 421,950 sq. km.; 1934–8: 419,028 sq. km.

In Mandara the main cause seems to have been greater confidence on the part of the natives. In the section 'Internal Political Situation', the report states:[1]

The local authorities busy themselves with inducing the Kirdis to leave their almost inaccessible mountain *massifs* in order to come and live in villages in the plain with its richer lands. This policy demanding the utmost patience has furnished in 1936 tangible and conclusive results. The major part of these primitive people have been enumerated by name, they have paid their tax without difficulty, and have even fully provided the labourers requested from them. An incontestable sign of progress: in certain regions such as Mandara which has the most refractory elements

[1] *Rapport annuel 1936*, pp. 41–2.

and where the natives took flight at the mere sight of the medical officer, the enumeration started in 1935 could be completed in the course of 1936 although the census agents were accompanied by a doctor and several dressers who between the 1st and the 31st of October were able to vaccinate 34,000 persons of whom only 3,000 were Moslems. Another characteristic symptom: nearly everywhere the mustering of the population comprised women and children whom the Kirdis nearly always had until then refused to present. The enumerated subjects of Mandara thus pass from 158,000 to about 172,000.[1]

As a matter of fact the population showed merely an increase from 162,033 on 1 January 1936 to 171,373 on 1 January 1937.

In Logone (Maroua) the population, after having jumped from 258,561 on 31 December 1934 to 293,854 on 1 January 1936, rose to 307,807 on 1 January 1937. This was probably due to 'the use of more rigorous research methods'. But it is doubtful whether these methods were more rigorous than those used in 1933 when the population was ascertained to be 307,251.

As for Adamoua the increase from 124,092 to 138,953 in the course of 1936 was due to the fact that, apparently for the first time, an attempt was made to enumerate the population in Tibati. The futility of comparing the totals in the Adamoua region for various years will perhaps best be realized by studying the figures in its four Subdivisions:

Subdivision	*31 Dec. 1934*	*1 Jan. 1936*	*1 Jan. 1937*
N'Gaoundéré	24,057	76,688	76,692
Méiganga	15,872	19,528	18,808
Tibati	9,822	9,922	25,499
Banyo	17,948	17,954	17,954

According to the Medical Report for 1937, the population on 1 January 1938 numbered 2,513,517, that is 136,392 or 5·7 per cent. more than on 1 January 1937! The most striking increases were those in the Region of Logone from 307,807 to 352,888, and in the Subdivision of Garoua from 59,960 to 78,111, and of Banyo from 17,954 to 39,538. In some Subdivisions the 1938 figures were very high if compared with the 1937 figures, but not so if compared with the results of previous years.[2] In Fort-Foureau the decrease continued in 1937.

[1] The author of this section apparently believed that the increase 'from 158,000 to about 172,000' occurred within one year while the author of the section 'Demographic Movements' stated that the figure of 158,000 had been ascertained in 1931. Actually the figure of 158,000 (157,596) refers to 31 Dec. 1933.

[2] Batouri 1938: 43,328; 1937: 36,181; 1936: 45,731. Babimbi 1938: 66,243;

We thus reach the conclusion: The German pre-war estimates which showed the population of present French Cameroons to be about 2,000,000 were considered both officially and unofficially as underestimates. The first French post-war estimates, attaining mostly 2,750,000 or 3,000,000, have been abandoned as exaggerations. The enumerations of 1926–9, which yielded totals of 1,877,000 or 1,928,000, were evidently incomplete. The enumerations of 1931–8, yielding totals varying between 2,190,000 and 2,514,000, cannot be considered as adequate since they show for individual circumscriptions enormous ups and downs which, until they have been explained satisfactorily, must be considered as the outcome of considerable under-estimates and over-estimates. It is, therefore, impossible to say whether the population of French Cameroons has increased or decreased during the twenty years of French occupation.

5. *Density of Population*

With a population of 2,513,517 at the beginning of 1938 and an area of 419,028 square kilometres, the average population density in French Cameroons would be 6 inhabitants per square kilometre or 15·5 per square mile.[1] This is considerably more than the average population density of French Equatorial Africa, but considerably less than the average population density of Nigeria. Table 3 shows the population density for each of the Subdivisions.

Density varies very much in the different regions. There are, on the one hand, Subdivisions with less than 2 inhabitants per square mile (Moloundou, Lomié, Campo) while there are others with over 100 inhabitants per square mile (Bafoussam, Saa, Dschang, Bafang).[2] The 1931 report considered the Subdivisions of Bafoussam, Dschang, Yaoundé, Maroua, and Yagoua as 'overpopulated' and stated:

> This situation entails various consequences, it raises for certain parts of the Territory the delicate problem of the distribution of the soil . . ., it causes a migration movement from the over-populated zones towards the zones of medium and feeble density; a migration movement which the economic development and the lure of high wages have sometimes

1937: 56,355; 1 July 1931: 72,697. M'Balmayo 1938: 45,422; 1937: 32,068; 31 Dec. 1934: 43,963.

[1] Megglé (1931) grossly over-estimated the population density when he said (p. 88): 'The population, the density of which is comparatively high, is 8 inhabitants per square kilometre.'

[2] Balfour (1937), p. 142, says of the Bamilikés: 'The tribe numbers 350,000 and sometimes you find as many as 150 to the square kilometre' (390 to the square mile).

TABLE 3

*Coloured Population of French Cameroons by Subdivisions, 1931–8**

Region	*Subdivision*	*Area sq. km. 1938†*	*Population*					*Density per sq. km. 1 Jan. 1938*
			1 July 1931‡	*31 Dec. 1934*	*1 Jan. 1936*	*1 Jan. 1937*	*1 Jan. 1938*	
Upper Nyong	Abong-Mbang	3,100	19,303	20,082	12,773	12,307	12,316	4·0
	Messaména	6,000			18,319	18,085	17,080	2·8
	Doumé	6,000	40,721	39,499	39,499	42,426	41,213	6·9
	Lomié	24,000	25,722	22,837	11,197	11,203	10,973	0·5
M'Bam	Bafia	7,376	109,282	76,389	74,625	73,446	75,023	10·3
	Ndikiniméki	2,302		21,137	20,438	20,680	20,756	9·0
	Yoko	22,600	15,957	16,910	16,670	16,949	17,518	0·8
Lom and Kadei	Batouri	17,500	37,402	50,392	45,731	36,181	43,328	2·5
	Bertoua	11,000	25,010	31,833	31,839	30,052	30,768	2·8
	Bétaré-Oya	16,500	11,474	14,443	13,288	14,469	15,246	0·9
Noun	Dschang	2,400	83,082	107,089	109,931	109,931	116,894	48·7
	Bafang	1,500	44,559	51,874	50,515	51,197	60,101	40·1
	Bafoussam	1,250	117,470	86,189	104,366	104,278	104,438	83·6
	Bangangté	2,300	52,437	65,385	61,399	60,078	66,331	28·8
	Foumban	7,300	46,453	58,459	57,378	68,652	68,224	9·3
Wouri	Duala	1,200	26,215	27,186	38,350	35,842	41,812	34·8
N'Tem	Ebolowa	8,700	47,722	60,498	60,020	61,551	63,330	7·3
	Sangmélima	7,500	54,262	55,551	55,332	55,548	56,320	7·5
	Ambam	7,000	20,557	19,247	20,759	20,980	20,739	3·0
	Djoum	10,300	9,020	9,838	9,851	9,859	9,709	0·9
Sanaga Maritime	Edea	5,400	44,622	31,789	32,555	35,457	35,513	6·6
	Eseka	5,700	54,964	55,839	53,799	56,092	59,676	10·5
	Babimbi	3,300	72,697	61,074	56,948	56,355	66,243	20·1
Chari	Fort-Foureau	10,000	54,105	36,451	27,501	30,107	21,787	2·2
Benoué	Garoua	46,000	87,975	53,681	71,133	59,960	78,111	2·0
	Boubandjidda					13,248	15,606	
	Poli	11,300	30,712	35,920	36,176	36,262	34,517	3·1
Kribi	Kribi	5,400	29,300	22,744	20,365	22,986	23,128	4·3
	Lolodorf	3,200	19,000	14,746	23,725	23,522	24,663	7·7
	Campo	4,000	3,337	2,443	2,647	2,703	2,439	0·6
Logone	Maroua	8,670	166,254	148,640	181,433	199,242	230,954	26·6
	Yagoua	5,200	101,290	109,921	112,421	108,565	121,934	23·4
Mandara	Mokolo	4,770	141,680	60,475	66,649	68,949	67,990	14·3
	Mora	3,010		42,541	43,572	43,546	41,314	13·7
	Guidder	3,550		53,400	51,812	58,878	61,612	17·4
Mungo	N'Kongsamba	2,200	23,639	33,465	35,145	30,331	33,054	15·0
	M'Banga	2,300	49,110	38,520	36,551	38,399	37,743	16·4
Adamoua	N'Gaoundéré	16,500	30,896	24,057	76,688	76,692	76,684	4·6
	Tibati	16,500		9,822	9,922	25,499	24,358	1·5
	Banyo	14,500	24,460	17,948	17,954	17,954	39,538	2·7
	Méiganga	17,000	12,512	15,872	19,528	18,808	17,276	1·0
N'Kam	Yabassi	5,800	54,011	56,100	53,268	51,929	52,250	9·0
Nyong and Sanaga	Yaoundé	7,045	278,628	290,335	295,007	283,010	104,146	27·6
	Saa	1,630					85,198	52·3
	M'Balmayo	3,200	42,309	43,963	36,098	32,068	45,422	14·2
	Akonolinga	6,080	54,069	64,314	59,111	62,048	62,571	10·3
	Nanga-Eboko	9,945	40,367	48,218	45,978	50,454	46,223	4·6
Boumba-Ngoko	Yokadouma	15,800	16,099	15,796	15,517	16,207	16,151	1·0
	Moloundou	15,200	3,558	4,583	3,812	4,140	4,397	0·3
Total	. . .	419,028	2,223,802	2,228,095	2,338,495	2,377,125	2,513,517	6·0

* For area and population, see *Rapport annuel 1931*, p. 66; *1934*, p. 119; *1935*, pp. 106–7; *1936*, pp. 100–1; *Service de Santé, Rapport annuel 1937, partie médicale*, pp. 428–9.

† The same area as for 1938 was recorded in the preceding years, except for the following subdivisions:
Abong-Mbang (apparently incl. Messaména), 1931 and 1934: 8,700.
Doumé, 1931 and 1934: 5,700.
Lomié, 1931 and 1934: 24,700.
Bafia and Ndikiniméki, 1931: 10,500.
Yoko, 1931: 25,500.
Fort-Foureau, 1931: 11,100.
Lolodorf, 1931 and 1934: 2,600.
Maroua, 1931 and 1934: 8,700.
Mokolo (incl. Mora and Guidder), 1931: 10,200; Mokolo, 1934: 4,740.
N'Gaoundéré and Tibati, 1931: 30,500.
Méiganga, 1931: 17,500.
Yaoundé (apparently incl. Saa), 1931–7: 9,200.
M'Balmayo 1931, 1934: 3,300; 1936, 1937: 2,700.
Akonolinga, 1931–7: 6,000.
Nanga-Eboko, 1931–7: 10,000.

‡ Apparently owing to a large number of misprints, the sum of the figures for the subdivisions does not agree with the total.

accelerated. We may point out as falling within this category the exodus of the Yaoundés and the Bamilikés towards the rich and economically very developed regions of the Northern Railway where they have established important colonies.

This means that the great movements which in the course of the last century have caused a forward urge in the largest part of central Africa are not terminated; they still go on slowly and, although at present less visible and less important, can be followed with great precision.[1]

6. *Sex and Age*

According to the very incomplete census of 1926 there were then in the Territory 647,341 men, 680,886 women, and 548,886 children. Table 4 shows the results by circumscriptions.

TABLE 4

*Coloured Men, Women, and Children in French Cameroons, 1926**

Circumscription	*Men*	*Women*	*Children*	*Children per 100 women*
Yaoundé	150,738	174,173	132,401	76
Maroua	123,011	133,600	92,057	69
Dschang	83,845	79,472	72,355	91
Edea	50,497	55,132	36,833	67
Ebolowa	39,027	44,686	34,171	76
Yabassi	34,153	36,622	29,039	79
Doumé	30,244	29,805	34,997	117
N'Gaoundéré	27,014	25,694	19,827	77
Lomié	20,767	21,989	26,927	122
Kribi	11,710	10,462	18,228	174
Mbanga	15,210	10,214	8,865	87
Duala	6,915	6,732	5,943	88
Garoua	42,603	46,863	33,567	72
Hausas†	11,607	5,442	3,676	68
Total	647,341	680,886	548,886	81

* See *Rapport annuel 1926*, p. 49. † Hausas and various foreigners.

The number of women exceeded that of men by 5·2 per cent. The excess was as high as 15·5 per cent. in Yaoundé. But in 6 of the 13 circumscriptions there were more men than women, and in Mbanga the excess of men amounted to 49 per cent.

[1] *Rapport annuel 1931*, p. 67. When M. Besson, from the Ministry of Colonies, was asked in the Permanent Mandates Commission by M. Rappard what were the 'great movements' referred to in the report, he said it 'was a movement towards the sea. This progress towards the west had received its original stimulus from the Moslem invasions and from the slave-traders from whom the natives escaped by penetrating into the bush, where the tsetse fly was fatal to horses.' See *Minutes*, 22nd Session (24 Nov. 1932), p. 221.

There were only 81 children per 100 women, and the ratio was very low in some circumscriptions. But it was nowhere so low as to render the figures unacceptable on account of evidently large omissions of children. The ratio, on the other hand, was rather high in a few circumscriptions, and in Kribi it was almost incredibly high.

TABLE 5

Coloured Men, Women, and Children in French Cameroons, 1931

Circumscription	*Men 14 to 59 years*	*Women 14 to 59 years*	*Boys under 14 years*	*Girls under 14 years*	*Old people and invalids*	*Total*	*Children per 100 women 14 to 59*
Duala	10,623	6,810	4,514	3,376	802	26,125	116
N'Kongsamba	32,048	19,630	10,555	9,080	1,936	73,249	100
Dschang	86,428	131,686	57,866	57,866	11,155	345,001	88
Edea	57,949	60,397	24,304	24,204	5,429	172,283	80
Yabassi	17,882	17,937	7,737	7,792	2,663	54,011	87
Bafia	38,702	44,064	18,472	20,871	3,565	125,674	89
Yaoundé	118,794	147,943	65,789	60,052	21,388	413,966	85
Kribi	11,426	13,221	11,090	14,400	1,500	51,637	193
Ebolowa	40,738	43,007	18,106	16,534	13,176	131,561	81
Abong-Mbang	22,628	28,806	16,008	14,380	3,975	85,797	105
Yokadouma	5,344	6,605	4,031	3,918	1,159	21,057	120
Batouri	23,439	21,311	14,659	12,958	1,519	73,886	130
N'Gaoundéré*	11,768	9,393	4,090	4,736	909	30,896	94
Garoua	36,017	41,725	14,761	16,551	9,335	118,389	75
Marouat	112,163	112,325	46,533	46,957	6,449	324,427	83
Mokolo	46,312	47,002	17,720	23,081	7,565	141,680	87
Total*	672,261	751,862	336,235	336,756	92,525	2,189,639	90

* Excluding the Subdivisions of Banyo and Méiganga.
† Including Fort-Foureau.

Sex and age data have not been published officially for the 1931 census, but there exists an unpublished table showing for each circumscription the number of boys and girls under 14 years, of men and women from 14 to 59 years, and of old people and invalids (see Table 5). Leaving out of consideration the latter group, the females exceeded the males by 8 per cent. In Dschang the excess was as high as 31 per cent.[1] But in 4 of the 16 circumscriptions there was an excess of males which in N'Kongsamba and Duala reached 48 or 49 per cent.

The proportion of children among the total population of the Territory was 30·7 per cent. as compared with 29·2 per cent. in 1926. There were only 90 children per 100 women between 14 and 60 years, and the ratio was very low in some circumscriptions. But it was rather high in a few others. The maximum was again reached in

[1] Egerton (1938), pp. 73–4, relates that according to a census completed during his stay in the Kingdom of Bangangté (which is in the circumscription of Dschang) there were 2,187 men and 4,229 women, subject to tax payment. See also his description and photographs of census-taking ibid., pp. 177–9.

Kribi where no fewer than 193 children were ascertained per 100 women between 14 and 60. Suspicion as to the accuracy of the results for Kribi is strengthened by the fact that no fewer than 14,400 girls under 14 were counted there as against 11,090 boys. It would seem that in this circumscription (as also, for example, in Mokolo) numerous girls were counted as children even if by virtue of their actual age they should have been counted as adults.[1]

One striking result of the 1926 and 1931 censuses is that the sex and age ratios vary enormously for the various tribes. Such differences were also found at the comprehensive soundings which were taken in 1933 (see Table 6).

Among the people covered by these samples the females exceeded the males by no less than one-sixth, while according to the 1931 census the excess for the country as a whole was apparently only about one-twelfth.

The proportion of children was 33·6 per cent. as compared with only 30·7 per cent. at the general census. For the Maka tribe the percentage was as high as 37·7, while for the Semites it was only 27·6. But it would seem that in some cases the proportion of children was overstated. Percentages such as those found for the Bamilikés of Dschang (57·7) or the Yengonos of Akonolinga (50·8)[2] can hardly be accepted as corresponding to the truth.

For the samples as a whole there was a slight excess of females among children, a considerable excess of females among persons between 14 and 45,[3] and a slight excess of males among those over 45. But not too much stress should be laid on these results, since the distinction by age, as has been stated before, was evidently in part defective. It seems out of the question that the Fang should actually have one-sixth more girls than boys or that the Semites should actually have one-quarter more boys than girls.

Finally, in 1936, the sex and age ratio was ascertained for at least one subdivision:

It is noted that in Maroua a very interesting investigation has been made which showed in which direction the two elements, the Foulbés and the Kirdis, developed. While with the former the percentage of children living per adult woman is only 0·48 per cent., it is 1·53 per cent. among the

[1] If it is assumed that 3,000 girls were unduly counted as children, the ratio of children to women between 14 and 60 would drop in Kribi from 193 : 100 to 139 : 100.

[2] See Martial and Beaudiment (1938), p. 52.

[3] The ratio of children to women between 14 and 45 would, therefore, appear to be smaller than indicated by the proportion of children among the total population.

TABLE 6

*Sex and Age Composition in French Cameroons, Soundings 1933**

	Bantus				*Black Sudanese*			*Semites (Foulbés, Hausas, &c.)*	*Total*
	Fang	*Maka*	*Other tribes*	*Total*	*Tribes near forests*	*Savanna tribes*	*Total*		
					SEX COMPOSITION				
Number visited	189,325	108,278	30,641	328,244	90,052	31,158	121,210	7,806	457,260
Males, per cent.	44·8	47	45	45·5	46·7	48·4	47·1	49	46·1
Females, per cent.	55·2	53	55	54·5	53·3	51·6	52·9	51	53·9
					AGE COMPOSITION				
Number visited	184,679	107,089	30,641	322,409	90,052	31,158	121,210	7,806	451,425
0–14 years, per cent.	31·6	37·7	35	34	34·2	28·6	32·6	27·6	33·6
14–45 years, per cent.	55·3	50·5	54·9	53·7	57·6	59·4	58	57·8	55
Over 45 years, per cent.	13·1	11·8	10·1	12·3	8·2	12	9·4	14·6	11·4
					SEX AND AGE COMPOSITION				
Number visited	155,500	101,862	3,915	261,277	53,803	13,649	67,452	5,299	334,028
0–14 years, males, per cent.	46	51	50·9	48·1	52	46·4	50·8	55·5	49
fem., per cent.	54	49	49·1	51·9	48	53·6	49·2	44·5	51
14–45 years, males, per cent.	42	43·6	44·8	42·6	44·5	46·2	45	42·7	43·3
fem., per cent.	58	56·4	55·2	57·4	55·5	53·8	55	57·3	56·7
Over 45 years, males, per cent.	52·9	46·1	73·6	50·6	47·6	59	51·6	67	51
fem., per cent.	47·1	53·9	26·4	49·4	52·4	41	48·4	33	49

* See Martial and Beaudiment (1938), pp. 50–6.

Kirdis; the old people represent among these pagans 8 per cent., the children 44 per cent. of the total population, while among the Foulbés the old people constitute one-tenth of the total, the adults of over 50 years nearly one-twentieth, and the children only a little over one-quarter. The Kirdis, therefore, are increasing in numbers while the Peuhls evince infinitely less vitality.[1]

The information concerning the sex and age composition of the native population is then more ample for French Cameroons than for many other African countries. It seems to indicate that the proportion of children is low in most regions.

7. *Labour-supply*

The growing demand for native labour in the last years before the World War had become a serious problem for the German administration. This was due in part to the expansion of the plantations. Since most of these plantations were located in the Territory placed under British mandate, the French administration for many years was not hampered by a scarcity of labour. But recently the situation has changed. The 1935 report to the League stated:

> Of all the problems which the Administration has had to solve in the course of the year 1935, there is perhaps none which has commanded its attention so much as that of native labour. The problem is of importance; it determines the fate of European colonization and the future of the race. It can be asserted without the least exaggeration that this problem constitutes at the present time the keystone in the economic, social, and demographic development of the Territory.[2]

The report then points out that many natives who formerly worked in European enterprises have become peasants and that both the native peasants and the European colonists employ an ever-increasing number of native labourers. However, it reaches the conclusion that, 'while the number of labourers employed by enterprises of all kinds has increased incessantly in the course of the last few years, it is still relatively feeble since it attains in 1935 only 8 per cent. of the male adult population of the Territory'. This percentage was arrived at by relating the number of labourers employed, which is given as 53,604 (private enterprises, 43,261; public yards, 3,125; public works, 5,464; porterage, 1,754), to the 'male adult population', which is given as 616,143. The latter figure evidently does not comprise the whole male adult population but only the able-bodied men, and was apparently obtained by assuming that the able-bodied men constituted 26·35 per cent. of the total population (2,338,495).

[1] *Rapport annuel 1936*, p. 99.

[2] Ibid. *1935*, p. 115.

TABLE 7

*Labourers employed by Private European Enterprises French Cameroons, 1933–7**

Enterprises	*1933*	*1934*	*1935*	*1936*	*1937*
Commerce . . .	4,406	4,492	9,863	11,483	12,129
Rural concessions .	10,680	16,913	21,207	22,954	22,297
Forests and industries .	5,814	11,468	12,191	17,546	14,265
Total . . .	20,900	32,873	43,261	51,983	48,691
Porterage (days worked)	46,499	156,723	314,921	241,472	175,526

* See *Rapport annuel 1934*, pp. 126, 130; *1935*, pp. 117, 123; *1936*, pp. 109, 115; *1937*, pp. 98, 102.

TABLE 8

*Days worked by Labourers for the Administration, French Cameroons 1933–7**

Enterprises	*1933*	*1934*	*1935*	*1936*	*1937*
Public yards . .	609,067	1,094,275	1,034,720	983,317	1,155,019
Public works† . .	..	..	1,368,643	..	..
Porterage . . .	198,938	223,959	211,627	173,927	156,054
Labour dues . .	1,260,419	3,300,620	3,269,715	3,386,076	3,218,137

* See *Rapport annuel 1934*, pp. 129–30; *1935*, pp. 121, 123; *1936*, pp. 113–15; *1937*, pp. 100, 102.

† Average number of labourers, 1933 and 1934, 5,000, 1935, 5,464; see ibid., *1935*, p. 115. Labourers on 1 Jan. 1937, 6,238, 1 Jan. 1938, 7,317; see ibid., *1936*, p. 46, *1937*, p. 52.

As regards the figure of 53,604 labourers it understates the strain on the native communities. The number of days worked on public yards (roads, &c.) was 1,034,720;[1] the figure of 3,125 labourers employed was apparently obtained by dividing the number of days worked by 330. The number of days spent on public works (including railroads) was 1,368,643; the figure of 5,464 labourers employed was obtained by dividing the number of days worked by 250. The number of days worked by porters was 526,548; the figure of 1,754 porters employed was obtained by dividing the number of days worked by 300. How wrong a picture is conveyed by the figure of 1,754 porters employed appears most clearly from the fact that the total number of periods of employment was 107,738. If, for example, 13 carriers were recruited four times a year for a week, they were counted as only one labourer employed. The total number of individual natives employed, therefore, may have been several times.

[1] See ibid., p. 121.

as large as the average number employed, and the proportion of able-bodied natives working for Europeans may have been very large at certain times. In order to measure the strain on the native communities it would, moreover, be necessary to take account also of the days taken up in going to and from the place of employment, of sickness, &c., and also of the labour dues (3,269,715 days)[1] performed by those natives who did not free themselves of this obligation through cash payment.

The 1936 report stated that the difficulties created by the native labour problem increased in the course of the year. This was due mainly to the growing demand of the mines. In the two mining regions (Adamoua and Lom-Kadei) the number of labourers employed by private enterprises increased from 1,320 and 2,480 respectively in 1935 to 7,642 and 3,973 in 1936.[2] Assuming that the number of days worked on public works was the same in 1936 as in 1935, and counting 300 days a year per labourer, the average number of labourers employed by private enterprises and by the Administration increased from 63,926 in 1935 to 72,494 in 1936.

A sudden disequilibrium between the supply and the demand of labour was noticed at the beginning of 1937; planters were confronted with the impossibility of gathering in the coffee crop; the colonists were alarmed; it had become necessary to act.[3]

A Commission was appointed and decided that first of all the development of the European enterprises had to be slowed down. Thereupon the granting of rural concessions was suspended,[4] and the exploitation of the forests was checked in a similar manner.[5] The average number of labourers employed decreased by about 3,500.

It is true that even in 1936 the average number of labourers employed by private European enterprises or by the Administration did not much exceed 10 per cent. of the able-bodied men. But in order rightly to appraise this proportion it must be realized (1) that according to a recent computation the total number of natives engaged in the production and transport of export goods (including the native peasants and their employees) constituted about 40 per cent. of the able-bodied male population of the whole Territory, (2) that vast regions do not participate at all in this work, and (3) that a considerable number of hands are necessary to provide the food and other needs of the native population.

[1] See *Rapport annuel 1935*, p. 123.
[2] See ibid. *1935*, p. 121; *1936*, pp. 109–10.
[3] Ibid. *1937*, p. 97. See also ibid., p. 76.
[4] See pp. 111–12, below.
[5] See *Rapport annuel 1937*, p. 76.

II. White Population

When the Germans had left the country the white population consisted only of the expeditionary corps of the Allies and a few traders. 'But as soon as the hostilities ended, that is from 1916 on, there was to be noticed a certain movement of immigrants made up mainly of traders already installed in various colonial territories of the African coast who were attracted by Duala, as happens in every country in the process of organization. It was, however, only in 1922, which can be considered as the first normal year, since living conditions by then were stabilized and a certain organization effected, that the European immigrants came in increasing numbers.'[1] The total of whites[2] for that year is given as 741.[3] These are apparently the only data available until the census of 1 July 1926. But from that date on, the annual reports of the French Government contain data for each year. The information given was as follows:

1 July 1926.[4] Men, women, and children, by nationality and occupation.

1927.[5] Men, women, and children, by circumscriptions.

1928, 1929, 1930.[6] Total population.

1 July 1931.[7] (1) Men, women, and children, by circumscriptions. (2) Total by nationality. (3) Heads of families and women and children, by occupation. (4) Total by nationality in Duala.

31 December 1932.[8] Total by nationality in Duala.

31 December 1933.[9] (1) Total by circumscriptions. (2) Total by nationality. (3) Heads of families and women and children, by occupation. (4) Total in 10 towns.

31 December 1934, 31 December 1935, 1 July 1936, 31 December 1937.[10] (1) Total by nationality. (2) Heads of families and women and children, by occupation.[11]

[1] Lawless (1936), p. 228.

[2] I use here the expression 'whites' for what the French call 'European population' because the figures include Lebano-Syrians. It seems, however, that the French figures for Europeans include also Africans of European status. They numbered on 31 Dec. 1933 in Duala alone 57 (23 men, 16 women, 18 children).

[3] See Abbatucci (1926), p. 133: 'In 1922 there were 741 Europeans in the Cameroons; of these 159 were officials, 143 were soldiers, 163 traders, 21 settlers, 31 missionaries, 15 miscellaneous, 209 women and children.' The total for 1922 is given in *Rapport annuel 1922*, p. 38, as 700 (of whom about 400 in the town of Duala); *1926*, p. 48, as 750; *1937*, p. 142, as 722.

[4] See *Rapport annuel 1926*, p. 48.

[5] See ibid. *1927*, p. 42.

[6] See ibid. *1928*, p. 6; *1929*, p. 4; *1930*, p. 8.

[7] See ibid. *1931*, p. 67; *1932*, p. 125; *1933*, p. 93.

[8] See ibid. *1932*, p. 125.

[9] See ibid. *1933*, pp. 93, 95.

[10] See ibid. *1934*, pp. 121–2; *1935*, p. 110; *1937*, pp. 92–3.

[11] In addition, the total population is given by circumscriptions for 1935 by Martial and Beaudiment (1938), p. 49, and for 1936 in *Service de Santé, Rapport annuel 1936, partie médicale*, p. 300.

Tables 9–15 show the main results of the enumerations made between 1922 and 1937.

TABLE 9

White Population in French Cameroons, 1922–37

Date	*Men*	*Women*	*Children*	*Total*
1922	532	209		741
1 July 1926	1,109	318	143	1,570
1927	1,343	405	161	1,909
1928	..	..	..	2,010
1929	..	..	..	2,100
1930	..	..	..	1,998
1 July 1931	1,373	519	267	2,159

Date	*Heads of families*	*Women and children*	*Total*
1 July 1931	1,526	638	2,164
31 Dec. 1933	1,225	805	2,030
31 Dec. 1934	1,284	822	2,106
31 Dec. 1935	1,353	971	2,324
1 July 1936	1,395	988	2,383
31 Dec. 1937	1,869	1,237	3,106

TABLE 10

White Population by Regions, French Cameroons, 1931–6

Region	*1 July 1931*	*31 Dec. 1933*	*1935*	*1936*
Upper Nyong	31	44	48	53
M'Bam	42	46	46	22
Lom and Kadei	44	28	60	75
Noun	87	85	143	150
Wouri	862	728	785	730
N'Tem	99	125	109	108
Sanaga Maritime	136	145	147	144
Chari	3	3	4	5
Benoué	46	43	50	48
Kribi	93	95	59	91
Logone	21	26	47	36
Mandara	11	13	13	18
Mungo	199	161	243	215
Adamoua	36	45	52	33
N'Kam	23	19	26	25
Nyong and Sanaga	422	426	300*	580
Boumba-Ngoko	9	6	13	15
Total	2,164	2,038	2,145	2,348

* Approximately.

TABLE 11

White Population by Nationality, French Cameroons, 1926–37

Nationality	Whole territory							Duala	
	1 July 1926	*1 July 1931*	*31 Dec. 1933*	*31 Dec. 1934*	*31 Dec. 1935*	*1 July 1936*	*31 Dec. 1937*	*1 July 1931*	*31 Dec. 1932*
French	1,233	1,684	1,578	1,619	1,761	1,799	2,208	731	619
Austrians	..	—	3	3	12	12	12	—	1
Belgians	2	11	7	8	14	19	26	1	1
Czechoslovakians	..	2	—	2	9	9	20	—	—
Danes	..	3	2	4	2	—	2	2	2
Dutch	..	7	2	1	4	3	5	5	2
English	72	74	50	57	63	65	105	35	26
Germans	—	73	62	55	70	76	92	24	12
Greeks	25	75	77	82	103	86	162	16	17
Italians	14	26	23	26	39	34	56	15	13
Luxemburgians	..	4	2	6	5	5	10	1	—
Norwegians	..	8	17	17	21	14	16	1	—
Poles	..	9	7	7	5	5	9	1	3
Portuguese	13	12	6	7	8	11	17	7	3
Rumanians	..	—	—	1	..	..	..	—	—
Russians	..	—	2	1	2	2	7	—	—
Spaniards	16	7	6	13	8	13	34	5	1
Swedes	3	5	7	3	5	5	5	1	1
Swiss	53	57	48	51	59	68	94	22	20
Yugoslavs	..	1	—	—	1	1	1	1	—
Americans	79	76	96	83	60	97	116	3	—
Canadians	..	—	4	1	4	4	9	—	—
Armenians	..	2	4	5	..	..	..	—	—
Libano-Syrians	27	27	34	54	63	48	77	9	17
Turks	..	1	1	—	4	6	3	—	—
Not stated	33	—	—	—	2	1	20	—	—
Total	1,570	2,164	2,038	2,106	2,324	2,383	3,106	880	738

TABLE 12

French by Occupation, French Cameroons, 1 July 1926

Occupation	*Men*	*Women*	*Children*	*Total*
Officials	271	101	48	420
Military persons	156	48	30	234
Merchants	305	56	9	370
Industriels and colonists	106	33	7	146
Missionaries	37	21	5	63
Total	875	259	99	1,233

The total number of whites increased from 741 in 1922 to 2,100 in 1929. Between 1929 and 1936 it fluctuated considerably, but it leapt to 3,106 on 31 December 1937. The number of men increased between 1926 and 1931 from 1,109 to 1,373, or by 24 per cent., the number of women from 318 to 519, or by 63 per cent., and the number of children from 143 to 267, or by 87 per cent. It appears further that the number of 'heads of families' decreased between 1 July 1931 and 31 December 1933 from 1,526 to 1,225, or by 20 per cent., while the number of 'women and children' increased from

TABLE 13

Foreigners by Nationality and Occupation, French Cameroons, 1 July 1926

Nationality	Merchants			Missionaries			Total*		
	Men	Women	Children	Men	Women	Children	Men	Women	Children
Belgians	1	—	—	1	—	—	2	—	—
English	61	5	2	3	—	—	65	5	2
Greeks	22	2	1	—	—	—	22	2	1
Italians	11	1	—	—	—	—	13	1	—
Portuguese	9	1	—	—	—	—	12	1	—
Spaniards	8	2	6	—	—	—	8	2	6
Swedes	3	—	—	—	—	—	3	—	—
Swiss	25	4	2	8	5	5	37	9	7
Americans	—	—	—	27	28	24	27	28	24
Syrians	21	3	3	—	—	—	21	3	3
Not stated	11	3	1	4	3	—	24	8	1
Total	172	21	15	43	36	29	234	59	44

* The totals include 8 *industriels* (1 Italian, and 7 not stated) and 13 colonists (1 English, 1 Italian, 3 Portuguese, 4 Swiss, and 4 not stated).

638 to 805, or by 26 per cent. The 1933 report comments on the latter development as follows:

As to the European population, two facts are obvious: on the one hand the decrease in the number of heads of families, a decrease which affects to the same degree the administrative personnel and the non-official elements, and which amounts to about one-fifth, and on the other hand the very marked increase in the number of women and of children, the total of which reaches two-thirds of that of the men as against only two-fifths in 1931.

One could not possibly find a better proof of the efforts made by the Mandatory administration as well as by the private enterprises with a view to effecting the contraction of the general expenditure imposed by the economic crisis; the increase in the number of families which follow their head to the Territory reveals besides the progress achieved in the course of the last years both from the standpoint of the means of communication and public health, and in the mode of life in the towns.[1]

I do not think that this is a correct interpretation of the facts. According to the census of 1 July 1931, there were in the Territory 1,373 men, 519 women, and 267 children. The number of women and children, therefore, amounted to nearly three-fifths of the number of men and not to only two-fifths. What the proportion was on 31 December 1933 it is impossible to say, since the statistics of that date distinguish between 'heads of families' (*chefs de famille*) on the

[1] *Rapport annuel 1933*, p. 95.

TABLE 14

White Population by Occupation, French Cameroons, 1931–7

Occupations	*1 July 1931*		*31 Dec. 1933*		*31 Dec. 1934*		*31 Dec. 1935*		*1 July 1936*		*31 Dec. 1937*	
	Heads of families	*Women and children*	*Heads of families*	*Women and children*	*Heads of families*	*Women and children*	*Heads of families*	*Women and children*	*Heads of families*	*Women and children*	*Heads of families*	*Women and children*
						OFFICIALS						
General administration	120	83	121	136	124	140	181	205	140	130	153	181
Police	77	43	53	25	52	25	44	32	62	40	82	65
Health service	60	31	55	23	75	30	71	44	74	64	89	61
Public works, railroads	181	120	134	114	147	120	126	112	139	155	161	158
Other services	140	86	133	105	133	106	91	96	96	105	111	117
Total	578	363	496	403	531	421	513	489	511	494	596	582
						NON-OFFICIALS						
Merchants	445	140	326	158	314	122	301	131	321	119	530	157
Planters	102	36	110	48	125	75	182	109	179	91	240	148
Missionaries	192	42	154	150	158	141	164	126	181	167	219	238
Others	209	57	139	46	156	63	193	116	203	117	284	112
Total	948	275	729	402	753	401	840	482	884	494	1,273	655
Grand Total	1,526	638	1,225	805	1,284	822	1,353	971	1,395	988	1,869	1,237

TABLE 15

White and Coloured Population of Towns, French Cameroons, 1933

Towns	*Whites*	*Coloured*
Duala	728	26,125
Yaoundé	261	6,190
N'Kongsamba	70	2,000
Edea	46	3,000
Kribi	42	1,792
Ebolowa	38	1,194
Garoua	32	5,000
N'Gaoundéré	30	8,400
Maroua	22	13,659
Yabassi	19	954
Total	1,288	68,314
Rest of Territory	750	2,228,143
Grand Total	2,038	2,296,457

one hand and 'women and children' on the other hand. This distinction is in itself, to be sure, quite puzzling. The heads of families probably include all adult men, whether heads of families or not, since it is unlikely that the men who are not heads of families (military, &c.) are included among 'women and children'. But since on 1 July 1931 there were 1,526 heads of families as against only 1,373 men, a considerable number of the 519 adult females must have been included among the heads of families. Thus the 'women and children' are far from including all women. But whatever may be understood by 'heads of families' and by 'women and children', it does not seem that the distinction was made according to the same principles in 1931 and 1933. It may suffice to mention that the missionaries in 1931 were entered with 192 heads of families and 42 women and children, while the corresponding figures in 1933 were 154 and 150. It seems most unlikely that such an increase in the number of women and children should actually have occurred, and the low number of women and children of missionaries entered in 1931 was probably wrong.[1] The number of women and children very likely continued to increase between 1931 and 1933, but not at the rate assumed in the official report. The number of women and children has increased still further since 1933, and especially so in 1937, but there is no evidence that the rate of increase was higher than for the men.

The number of French[2] increased from 1,233 on 1 July 1926 to

[1] According to the census of 1 July 1926, there were in the Territory 80 missionaries with 91 women and children.

[2] The French include apparently those natives who are French citizens.

1,684 on 1 July 1931. It was 1,578 on 31 December 1933 and increased thereafter gradually to 2,208 on 31 December 1937. Of the 1,233 French of 1926, 875 were men, 259 women, and 99 children. Of the 875 men, 271 were officials, 156 military, 305 merchants, 106 engaged in industry or colonists, and 37 missionaries. No figures are available for French residents in other years; the additional data published for officials and military seem to indicate that between 1922 and 1937 the number of officials increased from about 160 to about 500, while the number of military (called in recent years *police*) decreased from about 140 to about 80.[1] The number of (French) medical officers appointed by the Administration increased from 12 on 31 December 1921 to 45 on 31 December 1937.[2]

The number of foreign whites increased from 337 on 1 July 1926 to 480 on 1 July 1931. It was 460 on 31 December 1933, and increased thereafter gradually to 898 on 31 December 1937. Of the 337 foreigners of 1926, 79 were Americans, 72 English, 53 Swiss, 27 Syrians, 25 Greeks, &c. But the social and economic importance of the different nationalities cannot be gathered from the number of their representatives. The 79 Americans consisted of 27 missionaries

[1] The 1932 report states (p. 6): 'The effectives have followed the extension of the administrative action. The European personnel comprised in 1922, 195 officials (*fonctionnaires*); it now comprises 587.'

The reports for 1926–8 state that the Territory uses the services of 500 French officials or military, the 1929–31 reports give as the corresponding figures 729, 775, and 782 (see *Rapport annuel 1926*, p. 4; *1927*, p. 4; *1928*, p. 6; *1929*, p. 4; *1930*, p. 8; *1931*, p. 3; the 1926 report adds in parenthesis: 'this figure comprises the personnel on leave').

The reports for 1932–7 give as numbers of European officials for 1931–7: 672, 619, 636, 615, 635, 641, and 654 respectively (see *Rapport annuel 1932*, p. 34; *1934*, p. 9; *1936*, p. 11; *1937*, p. 11).

Each report contains in addition in the chapter *Clauses militaires* data on the troops or the police.

[2] Their number was as follows:

31 Dec. 1921	12	1 Oct. 1930	22
31 Dec. 1922	11	1 Oct. 1931	36
31 Dec. 1923	16	1 Oct. 1932	36
1 Oct. 1924	18	31 Dec. 1933	46
1 Oct. 1925	17	31 Dec. 1934	47
1 Oct. 1926	29	31 Dec. 1935	49
1 Oct. 1927	33	31 Dec. 1936	45
1 Oct. 1928	29	31 Dec. 1937	45
1 Oct. 1929	30		

See ibid. *1923*, p. 52; *1932*, p. 27; *1933*, p. 111; *1934*, p. 141; *1935*, p. 135; *1936*, p. 123; *1937*, p. 109. All medical officers were military doctors. As stated by M. Besson in the Permanent Mandates Commission, 'for economic reasons the mandatory Power was unwilling to employ civilian doctors because their salaries were much higher than those of military doctors' (*Minutes*, 35th Session, 1 Nov. 1938, p. 129; see also ibid., p. 130).

with their families; hardly one of them lived in the chief town, Duala. The 72 English were nearly all men and nearly all merchants. Of the Swiss two-thirds were merchants; the others were either missionaries or colonists. The largest increase since 1926 occurred among the Greeks,[1] the Germans,[2] and the Syrians.

Five-eighths of the whites (1933) lived in 10 towns and only three-eighths in the rest of the country. In these 10 towns they constituted 19 per 1,000 of the population; in the rest of the country only 0·3 per 1,000.

A comparison of the French with the German statistics shows that the number of white men in the territory now under French mandate was on 1 July 1936 about the same as towards the end of the German régime, and on 1 December 1937 about one-third larger. The development in the future will depend mainly on whether the attempts of the Government to attract white rural settlers will prove successful. A Mutual Agricultural Credit Fund was created by Order of 4 June 1931, and the report to the League of Nations for 1935 expressed great satisfaction with the results achieved. The number of colonists had increased from 125 to 182 in the course of the year, and the report viewed the prospects of the European settlers with great optimism:

The development of European colonization has again grown very markedly in the course of the year 1935. It was particularly great in the Subdivision of Foumban, in the region of the Mungo, and in that of the Upper Nyong. The number of concessions granted in the course of the

[1] Balfour (1937), pp. 152–3, in relating his trip in a lorry from Bafia to Yaoundé, says: 'Twenty-five miles from the capital we came to a village entirely populated by Greeks. There were streets of Greek stores. . . . The Greeks, he [the owner of the lorry] said, are the middlemen who intercept the native trade here on its way to the city.'

[2] Germans were only admitted after the entry of Germany into the League of Nations (see Chazelas, 1931, p. 178; Lawless, 1936, pp. 229, 249–50). The first German apparently arrived in the autumn of 1926. Balfour, who visited French Cameroons in 1936–7, states: 'The German population of the French Cameroons to-day is negligible. It does not amount to more than fifty: a few coffee, rubber and tobacco planters, traders in the capital of Yaoundé and the ports of Duala and Kribi. Ten years ago, when the Germans first returned, there were twice the number. But the available concessions were either too far from roads and markets or else too small to pay, and many planters went bankrupt with the fall of the pound and the franc.' (Balfour, pp. 99–100.) This statement is evidently incorrect. On 1 July 1931 the Germans numbered 73. It is possible that they were more numerous before that date. But if this was so, the decrease cannot have been due to the fall of the pound or the franc which fell in Sept. 1931 and Sept. 1936 respectively. Moreover, when Balfour was in French Cameroons the Germans numbered 80 or 90. Kemner (1937), p. 14, states erroneously that there are only about 25 Germans in French Cameroons.

year in these various administrative units was 19, 18, and 6 respectively.

The climate and the nature of the soil of the Noun region are extremely propitious to the *arabica* species of coffee. The volcanic grounds of the zone on both sides of the Northern railway, with their deep humus, are favourable to the plantation of banana and coffee trees. The black lands of the valley of the Nyong are likewise suitable for the growing of coffee.[1]

It might, then, seem at first sight that the slow progress of European colonization was due to ignorance of the favourable conditions of climate and soil and to lack of funds of would-be settlers, and that, therefore, through spread of knowledge, ample credit facilities, &c., an increasing number of white immigrants could become prosperous settlers. But M. Repiquet, who from 1934 to 1936 was Commissioner of the Republic in the Cameroons, in his testimony before the Permanent Mandates Commission on 27 October 1936 showed that it would be rash to draw any such conclusions from the 1935 report:

M. Rappard noted that, in all, there were only a few hundred whites in the territory. If, from this figure, there were deducted the officials, traders, missionaries, etc., it would seem that there were very few colonists. He asked whether these first colonists might be considered as the beginning of a movement for European immigration into the territory, which would explain the importance attributed to them.

M. Repiquet replied that there were about 200 colonists, a high figure, especially as most of them were genuine colonists. They worked about a hectare of land on an average, planted for the most part with coffee. The increase in the number of colonists could not be regarded as opening up a period of European immigration, as the area of land suitable for cultivation on European lines—coffee-growing, for instance—was becoming more and more restricted. The granting of concessions had even had to be slowed down.[2]

M. Repiquet, in fact, had issued on 26 August 1936 an Order temporarily suspending the grant of rural concessions in the regions of the Noun and the Upper Nyong.[3] These are the very regions which 'offer the most favourable conditions for the establishment of European colonists'.[4] The 1936 report gave the following explanation:

Since in the Subdivision of Foumban and the region of the Upper Nyong the necessity has arisen of canalizing colonization which had got out of bounds owing to its dispersion, the grant of rural concessions has been suspended for the time being in these two administrative units by an

[1] *Rapport annuel 1935*, p. 70. See also ibid., p. 115.

[2] *Minutes*, 30th Session, p. 26.

[3] Reprinted in *Rapport annuel 1936*, p. 183. M. Repiquet's successor, M. Guibet, restricted the suspension by Order of 19 Nov. 1936 to the region of the Upper Nyong and the Subdivision of Foumban (see ibid.).

[4] Ibid., p. 76.

Order of 26 August 1936 so as to permit the constitution of 'perimeters of colonization'; the institution of these perimeters, judiciously selected and divided beforehand into lots, will give greater facilities for the establishment of new planters in regions particularly favourable to small and middle-sized colonization; it is, moreover, a supplementary guarantee for the maintenance of a just equilibrium between the development of the European colonization and of the native collectivities.[1]

But at the same time the 1936 report again stated that 'the development of European colonization proceeded very actively in the course of the year 1936'. Again, however, when questioned in the Permanent Mandates Commission the representative of the Administration disclaimed any intention of expanding European colonization.

Count de Penha Garcia asked what was meant by 'European colonisation', referred to on page 72 of the report. Did it refer to permanent colonisation, or simply to colonists who were exploiting to make money and would leave after they had done so?

M. Besson replied that this referred to planters who held and worked concessions. There was no question of re-peopling the Cameroons with Europeans.[2]

The suspension of the grant of rural concessions in the Upper Nyong region and parts of the Noun region did not check the number of European colonists. They increased, in fact, from 179 on 1 July 1936 to 240 on 31 December 1937. But this increase occurred probably in the first half of this period, since an Order of 25 March 1937, 'considering the acute crisis in the labour-supply which rages at present in the Territory', temporarily suspended the grant of rural concessions in the whole area of the Cameroons.[3] The 1937 report to the League gave the following comment on the situation:[4]

The development of European colonization has slowed down through the application of the Order of 25 March 1937 suspending the grant of new rural concessions in the Cameroons. This measure was taken owing to the ever-increasing rarefaction of labour, the supply of which could no longer suffice for the development of new concessions. . . .

The European planters devote themselves exclusively to bananas and coffee. Not a single cacao or palm-tree plantation has been created for several years.[5]

[1] *Rapport annuel 1936*, p. 72.
[2] *Minutes*, 33rd Session (11 Nov. 1937), p. 70.
[3] For full text of the Order see *Rapport annuel 1937*, pp. 188–9.
[4] Ibid., p. 73.
[5] See also Permanent Mandates Commission, *Minutes*, 35th Session (31 Oct. 1938), pp. 111, 124, 126–7; see further ibid., p. 206.

CHAPTER II

BIRTH, MARRIAGE, AND DEATH REGISTRATION

I. Origins

The French Administration, as early as 1916, planned to give to the natives an opportunity to register births, marriages, and deaths. This appears from the Order of 30 December 1916 'fixing the conditions of collecting the head tax and the various native administrative and legal dues and fees in the occupied Territories of the old Cameroons'.[1]

Art. 44. The movements of civil status concerning the natives may be entered, on the request of the persons concerned, on the official registers kept by the Commanders of Circumscriptions. There will be collected for such entries:

(1) For births, 3 francs,
(2) For marriages, 5 francs,
(3) For deaths, 2 francs.

Art. 45. The acts established since the French occupation by the missionaries of all confessions and by the native employees of the missions shall be transcribed to the official registers with the least possible delay.

In June 1917 registration was established on a firmer basis by two Orders, the first introducing compulsory registration for French citizens, citizens of foreign states, and (the few) natives having a status analogous to the French status, the second regulating optional registration for all other natives. The Order of 14 June 1917, 'organizing civil status centres and regulating provisionally the functioning of the civil status in the occupied Territories of the old Cameroons',[2] provided:

The Colonial Governor, Commissioner of the French Republic in the occupied Territories of the old Cameroons . . .

Orders:

Art. 1. There shall be created provisionally in the chief town of each Circumscription a civil status centre where the Head of Circumscription, functioning as civil status officer, will receive and register the declarations of births, deaths, and marriages, concerning the French citizens, the citizens of foreign states, and the natives with a status analogous to the French status, who are domiciled or who reside in the Circumscription.

The declarations concerning natives who are French or foreign subjects

[1] *Journal officiel du Cameroun*, 1 Jan. 1917, pp. 3–8.
[2] Ibid., 14 July 1917, pp. 114–15.

and do not enjoy metropolitan status cannot be registered in the ordinary civil status registers.

Art. 2. The delays within which, according to the law, the declarations must be made to the civil status officer will be increased by the 'distance delays' for the benefit of the persons domiciled or residing outside the chief town of the Circumscription.

Art. 5. Marriages can be celebrated only at the civil status centre.

Art. 6. The civil status fees provided in the Order of 30 December 1916 are not applicable to French civil status matters. The declarations shall be received and the acts shall be drawn up free of charge.

The Order of 30 June 1917, 'relating to the civil status of the natives',[1] provided:

The Colonial Governor, Commissioner of the French Republic . . .

In view of the German legislation and especially the decisions of the German Governors of 7 December 1896 and 9 March 1907, and the Order of 11 April 1914,

Orders:

Art. 1. There shall be kept in each Subdivision registers upon which may be inscribed, on the request of the persons concerned, their ascendants or their descendants, the movements of civil status concerning the natives.

Separate registers, numbered and initialled by the Head of Circumscription, shall be opened for the marriages, births, and deaths.

Art. 2. There shall be collected for the entry of a birth the sum of 2 francs; for the entry of a marriage the sum of 3 francs; for the entry of a death the sum of 2 francs.

Art. 5. Every false declaration in native civil status matters will entail the summons of the guilty person before the native court where he may be sentenced to penalties ranging from one day to three months in prison and to a fine of from 1 to 1,000 francs. In case of repetition these penalties may be doubled.

On the same date the Commissioner of the Republic issued to the Heads of Circumscription a 'Circular giving the instructions relating to the application of the Order of 30 June 1917 concerning the civil status of the natives'.[2]

The natives having requested many times in a certain number of Circumscriptions the inscription of marriages, births, or deaths in the civil status registers, confusion may have arisen in the minds of the Heads of Circumscription as between the registration of the civil status movements called for by the laws in civilized countries, which must be reserved for the persons enjoying European status, and that summary civil status which can be organized for the benefit of the natives.

[1] *Journal officiel du Cameroun*, 14 July 1917, p. 117.
[2] Ibid., pp. 118–19.

As a result of the Order of 14 June last such a confusion is no longer possible. Nevertheless, in order to complete the organization of civil status, it was important to return to the provisions put in force by the German authority with regard to the inscription of the civil status movements of the natives[1] by adapting them to our principles and our organization. This is the object of the enclosed Order. This measure while giving satisfaction to the population and denoting the continuity of our administration and the preceding administration is at the same time of such a nature as to facilitate our administrative task.

The registers, opened in conformity with the Order and numbered and initialled by you, shall be kept under your control by the Heads of Subdivision. They shall be established each in the following form:

Nos.	Name of the native or natives giving notification	Race and domicile	Name of the ascendants, the child, the deceased or the persons wedded	Date of the civil status movement (births, marriages, deaths)	Date of the declaration	Remarks

Made in the presence of * .....
.....
.....
The Head of Subdivision. .....

Signature (if he is able to write) of the author of the declaration. For the marriages, signatures of the husband and wife and of the father of the wife.

* Give the name of the declaring person for the births and the deaths; the names of the husband and wife and that of the father of the wife for the marriages.

You will please in your palavers and in all the acts of the administrative life draw in particular the attention of the natives to the interest they have in the official registration of births, deaths, and marriages.

II. Native Subjects

Very little use seems to have been made of the optional registration made available to native subjects through the Order of 30 June 1917. One reason for the failure of this institution probably was that such registration implied the payment of a substantial fee.[2] In

[1] But the German Order of 11 Apr. 1914 (*Amtsblatt für Kamerun*, 28 Apr. 1914, pp. 145–6) referred only to the optional registration of marriages of non-Christian natives.

[2] See Permanent Mandates Commission, *Minutes*, 22nd Session (24 Nov. 1932), p. 208: 'M. Rappard said he had read an account given by one English traveller who had crossed the Cameroons under French mandate. He had stated that the natives had composed songs, the gist of which was that the

1935, when registration was still optional in 14 Subdivisions with over 550,000 inhabitants, the number of civil acts registered there were: Marriages, 94; Births, 67; Deaths, 220.[1]

1. *Organization of Compulsory Registration*

Compulsory registration of native births, marriages, and deaths was introduced for the urban district of Duala by an Order of 30 May 1928.[2] Two registration offices were to function there from 1 July 1928 on. Apparently no results have been published.

Compulsory registration on a much larger scale was introduced by an Order of 15 July 1930.[3] The main provisions of this Order in so far as they relate to the registration of births, marriages, and deaths[4] are as follows:

ORDER ORGANIZING IN THE CAMEROONS A COMPULSORY NATIVE CIVIL STATUS AND REGULATING ITS FUNCTIONING

Art. 1. The Order of 30 June 1917 relating to the civil status of the natives is repealed and replaced by the following provisions:

A compulsory native civil status shall be organized in the Territories of the Cameroons.

CHAPTER I

Concerning the Patronymic and the Forename

Art. 2. In drawing up the first civil status act relating to a native born of a regular marriage contracted according to native custom, the name of the legitimate father of the native concerned shall be taken as patronymic.

Art. 3. The child born out of wedlock shall take the patronymic of the chief of his maternal family. . . .

CHAPTER II

Concerning Civil Status Acts

(*a*) General Provisions

Art. 9. The civil status acts shall state the year and the day when they are recorded, the patronymic and forenames of the native chief in charge of the civil status, the patronymics, the forenames, the domicile, and the occupation of all those mentioned therein.

authorities levied taxes on births, marriages and deaths. They understood, at a pinch, the tax on marriage, but could not see why money had to be paid for birth or for death, two events which hardly depended on the will of the individual concerned.'

[1] For 1931–4 see Table 16. No figures are given in the annual reports either for prior years or for 1936 and 1937.

[2] Reprinted in *Rapport annuel 1928*, p. 116.

[3] Reprinted in ibid. *1930*, pp. 102–5.

[4] The Order also covers among other things the registration of adoptions and recognitions and the transcription of divorces.

The dates and place of birth

(*a*) of the father and mother in acts of birth . . .;

(*c*) of the husband and wife in the act of marriage;

(*d*) of the deceased in acts of death

shall be indicated if they are known.

If not known, the date of birth shall be indicated approximately as shall be, in all cases, that of the persons making the declaration.

The witnesses must be of native status, of male sex, of full age, and legally responsible.

They shall be chosen preferably among the elders of the village.

Art. 11. The officer in charge of the native civil status shall read[1] the acts both in French and translated into native dialect to the parties present and to the witnesses.

Art. 12. The acts shall be signed by the officer in charge of the native civil status and his secretary as well as by the parties present and the witnesses if they are able to do so.[2]

Every act, in addition, and within a month after the date of its establishment, shall be authenticated by the signature of the Head of the Subdivision where it will have been drawn up, and by affixing the seal of the Subdivision and entry of the number under which the act will have been transcribed on the corresponding register of control.[3]

Art. 13. The acts of civil status shall be inscribed in each civil status centre on special registers comprising a detachable leaf and a counterfoil. These registers shall be numbered and initialed on all the sheets by the Head of the Subdivision. . . . The registers of the marriage acts shall comprise two detachable leaves, one of which is intended for control by the Subdivision to which the civil status centre belongs.

Art. 15. The statements inscribed on the counterfoil shall be reproduced in full on the detachable leaf which shall then be detached from the counterfoil and handed to the party present.

Art. 16. The registers shall be closed and stopped at the end of each year by the officer in charge of the native civil status and by the Head of the Subdivision and shall be preserved in the archives of the Subdivision, the principal civil status centre. The officer in charge of the native civil status shall be responsible for their conservation.

Art. 17. The verification of the registers of civil status shall be effected quarterly and directly by the Head of the Subdivision. These registers, however, may be controlled at any moment either by himself, or by the Head of the Circumscription, or by the Inspector of Administrative

[1] An amendment of 31 Aug. 1931 (see ibid., *1931*, p. 203) inserted here the words 'or cause to be read'.

[2] The amendment of 31 Aug. 1931 here inserted the following paragraph:

'In cases where the officer in charge of the native civil status is illiterate, he is authorized to affix his seal to the act; mention shall be made thereof in the act.'

[3] The amendment of 31 Aug. 1931 substituted for 'authenticated by the signature' the words 'subject to the endorsement' and cancelled the words from 'and by affixing' on. See *Journal officiel du Cameroun*, 15 Oct. 1931, p. 769.

Affairs, or by any official designated for this purpose by the Commissioner of the Republic.

(*b*) Concerning Acts of Birth

Art. 18. The declarations of birth shall be made within a fortnight after confinement to the person in charge of the civil status under whose jurisdiction the persons making the declaration come by virtue of their domicile.

Art. 19. The birth of the child must be declared by the one who exercises the paternal power or, in case of his inability, by a special or customary mandatory. He must be assisted, under the conditions fixed in article 9, by two witnesses and the chief of the village or hamlet who, on their own responsibility, must certify the truth of their declaration.

Art. 20. The act of birth shall state the date and the place of birth, the sex of the child, its forenames, the patronymic and the forenames of the husband and of the mother as they appear in the marriage act or, in the case foreseen by article 3, those of the chief of the maternal family.

If the marriage took place before the present Order was put into force, and if no marriage act has been drawn up since then, such a marriage act shall be drawn up according to the conditions fixed by articles 22 and following, preceding the registration of the declaration of birth and the establishment of the corresponding civil status act.

In all other cases, except the one foreseen by article 3 (child born out of wedlock), the marriage act must be produced in support of each declaration of birth.

The act of birth shall likewise state the patronymics and forenames, the approximate age of the father and mother of the person making the declaration, and, if possible, their domicile and occupation. The same statements are required for the chief of the village or hamlet as well as for the two witnesses present at the declaration.

(*c*) Concerning Acts of Marriage

Art. 26. The marriage act shall record:

(1) the forenames, patronymics, occupations, ages, date and place of birth of husband and wife;

(2) the patronymics, forenames, occupations, and domicile of the father and mother;

(3) the consent of the chief of the wife's family, and, in case the husband is under age, the consent of the chief of his family;

(4) the consent of husband and wife;

(5) the fact that there is no opposition;

(6) the amount of the fixed dowry, the date and the amount of the payment made as well as the amount of the balance to be paid.

The celebration of the marriage shall be mentioned on the margin of the act of birth of husband and wife in case this act shall have been drawn up.

Art. 28. The successive marriages, contracted according to the condi-

tions stated above by every polygamous native in conformity with local custom, shall give rise to the drawing up of a corresponding number of marriage acts in the way they are defined in article 26.

(*d*) Concerning Acts of Deaths

Art. 29. The act of death shall be drawn up by the officer in charge of the native civil status, under whose jurisdiction the place of death falls, upon the declaration of a relative of the deceased or of any other person possessing sufficient information concerning his civil status, and of the chief of the village or hamlet who shall remain personally responsible for this declaration.

Art. 30. The act of death shall state:

(1) the day and place of death;

(2) the patronymic, forenames, date and place of birth, occupation, and domicile of the deceased native;

(3) the patronymics, occupations, and domicile of his father and mother;

(4) the patronymic, forenames, domicile, and occupation of the person making the declaration.

Art. 31. Mention of the death is made on the margin of the birth and marriage acts of the deceased whenever these acts shall have been drawn up.

CHAPTER III

Concerning Civil Status Centres and Civil Status Officers

Art. 32. Orders of the Commissioner of the Republic, issued on the proposal of the Heads of the Circumscriptions, fix the seat, the number, and the territorial jurisdiction of the civil status centres.

Art. 33. The native chiefs, officers in charge of the native civil status, shall be designated by the Commissioner of the Republic on the proposal of the Heads of the Circumscriptions. They may receive a monthly remuneration, the amount of which will be determined by a special Order.[1]

Art. 34. The officers in charge of the native civil status shall be assisted by literate secretaries chosen by them, and approved by the Head of the Circumscription. The secretaries shall be remunerated according to conditions fixed by a special Order.[2]

Art. 35. The officers in charge of the native civil status and the civil status secretaries shall be sworn in the hands of the President of the Court of first instance.

[1] An Order of 20 March 1933 (see *Journal officiel du Cameroun*, 1 Apr. 1933, pp. 177–8) substituted the following text:

'Art. 33. The officers in charge of the native civil status shall be chosen among the native chiefs who have the most important function in the jurisdiction of the centres concerned; they shall be appointed by the decision of the Heads of Circumscription.

'Remuneration is granted to them in accordance with the conditions fixed by the rules now in force.'

See also footnote to Art. 36.

[2] See footnote to Art. 36.

Art. 36. The inscription of any act upon the registers of civil status is free of charge. . . .[1]

CHAPTER IV

Transitory Provisions

Art. 43. The present Order will be rendered applicable for each specific Subdivision by special Order of the Commissioner of the Republic, issued on the proposal of the Head of the Circumscription.

Art. 44. The present Order which will take effect as from 15 August 1930 will be recorded and made known wherever necessary.

Another Order of the same date (15 July 1930) stipulated that a compulsory native civil status would be established as from 15 August 1930 in 22 Subdivisions. 'Special Orders will determine in each Subdivision the number, the area of jurisdiction, and the name of the civil status centres created or to be created . . . and will designate the personnel in charge of the civil status of these centres.'[2] The first of these special Orders was likewise issued on 15 July 1930.[3] It began as follows:

Art. 1. Are created in the Subdivisions of Yabassi, Kribi, Ebolowa, and Dschang, Sangmélima, Bafang, and Foumban a certain number of centres of native civil status, of which the seat, area of jurisdiction, and name are fixed and the officers in charge of the native civil status are designated as follows:

Subdivision of Yabassi

Region	*No.*	*Name and rank of the officer of the civil status centre*	*Name of the centre*	*Area of jurisdiction*
Bassas right bank of the Nkam. Chief: Kum-Kang Dingong	1	Som Ndema	Badjoub	The 7 villages of the group
	2	Kum-Kang	B. Yabassi	„ 11 „ „
	3	Manga Makembé	Ndokobao	„ 7 „ „
	4	Ouangu Ngando	Ndokobélé	„ 8 „ „

Two days later (17 July 1930) the Governor, Commissioner of the French Republic, issued the following, extremely vague, circular to the Heads of the Circumscriptions:[4]

By the circulars No. 81, dated 12 December 1929, and No. 24 of 3 April 1930, I informed you of the coming establishment of compulsory civil status in the Cameroons.

[1] An Order of 6 May 1931 supplementing Art. 36 (see *Journal officiel du Cameroun*, 15 May 1931, pp. 350–1) provided: 'The civil status officer and the civil status secretary receive a remuneration of 0.50 franc for each act inscribed in the civil status centre of which they are in charge. This remuneration, however, shall not exceed 300 francs per quarter except by special decision of the Commissioner of the Republic. It is paid by the special agent on 31 March, 30 June, 30 September, and 31 December.'

[2] *Rapport annuel 1930*, p. 105. [3] See ibid., pp. 106–8.

[4] Ibid., p. 110.

This civil status has been created by an Order dated 15 July 1930, which will be published in the next number of the *Journal officiel*.

Supplementary Orders will determine the centres of native civil status and the area of their jurisdiction, and will name the native chiefs invested with the functions of officers in charge of native civil status. I cannot possibly conceal from myself the difficulties of all sorts which the realization of this new step will not fail to encounter just as much owing to the attitude of the populations (though they will directly benefit from it) as to the various obstacles which will thwart the enforcement of the regulations concerning it.

As matters stand, I could therefore not do better than appeal once more to your professional experience, to your enlightened zeal, and to your devotion, and to recommend that you bring to the solution of the difficulties encountered all the discernment, tact, reflection, and even forbearance that are desired.

The native civil status will first be set up in those Subdivisions of the Territory which by virtue of the degree of evolution of their ethnical groupings are best adapted to apprehend its mechanism as well as its advantages. Little by little, its application will be extended, as soon as conditions permit, to the neighbouring Subdivisions, and, finally, to the whole of the Territory.

On each of your periodical tours and in conjunction with summons specially sent for the purpose to each chief placed under your authority and invested with the function of officer in charge of the native civil status, it will be your duty to explain and comment upon the functioning, down to the smallest details, of the civil status and the benefit which their people and they themselves will derive therefrom in connexion with the principal manifestations of their social and family life.

This is, as I cannot help knowing, an undertaking requiring much time, an undertaking which, moreover, answers one of the wishes formulated, in the course of the past year, by the Permanent Mandates Commission and for which I shall, on the other hand, be sure to ascertain personally the efforts made towards its realization in a progressive and rational manner.

Certain provisions of the Order creating the native civil status present and assume a special importance to which I believe it my duty to draw your attention in particular.

Such are, for example, the provisions bearing upon the patronymic and the forenames, upon the declarations and registrations of births, and even more so upon the acts of marriage and the opposition thereto, as well as upon its celebration.

Such are also those aiming at certain sanctions to be applied in cases of breaches, duly ascertained, of the provisions of the basic Order.

It is understood that we could not possibly achieve, by virtue of our offices, within a limited time, clearly satisfactory results as far as the enforcement of this regulation is concerned. Nor should we lose sight of the fact that, as matters stand, all this is much more in the nature of an

attempt, even of an experiment, than a rigid application of a fundamental text which, however, is destined to be transformed ultimately into a decree, if only circumstances permit it or warrant the hope of such an eventuality.

Consequently, I should be most obliged to you if you would, with all your efforts and all your experience, help the putting into practice of the Order setting up, in the Territory, a native civil status so that this new step, which is of great political, social, and demographic importance, may be crowned this very year by all desirable success in the sole and immediate interest of those administered under our mandate.

You will kindly submit to me all ideas deserving to be recorded which the application of this regulation, in those parts of your Circumscription for which it will have been prescribed by special Order, cannot fail to suggest to you.

The first 54 civil status centres were to function from 15 August 1930 on. In the meantime an Order of 11 August 1930 had provided for the establishment of 68 more civil status centres,[1] and other similar Orders followed.[2] By 31 December 1931, the number of civil status centres amounted to 237; they were scattered over 26 Subdivisions, while 16 Subdivisions had none. The 1931 report to the League of Nations stated:

These centres, which comprise within their jurisdiction one or more villages, do not yet cover the total population of the Subdivision to which they belong.

At the head of each of them is placed a civil status officer (Chief or Notable) assisted by a civil status secretary. Both receive for each act drawn up a pecuniary reward, the rate and mode of payment of which have been specified by an Order dated 6 May 1931.[3]

The civil status officers and secretaries are placed under the control of the Head of the administrative Subdivision; he has presented to him, in the course of his periodical tours and at least once every quarter, the registers of each centre. A copy of every act is sent to him immediately after it has been drawn up. He thus supervises very closely the regular functioning of the centres placed under his control.[4]

Without being able to give precise figures, one-half of the native population of the Territory by now may be considered to profit from the civil status.[5]

[1] See *Rapport annuel 1930*, pp. 108–9.

[2] See ibid., p. 109; *1931*, pp. 67, 199–204; *1932*, p. 263.

[3] The expenses for the officials of the native civil status amounted in 1932–6 to 80,989, 123,326, 130,442, 155,141, and 150,477 francs respectively (see ibid. *1933*, p. 21; *1934*, p. 17; Cameroun, *Budget spécial, Compte définitif 1934*, pp. 104–5; *1935*, pp. 84–5; *1936*, p. 88).

[4] *Rapport annuel 1931*, p. 67.

[5] Ibid., p. 68.

Since 1931 few new centres have been established. The total number on 31 December 1932, 1933, 1934, and 1935 was 250, 288, 299, and 309. By the end of 1935, 14 of the 47 Subdivisions still had not a single centre for compulsory registration. In these Subdivisions the optional registration introduced by the Order of 30 June 1917 was still maintained, though this Order had been repealed by Article 1 of the Order of 15 July 1930.

The comments on the effectiveness of the Orders are very meagre:

1930.[1] The closer enumerations enable us to anticipate that the establishment of the civil status in the most advanced circumscriptions will encounter no unsurmountable difficulty. The Orders . . . creating the native civil status centres have been well received by all those under our administration; we are, to be sure, only at the beginning, and the organization will have to be readjusted after the first results have been ascertained.

1931.[2] In spite of the material difficulties inherent in the organization of such a service,[3] the native civil status has been able to function without a hitch in the course of the year 1931.

Small as these figures [for 1931] are, they are encouraging and permit the hope of a virtually complete success in future years.[4]

1932.[5] The comparative table [of the results of 1931 and 1932] attests by the increase in the number of the registered acts that the natives have fully understood the advantages of this institution of which it is possible to anticipate, in the near future, satisfactory functioning in the greater part of the Territory.

It should be mentioned in this connexion that the régime of compulsory

[1] Ibid. *1930*, p. 47. [2] Ibid. *1931*, p. 68.

[3] In discussing internal migrations, the report points to 'the impossibilty of obtaining complete and very accurate results in the matter of native civil status as long as the populations of the Territory are not absolutely stabilized' (p. 67).

[4] In the course of the discussion of the 1931 report by the Permanent Mandates Commission, the Commissioner of the French Republic gave some additional interesting details. See *Minutes*, 22nd Session (24 Nov. 1932), p. 213:

'Count de Penha Garcia pointed out that, under a Decree of July 1930 (page 67 of the report), compulsory registration of the natives had been introduced. This was a very interesting step. It seemed, however, that some difficulties had been encountered, as, by a Decree of August 31st, 1931, two articles had been amended. The qualifications allowed for registration officers were somewhat curious. Had the Administration been obliged to recruit them among certain chiefs who had authority but were illiterate?

'M. Marchand explained that registration had been introduced as an experiment. It had given satisfactory results in certain districts. Elsewhere, the experiment had been premature. When it had been possible to find only illiterate registrars, young students leaving school had been attached to them and the latter had, in fact, performed the functions of registrar. These secretaries received 50 centimes per entry.'

[5] *Rapport annuel 1932*, p. 128.

native civil status has been applied to the Circumscription of Garoua by an Order of 17 January 1932 and that it will be progressively extended to the few regions of the Territory which are still ruled by the Order of 30 January[1] 1917 which provided the functioning of an optional native civil status in the capitals of the Subdivisions.

1933.[2] The continuous increase in the number of the acts registered at the native civil status centres is particularly interesting.

Thirty-eight new centres have been created in the course of the year upon the demand of the populations.

1934.[3] The number of acts registered at the native civil status centres attests the growing popularity of this institution on the part of the native populations which have perfectly understood its advantages.

Thirteen new centres have been created in the course of the year on the demand of the villages interested.

In 1935 the Order of 1930 organizing a compulsory native civil status in the Cameroons was replaced by a new Order.

The functioning of a purely native civil status had been attempted in 1930 as an experiment.

This stage is now passed, and in view of the considerable success achieved through the methodical application of the constitutive Order it seemed necessary to recast into one text, the Order of 16 March 1935, the initial provisions and the readjustments which experience had suggested.

The Order was simplified, cut down, and formulated according to the capacities of the native chiefs entrusted with its application. The principle has remained the same: the chiefs continue to be the essential machinery of the organization, the administrative authority playing only the role of supervisor, controller, and counsellor.[4]

The main differences between the Orders of 16 March 1935[5] and 15 July 1930, in so far as they affect the registration of births, marriages, and deaths,[6] are as follows:

Acts of Birth. The Order of 1930 provided that 'the birth of the child must be declared by the one who exercises the paternal power, or, in case of his inability, by a special or customary mandatory. He must be assisted . . . by two witnesses [who must be of native status, of male sex, of full age, and legally responsible and who shall be chosen preferably among the old men of the village] and the chief of the village or hamlet who, on their own responsibility, must certify the truth of their declaration'. The Order of 1935 stipulated: 'The

[1] Should read 'June'.
[2] *Rapport annuel 1933*, p. 99.
[3] Ibid. *1934*, p. 123.
[4] Ibid. *1935*, p. 110.
[5] For full text, see *Journal officiel du Cameroun*, 1 Apr. 1935, pp. 296–8.
[6] The Order of 1935 also covers, among other things, the registration of adoptions and recognitions, but, contrary to the Order of 1930, not the registration of divorces.

declaration must be made by the father, the chief of the family, or a near relative who was present at the birth in the presence of two witnesses chosen preferably among the notables of the village.'

The Order of 1935 no longer requested the recording of (1) the place of birth of the father and the mother of the child; (2) the names, the age, the domicile, and the occupation of the father and the mother of the person making the declaration; (3) the age of the witnesses.

Acts of Death. The Order of 1930 provided that the act of death should be drawn up 'upon the declaration of a relative of the deceased or of any other person possessing sufficient information concerning his civil status, and of the chief of the village or hamlet who shall remain responsible for this declaration'. The Order of 1935 stipulated: 'The declaration of death must be made[1] by the chief of the family or a near relative of the deceased assisted by a witness chosen preferably among the notables of the village.'

The Order of 1935 no longer requested the recording of the date and place of birth of the deceased.

Registration Area. The Order of 15 July 1930 was to 'be rendered applicable for each specific Subdivision by special Order of the Commissioner of the Republic'; for those regions where it was not rendered applicable, i.e. 'for the northern regions where the movement of the Moslem population was recorded by the religious chiefs, the Order of 1917 had remained in force. Hereafter, the new wording permitting the establishment of an optional civil status in certain regions, this duality of regulation disappears.'[2]

The Order of 1935, though it again repealed explicitly the Order of 1917, stipulated in fact:

> The present Order pertains to the whole territory.
>
> The registration of the civil status acts, according to the preceding conditions, will be rendered obligatory, however, only in the Subdivisions for which an appropriate Order will be specially issued by the Commissioner of the Republic on the proposal of the Head of the Circumscription.

Since the Order of 16 March 1935 repealed also the Order of 15 July 1930, it would have been necessary to create anew, by special Orders, all civil status centres. To facilitate matters, the Article providing for the repeal of the 1930 Order was therefore supplemented by an Order of 12 August 1935[3] which stipulated:

> However, the civil status centres established in conformity with the

[1] An Order of 22 Aug. 1936 inserted here the words 'within a fortnight after the death'; see *Rapport annuel 1936*, p. 205.

[2] Ibid. *1935*, p. 110.

[3] See *Journal officiel du Cameroun*, 1 Sept. 1935, p. 679.

Order of 15 July 1930 shall be maintained. The registration of acts in these centres remains obligatory.[1]

The new regulation does not seem to have accelerated progress in registration. The 1935 report stated: ' . . . outside the large centres the civil status functions in a still imperfect manner.'[2]

The report for 1936 described the situation as follows:[3]

The functioning of the civil status as it emerges from the Orders of 1930 and 1935 is progressing markedly. If the natives show less eagerness to declare a birth than a death, this is because the latter formality is followed immediately by the obliteration of the name of the deceased in the tax roll, while they believe they have at their disposal infinite time to give notification of the former and often present themselves after the time-limit. This education of the masses can only be achieved slowly. However, the natives know now the importance which we attach to and the benefit which they derive from the possession of civil status certificates. Finally, the local Administration bestows all care on the recruitment and the control of the secretaries who help the native chiefs in keeping the registers; the penalties pronounced against those who commit forgeries or simply are too slovenly in their task induce them gradually to realize exactly the extent of their responsibilities.

The number of centres has increased from 323 to 342.[4] As has been emphasized before, the realization of this institution is more delicate and above all less urgent in the Islamized regions. In fact, leaving out of consideration the difficulty of recruiting native secretaries capable of receiving declarations in Arabic and transcribing them into French, a merely temporary obstacle, it should be noted that the religious chiefs already record the movement of the Moslem population. However, the local Government is determined to attempt there the popularization of the civil status according to the same system as in the south.

Finally, the 1937 report states:[5]

Taking into account the development of the population, and in conformity with the provisions of the Order of 16 March 1935, the transitory

[1] Another Order which modified the Order of 16 March 1935 was that of 4 Nov. 1937 (see *Journal officiel du Cameroun*, 15 Nov. 1937, p. 972) which provided, in particular, that while the secretaries of civil status (who from now on may be appointed by decision of the Commissioner of the Republic) were to be compensated on principle on the same basis as the officers of civil status (0.50 franc for each act, 300 francs as maximum per quarter), they may in certain centres receive a fixed salary determined by decision of the Commissioner of the Republic.

[2] *Rapport annuel 1935*, p. 155.

[3] Ibid. *1936*, p. 104.

[4] Should read 'from 309 to 323'; see ibid. *1937*, p. 94.

[5] Ibid.

system of optional registration of the civil status acts has been abandoned in the major part of the southern Regions.

The number of centres increased from 323 to 345, and the registered acts from 140,339 to 141,720. . . .

With a view to improving the recruitment of the civil status secretaries, a reform was introduced into the basic text by an Order of 4 November 1937. . . . Henceforth the secretaries will either be chosen by the civil status officer and approved by the Head of Region (old system) or appointed by decision of the Commissioner of the Republic and paid a fixed salary. If this new method, as we hope, gives satisfaction, it will be applied in general.

2. *Statistics*

The reports to the League of Nations merely give the total number of registered births, marriages, and deaths by circumscriptions for each year from 1931 to 1937. The results are not analysed, and not a single figure is mentioned in the text. This is the more to be regretted as the tables contain a great many mistakes. Thus the figures for the circumscriptions of N'Kongsamba and Yabassi have been published as follows:

		N'Kongsamba			*Yabassi*		
Report	*Year*	*Births*	*Marriages*	*Deaths*	*Births*	*Marriages*	*Deaths*
1931, p. 68	1931	538	107	691	600	81	364
1932, p. 128	1931	538	691	107	600	364	81
1932, p. 128	1932	1,225	1,113	229	1,131	1,071	192
1933, p. 99	1932	1,225	229	1,113	1,131	192	1,071
1933, p. 99	1933	1,492	283	920	1,567	205	1,057
1934, p. 123	1933	1,225	229	1,113	1,492	205	1,057

The 1931 figures which in the 1931 report are entered as marriages are entered in the 1932 report as deaths and vice versa; the 1932 figures which in the 1932 report are entered as marriages are entered in the 1933 report as deaths and vice versa. (These two mistakes have also been made for all the other circumscriptions.) The N'Kongsamba figures for births, marriages, and deaths—1,225, 229, and 1,113—which in the 1932 and 1933 reports were entered as for 1932, were entered in the 1934 report as for 1933. The 1933 birth figure of 1,492, which in the 1933 report was entered for N'Kongsamba, was entered in the 1934 report for Yabassi. The 1933 totals given in the 1934 report differ, therefore, from those given in the 1933 report. In reproducing in Table 16 the number of births, marriages, and deaths, I have made the following assumptions: (1) all entries of marriages and deaths in the 1932 report, whether for 1931 or 1932, are wrong; (2) all entries

TABLE 16

Registration of Native Marriages, Births, and Deaths, French Cameroons, 1931–7

(Figures in parentheses refer to centres established for optional registration)

Circumscription	*Population 1 Jan. 1936*	*Civil status centres*							*Marriages*						
		1931	*1932*	*1933*	*1934*	*1935*	*1936*	*1937*	*1931*	*1932*	*1933*	*1934*	*1935*	*1936*	*1937*
Abong-Mbang	81,788	16	16	16	17	18	18	18	1,748	2,756	1,844	1,892	1,333	1,134	1,014
Bafia: A*	95,063	24	18	21	21	24	27	30	294	238	586	761	3,795	2,578	5,043
B†	16,670	..	..	(1)	(1)	(1)			..	..	(2)	(32)	(5)		
Batouri	90,858	(3)	(3)	(3)	(3)	(3)	3	5	(38)	(45)	(27)	(17)	(16)	67	470
Duala	38,350	3	3	3	7	8	8	8	492	230	383	2,528	491	646	520
Dschang	383,589	44	61	90	91	91	91	90	1,263	6,760	8,707	6,338	4,751	8,654	4,579
Ebolowa: A‡	126,103	25	25	26	26	25	29	41	906	1,378	592	1,198	6,449	5,052	3,394
B§	20,759	..	..	..	(1)	(1)			..	..	..	(28)	(19)		
Edea	143,302	16	16	20	20	20	20	20	561	1,831	1,488	1,424	1,704	1,669	2,031
Fort-Foureau	27,501	..	..	(1)	(1)	(1)	—	—	..	..	(6)	(2)	(1)	—	—
Garoua	107,309	(1)	2	2	2	2	2	2	(31)	34	16	19	52	37	28
Kribi	46,737	20	20	20	20	24	24	25	543	1,054	1,678	1,474	797	656	932
Maroua: A‖	181,433	(—)	(3)	(1)	1	1	1	1	(—)	(14)	(8)	500	232	297	198
B¶	112,421	(—)		(1)	(1)	(1)	—	1	(—)			(—)	(7)	—	
Mokolo	162,033	(—)	(3)	(3)	(3)	(3)	3	3	(—)	(—)	(3)	(9)	(37)	158	167
N'Gaoundéré	124,092	(1)	(1)	(4)	(4)	(4)	—	1	(6)	(9)	(18)	(5)	(9)	—	4
N'Kongsamba	71,696	17	17	17	19	19	19	19	107	229	283	348	1,161	1,466	1,262
Yabassi	53,268	23	23	23	21	20	20	21	81	192	205	135	250	377	741
Yaoundé	436,194	49	49	50	53	55	56	58	2,906	5,442	8,327	9,399	8,877	10,187	11,872
Yokadouma: A**	15,517	(—)	(1)	(1)	1	1	1	1	(—)	(5)	(8)	12	15	297	121
B††	3,812	(—)	(1)	(1)	(1)	1	1	1	(—)			(30)			
Total	2,338,495	237 (5)	250 (12)	288 (16)	299 (15)	309 (14)	323	315	8,901 (75)	20,144 (73)	24,109 (72)	26,028 (123)	32,907 (94)	33,275	32,976

Circumscription	Population 1 Jan. 1936	Births 1931	1932	1933	1934	1935	1936	1937	Deaths 1931	1932	1933	1934	1935	1936	1937
Abong-Mbang	81,788	2,157	2,843	1,999	2,675	2,128	2,272	4,654	1,500	2,380	1,749	2,531	2,556	2,699	2,494
Bafia: A*	95,063	2,252	2,735	2,938	3,301	4,652	4,447	4,488	2,169	2,323	3,296	2,654	4,982	4,704	3,940
B†	16,670	..	..	(—)	(125)	(—)			..	..	(3)	(62)	(3)		
Batouri	90,858	(7)	(5)	(10)	(11)	(21)	719	990	(72)	(82)	(41)	(79)	(82)	249	517
Duala	38,350	606	1,502	875	2,628	4,293	693	1,003	827	525	568	1,430	1,401	755	1,053
Dschang	383,589	955	6,843	16,298	14,607	19,091	16,041	18,993	608	6,419	8,991	13,407	13,744	11,491	13,621
Ebolowa: A†	126,103	1,286	2,119	2,945	2,786	4,027	3,535	6,074	1,175	1,735	2,296	2,619	2,807	3,212	2,732
B§	20,759	..	..	..	(3)	(17)			..	..	..	(10)	(47)		
Edea	143,302	613	4,087	4,635	6,497	5,835	8,690	6,430	1,501	3,627	3,483	4,327	4,224	4,271	2,533
Fort-Foureau	27,501	..	..	(3)	(1)	(—)	—	—	..	..	(—)	(—)	(1)	—	—
Garoua	107,309	(28)	13	13	32	26	20	21	(62)	15	2	7	8	6	3
Kribi	46,737	363	1,099	2,417	1,808	1,115	981	1,143	32	763	765	557	789	786	652
Maroua: A‖	161,433	(—)	(17)	(9)	92	117	109	172	(—)	(427)	(162)	423	305	244	275
B¶	112,421	(—)			(5)	(1)	—		(—)			(1)	(14)	—	
Mokolo	162,033	(—)	(5)	(7)	(16)	(18)	27	50	(—)	(36)	(21)	(19)	(68)	70	55
N'Gaoundéré	124,092	(1)	(5)	(19)	(3)	(10)	—	10	(—)	(3)	(9)	(21)	(5)	—	1
N'Kongsamba	71,696	538	1,225	1,492	1,649	2,172	3,552	2,511	691	1,113	920	1,715	2,102	1,863	1,891
Yabassi	53,268	600	1,131	1,567	740	704	1,099	1,772	364	1,071	1,057	1,260	896	1,356	1,609
Yaoundé	436,194	12,004	12,963	10,747	15,590	17,135	17,559	18,053	4,917	6,113	7,466	11,824	15,343	14,585	9,912
Yokadouma: A**	15,517	(—)	(3)	(32)	140	227	786	699	(—)	(81)	(13)	17	134	243	551
B††	3,812	(—)			(60)				(—)			(29)			
Total	2,338,495	21,374 (30)	36,560 (35)	45,926 (80)	52,545 (224)	61,522 (67)	60,530	67,063	13,784 (134)	26,084 (629)	30,593 (249)	42,771 (221)	49,291 (220)	46,534	41,839

* Subdivisions of Bafia and Ndikinimeki.
† Subdivision of Yoko.
‡ Subdivisions of Ebolowa, Sangmélima, and Djoum.
§ Subdivision of Ambam.
‖ Subdivision of Maroua.
¶ Subdivision of Yagoua.
** Subdivision of Yokadouma.
†† Subdivision of Moloundou.

for 1933 in the 1934 report, which differ from those in the 1933 report, are wrong.[1]

Having at my disposal only the total numbers of births, marriages, and deaths registered in each circumscription, I find it impossible to interpret the official figures adequately. In some circumscriptions the numbers of acts recorded under the Orders introducing compulsory registration are exceedingly low, but this does not necessarily prove that the Orders are not obeyed, since compulsory registration may have been set up for only a few villages. In some circumscriptions, on the other hand, the number of registrations was exceedingly high, but it may well be that events which had occurred in earlier years were registered only recently. It seems that in a considerable part of the Territory the natives comply with the demands of the authorities. It now seems the duty of the Administration to publish the results properly. The minimum that should be asked is that they distinguish between events which have occurred in the year of registration and those which have occurred in earlier years and that they show the number of inhabitants living in each circumscription in the area where compulsory registration has been introduced. Only then will it be possible to draw any conclusions as to nuptiality, fertility, and mortality from the numbers of registered marriages, births, and deaths.

III. Persons of European Status

The Order of 14 June 1917 which introduced compulsory registration for persons of European status had provided that persons residing outside civil status centres were not bound to make their declarations within the time limits fixed by French law. A Decree issued on 10 March 1920 by the President of the Republic[2] stipulated in general that all births and deaths occurring in French Equatorial Africa and the occupied Territories of the old Cameroons should be notified to

[1] It may be mentioned incidentally that the 1935 report (p. 114) gives total figures for the preceding years which are also evidently wrong.

	Marriages		*Births*		*Deaths*	
Year	(*a*)	(*b*)	(*a*)	(*b*)	(*a*)	(*b*)
1931	8,901	8,531	21,374	17,568	13,784	12,050
1932	20,144	16,827	36,560	30,977	26,084	23,048
1933	24,109	24,042	45,926	48,185	30,593	32,045
1934	26,028	26,028	52,545	51,545	42,771	42,771
1935	32,907	32,907	61,522	61,522	49,291	49,291

(*a*) From annual reports. (*b*) From 1935 report.

[2] See *Journal officiel du Cameroun*, 1 May 1921, pp. 75–6.

the civil status officer within twelve days after the event. Some other Orders issued by the Commissioner of the Republic supplemented the original Order of 14 June 1917 without changing the underlying principle.[1]

The 1931 report to the League of Nations was the first one to mention registration of European marriages, births, and deaths:

> The European civil status is organized in the Cameroons by an Order of 30 November 1919, supplemented by other texts which have extended its application to new Subdivisions as they were opened. There exists one civil status centre for each administrative post; the Head of Circumscription or Subdivision, as the case may be, is civil status officer.[2]

The reports for 1931–7 give the number of registered births, marriages, and deaths by circumscriptions.[3] The totals for the Territory are shown in Table 17.

TABLE 17

Registration of European Marriages, Births, and Deaths, French Cameroons, 1931–7

Year	*Marriages*	*Births*	*Deaths*
1931	12	46	31
1932	13	54	19
1933	7	41	16
1934	13	52	12
1935	14	61	24
1936	21	57	17
1937	12	86*	19

* Births and recognitions. According to *Service de Santé, Rapport annuel 1937, partie médicale*, p. 357, the number of births was 76.

Since no data concerning the age and marital condition of the European women are available, it is impossible to draw any conclusions as to nuptiality and fertility from the number of marriages and births. Taking into consideration the climatic and sanitary conditions of the Territory, the number of deaths since 1931 appears small.[4]

[1] See in particular the Orders of 30 Nov. 1919 (*Journal officiel du Cameroun*, 1 Dec. 1919, pp. 161–2); 27 Sept. 1921 (ibid., 1 Nov. 1921, p. 240; 1 May 1922, p. 130); 8 Jan. 1935 (ibid., 15 Jan. 1935, pp. 93–4).

[2] *Rapport annuel 1931*, p. 68.

[3] See ibid. *1931*, p. 69; *1932*, p. 127; *1933*, p. 98; *1934*, p. 122; *1935*, p. 111; *1936*, p. 105; *1937*, p. 95.

[4] It is, however, not so small as the author of the chapter 'Public Health' in the 1934 report (p. 143) believes: 'Health conditions of the Europeans improve every year because living conditions improve in general. . . . For a population of 2,500 Europeans residing in the Territory, there have been

It is possible, but not very likely, that the registration figures include the marriages, births, and deaths of natives of European status.

observed altogether: . . . 5 deaths.' The Europeans in the Territory numbered 2,030 on 31 Dec. 1933 and 2,106 on 31 Dec. 1934; the number of deaths registered in 1934 was 12; the figure 5 refers to the number of deaths in hospitals. The Permanent Mandates Commission was likewise misled by the statement in the chapter 'Public Health' (see *Minutes*, 28th Session, 24 Oct. 1935, p. 114): 'Count de Penha Garcia observed that five deaths indicated a death-rate of two per thousand—a very low ratio.'

CHAPTER III

SPECIAL INVESTIGATIONS

I. Introduction

Apart from census statistics and general birth and death statistics, the French authorities have collected a great deal of material which might be used, or actually has been used, with a view to obtaining a clearer insight into the demographic situation of the Territory. Material of the first kind were the individual civil status cards, introduced in 1921 for the town of Duala, on which were recorded the marriage, the parentage, and the descendants of each person,[1] and the native death registers prescribed by a circular of the Commissioner of the French Republic, dated 16 December 1924, which advised the Heads of Subdivision to request the native chiefs to inform them of each death occurring in their villages.[2] As to the data which have been made use of, they refer mainly to morbidity, fertility, and mortality.

But unfortunately the more recent data thus collected have not been adequately made use of in preparing the reports to the League of Nations. The student interested in the soundings (*sondages*) effected in 1928 has to consult an article published by Dr. Cazanove in a supplement to the Bulletin of the International Office of Public Hygiene (1930). The soundings of 1933, which covered 457,260 natives and apparently were far superior in size and quality to any former soundings, remained unknown until M. Ulmer included some results in a paper for the 1937 Paris Population Congress; a more comprehensive analysis, which, however, in many cases gives only percentages and not the basic figures, was published in 1938 by Drs. Martial and Beaudiment in a supplement to the Bulletin of the International Office of Public Hygiene. The results of the soundings of 1935, which covered 587,354 natives,[3] have apparently never been published. The same is true of the soundings of 1936 and 1937 which covered 277,281 and 430,548 natives respectively; but the

[1] See *Rapport annuel 1921*, p. 61; *1922*, p. 90.

[2] For full text, see ibid. *1925*, p. 166. It is doubtful, however, whether this information was actually furnished. See Permanent Mandates Commission, *Minutes*, 9th Session (14 June 1926), p. 71: 'In reply to a question of M. Rappard, M. Marchand said that he had sent a circular requiring the establishment of statistics recording the death-rate among natives. Up to the moment, it had not been possible to find in the villages persons sufficiently educated to keep the death registers.'

[3] See Martial and Beaudiment (1938), p. 50.

unpublished 1937 medical report for the Cameroons gives some of the results; they are summarized in Table 18.

TABLE 18

Births and Deaths in French Cameroons, Soundings 1936 and 1937

Region	Subdivision	Races, groupings, or tribes	Year	Enumerated population	Live-born	Still-born	Deaths of Infants	Total deaths	Birth-rate	Death-rate
Upper Nyong	Abong-Mbang	Maka	1937	11,668	430	24	43	595	37	51
		Djem, Poum-Poum	1937	1,043	47	4	1	25	45	24
	Messaména	Bikélé	1937	6,743	129	13	5	280	19	42
		Badjoué	1937	12,542	275	68	37	412	22	33
	Doumé	Maka, M'vang, Bakoum	1936	42,906	1,762	113	116	1,349	41	31
	Lomié	Dzimou	1937	2,077	49	8	10	48	24	23
		Djem	1937	787	18	1	10	34	23	43
M'Bam	Bafia	Sanaga	1937	7,018	262	51	9	274	37	39
		Bafia	1937	17,469	841	143	32	776	48	44
		Yambassa	1937	32,351	1,430	216	110	1,668	44	52
	Ndikiniméki	Babouté	1936	7,160	248	27	15	336	35	47
Lom and Kadei	Batouri	Kaka	1936	6,674	359	12	48	431	54	65
		Bangandou, Medjimé	1936	4,538	305	5	24	152	67	33
	Bertoua	Képéré	1936	2,569	100	—	3	225	39	88
		Pol	1936	2,816	194	4	6	194	69	69
		Baya	1936	7,725	487	6	11	548	63	71
		Maka North	1936	6,734	834	65	73	489	124	73
		Bamvélé	1936	5,702	499	67	60	427	88	75
		Bobili	1936	6,952	646	58	39	525	93	76
Noun	Dschang	Bamiléké	1937	9,306	940	104	255	517	101	56
	Bafoussam	Bamiléké	1937	2,408	214	22	46	133	89	55
		Bamoun North	1937	39,413	1,701	35	140	1,697	43	43
	Bangangté	Bamiléké	1937	2,964	219	9	47	96	74	32
	Foumban	Bamoun South	1937	20,100	1,275	63	143	1,232	63	61
N'Tem	Sangmélima	Boulous of Dja	1936	7,301	151	38	25	209	21	29
		Bengbi	1936	1,558	16	10	1	78	10	50
Kribi	Campo	Yassa	1937	1,278	66	3	5	22	52	17
		Mvaé	1937	1,417	91	16	14	102	64	72
Mungo	N'Kongsamba	..	1937	21,210	1,059	35	149	1,032	50	49
	M'Banga	..	1937	25,203	1,321	64	133	1,414	52	56
Adamoua	Banyo	Tikkar	1937	4,751	316	27	47	382	67	80
N'Kam	Yabassi	Nyamtam, Ndokobele	1937	2,968	149	10	9	312	50	105
Nyong and Sanaga	Yaoundé	Yaoundé (town)	1937	19,772	383	73	38	308	19	16
		Eton-West	1936	46,509	2,460	339	221	2,032	53	44
		Yaoundé East	1936	14,464	330	66	45	326	23	23
		Mvélé-West	1936	17,483	532	198	76	1,388	30	79
		Mvélé-East	1937	21,851	761	43	43	1,110	35	51
		Bané North	1937	17,067	749	35	35	679	44	40
		Tsinga	1937	3,938	175	18	11	163	44	41
		Mbida-Mbané	1937	8,224	325	20	11	432	40	53
		Yaoundé South	1937	34,122	1,369	35	71	651	40	19
	Saa	Eton-East, Manguissa	1937	98,279	4,739	326	231	3,434	48	35
	Akonolinga	West	1936	31,287	666	232	35	926	21	30
		East	1936	36,507	314	135	77	792	9	22
	Nanga-Eboko	Yézoum, Yekaba	1936	12,051	395	100	48	702	33	58
Boumba-Ngoko	Yokadouma	..	1936	16,345	1,105	29	90	604	68	37
	Moloundou	Dzimou, Bangandou	1937	4,579	385	2	37	230	84	50
		Total	1936	277,281	11,403	1,504	1,013	11,733	41	42
		Total	1937	430,548	19,718	1,468	1,722	18,048	46	42

The report for 1922 described the methods used in carrying out such special investigations:

The Heads of Circumscriptions and Subdivisions have instructions for

collecting in the course of the censuses all the documents concerning the morbidity and the mortality of the populations which they administer; the information thus obtained will be combined with that which the medical personnel secures continually.[1]

All medical officers have received instructions for collecting the documents and the figures referring to mortality, morbidity, fertility, epidemiology, and, in general, everything which bears on public health.

Their observations and their figures are sent quarterly to the chief of the health service who centralizes them.

This information is rounded off, as we have already indicated, by the help of the information furnished by the Administrators, Heads of Circumscriptions and of Subdivisions, who are in charge of the census and who at the same time assemble all the facts relating to the existence of the inhabitants.[2]

In conformity with the 'Instructions relating to the development of the services of preventive medicine, hygiene, and assistance in the colonies' issued on 30 December 1924 by the Minister of the Colonies,[3] the Commissioner of the Republic in the Cameroons issued on 30 September 1925 an 'Order creating a bureau of hygiene and demography in Duala'.[4] The Order provided in particular:

Art. 1. In execution of the instructions of the department of colonies, No. 20 of 30 December 1924, there is herewith created in the Territory a bureau of hygiene and demography.

Art. 2. This bureau of hygiene, attached to the Direction of the Health Service, shall centralize all questions relating to the defence against social diseases and local endemics, all the facts of an epidemiological order, all the acts relating to hygiene, administration or economics which may have a repercussion upon the normal development of the population, and all the statistics concerning natality, mortality, and the development of the population.

The bureau is charged, in addition, with establishing the programmes of preservation from the various social diseases, preparing the campaign for preventive medicine . . ., searching for the causes of the decline of the demographic index, and studying and afterwards proposing without delay the appropriate measures to ensure its rise.

The reports to the League do not mention anything about the activities of this bureau. But the special investigations went on. Wilbois described some of these soundings as follows:[5]

The medical officers try to make them in the course of their tours. The village censuses also represent soundings. Some are carried out with sufficient precautions. These are the only ones we shall consider.

[1] *Rapport annuel 1922*, p. 37.
[2] Ibid., p. 41.
[3] See, for details, Part V, Chapter III, Introduction.
[4] See *Journal officiel du Cameroun*, 15 Oct. 1925, p. 437.
[5] Wilbois (1934), pp. 51–2.

The village census form (*'feuille de recensement d'un village'*), set up for fiscal needs, comprises four columns. In the first column are entered the men; in the second their wife or wives; on the same line and, if necessary, on the following lines, in the third column, the boys; in the last, the girls; boys and girls are entered on the level of the entry of the mother. One is considered a child if under 15 years old. Marked with a special sign are the non-taxables, that is, the old, the sick, the invalids, and the mothers of at least five children. The age of each person is also noted. There remained the task of deciding it. The person had to be judged by his appearance. If he was absent, those present were asked to point out among them some one who was of the same age. The best guiding line was the War; thus one said of a young woman: 'At the time of the Germans, she was as tall as this.' It is probable that with such a method sons will be found who are older than their mothers. The case is exceptional, and the averages can hardly be termed deceptive.

It is possible to go further. When the operation is terminated, an administrator, on his tour, will sit down near the hut of the chief, . . . at a table on which he will have spread out the census form, having at his side an interpreter whom he will endeavour to check, in which in certain cases he will succeed only if he himself knows the language well. The whole village will be squatting around him, delighted to have some hours to waste. In spite of the habit of the black who readily gives to the white man the answer which he believes the white man wishes him to make, a given administrator may succeed in gaining the confidence of the group because, having last year caused five years' imprisonment to be imposed upon the chief who multiplied the tax, he appears altogether as the god of the thunder and as the genius of beneficence.

Thus M. Cournarie asked the women on his list how many living children they had and how many dead children they had had. The living being already enumerated, the women could not lie. The dead ones did not risk becoming taxable. Their sincerity was checked, from time to time, by questioning privately a jealous gossip. It would not, however, have been prudent to ask about miscarriages; they nearly always indicate adultery; these are things which one does not admit in the presence of the government. By these interrogations one gets to know the extent of mortality, in particular of infant mortality.

The Permanent Mandates Commission, at first, was rather suspicious of the accuracy of the results obtained at the soundings. In discussing the 1923 report the majority were even inclined to adopt a 'General Observation' expressing their distrust.

M. Rappard explained that, during the discussions regarding statistical information, several members had wondered whether the officials concerned had not endeavoured to be rather too precise in order to give satisfaction to the Commission.

The Chairman [the Marquis Theodoli] said that he had certainly

received this impression in reading certain vital and public health statistics.

M. Beau said he thought the feeling of the Commission in this matter should be more clearly indicated and those statistics specified the exactitude of which had astonished certain members of the Commission. Otherwise, the Commission would appear to throw doubt on all the statistics. The statistics relating to schools were correct, for the exact number of pupils in the schools was known. This also applied to the statistics relating to the military forces, to the import of arms and ammunition, to production and export.

After an exchange of views, *the Commission agreed that the second paragraph should read as follows*:

'The Commission was struck by certain statistical information, particularly in regard to health and vital statistics. The wealth of detail of these statistics would do credit to a country more closely administered and to populations more highly organised.'[1]

But this censure was after all omitted.

M. Beau drew attention to the second paragraph in 'General Observations' referring to the vital and health statistics. The report of the mandatory Power on health questions contained many figures, but these statistics referred to observations made in the dispensaries. Women had been questioned, who had given answers as to the number of children they had had, the number which had survived, and the number of miscarriages, etc. If the Commission had any doubts on the matter, it could have taken advantage of the presence of M. Duchêne to ask him questions. If his answers had been considered to be inadequate, it would have been possible to question the figures and to say so in the report. In his opinion, the Commission could hardly do so without having first questioned M. Duchêne.

On the proposal of Sir F. Lugard, the *Commission decided to omit this paragraph* in the 'General Observations'.[2]

I shall concern myself here mainly with those data which throw additional light on fertility and mortality.

II. Fertility in General

The principal method of ascertaining fertility consisted in asking a certain number of women such questions as how many pregnancies they had had, how many abortions, how many live-births, how many still-births, or how many children they still had living. Unfortunately, the reports, while showing the results of these inquiries, do not always

[1] *Minutes*, 4th Session, 4 July 1924, p. 143.
[2] Ibid., 5 July 1924, p. 145.

make clear what questions had actually been asked. The report for 1923 thus states:[1]

Inquiries have been made in order to determine the coefficient of natality in the Territory of the Cameroons. A series of soundings has been effected in order to determine the fecundity of the natives.

In the town of Duala the fecundity index of the women would be from 1·8 to 2.

In the bush around Duala, 2·20 [per woman] as at M'Banga, 655 children for 297 women, but there remain only 366 children living, or 1·23 per woman.

At Ebolowa the fecundity index is 1·79 among the Boulous, 1·37 among the N'Toumous.[2]

A group of 100 women of the Boulou or Bané race have had 233 pregnancies, index 2·33. There were 28 abortions, 114 children are living, or 1·14 per woman.

At Dschang 213 women have had 382 pregnancies, index 1·79. There were 55 abortions. There remain 180 children living, or 0·84 [per woman].

At N'Gaoundéré 1,171 women have had 1,596 pregnancies, index 1·36, 1,115 are living, or 0·95 per woman.

At Garoua 76 women have had 151 pregnancies, i.e. index 1·98; 64 abortions, 58 children living, or 0·76 per woman.

At Yaoundé 1,136 women have had 3,142 pregnancies, '1,796 children living, which makes a coefficient of natality of 1·58 per cent. . . . Another sounding has been made in order to determine the number of pregnancies for each woman; 588 women have had 1,690 children, i.e. a fecundity index of 2·88.'

The confusion in terminology is appalling. The terms 'coefficient of natality' and 'fecundity index' are used indiscriminately, and they mean sometimes the number of pregnancies per woman, sometimes the number of children born to a woman, and sometimes the number of children living per woman, so that in all cases where a rate is given without further comment (town of Duala, &c.) it is impossible to tell what it means. I have summarized in Tables 19, 20, and 21 the results of the soundings effected in 1922, 1923, 1928,[3] 1929, 1932, 1933,[4] and 1937[5] in so far as their meaning seems clear to me.

[1] *Rapport annuel 1923*, p. 60.

[2] See also ibid., p. 104: 'Among 1,000 women examined by the medical officer residing in the circumscription of Ebolowa the coefficient of natality is as follows for the various tribes which are under the jurisdiction of this post: Boulous 1·79, Banés 1·59, Fongs 1·54, Fangs 1·52, N'Toumous 1·37.'

[3] The results for 1928 were published by Dr. Cazanove (1930), those for 1928–32 in Dschang by Dr. Cartron (1934).

[4] The results for 1933 were shown by Ulmer (1938).

[5] The results for 1937 are to be found in the unpublished medical report for 1937.

TABLE 19

*Sterile and Fertile Women, Selected Districts French Cameroons, 1922–37**

District, Race	*Years*	*Women questioned*	*Sterile women*	*Fertile women*	*Pregnancies*	*Abortions*	*Children born†*
Akwa, Deïdo	1922	167	14	153	728	96	632
Yaoundé	1922	100	18	82	290	51	239
M'Banga	1923	..	..	297‡	..	..	655
Ebolowa	1923	..	..	100	233	28	205
Dschang	1923	..	..	213	382	55	327
N'Gaoundéré	1923	..	..	1,171	1,596	..	..
Garoua	1923	..	..	76	151	64	87
Yaoundé	1923	..	..	1,136	3,142	370§	2,772
Yaoundé	1928	1,000	..	..	1,849	461	1,388
Dschang	1928	403	..	..	1,790	108	1,682
Ebolowa	1928	830	..	..	2,769	548	2,221
Edea	1928	420	..	..	1,486	151	1,335
Dschang, Bamilékés	1928–32	1,749¶	..	..	6,652	654	5,998
Dschang, Bamoums	1928–32	660¶	..	..	2,622	427	2,195
Yaoundé, Dschang, Ebolowa	1929	3,010††	..	..	9,188	1,415	7,783
Yaoundé	1932	1,000	317	683	1,708	338	1,370
Bantus	1933	5,050‡‡	400	4,650	24,750	1,470	23,280
Black Sudanese	1933	9,700‡‡	1,350	8,350	37,900	3,200	34,700
Semites	1933	2,200‡‡	300	1,900	5,900	470	5,430
Bamana	1937	79‡‡	3	76	393	..	..
Bandjoum	1937	110‡‡	4	106	497	..	..

* See *Rapport annuel 1922*, pp. 39–40; *1923*, p. 60; *1929*, p. 22; *1932*, p. 162; Cazanove (1930), .38; Cartron (1934), pp. 353–5; Ulmer (1938), p. 124; *Service de Santé, Rapport annuel 1937, partie médicale*, pp. 434–7.

† The figures, probably always, include still-born.

‡ Excluding women who had only abortions.

§ Miscarriages.

¶ Women of all ages.

†† All between 18 and 40 years.

‡‡ All over 45 years.

The 3,010 women questioned in 1929 in Yaoundé, Dschang, and Ebolowa were all under 40 years old. The 2,409 women questioned in 1928–32 in Dschang were of all ages. The 17,139 women questioned in 1933 and 1937 were all over 45 years. For the other soundings no information is available as to the ages of the women questioned. It is evident that without such knowledge the results, so far as fertility and sterility are concerned, are absolutely meaningless. If of 1,000 women questioned in 1932 in Yaoundé 317 have never been pregnant, this would imply an extraordinary sterility provided only women, say, over 30 had been questioned; it would tell us nothing about sterility if the majority of the women questioned were under 20. If the 1,749 Bamiléké women of all ages had on an average 3·80 pregnancies, while the 660 Bamoum women of all ages had 3·97, this does not necessarily mean that the Bamoum women were more fertile, since the proportion of young women among the Bamilékés questioned may have been larger than among the Bamoums, and Dr. Cartron, in fact, emphasizes the greater fertility of the Bamilékés. For similar reasons, the fact that according to the various soundings of 1929 3,010 women between 18 and 40 had had on an average 3·05

TABLE 20

*Proportion of Still-born, Selected Districts, French Cameroons, 1923–37**

District, Race	*Years*	*Live-born*	*Still-born*	*Total*	*Still-born per cent.*
Yaoundé	1923	2,572	200	2,772	7·2
Yaoundé	1928	1,299	89	1,388	6·4
Dschang	1928	1,566	116	1,682	6·9
Ebolowa	1928	1,823	398	2,221	17·9
Edea	1928	1,170	165	1,335	12·4
Dschang, Bamilékés	1928–32	5,603	395	5,998	6·6
Dschang, Bamoums	1928–32	1,905	290	2,195	13·2
Yaoundé, Dschang, Ebolowa	1929	6,910	873	7,783	11·2
Yaoundé	1932	1,209	161	1,370	11·8
Bantus	1933	21,620	1,660	23,280	7·1
Black Sudanese	1933	32,530	2,170	34,700	6·3
Semites	1933	5,290	140	5,430	2·6
Doumé	1936	1,762	113	1,875	6·0
Ndikiniméki	1936	248	27	275	9·8
Batouri	1936	664	17	681	2·5
Bertoua	1936	2,760	200	2,960	6·8
Sangmélima	1936	167	48	215	22·3
Yaoundé	1936	3,322	603	3,925	15·4
Akonolinga	1936	980	367	1,347	27·2
Nanga-Eboko	1936	395	100	495	20·2
Yokadouma	1936	1,105	29	1,134	2·6
Abong-Mbang	1937	477	28	505	5·5
Messaména	1937	404	81	485	16·7
Lomié	1937	67	9	76	11·8
Bafia	1937	2,533	410	2,943	13·9
Dschang	1937	940	104	1,044	10·0
Bafoussam	1937	1,915	57	1,972	2·9
Bangangté	1937	219	9	228	3·9
Foumban	1937	1,275	63	1,338	4·7
Campo	1937	157	19	176	10·8
N'Kongsamba	1937	1,059	35	1,094	3·2
M'Banga	1937	1,321	64	1,385	4·6
Banyo	1937	316	27	343	7·9
Yabassi	1937	149	10	159	6·3
Yaoundé	1937	3,762	224	3,986	5·6
Saa	1937	4,739	326	5,065	6·4
Moloundou	1937	385	2	387	0·5

* See *Rapport annuel 1923*, p. 60; *1929*, p. 22; *1932*, p. 162; Cazanove (1930), p. 38; Cartron (1934), pp. 354–6; Ulmer (1938), p. 124. See also Table 18.

pregnancies does not permit the drawing of any conclusions as to the fertility of those women. The only conclusive data are those obtained at the soundings of 1933,[1] when only women over 45 years old were

[1] The samples in 1937 were too small.

TABLE 21

*Women according to Number of Pregnancies, Selected Districts French Cameroons, 1922**

Number of pregnancies	*Ebolowa 1922*	*Yaoundé 1922*	*Yaoundé 1923*
1	32	21	188
2	20	17	132
3	15	7	86
4	14	10	74
5	9	12	46
6	6	5	22
7	2	1	8
8	1	1	12
9	—	3	8
10	1	2	6
11	—	—	2
12	—	1	—
13	—	—	2
Total number of women	100	80	586
Total number of pregnancies	286	290	1,690

* See *Rapport annuel 1922*, p. 40; *1923*, p. 60. The figures for Ebolowa refer to children born and exclude abortions. The items for Yaoundé do not agree with the totals.

questioned.[1] According to these soundings the proportion of sterile women was 8 per cent. among the Bantus and 14 per cent. among both the black Sudanese and the Semites.[2] The average number of pregnancies was 4·9 for the Bantus, 3·9 for the black Sudanese, and 2·7 for the Semites. If these figures can be trusted the proportion of sterile women among the black Sudanese and the Semites would be very high; the average number of conceptions would not be high even among the Bantus and it would be incredibly low among the Semites.

[1] Strange to say, some medical officers think that it would be best to exclude all women past child-bearing age. Dr. Cartron (1934), p. 356, after having shown the average number of pregnancies per woman, states: 'This calculation ought to have been made not for the women of all ages but for the women between 15 and 45 years, the period of fecundity. But in the soundings which served as basis for our calculations, the differentiation, difficult enough to make, between women under 45 years and over 45 years was not always made. This is only of very small importance since we found practically the same averages in the villages where we could make this differentiation.'

[2] Martial and Beaudiment (1938), p. 60, give as proportion of the sterile women among the Semites 30 per cent., but add: 'The percentage of sterility among the Semite races is certainly much lower . . . In fact, many women prefer to declare themselves sterile rather than to admit abortions whether spontaneous or, still more often, deliberate. The same happens, by the way, among all somewhat advanced tribes.'

The recorded proportion of still-born is high almost everywhere, and in many cases it is exceedingly high. But, as Cartron relates, 'there is at the interrogatory often a confusion between abortions and still-born'.[1] The recorded proportion of abortions varied between 6 and 25 per cent. of all pregnancies.[2] Table 22 shows the combined effect of abortions and still-births.

TABLE 22

Proportion of Abortions and Still-births, Selected Districts French Cameroons, 1923–33

District, Race	*Year*	*Pregnancies*	*Abortions and still-births*	*Per cent.*
Yaoundé	1923	3,142	570	18
Yaoundé	1928	1,849	550	30
Dschang	1928	1,790	224	13
Ebolowa	1928	2,769	946	34
Edea	1928	1,486	316	21
Dschang, Bamilékés	1928–32	6,652	1,049	16
Dschang, Bamoums	1928–32	2,622	717	27
Yaoundé, Dschang, Ebolowa	1929	9,188	2,288	25
Yaoundé	1932	1,708	499	29
Bantus	1933	24,750	3,130	13
Black Sudanese	1933	37,900	5,370	14
Semites	1933	5,900	610	10

The results of another series of investigations (*enquêtes sur la natalité*) carried out in 1924 have been published as follows:[3]

TABLE 23

Women and Children, Selected Districts French Cameroons, 1924

Subdivision	*Women without children*	*Women with children*	*Number of children*
Yaoundé	987		613
Akonolinga	605	581*	970
Bafia	160		146†
Nanga-Eboko	19,629		12,343
Yoko	3,049	3,582	3,064

* 337 with one child, 152 with two children, 57 with three, 17 with four, 18 with five.

† 38 living and 108 dead in early childhood.

[1] Cartron (1934), p. 353; see also Martial and Beaudiment (1938), p. 62.

[2] Leaving out of consideration the small 1923 inquiry in Garoua where the percentage was 42.

[3] See *Rapport annuel 1924*, pp. 66–7. The results are given there either by villages or by races. I reproduce only the totals by Subdivisions.

The figures, with the exception of those collected in the Subdivision of Bafia, seem to show the number of children living at the time of the census and to exclude the children who had died. Moreover, the lack of information concerning the age of the women prevents, here again, the drawing of valid conclusions as to sterility and fertility. The figures from Akonolinga inspire little confidence because it seems most unlikely that there should have been 18 women with 5 children and none with more. The number of children ascertained in Bafia (38 living and 108 dead for 160 women) is incredibly low.

In 1930–1, before the introduction of compulsory registration, special enumerations of births were effected in various districts. The results were as follows:[1]

Subdivision	*Enumerated population*	*Period*	*Still-born*	*Live-born*	*Yearly birth-rate**
Abong-Mbang .	20,152	11–13 months	93	572	33
Akonolinga .	56,907	15 months†	232	1,905	30
Lomié . .	25,970	12 months	847		33

* Including still-births. † March–April 1930 to June–July 1931.

Another investigation, made in December 1932 in a section of the village of Babadjou in the circumscription of Dschang, showed the birth-rate in a year to have been 70·7.[2] For the whole circumscription of Dschang with a population of 350,000, Cartron estimates the yearly number of births at 'more than 20,000',[3] which corresponds to a birth-rate of over 57.

The report for 1933 contains a graph showing that of 100 pregnancies 7·5 led to an abortion and 5·8 to a still-birth.[4] It was based, apparently, on a study by Dr. Ledentu, covering 68,524 pregnancies.[5]

Finally, the very comprehensive soundings made in 1936–7 showed a birth-rate of 44 per 1,000 for the whole Territory. But the rates in some cases were so high (see Table 18) as to arouse suspicion regarding the accuracy of the basic data.

The annual reports contain various further references to fertility.

1922.[6] As a whole, the races of the Cameroons are prolific and the birth-rate is high.

In Duala, the birth-rate is estimated at 60 per 1,000 . . .

[1] See ibid. *1931*, pp. 91, 93, 96.
[2] See Cartron (1934), p. 352. See ibid., p. 362.
[4] See *Rapport annuel 1933*, p. 139.
[5] See Martial and Beaudiment (1938), pp. 62–3.
[6] *Rapport annuel 1922*, pp. 39–40.

In Yaoundé and in Ebolowa the collected figures are identical.

These figures seem to us considerable compared with our statistics of France . . .

The special investigation in the agglomerations of Akwa, Deïdo, and Yaoundé had revealed 147 abortions for 1,018 pregnancies. The official comment reads as follows:

The proportion of abortions exceeds 12 per cent. of the pregnancies on an average. They are chargeable in a rather large degree to syphilis; about 5 per cent. The native women know it well, since those are numerous who in the course of a pregnancy go and see the physician in order to undergo the antisyphilitic treatment which will permit them to give birth to a living child after, in certain cases, a long series of miscarriages.

Apart from this, malaria, physical decay, work that is hard and prolonged beyond measure, or accidents prevent a certain number of pregnancies from coming to their appropriate end.

Finally, induced abortions are rather frequent, according to the medical officers of Ebolowa and Duala. According to the former one, the main cause is premature pregnancies, a consequence of the marriages of not yet marriageable girls, who, deflowered very young, are afraid of the birth of a child and undergo an abortion as early as the second month.

The report for 1923, in the chapter on public health, quotes a statement, apparently made by the medical officer at Ebolowa: 'The women of the present generation are less prolific than those of the preceding generation.'

The medical officer of Dschang writes: 'Fertility is comparatively low and the number of still-births is enormous.' Yet these people love children and want to have them. In a general way, the native marries only in order to have one or two servants and as many children as possible, since they are a source of profit.

As reasons for the low fertility are mentioned syphilis, traumatism caused by sexual excesses, dancing to the tam-tam, the practice of abortion 'well known to the natives, particularly the Yaoundés', and the premature getting up after delivery.[1]

In the chapter on demographic statistics the same report states:[2]

The low density of the population in the Territory is due not only to the difficulties which Nature has put in the way of the propagation of the race but also to a 'crisis' of fertility which has not failed to enlist the attention of the local powers.

The population, to judge by the extent of the land-clearings, is not

[1] See *Rapport annuel 1923*, pp. 60–1. Masson (1928), p. 22, mentions as yet another reason insufficient food.

[2] *Rapport annuel 1923*, p. 104.

on the increase. If one asks the old women, one finds that they have had more children than those of the more recent generations. Thirty years ago, according to declarations vague enough, to be sure, one could count two or three children per woman.

The report then comments on the 'coefficient of natality' found among various races in the circumscription of Ebolowa:

It seems that fertility is less high among those populations which are the most remote from the administrative posts and consequently from the medical posts. The effectiveness of our action seems thus proved: there remains, however, much to be done.

Syphilis, introduced about 1900 by blacks recruited outside the Cameroons, has spread with an astonishing rapidity.[1] It is fought effectively in the vicinity of the medical posts, but beyond the immediate radius of influence of these posts, in the depths of the forest or in the remote savanna, where the visits of Europeans are necessarily rare, it continues its ravages.[2]

Among 100 women examined by the physician of the medical service stationed at a post of the forest zone, 29 syphilitics were found. These 100 women have had 233 confinements, which yielded 28 abortions, 91 children dying under one year, and 144 children surviving.[3]

In addition to causes of a physical order there are those of a social order which also hinder the development of the population: polygamy is one of them.

In the chapter on public health the report for 1924 states: 'Fertility as a whole is high; the birth-rate can be estimated at 60 per 1,000.' The primitive races of the forest and the south are prolific; those of the north, particularly the Foulbés, whose wives are pleasure-loving and do not want children, are less prolific. The frequency of abortions

[1] See also *ibid. 1921*, p. 33: 'It is found all over the territory, and it is impossible to indicate which zone is particularly infected.'

[2] M. Kastl on 10 July 1929, in the Permanent Mandates Commission (see *Minutes*, 15th Session, p. 152), asked the Commissioner of the French Republic in the Cameroons 'what measures were taken by the Administration to combat this disease?'

'M. Marchand replied that the Administration used every means to reduce the ravages of the disease, but its efforts were thwarted by the negligence of the natives who failed to take care of themselves, or came for medical treatment too late, if at all.

'M. Kastl asked whether the salvarsan treatment was given?

'M. Marchand replied that this was the only cure employed, but the Health Service was restricted in its endeavours by the credits. It was rather medicines than doctors that were lacking at the present time in the Cameroons. It had been suggested that the medical staff should be increased, and he had wondered what the staff would be able to do unless it had sufficient medicines at its disposal.'

[3] The total does not agree with the single figures.

in general is due in the first place to polygamy, which promotes adultery on the part of the wives, and in the second place to syphilis.[1]

In the demographic chapter, on the other hand, the report indicates that fertility on the whole is low.

One finds in general a small proportion of children in relation to the combined male and female population. Normally the number of children should be at least equal to the total of the men and women in order to indicate a population increase.

This explains the low population density of these countries while with these new peoples it seems that one ought to record a vigorous and constantly increasing fertility.[2]

Commenting on the figures reproduced in Table 23, the report states:[3] 'They reveal the relative sterility of the women of the Cameroons, as indeed of Black Africa generally, and one notices that families with numerous children constitute an exception.' This is due to the fact 'that many women, in fact nearly the great majority, anxious to preserve what they contend to be their independence, are inclined to shun a pregnancy. Suckling, which with the black woman lasts two years or more, becomes for her a bondage all the more difficult to bear as during this whole period she must devote herself solely to the role of mother; thus, moved by a feeling of jealousy, some resort to the practice of abortion.[4] Another 'important factor in reducing fertility' is polygamy.

1925.[5] In a general way, it may be deemed that the various races are, from a demographic standpoint, in an identical condition: the same carelessness in hygienic matters, restricted fertility, sterilizing polygamy.

1927.[6] Fertility, very high in the East, medium in the circumscriptions of the Centre, low in those of the North, is very low in the coastal circumscriptions, particularly at Kribi, where the children are only 16 per cent. as many as the adults.

The report for 1928 states that, owing to progress made in fighting sleeping-sickness, the number of births among the Yambassa and Bafia tribes in the district of Bafia increased from 2,241 in the year

[1] See *Rapport annuel 1924*, pp. 43–4. Dr. Aujoulat (1937), p. 69, however, is of the opinion that syphilis is responsible for 'perhaps two-thirds' of the abortions.

[2] *Rapport annuel 1924*, p. 66.

[3] Ibid., p. 67.

[4] Wilbois (1934), p. 55, points out that 'the low fertility' is due in part to the abstention of the wives during the long period of suckling. According to him, the missionaries seem inclined to discourage this habit; see Wilbois (1937), p. 63.

[5] *Rapport annuel 1925*, p. 44.

[6] Ibid. *1927*, p. 42.

1925–6 to 3,514 in 1928, while the number of deaths decreased from 3,642 to 3,271.[1]

The report for 1929 states that 'numerous local censuses have been taken and have shown that fertility is not yet on the decline in the Cameroons'.[2]

The report for 1930 again relates that, simultaneously with the decrease of mortality from sleeping-sickness, fertility has increased.

Mortality from sleeping-sickness decreases more and more, and its mortality rate is often inferior to the general mortality rate. The number of births increases in a parallel way and the demographic equilibrium, which was broken by sleeping-sickness, is being restored little by little. Here is an example:

In 1922–3, the period in which the prophylactic operations began, the Subdivision of Akonolinga had 48,330 inhabitants and 18,852 persons suffering from sleeping-sickness. In one year 4,969 deaths (10·5 per cent.) and 1,481 births (3·5 per cent.) were registered, that is an excess of 3,488 deaths over births and an annual diminution of 7 units per 100 inhabitants.[3]

Owing to the proximity of Camp Ayos, the sick of the Subdivision have since then benefited to the maximum from our medical intervention.

The last enumerations, which date from the beginning of 1930, show 4,355 deaths (7·1 per cent.) and 3,742 births (6·1 per cent.), that is for one year a divergence of 1 per cent. to the prejudice of the births. But the total population figure was then 56,907 inhabitants, that is for a period of 9 years a total increase of 9,580 inhabitants.[4]

The reports thus sometimes state that fertility in the Cameroons is very high and sometimes that it is low. They say sometimes that *fertility is decreasing* and sometimes that *it is increasing*.

The 1924 report states that the birth-rate of the Cameroons can be estimated at 60 per 1,000; the 1922 report states that in Duala the birth-rate is estimated at 60 and that the figures collected in

[1] See ibid. *1928*, p. 27.

[2] Ibid. *1929*, p. 40.

[3] Dr. Jamot (1924), p. 1098, gives similar figures for Akonolinga, and in addition for Abong-Mbang and Doumé:

	Population	*Deaths*	*Death-rate*	*Births*	*Birth-rate*
Abong-Mbang . .	22,617	1,583	7	881	4
Doumé . . .	52,833	3,444	6·5	1,857	6·5

The figure of births for Doumé should apparently read 3,444 (the same as the number of deaths).

[4] *Rapport annuel 1930*, p. 33. The increase was due apparently to the return of natives who had left the districts (see Permanent Mandates Commission, *Minutes*, 21st Session, 5 Nov. 1931, p. 141).

Yaoundé and Ebolowa are identical; the 1930 report states that the birth-rate of the Subdivision of Akonolinga was 61 in 1929–30. But the 1924 'estimate' of the Cameroons birth-rate cannot have been anything but a wild guess; the authorities had practically no figures of births, and their knowledge of the population was such that they themselves, two years later, believed that they had over-estimated the number of natives in 1924 by something like 40 per cent. The statement about the high birth-rates of Yaoundé and Ebolowa cannot be reconciled with the results of the special investigations carried out at the same time.[1] The statement that in the Subdivision of Akonolinga the birth-rate was 61 is evidently erroneous. If Akonolinga, with a population of 56,907, had had 3,742 births in one year, the birth-rate would have been 66 and not 61. But the actual number of births from March/April 1930 to June/July 1931 was 2,137, which corresponds to a yearly birth-rate (including still-births) of 30.[2]

The 1924 report says that, in order to increase, a population ought to comprise at least as many children as adults, which is not true of the Cameroons, and that the special investigations on the ratio of children to women reveal the relative sterility of the women of the Cameroons. The 1927 report says that fertility is very low in the coastal districts, particularly at Kribi, where the number of children constitutes only 16 per cent. of the number of adults. But the idea that a population, in order to increase, ought to have an equal proportion of children and of adults is preposterous. I am not aware of a single case in population history where the number of children was as large as the number of adults. The circumscription of Kribi, to be sure, presents an exceptional case, but not at all in the sense which the author of the official report assumes. According to the census of 1926, the number of children there constituted 82 per cent. (not 16 per cent.) of the number of adults, and this ratio, as I said above, is incredibly high.[3] If the ratio was actually as high as that, fertility in Kribi cannot have been particularly low, but must have been very high. As to the special investigations concerning the ratio of children to women, their results, as stated before, do not seem to justify any conclusions as to sterility and fertility in the small territories to which they refer[4] and certainly tell us nothing about sterility and fertility in the Cameroons as a whole.

[1] See Tables 19 and 21. [2] See p. 143.

[3] According to the 1931 census there were even 98 children for each 100 adults, but numerous adult unmarried women had evidently been counted as children.

[4] This also holds true, of course, of the investigation made in 1936 in Maroua, see pp. 98, 100.

The contention that fertility in the Cameroons is decreasing is not supported by any statistics.

The contention that fertility in the Cameroons is increasing is backed by the statement that the birth-rate in the Subdivision of Akonolinga increased between 1922–3 and 1929–30 from 35 to 61 per 1,000. But if the birth figure mentioned for 1922–3 (1,481) is correct, the birth-rate then was not 35 but 31, and in 1930–1 it was only 30.

Since the reports to the League of Nations thus contain very little evidence concerning the trend of fertility in the Cameroons a study published in 1934 on this subject by the medical officer, Dr. Cartron, deserves particular attention. He confines his analysis to the soundings made in the Circumscription of Dschang. Having shown that 2,409 women of all ages questioned since 1928 had had 8,193 deliveries, i.e. an average of 3·4, he states:

> A study made in 1923 by Dr. Gromier for the same villages of Dschang, while not indicating the abortion rate, showed a fecundity rate of 1·73. According to our last investigations this rate is now 4·17. The creation of an important ambulance unit in Dschang in 1924 has not failed to contribute to these present happy results which, for the matter of that, were made for other neighbouring villages. Let us hope that this hypothesis will be confirmed hereafter.[1]

He also shows that the 2,409 women questioned since 1928 had had 9,274 pregnancies, i.e. an average of 3·85, and says:

> The comparison of investigations made in certain grassfield villages at periods separated by rather long intervals showed a happy and notable increase of the rates of genital capacity.

Foto-Foréké (Dschang) . .	1923	2·0	1929	4·44
Babadjou (Dschang) . . .	1928	2·5	1932	3·40
Bandjoum (Bafousam) . .	1923	3·5	1929	4·58

> Since these increases in the rate of capacity agree with those of the fecundity rates and a diminution of the percentages of abortions and stillbirths in the same villages where the activity of the physician has become more regular, it is permissible to think that the native medical service has contributed to the improvement ascertained.[2]

It may well be that conceptions have become much more frequent in the villages under consideration in the course of four or six years. But such an increase in the number of conceptions would have had only a comparatively slight effect upon the average *total* number of pregnancies which the women of one and the same village would have experienced until the date of the interrogation. If, then, Dr. Cartron

[1] Cartron (1934), p. 354. [2] Ibid., p. 357.

has not fallen victim to some arithmetical error, it must be assumed that the proportion of young women questioned who could not have had numerous children was much smaller at the later than at the earlier investigations and that therefore the increase in the 'rate of genital capacity' was largely or wholly fictitious.

III. Polygamy, Dowries, and Fertility

Under the German régime women paid no head tax. But in 1913 the Governor issued an Order according to which he was entitled to impose a supplement to the head tax of polygamous husbands varying according to the number of their wives.[1] This Order was apparently not directed against polygamy, its object was rather to increase the tax on wealthy natives. The Order had not been put into force when the War broke out.

The French administration, from the outset, considered polygamy as a 'cause of sterility of a great number of women and of depopulation'. With a view to discouraging polygamy they introduced, by Order of 13 September 1919, a tax on women having less than two children.[2]

> The tax diminishes progressively according to the number of children because it is a constant fact that the more wives a man possesses, the less these procreate. To quote only some outstanding examples, the sultan N'Joya has 1,200 wives and only 147 children,[3] the regional chief of Manghélés has 400 wives and not a single child. The proportion remains the same for all polygamists while the bigamists or the monogamists generally have several children.[4]

It proved, however, too difficult to ascertain the actual number of children of the individual wives, and an Order of 7 October 1920[5]

[1] See pp. 44–5, above.

[2] Bergfeld (1935), p. 62, says erroneously that a tax on childless women was introduced by Order of 30 Dec. 1916. This Order (see *Journal officiel du Cameroun*, 1 Jan. 1917, pp. 3–8) imposed merely a yearly head tax of 10 francs on able-bodied men.

[3] On the other hand, the former German medical officer in the Cameroons, Dr. Ziemann (1923), p. 96, related: 'I myself saw such an African chief, the Joja of Bamum, possessing 300 wives who, however, had borne him only 136 children.' If after the War he actually had 1,200 wives with only 147 children, this would certainly be a striking example of diminishing returns.

It may be mentioned incidentally that the German educational officer in the Cameroons, Sembritzki (1908), p. 199, reported that this sultan had nearly 100 wives, while according to Kemner (1937), p. 27, his harem 'finally comprised 2,000 wives'.

[4] *Rapport sur l'administration du Cameroun de la conquête au 1er juillet 1921*, p. 428.

[5] *Journal officiel du Cameroun*, 1 Nov. 1920, p. 153. In the circumscription

stipulated that the tax (5 francs) was to be paid only by childless women.[1]

The annual reports to the League of Nations devote a good deal of space to the discussion of the problem of polygamy. Until 1930 they display considerable interest in the relations of polygamy to fertility and sterility.

1921. The head tax has been raised to 10 francs for the childless women within the population of the Foulbés, the Arabs, the Bornouans, and the Bororos where polygamy produces its most grievous effects from the point of view of fertility; the possession of an excessive number of women by certain wealthy natives and the rigorous supervision exercised over this kind of seraglio lead in fact to the sterility of most wives.[2]

1922.[3] Most marriages are contracted between young girls having hardly reached puberty and men having passed the age of forty: a situation unfavourable to the growth of the population as well as to the amelioration of the race. The wealthy men are in fact the only ones who are in a position to buy several wives, and since the female population exceeds by hardly one-third[4] the male population the majority of the young men and the poor men must remain bachelors. Now, wealth comes in these countries only with age, so that the polygamists are old men and have proportionally an extremely small number of children.[5] It is important, therefore, to envisage some reform apt to modify these social conditions. The object to be attained is to reduce the number of polygamous families so as to permit the marriage of the young men and as a consequence thereof an increase in the number of births and a better human selection. As to the means to be used it is evident that no governmental measure can be considered: to reform the customs by Orders is an impossibility. There remains only one means, namely, to let polygamy subsist in principle but to impose upon it a tax which will cause the native already possessing several wives to hesitate about acquiring new ones. . . .

All Heads of Circumscription unanimously recognize that polygamy in a black country is a real social danger. The monopolizing of the women by a minority dooms numerous natives to celibacy, entails a laxness of morals, makes rare the number of births, and doubtless hampers the

of Duala, in 1924, 315 women were taxed as compared with 1,063 men (see *Cameroun, Budget 1925*, p. 5).

[1] The principle underlying this tax was discussed on 5 Oct. 1921 in the Permanent Mandates Commission (see *Minutes*, 1st Session, p. 16).

[2] *Rapport annuel 1921*, p. 45. See also ibid., p. 48: 'The individuals who possess the largest number of wives are those who have, proportionately, an exceedingly low number of children.' See, furthermore, ibid., p. 61.

[3] Ibid. *1922*, pp. 71–2.

[4] The female population, of course, exceeded the male population by much less than one-third.

[5] See also ibid., p. 75: 'The polygamist, this is a constant fact, has only few children.'

development of the Territory. Even in Moslem regions, where the Koran law limits the number of legitimate wives, the well-to-do natives do not fail to enlarge their seraglio with numerous concubines, and the inconveniences are as serious as in fetishist regions.

1923.[1] We shall omit from the picture Moslem polygamy, limited by Koran law and presenting only a minimum of inconveniences, and shall confine ourselves to the study of this social institution among the fetishist populations. . . .

It is undeniable that polygamy which permits the gaining control by one and the same man—wealthy and, therefore, nearly always old—of a number, sometimes large, of women is socially a practice to be condemned. The women are in fact nearly all sterile in a polygamous union of this kind. The proprietors of ten or twenty women have few or no children. On the other hand the polygamous households with two or three women are virtually as prolific as the monogamous households: the coefficient of natality for the Dschang region where this restricted form of polygamy constitutes the rule amounts to from 0·84 to 1·08 children per wife of a polygamist as against from 1·20 to 1·58 children per wife of a monogamist.[2]

1924.[3] The frequency of abortion is due in the first place to polygamy which promotes adultery on the part of the wives. A lamido immobilizes in his seraglio about 300 women in the course of his existence, and he seldom succeeds in having more than 10 or 12 adult children.

The report for 1925 again emphasizes the sterilizing effect of polygamy among all races of the Territory and the importance of the decrease of polygamy as an 'element of demographic recovery'.[4]

The report for 1926 states that statistics established in the region of Garoua, which is under Moslem influence, show that 3 per cent. of the men are bachelors, two-thirds have one wife, one-quarter two, 3 per cent. three, and 1 per cent. four or more, the maximum being seven wives.[5]

The report for 1927 marks the turning-point in official opinion concerning the influence of polygamy upon sterility and fertility. After having stated that 'fertility, very high in the East, medium in the circumscriptions of the Centre, and low in those of the North, is very low in the coastal circumscriptions, particularly at Kribi, where the children are only 16 per cent. as many as the adults' (the ratio actually was 82 : 100 in Kribi and was much higher there than in any other circumscription), the report says:[6]

One fact is certain: the circumscriptions where fertility is highest are

[1] *Rapport annuel 1923*, pp. 105–6.

[2] It is again impossible to say what is understood by 'coefficient of natality'. According to the soundings made in 1923 at Dschang, there were 1·79 pregnancies per woman, 1·54 children born, and 0·84 children living.

[3] Ibid. *1924*, p. 44.

[4] Ibid. *1925*, p. 44.

[5] See ibid. *1926*, p. 50.

[6] Ibid. *1927*, p. 42.

those which have remained almost exclusively polygamous; a circumscription which contains a very large proportion of monogamists is where the fertility is lowest. Making all allowances for errors which may amount to about 10 or 15 per cent.; making all allowances for the repercussions of the economic evolution upon fertility, a fact ascertained universally, one is induced to question one's justification for condemning polygamy and to ask oneself whether this doctrinal and dogmatic condemnation is irrevocable. The years which will follow will, no doubt, give a more and more precise answer to this question which one has possibly hastened too much to solve according to Western ideas.[1]

1928.[2] In the past, the polygamist was like a breeder, anxious to see increase, each year, the product of his flock of *génitrices*, anticipating the dowries to be brought in by the girls whom he prefers to boys. If it is true that the monopolizing of women destroyed the necessary proportion of the sexes in human societies and forced the young men to a state of theoretical celibacy, the breeder's instinct of the polygamous husband caused him easily to imagine that his wives were not faithful to him. The births that occurred were certainly profitable to him. It can, therefore, be maintained without illogicality that polygamy, while restricting the possibilities of marriage for the young men, had not at all the effect of reducing the number of births.

The 1929 report only summarizes the opinion expressed in the 1928 report, and this was the last reference to the relations of polygamy to fertility or sterility.[3] The more recent reports merely continue to state the decrease of polygamy. In two reports this statement is backed by figures.

1931.[4] It [polygamy] shows a decided falling off from year to year, the number of monogamous households being at least equal to the polygamous

[1] This statement was quoted and discussed on 18 June 1928 in the Permanent Mandates Commission by M. Rappard (see *Minutes*, 13th Session, p. 88):

'M. Rappard recalled that it had been previously stated that polygamy favoured rich old men to the detriment of young men of small fortune. The above statement seemed to be contrary to the previous observations, and this fact was worthy of note.

'M. Duchêne thought that too exact conclusions should not be drawn from observations of this kind. This was a case of a mere approximation, as in Togo. Moreover, the approximation of 10 to 15 per cent. by the author of this statement gave ground for prudence in this respect.

'M. Rappard replied that it was precisely this prudence which lent interest to the very clear statement that he had just quoted.'

[2] *Rapport annuel 1928*, p. 39.

[3] In 1930 the Administration also abolished the tax-exemption of women with children which had been introduced as a means of fighting polygamy (see ibid. *1930*, p. 43). In 1934, it is true, the women having five living children under 14 years became tax-exempt (see Order of 14 Sept. 1933, ibid. *1933*, pp. 158–61), but this measure, of course, was not directed against polygamy.

[4] Ibid. *1931*, p. 69.

ones. In order to illustrate these contentions by an example we may cite at random the figures obtained in the course of a census. In the Subdivision of Sangmélima it was found that in two cantons having a total population of 4,295 inhabitants, there are 838 households as against 339 bachelors or widowers. Of these 838 married men, 468 are monogamists, 370 are polygamists and have altogether 1,174 wives, that is an average of 3·19 for the polygamous households.[1]

These figures enable us to announce the slow but certain disappearance of polygamy.[2]

1934.[3] The autochthonous family [of South Cameroons] already now is based to a very large extent either on households with two or three wives or on monogamous households, with a tendency for the latter to take progressively precedence of the former. In the circumscriptions of Ebolowa, Kribi, and Yaoundé there are thus counted on an average three monogamous households for two polygamous ones;[4] in the Circumscription

[1] According to these statistics there would have been in the two cantons only 1,177 adult men as against 1,642 married women (not counting the spinsters and widows). M. Rappard, in the Permanent Mandates Commission, rightly asked: 'Where were all these women found?' but his question was not answered. See *Minutes*, 22nd Session (24 Nov. 1932), p. 221.

[2] The French administration all the time pursued a wise policy of toleration towards polygamy. Thus the Commissioner of the French Republic, M. Marchand, stated on 24 Nov. 1932 in the Permanent Mandates Commission: 'According to the spirit if not the letter of the mandate, the mandatory Power was bound to endeavour to preserve native customs in so far as the latter were not contrary to morality. Though the fact that polygamy existed in the Cameroons was unfortunate, the Administration could not do better than rely on time itself to bring about the necessary change.' (See ibid., 22nd Session, p. 205.) M. Besson, from the Ministry of Colonies, on 25 Oct. 1933, took the same standpoint (see ibid., 24th Session, p. 43):

'Mlle Dannevig asked what steps the Administration took with regard to native polygamous officials. She had heard, for instance, that one native sick-attendant in the territory had forty-six wives.

'M. Besson replied that the Administration preferred not to interfere in questions of polygamy. It selected its officials on their merits and had not up to the present noticed that the fact that any official happened to be polygamous in any way affected his capacity for work or his honesty.

'M. Van Rees asked if there was not reason to fear that they did not carry out their duties with all desirable conscientiousness.

'M. Besson did not think so.'

At the meeting of 11 Nov. 1937, M. Besson said again 'he was not sure, as Mlle Dannevig seemed to think, that a polygamous chief was less qualified to take charge of the natives under his orders than another' (ibid., 33rd Session, p. 73).

[3] *Rapport annuel 1934*, p. 117.

[4] At the meeting of the Council of Notables of the Circumscription of Ebolowa, held on 19 Nov. 1929, the chief Edjoa Mvondo threw an interesting light on one special factor which contributes to the increase of the number of monogamous households: 'When a woman married to a polygamist becomes Christian, the Catholic or Protestant missionary commands her to leave her polygamous husband if she wants to be baptized. . . . Therefore, every woman who wants to leave a [polygamous] husband of whom she is tired, who wants

of Dschang itself, where the populations are particularly attached to their traditions, the proportion of monogamous households reaches 49·5 per cent. among the Bamouns, 55·7 per cent. among the Bamilékés, 65·7 per cent. among the Mbos.

Table 24 shows the incidence of polygamy revealed by some other investigations made in recent years:

TABLE 24

Husbands with One or More Wives, Selected Districts French Cameroons, 1933–7

Tribes or Districts	*Year*	*Husbands Total*	*Husbands with Wives*						*Wives per 100 Husbands*
			1	*2*	*3*	*4*	*5*	*6*	
			%	%	%	%	%	%	
Bantus* .	1933	..	65·1	19·0	7·7	3·3	2·0	2·9	179
Black Sudanese*	1933	..	60·3	20·4	8·5	4·7	2·3	3·8	210
Semites* .	1933	..	73·9	17·3	5·4	3·1	0·2	0·1	127
Kirdi Matakam†	..	250	80·2	16·7	1·8	1·3	–	–	124
Bamana‡ .	1937	411	53·1	25·3	9·5	4·1	2·9	5·1§	..
Bandjoum‡ .	1937	509	55·0	25·4	9·4	4·5	2·0	3·7§	..

* See Martial et Beaudiment (1938), p. 58.
† See Grall (1936), p. 628.
‡ See *Service de Santé, Rapport annuel 1937, partie médicale*, p. 435.
§ Six and more.

Finally, I shall summarize the results of some special inquiries on polygamy and fertility, communicated by Wilbois:[1]

Family of the Chief of the Village of Otibili

	Women under 45	*Children*	*Average*
Monogamists	64	74	1·15
Polygamists	115	91	0·79
Total	179	165	0·92

'Here the real fertility of the monogamous families exceeds that of the polygamous families by over 45 per cent.'

	Women	*Pregnancies average*	*Children living average*
Grouping of Mendonglong (Bamvélé tribe, Subdivision of Nanga-Eboko, 1,200 inhabitants)			
Monogamists	108	1·95	1·47
Polygamists	236	2·14	1·08

to follow a Christian lover, or marry a new husband of her own choice, declares that she wishes to become Christian and immediately flees into a sixa [sisterhood].' (Ibid. *1929*, pp. 99–100.) See also Keller (1937), pp. 34–6; Graffin (1937), p. 24.

[1] See Wilbois (1934), pp. 64–6.

	Women	*Pregnancies average*	*Children living average*
Group of Mbargue (Wuté tribe, Subdivision of Nanga-Eboko, 813 inhabitants)			
Monogamists . .	75	1·88	1·49
Polygamists . .	168	1·75	1·26
Village of Ekok (Yembama region, Subdivision of Akonolinga, 387 inhabitants)			
Monogamists . .	32	3·40*	1·50
Polygamists . .	106	2·70*	1·25

* Births.

'The conclusion that monogamy is conspicuously superior can, therefore, at any rate be arrived at on the basis of these examples. Nevertheless one must await more extensive investigations before coming to a final conclusion.'

Examples of men with numerous wives

Village of Ahalla, chief Onambela Mbazoa, 65 years, has 67 wives, of whom 16 over 45 years, 14 between 35 and 45, and 37 under 35; young children, 26.

Village of Saa, family Zogo Messina, 9 polygamists, each with from 4 to 17 wives under 45 years; wives under 45 years, 65; children, 34.

Chief Zogo Fouda, 55 years, reported at the census of 1932 203 women (including 22 over 45 and 10 under 20); children 63.

'Other authors have confirmed these results. No doubting them is possible. For fertility, polygamy is all the more disastrous the greater it is.'

The evidence put forward in the official reports and in Wilbois's book does not cover a large number of households, and some cases like that of the regional chief of Manghélés, who is stated to have 400 wives and not a single child, may be dismissed as not sufficiently authenticated. But as, in nearly all cases where soundings have been made, the wives of monogamists appear to be more fertile than the wives of polygamists, it seems that there is actually in French Cameroons a differential fertility to the prejudice of polygamists. The Administration, it is true, since 1927, do not share this view, but the sudden change in their opinion on this question was, it seems, exclusively due to an arithmetical error in computing the ratio of children to adults in the circumscription of Kribi.

Polygamy of the well-to-do was, however, not the only factor which, especially in former times, prevented many poor natives from marrying. Another obstacle was the dowry to be paid by the bride-

groom. The French Government, therefore, as early as 1922, began to limit the amount of the dowry[1] and pursued this policy with increasing vigour. The report for 1934 tells of the efforts made in this and former years:[2]

Solicitude for the demographic future of the native populations and for the improvement of their social condition has induced the local Administration to deal once more with the problem of the dowry.

As early as 1922, with the double object of favouring marriage of the young men and of checking the abuses to which the excessive greed of certain family chiefs too often gives rise, it had seemed opportune to limit the amount of the dowries. This measure was repealed in 1928[3] since the rates which had then been adopted no longer corresponded to the abundance of monetary tokens of this period of exceptional euphory. Since then the crisis has come and has reduced here as elsewhere the resources of the populations without, however, affecting appreciably the pretensions of the family heads. It follows that the young men mostly meet with great difficulties in founding a home, as is evidenced by the considerable number of bachelors, which is not less than one-third of the population in certain regions.[4]

Administrative intervention became necessary; the question was examined by the councils of notables which unanimously proposed to limit the amount of the dowry to 500 francs in the coastal circumscriptions and to 250 francs in the regions economically less developed. This measure which was sanctioned by an Order of 11 February 1935[5] will without any doubt have happy repercussions upon the demographic situation of the country and will favour greatly the moral progress of its inhabitants.

If one may trust the judgement of the author of the 1936 report the happy repercussions upon the demographic situation made themselves felt at once:

This regulation has happy consequences for natality because it permits the young men to marry more easily than formerly.[6]

[1] An Order of 26 Dec. 1922 (*Journal officiel du Cameroun*, 1 Jan. 1923, pp. 13–15) fixed the maximum dowry in the various circumscriptions at sums ranging from 100 to 500 francs, no limit, however, being imposed for the Kirdis in Northern Cameroons. See also Circular of the same date to the Heads of Circumscription (ibid., pp. 15–16).

[2] *Rapport annuel 1934*, pp. 117–18.

[3] See Order of 11 Oct. 1928 (*Journal officiel du Cameroun*, 1 Nov. 1928, pp. 701–2).

[4] See also *Rapport annuel 1937*, p. 92: 'It has been ascertained that in periods of economic crisis the number of marriages declined.' See furthermore Keller (1937), pp. 36–9; Egerton (1938), p. 47.

[5] See *Journal officiel du Cameroun*, 1 March 1935, p. 203.

[6] *Rapport annuel 1936*, p. 98.

IV. Mortality of Children

The native women questioned in 1922 about the number of their pregnancies were also asked how many of the children they had borne had died. Table 25 summarizes the results obtained.

Table 25

*Children Born and Children Deceased, Selected Districts French Cameroons, 1922**

District	Children born	Children deceased		Deceased per cent.	
		under 5 years	*5 to 10 years*	*under 5 years*	*5 to 10 years*
Akwa, Deïdo .	632	138	165	22	26
Ebolowa .	286	108		38	
Yaoundé .	239	76	12	32	
Ayos .	6,514	1,517		23	
Duala .				21·8	

* See *Rapport annuel 1922*, pp. 39–40.

The report for 1922, on the basis of these soundings, computed the average mortality rate of children under 5 (ratio of deceased to born) at 23·8 per cent. 'This rate is evidently very high compared with that of France which does not exceed 10 per cent.'[1]

The report for 1923, which in the demographical chapter is very gloomy, tells of an astoundingly high infant mortality:

Infant mortality attains 50 per cent. among the populations of the coast, it is still higher in the regions of the interior. An American physician, established in the Cameroons since 1902, estimates at 67 per 100 the infant mortality in South Cameroons, taking account of abortions.[2]

In the chapter on public health, the same report discusses the influence of leprosy upon infant mortality.

Leprosy does not seem to affect the course of pregnancies, but the percentage of lepers' children dying a few days after delivery exceeds 75 per cent. These observations have been made in Yaoundé.[3]

The report for 1924 showed that in the subdivision of Bafia 160 women who had 38 children living had lost 108 in early childhood.[4]

On 14 June 1926 the Commissioner of the French Republic in the

[1] *Rapport annuel 1922*, p. 40. The author of the report assumed erroneously that the official French infant mortality rate covers the first five years of life, while it actually relates to the first year of life. The French mortality rate of the children under five years exceeded 15 per cent.

[2] Ibid. *1923*, p. 107.

[3] Ibid., pp. 58, 61.

[4] See ibid. *1924*, p. 66.

Cameroons, M. Marchand, made the following statement in the Permanent Mandates Commission:

To effect the regeneration of the native races the mandatory Power had been compelled to struggle against preconceived ideas and the routine-like habits of the natives in the matter of the care of early infancy. Infant mortality was unhappily still very high in the Cameroons. Mothers were ignorant and inert. An increasing number of doctors gave them advice. Endeavours had been made to establish an organisation of native medical assistants capable of instructing the population in those districts where infant mortality was particularly high. Nevertheless, it could not be denied that satisfactory results could only be obtained after many years of effort. This work would, however, be tenaciously pursued.[1]

On 1 June 1928 the Commissioner issued an Order[2] according to which a bonus of 20 francs for the purchase of a layette was granted to every native woman delivered of a living child in the hospital of Ebolowa. The object of this Order was not, as, for example, the chairman of the Permanent Mandates Commission thought, 'to encourage an increase in the birth rate' but, as the Commissioner explained, to reduce infant mortality. Mothers had 'been urged to pass their period of confinement in the hospitals and town infirmaries where they were treated much more carefully, and the experiment had been made of giving them a bounty in order to encourage them to come to these places'.[3]

For 1928 the following soundings are reported by Dr. Cazanove:[4]

Circumscription	*Still-born*	*Live-born*	*Deceased*		*Surviving*
			under 1 year	*above 1 year*	
Yaoundé	89	1,299	602	118	679
Dschang	116	1,566	300	345	920
Ebolowa	398	1,823	328	306	1,189
Edea	165	1,170	217	315	638

The report for 1929 states that of 7,783 children born in various regions of the Cameroons (Yaoundé, Dschang, Ebolowa) 873 or 11·2 per cent. were still-born. Of the 6,910 live-born 1,552 or 22·4 per cent. died in the first year of life.[5]

[1] *Minutes*, 9th Session, p. 57.
[2] Reprinted in *Rapport annuel 1928*, p. 95.
[3] *Minutes*, 15th Session (10 July 1929), pp. 155–6; see also ibid., p. 146.
[4] See Cazanove (1930), p. 38. The individual figures do not in every case agree with the totals.
[5] See *Rapport annuel 1929*, p. 22. Dr. Cartron (1934), pp. 355–6, gives somewhat more favourable figures for Dschang, based on investigations made since

The report for 1931 shows that of 665 children born in the Subdivision of Abong-Mbang in the preceding 11 or 13 months, 93, or 14 per cent., were still-born, and that of the 572 live-born 74, or 13 per cent., had died. Of the 2,137 children born in the Subdivision of Akonolinga in the preceding 15 months, 232, or 11 per cent., were still-born, while of the 1,905 live-born 185, or 10 per cent., had died. In some villages of the Subdivision of Lomié the number of live- and still-born was 847 and the number of deaths under 1 year 109.[1]

The report for 1932 shows that of 1,370 children born in Yaoundé 161 or 12 per cent. were still-born, and that of the 1,209 live-born 427 or 35 per cent. had died in the first year, and 105 or 9 per cent. from the second to the fifth year.[2]

The report for 1933 contains a graph showing that 25 per cent. of the live-born die in the first three years of life.[3] This figure was evidently based on soundings effected in 1933, the results of which, according to Ulmer, were as follows:[4]

	Live-born	*Deaths 0 to 3 years*	*Per cent.*
Bantus . . .	21,620	4,700	22
Black Sudanese . .	32,530	8,500	26
Semites . . .	5,290	1,800	34
Total . . .	59,440	15,000	25

The report for 1934 emphasizes the success of the Service of the Native Cradle in the Cameroons (*Œuvre du Berceau indigène au Cameroun*) which was created by a committee of European ladies under the chairmanship of Madame Bonnecarrère, the wife of the Commissioner of the French Republic, and which began to function on 17 November 1932.[5]

It ensures above all consultations where the native mothers learn from the French mothers how to take care of their children according to hygienic rules and which have led to an extraordinary reduction in infant mortality, to such a point that in Duala the differential demographic index[6] from being negative has actually come to indicate an increase. In Yaoundé it has created a movement in favour of this protection of childhood which, owing to continued appearance at the consultations, has

1928. Of 8,193 children born 685 or 8·4 per cent. were still-born. Of the 7,508 live-born 1,590 or 21·1 per cent. died in the first year of life (1,163 or 15·5 per cent. between 1 and 14, and 394 or 5·2 per cent. at over 15).

[1] See *Rapport annuel 1931*, pp. 91, 93, 96.

[2] See ibid. *1932*, p. 162.

[3] See ibid. *1933*, p. 139.

[4] See Ulmer (1938), p. 124.

[5] See *Rapport annuel 1932*, pp. 160, 264–5; *1933*, p. 134.

[6] This means the number of births minus the number of deaths.

almost nothing analogous in Africa, and which expresses itself in an incredible reduction (for those who have not witnessed it) of infant mortality which has fallen from 65 to 9 per cent.[1]

It sounds indeed incredible that the European ladies by teaching the native mothers how to take care of their children according to hygienic rules should have succeeded in one or two years in reducing infant mortality in Yaoundé from 65 to 9 per cent. Those who have witnessed this miraculous reduction probably dismiss as wrong the results of the investigations made in 1922, 1929, and 1932, which showed infant mortality in Yaoundé to be rather low.[2] They may be right in that. According to experiences in Europe, mothers asked about the number of their deceased children are apt to make understatements. Such understatements were evidently also very considerable at the soundings made in 1936 and 1937 (see Table 26). It would be premature, therefore, to draw far-reaching conclusions from

TABLE 26

Infant Mortality, Selected Districts, French Cameroons, 1936 and 1937

Subdivision	*Live-born*	*Infant deaths*	*Rate*	*Subdivision*	*Live-born*	*Infant deaths*	*Rate*
	1936				*1937*		
Doumé	1,762	116	7	Bafia	2,533	151	6
Ndikiniméki	248	15	6	Dschang	940	255	27
Batouri	664	72	11	Bafoussam	1,915	186	10
Bertoua	2,760	192	7	Bangangté	219	47	21
Sangmélima	167	26	16	Foumban	1,275	143	11
Yaoundé	3,322	342	10	Campo	157	19	12
Akonolinga	980	112	11	N'Kongsamba	1,059	149	14
Nanga-Eboko	395	48	12	M'Banga	1,321	133	10
Yokadouma	1,105	90	8	Banyo	316	47	15
	1937			Yabassi	149	9	6
Abong-Mbang	477	44	9	Yaoundé	3,762	209	5
Massaména	404	42	10	Saa	4,739	231	5
Lomié	67	20	30	Moloundou	385	37	10

[1] Ibid. *1934*, p. 145.

[2] This apparently was also the standpoint of the representative of the French Ministry of Colonies, who, when this question was discussed in the Permanent Mandates Commission, was ready to accept 65 per cent. as the former infant mortality rate for Yaoundé (see *Minutes*, 28th Session, 24 Oct. 1935, p. 113):

'Count de Penha Garcia . . . recalled the noteworthy results obtained by the "Œuvre du Berceau", founded by Madame Bonnecarrère and through other efforts. According to the report (page 145), infant mortality had fallen from 65% to 9%. The first of these two figures seemed to be enormous. What was the age-limit taken into account?

'M. Besson replied that the infant mortality figure applied to children between the ages of one day and one year. The proportion of 65% was not surprising in this region of Africa. The extension of the "Œuvre du Berceau" was simply a question of money.'

the comparatively favourable infant mortality rates obtained at most of the inquiries made so far in French Cameroons. A final judgement must be postponed until registration of births and deaths provides reliable data.

V. Mortality of Railroad Labourers and Prisoners

Data concerning mortality of adults in general are rather scanty; but the information given for some groups of natives which came in especially close contact with Europeans is very instructive. At the beginning of January 1922 work was started on the extension of the Central Railway with forced labour.[1] The 1922 report to the League of Nations, after having described the medical service and other welfare work inaugurated by the Administration in the interest of the native labourers, stated:[2]

> In spite of all these precautions appreciable losses were recorded among the labourers, which, to be sure, differed according to the races of origin. . . .
>
> It appears from the total statistics for the year that with a turnover of 15,000 labourers the general proportion of losses in the effectives, including those leaving illegally, is 13·55 per 100. That of the deaths is 1·99 per 100; while during the period of German construction this percentage varied, according to the years, from 3·5 to 4 per cent. These figures bring out the care bestowed by the French Administration upon the treatment of native labour in the yards. . . .
>
> The yards which had been opened with a force of 1,800 labourers were gradually brought up to an average of 3,500 during the second and the third quarters, and of 5,000 during the fourth; at the end of December 6,324 labourers were present in the yards.

The number of deaths among the railroad labourers seems thus to have amounted to 300. The average number of labourers employed would seem to have been about 3,500, and the yearly death-rate 80 or 90 per 1,000.[3] The comparison with the German figures is meaningless. Even if it were true that under the German régime the

[1] For forced labour on public works in French Cameroons see International Labour Conference, *Forced Labour* (1929), pp. 87–8; Buell (1928), vol. ii, pp. 314, 321–30, 344–6, 384–92; Mercier (1933), p. 43; Bergfeld (1935), pp. 100–101; Hailey (1938), p. 614.

[2] *Rapport annuel 1922*, p. 116.

[3] Since the number of days worked in 1922 was only 657,078 (see ibid. *1923*, p. 120), it seems more likely that the average number of labourers did not exceed 3,000 and that the death-rate was not less than 100 per 1,000. At a meeting of the Chamber of Commerce of Duala, held on 9 Sept. 1934, M. Pereton stated that in 1922 in the Kribi region one-half of the Batanga population had fled to Spanish Guinea in order to escape recruitment for the Central Railway. See also Buell (1928), vol. ii, p. 330.

ratio of deaths to turnover was as 3·5 or 4 to 100, this would not prove that mortality was higher than under the French régime.[1]

For 1923 the total number of days worked is given as 1,070,100 and the average number of labourers as 4,500.[2] The report for this year states:[3]

Owing to selection and rigorous supervision of the labourers, the preparation of the food, the cleanliness of the camps, and the supply of drinking water, we have succeeded in obtaining much better results than in 1922, which results had already been better than those previously obtained.

In the course of 1923 mortality was 0·84 per 100; in 1922 it had been 1·99 per 100.

During the German occupation it had varied from 3·5 to 4 per cent. according to the seasons.

Since the report does not give the turnover, it is impossible to derive from the above statement the number of deaths. I suspect, however, that the percentage of 0·84 was in fact not arrived at by relating the number of deaths to the turnover but that it represented the monthly death-rate. In this case the yearly death-rate would have been 100 per 1,000.

In the meantime complaints had been made in various quarters about the condition of the native railroad labourers and the matter thereupon was discussed in the Permanent Mandates Commission. Mr. Grimshaw, on 24 June 1924, drew attention to the fact that the 1923 report referred to compulsory labour.

In accordance with reports in the *Temps*, thousands of workmen were requisitioned for work on the Central Railway and, after several months, were sent back to their homes and were replaced by others.

Mr. Grimshaw wished to have information as to the number of workmen so requisitioned and also the wages which had been paid to them.

M. Duchêne replied that he had no information on this subject to hand, but that he would undertake to obtain it and forward it to the Commission. The Administration of the Cameroons had been frank in this part of the report. It was very unpleasant for the Government authorities to have to say that they had recourse to compulsory labour, but the labour was needed for public works, the non-execution of which would have been detrimental to the prosperity of the country. It was only in the case of such works that recourse was had to compulsory labour. Wages were not paid for the first ten days, but at the end of this period the workmen were paid at the same rate as free workmen. The natives worked very little for other people, even if paid. As soon as they had acquired the taste for

[1] See also p. 61, above.
[2] See *Rapport annuel 1923*, pp. 120–1; see also ibid., p. 59.
[3] Ibid., p. 121.

work and for remuneration, compulsory labour would disappear even for public works.

Sir F. Lugard recalled that a number of accusations had been made by German writers and others with reference to the wages of the labourers employed on the construction of the railways, the period of engagement, medical attention, and the rations given to them. He would be happy if the discussion on the report of the Cameroons gave an opportunity to M. Duchêne to deny these allegations, and to state the actual facts under each head. The replies to the accusations were perhaps already to be found in the report, but, as the report was not accessible to the public and was very voluminous, it was desirable that a definite reply should be made to these charges.

M. Duchêne said that he already possessed material for this reply, but that he would prefer to postpone his explanation. He would supply the Commission at its next meeting with sufficient material in reply to these complaints, which were, as might be expected, neither just nor free from prejudice.[1]

The discussion was continued the following day.

Mr. Grimshaw said that he would like to return to this subject in order that he might explain to M. Duchêne, who might be surprised by his insistence, that he had received a good deal of information, derived from non-German sources, and supplied by persons who appeared to be deserving of confidence. He did not pronounce an opinion as to the accuracy of the information received in regard to the salaries and health of the natives compulsorily employed on railway construction and in regard to the alleged flight of those who wished to avoid compulsion. He merely wished to draw the attention of the French Administration to the fact that these allegations were being made.

M. Duchêne said that he was happy to have this opportunity of affording precise information in regard to a question to which he had himself proposed to return. The French Government knew only of criticisms which had come from a German source. These criticisms had been made by a former German colonial official in the organ of the Colonial Institute at Hamburg. The criticisms had engaged the attention of the French Government, which considered them to be without foundation. Some of them dealt with the forced recruiting of labour and the abuses which were alleged to result from such recruiting.

One of the criticisms might at once be put on one side, namely, the statement to the effect that the French system should be considered as a continuation of the German system. This was incorrect. In the French system, there was no forced recruitment of labour for private work. . . .

As regards recruiting for railway construction, considerable experience had now been acquired and the first results were not unfavourable. Certain information would be found on page 59 of the report. The number of

[1] *Minutes*, 4th Session, p. 18.

native workers on the railway, the construction of which could not be abandoned, was some 5,000, of whom 1,200 were volunteers. The natives were requisitioned in territories which were nearest to the district in which the work was being done.

The health service in connection with this work was satisfactory and the health of the workers was good, as was proved by the fact that only some 600 out of the 5,000 recruits had consulted the medical officer.

The food of the workers could hardly be subject to criticism, as was proved by the following normal ration:

Meat and Fish	100	grammes
Salt	15	,,
Palm-oil	40	,,
Rice	750	,,
Various Vegetables	3	kilogrammes

It could not be said, either as regards the recruiting, medical attention, food or general well-being of the natives, that there was anything left to be desired. There was no desertion beyond such cases as were inevitable in an assemblage of some 5,000 workers.[1]

The 'Observation' on railroad labour in the Commission's report to the Council of the League reads as follows:

The Commission has been specially interested in the question of recruiting and living conditions of workers employed on the construction of the Cameroons Central Railway. The information furnished by the Representative of the mandatory Power bears witness to the attention given by the local authorities to this matter. The Commission would like the question to be dealt with again in detail in next year's report. While denying the justice of certain accusations which have been brought forward, the Representative of the mandatory Power has promised to comply with this request.[2]

The report for 1924 was more explicit. It stated that the labourers had to pass two examinations before being finally put to work. They were assembled at an administrative post where they were carefully examined by the physician of the post and where those considered fit were recruited temporarily and shipped either by road or by railway to the seat of the construction service. 'On their arrival, the labourers, after a rest of two days, are inspected with extreme care by the physician in charge of the health service of the enterprise; only the young persons whose physical constitution inspires entire confidence to the physician are retained as definite contracting parties. The others, provided with food for their return journey by

[1] Ibid., p. 25.
[2] *Report on the 4th Session*, p. 6.

the care of the construction service, are set *en route* to the circumscription whence they came.'[1]

The improvement of the health conditions, therefore, is constantly progressing as is evident from the statements established each month. Mortality is regressive as can be seen from the following references taken at random for several months.

Month of December 1923. The number of deaths was 34 or 0·fr. 73[2] per 100 of the total force, the number of sick treated was 267, and the number of those discharged on account of physical unfitness was 100.

Month of May 1924. The number of deaths was 33 or 0·70 per 100 of the total force, the number of sick treated was 379, and the number of those discharged on account of over-fatigue or physical unfitness was 135.

Month of August 1924. The number of deaths was 21 or 0·57 per 100 of the total force, the number of sick treated was 253, and the number of those discharged on account of physical unfitness or over-fatigue was 58.

During the German occupation, the proportion of deaths had varied from 3·5 to 4 per cent. according to the seasons.

The rational feeding which successive thousands of railroad labourers enjoy, moreover, cannot remain without a happy influence upon the physical development of the race.[3]

A lasting effect of this happy influence can, of course, be enjoyed only by those who survived the ordeal of the railroad labour, and it is surprising that in spite of the twofold medical examination the proportion of those who were discharged on account of weakness or physical unfitness was so large.[4] The mortality figures published in the 1924 report for these railroad labourers also attracted the attention of the Permanent Mandates Commission. I quote from the minutes of the meeting of 27 June 1925:

Mr. Grimshaw [Representative of the International Labour Office], referring to the medical service provided on this railway, noted that only one doctor was, at present, employed. From the table given on page 80 of the report it appeared that the death rate was about 80 per 1,000, which seemed to him to be altogether excessive. He asked if it would not be possible to improve the medical service for the workers on this railway.

[1] *Rapport annuel 1924*, p. 78; see also ibid. *1925*, pp. 5, 55; *1926*, pp. 6, 9–10.

[2] Should read 0·73. The erroneous insertion of the franc sign is not unusual in demographic statements of the French colonial ministry; see, for instance, *Bulletin de l'agence économique des colonies autonomes et des territoires africains sous mandat 1934*, p. 1240: 'Le chiffre total de la population des établissements français dans l'Inde non compris les comptoirs secondaires s'élève en 1933 à 281.684 francs. Comparé au chiffre de 1932 soit 283.253 frs., il présente une diminution de 1.559.'

[3] *Rapport annuel 1924*, pp. 79–80.

[4] It would be very valuable to know how many of them died soon after their discharge.

M. Duchêne [Director of Political Affairs at the French Ministry of Colonies] replied that this scarcity of doctors in Africa affected not only the railways. The recruitment of doctors at the present time was extremely difficult. Before the war it was possible to obtain doctors at a normal salary. At the present time what doctors there were demanded better conditions. It was therefore often necessary to utilise the services of doctors attached to the colonial troops.[1]

Mr. Grimshaw suggested that in large works of this nature the cost of medical attendance should be regarded as an integral part of the cost of construction.[2]

M. Rappard observed that this was an extremely important question concerning essential public works. Although perhaps the natives did not complain, the mortality was appalling. It was to be noted that there was only one doctor for 6,000 workers and that the scale of salaries in force made it difficult to get more. If the salaries could not be increased owing to parliamentary difficulties to which a revision of the scale would give rise, could not the Commission facilitate the task of the Government, and at the same time help humanity, by making a recommendation on the subject?

M. Duchêne said that the French administration was quite prepared to share in the wishes of the Commission. This was indeed the desire of the French Government. He pointed out, however, that mortality on the railway had substantially decreased. As soon as it would be possible to increase the number of doctors on the budget he assured the Commission that it would be done, even without the adoption of a resolution by the Commission. He pointed out that, nevertheless, the costs of the administration exceeded already one-third of the expenses and he considered that the budget of a new territory should not contain so large a proportion for salaries. An increase of salaries would bring this proportion up to one-half of the estimates and hamper the progress of the work.

Sir F. Lugard said that the increase of salaries was purely an internal fiscal question. M. Duchêne had promised to enquire into these complaints now that they had been brought to the knowledge of the French Government. It was an unpleasant matter to bring these accusations forward, but it was a duty which could not be shirked. He would be much obliged if M. Duchêne would kindly move the French authorities to have enquiries made into these complaints since no one for a moment supposed that the French Government could be aware of them.

M. Duchêne noted the remarks made by Sir F. Lugard and said very careful information would be collected regarding the present conditions of labour on the Central Railway and also regarding maltreatment of the natives, a question regarding which, up to the present, the French Government had not been well informed.[3]

[1] See also Tanon(1926), pp. 160–2.
[2] *Minutes*, 6th Session, p. 41.
[3] Ibid., pp. 42–3.

Two days later the same problems were discussed with reference to the Mandated Territories in general. I quote two passages which apparently referred to French Cameroons in particular:

M. Orts . . . The Commission had certain very striking statistics in regard to the mortality among native workmen employed in works of this character. This information did not show the full extent of the evil, and it was necessary to interpret the facts.

The statistics available registered a death-rate of 7 per cent. and 10 per cent., but they passed over in silence the number of individuals sent back to their villages permanently incapacitated, or with organic diseases which were incurable. Tuberculosis and other diseases which develop gradually obtained more victims amongst ex-workers abandoned to themselves than in the workshops.

It seemed clear that labour subjected to such wastage was physically incapacitated for the work imposed upon it in spite of the care with which it was surrounded.

The situation would change in time. It had been worse under the pre-mandate regime, when for the same kind of work the death-rate was as high as 40 per cent. It seemed, nevertheless, that the situation did call for consideration.[1]

M. Freire d'Andrade . . . The mortality of the natives engaged in certain work was very considerable. It should not be deduced, however, that it was impossible for the native to work. In the majority of cases this mortality arose from the fact that insufficient care was taken to safeguard their health.[2]

The Commission, finally, included the following 'Observation' in its report to the Council of the League:

The Commission . . . urgently renews its request that, in the next annual report, exact and complete information should be given with regard to the conditions of life of workers employed on the construction of the Midland Railway.

According to the information contained in the report, it appears that, among the 6,000 natives employed on the construction of the Midland Railway, the mortality rate reached a high level during the period from December 1923 to August 1924. This leads the Commission to express the desire that the mandatory Power should be asked to consider the possibility of taking effective measures to remedy this state of things and, in particular, to develop the medical service connected with these construction works, which is at present carried on by only one European doctor.[3]

The 1925 report contained the following statements:

Since the month of February 1925, 6,000 labourers are employed in the construction yards.[4]

[1] *Minutes*, 6th Session (29 June 1925), p. 47. [2] Ibid., p. 48.
[3] Ibid., p. 175. [4] *Rapport annuel 1925*, p. 55.

The average number of entries into the infirmary or the hospital does not, according to the months, exceed 7 to 10 per cent. of the force.[1] That of the deaths varies, according to the seasons, from 0·32 to 0·60 per cent. and averages 0·51 per cent. of the force. There is still a slight improvement over the average of 1924 which attained about 0·65 per cent.[2]

The high mortality was again discussed, on 14 June 1926, by the Permanent Mandates Commission:

M. Rappard asked whether the work of construction had had an effect on the mortality rate of the natives taking part in it.

M. Marchand [Commissioner of the French Republic in the Cameroons] replied that the death rate was 0·71 per cent., which showed a marked improvement as compared with former years. In those parts where the ground was rough and uneven through the thick and damp forest, the death rate had been higher. The health conditions had improved considerably now that the work was being done on the high lands. The Administration had started a regular distribution of quinine. This step, which had been very warmly welcomed, had resulted in an increase of expenditure, but the Administration was concerned first of all with the welfare of the natives.

Mr. Grimshaw pointed out that the average death rate for the year was between 50 and 60 per thousand. This was a very high rate. During the present season it had been stated that a death rate of 30 per thousand in another area under mandate had caused much anxiety to the Administration concerned. Was the case in the Cameroons attributable to any particular cause, such as the prevalence of epidemics? He noted that the report referred to the health conditions of those employed on the railway work as being 'particularly favourable' (page 24).

M. Marchand replied that the statistics showed a proportion of 7·10 per thousand of the whole of the workers and was not based on the figure of those treated for illness. Moreover, account should be taken of the fact that a great number of natives were suffering from diseases which they would have caught just as easily had they remained with their tribes. During the rainy season, lung diseases were prevalent everywhere as much in villages as in the construction areas where the conditions were the same.

M. Orts noted that the whole of the equipment supplied to each worker was one blanket. On the other hand, other organisations for the construction of railways in Tropical Africa had concerned themselves with clothing their workers suitably, with the result that the death rate from lung diseases had immediately fallen. It was true that the native was not so well equipped when living with the tribe, but the conditions there were

[1] See also ibid., p. 24.

[2] Ibid., p. 56. According to Buell (1928), vol. ii, p. 325, the number of deaths in 1925 was 371 'out of a total of six thousand men employed, which would give a death rate of 61·7 per thousand'.

normal and he was less exposed to the inclemency of the seasons than in the construction areas, where he had to work in all weathers.[1]

The Chairman noted that M. Marchand did not appear to be astonished at a death rate of 5 to 6 per cent. among the adult workers, and that he had pointed out that as high a death rate was also to be found in the villages.

M. Marchand feared that there was some confusion. He recognised that this average was high and everything was being done to reduce it. The natives employed in construction areas, moreover, did not work under unfavourable conditions. On the contrary, it had been noted that, though somewhat unfit when they arrived, they developed muscularly to an extraordinary extent after two months of a meat diet. Moreover, the above-mentioned average could, without disadvantage, be compared with previous statistics.[2]

The 1926 report was again much more explicit. It contained among other things the following statements:

> The number of labourers is represented by the average monthly force of 6,448 . . . to which are to be added as relief 12,222 new recruits (average monthly relief 1,018). The indices are therefore really to be related to the yearly force of 18,670 labourers (6,448 + 12,222).
>
> Mortality: real index 415 per 18,670 labourers = 2·2 per cent.
>
> The causes of death are determined mainly by the
>
> pulmonary pneumococci, 293
>
> dysenteric diarrhoeas, 55.
>
> The pneumococci claim, 70·6 per cent. of the deaths
>
> the dysenteric diarrhoeas, 13·2 ,, ,,
>
> No disease has raged in an epidemic form in these particularly important yards which have called in 1926[3] on 18,892 natives of whom 6,000 were retained after medical examination.
>
> Health conditions were favourable.[4]

The actual yearly death-rate was 64 per 1,000. The rate of 2·2 per cent. given in the report is meaningless. The statement that after medical examination 6,000 were retained out of 18,892 natives is erroneous; the number of labourers retained after medical examination was apparently 18,892.

There are three main reasons why the turnover was so large. First, the labourers were engaged for only nine months;[5] in order to maintain a yearly average of 6,000 labourers about 8,000 labourers had to be engaged. Secondly, 1,491 labourers, admitted to the infirmary of Otellé or the hospital of Yaoundé (in the year ending

[1] *Minutes*, 9th Session, pp. 69–70. [2] Ibid., pp. 70–1.

[3] The preceding figures refer to the year ending 31 Aug. 1926; the following figure refers probably to the calendar year 1926.

[4] *Rapport annuel 1926*, p. 7. [5] See ibid., p. 10.

31 August 1926) were not able to resume their work, and an additional, unknown number of labourers was discharged before the expiration of their contracts on account of physical unfitness. Thirdly, 'in spite of the modest output required from the labourers there are desertions, above all during the periods when they are sure of finding abundant food at home'.[1]

The Permanent Mandates Commission, while discussing on 21 June 1927 public health in French Cameroons in general, referred also to the high mortality of these railroad labourers:

M. Freire d'Andrade congratulated the Administration on the progress achieved. Referring to the statistics on page 32 of the report, he would point out, however, that the percentage of deaths among labourers on public works was somewhat high, being about 5 per cent., especially as it was to be supposed that such labourers were young and strong.

M. Duchêne pointed out that the figure of 364 deaths must be compared with the total number of labourers employed on undertakings in connection with public works, and that, relatively speaking, it was not abnormal. Account should also be taken of the change affected in their lives and of the ease with which contagious diseases, especially lung complaints, spread among men thus grouped together. This explained why the number of deaths from lung diseases alone among labourers employed on public works amounted to 256.

Sir Frederick Lugard sent in writing the following observation with regard to the Cameroons report, which, he added, he had not received: 'In our last report on French Cameroons we asked for more complete information regarding the 6,000 workers compulsorily employed on the railways and we asked that the medical service in connection with these works should be more adequate in view of the high mortality.'

M. Duchêne replied that in the report submitted that year (pages 5 *et seq.*, 30 *et seq.*,) the French Administration of the Cameroons gave all the particulars desired. It appeared that great progress had been made, particularly in the matter of medical assistance for labourers employed on railway works, and that the medical staff had been considerably increased. It was, of course, to be hoped that the incidence of disease and the mortality would decrease, but the figures given in the report could not really be regarded as excessively high when it was remembered that the labourers in question were living together in a body and were therefore more exposed to infectious disease. . . .[2]

The construction of the Central Railway was completed in the course of the year 1927, and the last labourers were discharged in January 1928. The average number of labourers employed was 3,683 in February and 1,258 in December 1927. The number of

[1] Ibid., p. 10.
[2] *Minutes*, 11th Session, p. 30.

deaths per 100 labourers varied between 0·12 in January and 0·45 in September, and the average of the monthly death-rates was 0·26 per cent. The report states at one place that the yearly percentage of deaths was 0·26 per cent., 'a figure which appears inferior to that of the mortality of men from twenty to forty years in their villages';[1] and at another place:

The medical reports show that the number of deaths has declined from 0·346 per cent. in 1926 to 0·282 per cent. in 1927 of the force present on the yards. It had been 0·407 per cent. in 1925 (yearly average). It is proper to remark that the computation should be made in relation to a yearly force of 15,000 labourers recruited of whom 6,000 on an average were retained for nine months and the others discharged; and that the mortality in the village or in the tribe shows sometimes a higher rate.[2]

The mortality of these railroad labourers was discussed once more, on 18 June 1928, in the Permanent Mandates Commission:

Mr. Grimshaw, referring . . . to page 8 [of the 1927 report], said that he was unable to understand the mortality statistics in connection with the railway construction. He asked whether the percentage of 0·26, shown in the table on page 8, was the figure for the annual or monthly mortality. If it were annual, as was stated in the report, it was an extraordinarily low rate.

M. Duchêne thought that the figure was a printer's error. In the rainy season the mortality was higher in the territory. For that reason the system of recording an average percentage per month and not per year was in operation.

Dr. Kastl concluded that the rate would be three per cent. per annum.

Mr. Grimshaw noted that the total number of deaths was not given in the report. At the same time he criticised the method of calculating this figure, which did not appear to be that generally adopted in such cases. He noted that the basis of calculation appeared to be the total number of workers employed. But where there was a constantly changing body of workers, as in this case, it seemed to him more accurate to express the number of deaths as a percentage of the average number of workers in employment at any one time. Otherwise, the result might be absurd. For instance, if the whole body of workers was changed monthly, the present method of calculation would give a resultant mortality rate, which would be one-twelfth only of the rate shown by the usual method of calculation.

M. Duchêne thought the observation of Mr. Grimshaw to be very sound. He would ask the Administration to take it into account in drawing up the next report.[3]

[1] *Rapport annuel 1927*, p. 8.

[2] Ibid., p. 49. It is impossible to reconcile the above death-rates with those given in the previous reports.

[3] *Minutes*, 13th Session, p. 83.

Inasmuch as the data given in the reports to the League of Nations permit a judgement, it would seem that the yearly death-rate of the labourers employed on the extension of the Central Railway decreased from about 100 per 1,000 in 1922 and 1923 to about 80 in 1924, and to about 60 or 65 in 1925 and 1926. In 1927 it apparently was only 30 or 35 per 1,000, but this rate is not comparable with that of the previous years since the gradual discharge of the labourers afforded an opportunity of getting rid of the weaker ones.[1]

The attitude of the natives towards the recruitment for railroad labour may be gathered from the following extract from the Proceedings of the meeting of the council of notables of the circumscription of Ebolowa of 18 November 1929:

The President[2] informs the notables that he has been charged by the Commissioner of the Republic to deny certain rumours regarding the continuation of the railroad and that no new railroad construction would be undertaken for a period of at least ten years.[3] The Commissioner of the Republic is aware of the burden borne by the population of the Territory and wants now to leave it a long respite so that it may be able to profit at leisure from the advantages secured by the achievements resulting from their great effort.

Edjoa Mvondo says that the notables are happy to hear these promises which will be particularly agreeable to the population. The natives certainly showed very little enthusiasm for railroad works, but now that this one is terminated they all understand the great importance which it has for the region whose development it has very much accelerated, thus causing the present prosperity. The same is true of the road system. The announcement of the construction of a new road is not always accepted without some lamentation,[4] but when it is terminated every one is very glad to possess this new road. Besides, labour on the roads is far from inspiring the repulsion caused by work on the railroads since the labourers are at home where they belong, and in permanent contact with their relatives and friends. They can even go every Saturday to their villages and spend there the Sunday, and the sergeant supervising the work very readily grants them leave for several days when they have to settle family affairs.[5]

[1] The number of sick labourers in 1927 (see *Rapport annuel 1927*, p. 8) seems to indicate that morbidity was rather high.

[2] M. Martin, administrator of the colonies, Head of the Circumscription of Ebolowa.

[3] See also International Labour Conference, *The Recruiting of Labour* (1935), p. 70: 'When the Railway had been built as far as Yaounde the High Commissioner decided that it was necessary to allow the Native population a period of rest, and that all recruitment for the railways should be avoided until 1939.' See furthermore Mair (1936), pp. 206–7.

[4] See also Gide (1927), p. 77; (1928), p. 65.

[5] *Rapport annuel 1929*, pp. 94–5.

As to the mortality of the road labourers, the 1927 report states that the works of the road from Yaoundé towards Batouri and the Oubanghi necessitated the recruitment of 4,000 labourers and that 'the percentage of deaths was 0·70 per cent. per year', while the average force on the road from Yaoundé towards Garoua was 1,150 and 'the average percentage' of deaths '0·75 per year'.[1]

In any case, the construction both of the railroads and of the roads tends to reduce in the regions concerned the employment of carriers which has proved particularly fatal to the natives. The Commissioner of the French Republic in the Cameroons, M. Marchand, described the situation in the Permanent Mandates Commission on 14 June 1926 in the following terms:

> Porterage was also one of the many factors to which the degeneration of the native races was due. This system was the scourge of Tropical Africa. The Administration was endeavouring to combat this practice in the Cameroons as far as possible and with the aid of the whole resources of its budget. The programme of public works which had been put into execution and a large part of which was approaching completion had been drawn up precisely with a view to remedying such a state of affairs. By constructing railways, and by connecting with the main lines roads which could be used for motor traffic, the migration of the population was being avoided and thereby the spread of numerous diseases. The mandatory Power was therefore anxious to carry out a programme of road construction and had obtained in this respect the complete agreement of the population.[2]

The 1932 report to the League of Nations emphasized the success attained: 'Porterage is in constant decline in proportion to the density of the roads of communication. This means of transport is used almost exclusively by the various officials on their administrative tours.'[3] The total number of days of porterage in 1932 was only 252,898 (1931: 292,716);[4] in 1921 the number had been 283,000 in the circumscription of Yaoundé alone.[5] But, owing mainly to the development of the tin-mines at Mayo-Darlé, the use of carriers by private enterprises again became considerable in recent years.

The decrease in 1936 was due mainly to the construction of a

[1] See *Rapport annuel 1927*, p. 9. The meaning of these rates is not clear. It is most unlikely that they actually represent yearly death-rates.

[2] *Minutes*, 9th Session, p. 57. Five years later M. Marchand 'pointed out that the natives had preferred, owing to the low price of rubber, to do no work rather than work for inadequate remuneration. Consequently, in order to enable them to earn money and pay the taxes, he had ordered the construction of a road.' See *Minutes*, 21st Session (4 Nov. 1931), p. 131.

[3] *Rapport annuel 1932*, p. 133.

[4] See ibid. *1931*, p. 101.

[5] See ibid. *1926*, p. 6.

TABLE 27

*Porterage in French Cameroons, 1932–7**

Year	Administration		Private enterprises	
	Number of carriers	*Days of porterage*	*Number of carriers*	*Days of porterage*
1932	29,538	243,425	1,161	9,473
1933	24,520	198,938	7,789	46,499
1934	29,222	223,959	24,678	156,723
1935	24,705	211,627	83,033	314,921
1936	32,943	173,927	39,100	241,472
1937	21,189	156,054	16,235	175,526

* See *Rapport annuel 1932*, p. 133; *1933*, p. 106; *1934*, p. 130; *1935*, p. 123; *1936*, p. 115; *1937*, p. 102. The carriers usually are engaged only for a short period, and one and the same carrier may appear many times in the statistics of one year.

new road, and the 1936 report expected a further decrease with the opening of another road which was planned in the mining region of Mayo-Darlé.[1] The decrease continued in fact in 1937.

Another group of natives which suffer from an exceptionally high mortality are the inmates of prisons. Statistics have been published from 1932 on. Table 28 summarizes the results.

TABLE 28

*Mortality of Native Prisoners in French Cameroons, 1932–7**

Year	*Average number*	*Deaths*	*Death-rate*
1932	4,222	242	57
1933	3,822	122	32
1934	4,224	147	35
1935	3,698	215	58
1936	3,139	200	64
1937	3,048	119	39

* See *Rapport annuel 1932*, p. 68; *1933*, p. 32; *1934*, p. 34; *1935*, p. 40; *1936*, p. 38; *1937*, p. 43.

In some prisons mortality was atrocious. In Maroua there occurred in 1935 45 deaths among an average number of 296 prisoners, in 1936 59 deaths among 336, and in 1937 47 deaths among 299; in Mokolo there were in 1935 64 deaths among 386 prisoners, in 1936 71 among 394, and in 1937 22 among 337.[2] When the 1934 report

[1] See ibid. *1936*, p. 114.

[2] In Mokolo there had been in 1932 no fewer than 60 deaths among an average number of 197 prisoners!

related a comparatively low mortality, the Permanent Mandates Commission was struck by what seemed to them an excessive mortality:

Baron van Asbeck noted that, on the whole, the health of prisoners was satisfactory. However, it was stated on page 34 of the report that there had been a fairly large increase in deaths among prisoners—122 in 1933 and 147 in 1934. To what should this be attributed?

M. Besson said that he had no definite information, but he could assure the Commission that these deaths were not due to serious abuses.[1]

Count de Penha Garcia said he had noted with surprise that there had been 147 deaths in the prisons (p. 34). What was the cause of this mortality? Had there not been epidemics in the prisons?

M. Besson said he would ask that definite information be given next year.[2]

In 1935 the death-rate jumped up from 35 to 58, and in 1936 to 64; but the reports for the two years contained no comment.[3] In 1937 the death-rate dropped to 39.

VI. Mortality from Sleeping-sickness

The reports to the League of Nations and various semi-official publications, particularly those of Dr. Jamot, contain a vast amount of material on the spread of sleeping-sickness and some data on mortality from this disease. I must confine myself to briefly summarizing the main results.

At the beginning of 1920 Dr. Jojot was charged with the organizing

[1] *Minutes*, 28th Session (24 Oct. 1935), pp. 106–7.

[2] Ibid., p. 113.

[3] This silence also attracted the attention of the Permanent Mandates Commission. See *Minutes*, 33rd Session (11 Nov. 1937), p. 74:

'M. Giraud drew the accredited representative's attention to the table on page 38 of the report. Some of the figures would seem to call for comment. He would be glad to know, in particular, why there had been so many deaths among prisoners in the Logone and Mandara regions. Generally speaking, there were figures in the report which might usefully be explained, if only in a footnote.'

The Administration thereupon stated that the high mortality among the prisoners in the Logone (Maroua) and Mandara (Mokolo) regions had been due to their transfer to places presenting unaccustomed climatic and living conditions, and to the fact that most of the deceased prisoners had a poor physique when incarcerated (see *Rapport annuel 1937*, p. 141).

The attention paid by the Permanent Mandates Commission to the prisoners in French Cameroons seems to have been resented in the Territory. In Garoua, where in 1935 8 deaths occurred among an average number of 73 prisoners and in 1936 9 deaths among 101, the Chief Administrator of the Region said to Mr. Patrick Balfour in Jan. 1937: 'Geneva is often more concerned with the welfare of one African criminal in gaol than of the ninety-and-nine just persons outside it' (Balfour, p. 174).

of a prophylactic sector comprising the Subdivisions of Akonolinga, Abong-Mbang, and Doumé with a population of over 120,000. In the course of 26 months he and Dr. Huot examined 70,000 inhabitants and found 8,548 suffering from sleeping-sickness.[1] In March 1922 Dr. Jamot succeeded him. He ascertained that in the whole sector only 19 villages were unscathed by the disease, 18 of which were in the Subdivision of Doumé,[2] and that 'the whole region surrounding the sector is more or less hit by sleeping-sickness'.[3] He summarized the results for the sector until April 1924 as follows:[4]

Subdivision	*Population enumerated*	*Population examined*	*Cases of trypano-somiasis*	*Yearly deaths from trypano-somiasis*	*Yearly deaths total*
Akonolinga .	48,330	44,540	21,780	3,096	4,969
Abong-Mbang	22,617	21,471	6,480	736	1,583
Doumé . .	52,833	45,011	4,883	671	3,444
Total. .	123,780	111,022	33,143	4,503	9,996

In studying this table, two facts should be kept in mind:

1. The number of inhabitants was furnished by the Administration and was probably inaccurate.[5] The total number of deaths in Abong-Mbang was furnished by the Administration; in Akonolinga and Doumé it was obtained by the prophylactic service from the village chiefs and the notables. The figures relating to the examined population, the morbidity, and the mortality from sleeping-sickness 'result from precise observations made by the prophylactic service'.

2. The deaths refer to one year only. The total number of deaths from sleeping-sickness ascertained until April 1924 was 5,705 for Akonolinga and 1,054 for Abong-Mbang,[6] but there was, in addition, an unknown number of deaths not ascertained. The figures, moreover, refer only to the three Subdivisions which were the most infected.

Dr. Jamot himself drew the following conclusions:[7]

It appears from this study that sleeping-sickness has been solidly

[1] See Letonturier, &c. (1924), p. 1054. See also Martin (1925), pp. 23–4.
[2] See Letonturier, &c. (1924), p. 1076.
[3] Ibid., p. 1077.
[4] See ibid., p. 1098.
[5] For 1919 and 1921 the population was given as 46,381 and 43,930 for Akonolinga, 21,044 and 22,165 for Abong-Mbang, 52,931 and 61,927 for Doumé, and 120,356 and 128,022 for the whole sector. The number of children per 100 adults was given for 1919 as 26 in Akonolinga, 62 in Abong-Mbang, 60 in Doumé, and 45 in the whole sector. See *Rapport annuel 1921*, p. 28.
[6] See Letouturier, &c. (1924), p. 1092.
[7] Ibid., p. 1099.

implanted in the Cameroons for many years in the region of the Upper Nyong and of the Doumé.

As a consequence, no doubt, of the comparatively high density of the population in those regions it proves to be exceptionally contagious, especially among the river tribes of the Nyong.

It has little spontaneous tendency to regression; however, in the south-western corner of the Subdivision of Doumé it has disappeared or is on the way to disappearing from a certain number of groupings where it was endemic ten years ago.

Elsewhere, it spreads more or less actively in all directions and its numerous epidemic foci threaten to extend like oil-spots.

Although less virulent than in other regions of Equatorial Africa (where in certain spots it kills yearly 70 per cent. of the contaminated population) it is here a formidable factor of mortality and depopulation.

Five years later Dr. Jamot published the following statement:[1]

A. Mortality among those suffering from sleeping-sickness and not treated. . . . I have succeeded in calculating that in certain exceptionally virulent foci of Equatorial Africa the disease was able to kill in one year 70 per cent. of the total number of the sick and that in other foci, a little less virulent, of the Cameroons the yearly death-rate among the non-treated sick is in the neighbourhood of 50 per cent. In the endemic zones, mortality is lower and does not seem to exceed 25 or 30 per cent. If it is true that the disease is always fatal, these figures indicate that its spontaneous course towards death occurs within a time which varies, according to the virulence of the illness, from $1\frac{1}{2}$ to 4 years.

B. Mortality among the diseased treated. . . . Out of 68,692 infected with sleeping-sickness who have been enumerated in the Cameroons since 1921, who afterwards have been attended to more or less regularly, and for whom mortality could be checked, we have recorded 21,963 deaths, or 36 per cent. of the total number of diseased.

In the meantime the fight against the disease had been reorganized through the appointment of a permanent sleeping-sickness mission. The Ministerial Order of 8 July 1926[2] defined the tasks and the personnel of this mission as follows:

Art. 2. This mission shall be directed by a superior officer of the medical corps of the colonial troops, specialist in the questions relating to sleeping-sickness.

Its object shall be to search for the foci of sleeping-sickness, to study the disease, and to fight it till its extinction under the direct authority of the Commissioner of the Republic.

It shall enlighten the Administration of the Territory as to the direction

[1] Jamot (1929), pp. 487–8.

[2] Reprinted in *Rapport annuel 1926*, pp. 130–1.

to be given to the administrative efforts—an indispensable supplement to its technical work in order to make the country salubrious.

The mission shall secure, moreover, in the regions placed under its guardianship and under the conditions adapted to its functioning, the services of medical assistance and of prophylaxis.

Art. 3. The chief of the mission shall dispose of a staff of physicians and of a personnel of European and native medical attendants in the following proportions:

Physicians	10
European medical agents	20
Native medical attendants and clerical interpreters	150

He shall be provided with the necessary material and pharmaceutical products.

The main task of this mission was then to track down the diseased, to see that they were cared for by medical attendants, and to advise the Administration on all matters relating to the disease. But its physicians were not themselves to cure the diseased. Dr. Jamot described the situation as follows:

In French Equatorial Africa, the tracking down of the diseased is done in the villages by the assistants of the prophylactic service: hygienists, European medical agents, and native attendants.

The diseased are then put in hospitals . . . in the centres of treatment where they are cared for by the physician . . .

In the Cameroons, the tracking down of the diseased is done by the physician.

The diseased are not put in a hospital but are cared for at home by teams of black attendants directed by European medical agents who apply the treatment prescribed by the physician.[1]

In the Cameroons, we think, the efficiency of the prophylactic operations is rigorously subordinated to the care with which the diseased are searched for. A survey tour which leaves behind it ignored diseased persons leaves germs of contagion which annihilate its efforts and endanger its success. The tracking down of the sick, therefore, is for us the fundamental, absolutely essential act of prophylaxis. Now experience has taught us that the white and black attendants of the prophylactic service have neither competence nor authority, both of which are indispensable to carry out this task well.

We quoted the example of a perfectly trained team of black attendants which was sent by Jojot to a group of very contaminated villages of the Subdivision of Akonolinga. In their entirety these villages had about 19,000 inhabitants. The team saw only 7,500 of them, among whom it found 2,587 sick. Some months later we ourselves visited these villages

[1] Jamot (1932), p. 492.

and we discovered there, among the people not examined the first time, 5,700 new diseased.

In 1923 our lamented comrade and friend Corson who directed the sector of Doumé had the same disappointments with a strong team of black attendants directed by a European non-commissioned officer of the post. Out of a population of 30,000 inhabitants to be visited the team succeeded only in seeing 10,845, or little more than one-third, among whom it found 2,030 diseased. This survey could not be made again until several years later, and it can be calculated that about 4,000 sick were thus left without care.

It is very evident that operations thus conducted did have and could have no prophylactic effect.

The survey of villages must be made on the basis of censuses by names taken by the local authority.[1] The assembling and the examination of the inhabitants requires the obligatory close collaboration of the Head of the Subdivision and of the medical officer, and nothing serious can be undertaken from the prophylactic standpoint without this collaboration. The administrator mobilizes all the forces at his disposal in order to help the medical officer whom he accompanies on his tours. We know one who, not being able to travel, delegated his powers to the medical officer and then confined himself to confirming afterwards the decisions. We believe that it would be excessive to demand that the administrators participate personally in operations of teams directed by attendants who left to themselves are—we repeat it—absolutely incapable of performing this task correctly.

It is for this reason that in the Cameroons the search teams are always directed by a medical officer.

If the Cameroons and French Equatorial Africa had at their disposal a very numerous medical personnel, it would be possible in French Equatorial Africa to have the diseased tracked down by the doctors as is done in the Cameroons, and we could here have the diseased directly cared for by the doctors as is the case in French Equatorial Africa. But both here and there it was necessary to choose and to put the doctors at the posts where they seemed bound to render the maximum service.

In the Cameroons, we have said, they track down the diseased and prescribe the treatment which is applied under their supervision by the medical agents assisted by black medical attendants.

In French Equatorial Africa they care for the diseased who have been tracked down by the medical agents.

The future will teach us which is the one of these two methods which gives the best results.[2]

[1] See also Jamot (1932), p. 507: 'Each medical officer is provided with a census by name of the villages which he is to visit. He can thus proceed to call up the inhabitants by name both for families and persons.'

[2] Ibid., pp. 493–5.

The systematic tracking down of the diseased, of course, led at first to a considerable increase of the known cases, but owing to the prophylactic measures taken, the number of new cases soon decreased rapidly. The 1934 report summarizes the results as follows:[1]

Years	*Persons examined*	*New cases*
1922–5	164,762	32,606
1926–7	574,358	69,304
1928–9	411,772	14,576
1930	352,728	5,866
1931	534,962	1,821
1932	331,194	4,270
1933	307,947	1,517
1934	546,367	2,289

By a Ministerial Order of 7 February 1931,[2] the 'permanent sleeping-sickness mission' (the explicit object of which was to fight sleeping-sickness 'till its extinction') was abolished and replaced by a 'sleeping-sickness prophylactic service' under the direction of the chief of the Health Service of the Territory. The official reason given for this change was that henceforth the therapeutic activities were more important than the tracking down of the sick, and that in future the main stress should be laid on the healing of the patients. But it seems that differences between the Administration and the chief of the mission, Dr. Jamot, played a part. In any case, Dr. Jamot was debarred against his will from carrying on his activities in the Territory. The new organization, however, lasted only a short time. By a Ministerial Order of 22 July 1932[3] the special prophylactic service lost its independence and was incorporated into the general service of native medical assistance. The system prevailing until 1926 had then been restored.

[1] See *Rapport annuel 1934*, p. 154. It should be noted, however, that these figures do not agree with other data given in the annual reports. According to those data the number of persons examined in connexion with the surveys in 1931–7 was 512,411, 322,425, 307,947, 538,367, 557,327, 515,993, and 473,993 respectively; and the number of new cases 3,884, 4,179, 1,617, 2,193, 3,614, 2,107, and 2,529 respectively (see *Rapport annuel 1931*, p. 99; *1932*, p. 155; *1933*, p. 134; *1934*, p. 162; *1935*, p. 149; *1936*, p. 137; *1937*, p. 126). In addition to that, 247,974 persons were examined at the medical posts in 1936 and 277,560 in 1937; the number of new cases found thereby was 1,225 and 884 respectively (see ibid., *1936*, pp. 136, 140; *1937*, p. 127). According to *L'Œuvre de la France au Cameroun* (1936), p. 163, the number of natives examined 'from 1922 to 1926' was 205,246, and in 1926, 769,232, while the number of new cases was 43,179 and 90,200 respectively.

[2] Reprinted in *Rapport annuel 1931*, p. 207; see also ibid., p. 86.

[3] Reprinted in ibid. *1932*, p. 278; see also ibid., p. 148.

The decrease in the fatal effect of sleeping-sickness was described by Dr. Jamot in 1932 as follows:[1]

The control of the enumerated diseased showed us that since the beginning of our prophylactic operations in the Cameroons, i.e. for the past ten years, sleeping-sickness claimed only 27,155 victims out of 128,984 diseased whom we have enumerated, or 21 deaths per 100 infected with sleeping-sickness.

We were able likewise to ascertain in most foci the mortality from trypanosomiasis during the year preceding the last visit. Out of 36 indices [rates] 4 varied from 10 to 17·8 per cent., 7 from 5 to 10 per cent., but 25 are less than 5 per cent.

Among the Badjoués and the Djems of Lomié where the disease is exceptionally virulent the death-rates are 6·3, 7·6, and 16·8 per 100 diseased respectively, but in the tribes of the Subdivisions of Yaoundé, Akonolinga, Abong-Mbang, and Bertoua where the disease is epidemic they vary from 2 to 4·5 per cent.

They are thus equal and often even inferior to the average general death-rate.

It seems, however, that total mortality from sleeping-sickness since the beginning of prophylactic operations was higher than Dr. Jamot assumed it to be. According to the 1935 report the number of 'persons infected with sleeping-sickness enumerated from the beginning of the prophylactic operations' to 31 December 1935 was 146,116, and the number of deceased in the same period 39,150,[2] or 27 deaths per 100 sick. As to the death-rates for recent years, Dr. Jamot seems to have computed them by relating the recorded number of deaths from sleeping-sickness to the total number of discovered cases,[3] a procedure which certainly is misleading. But

[1] Jamot (1932), pp. 536–7.

[2] See *Rapport annuel 1935*, p. 153. This figure comprises deaths from all causes, but is not all-inclusive since it excludes the deaths of patients who had disappeared or had been cured.

[3] The 1931 report (p. 88) gave, for example, for the Subdivision of Abong-Mbang the following data:

Sick enumerated since the beginning of the prophylactic operations	18,288
Disappeared, unknown, finally absent	2,037
Deceased	4,261
Diseased living a year ago	12,294
Deceased during the last year	341
Yearly death-rate	2·7

Here, too, it is evident that the 'diseased living a year ago included all those who had been cured from the disease in prior years. This number, of course, was not small. According to the 1935 report (p. 153), out of 146,116 sick enumerated in the whole Territory since the beginning of the prophylactic operations, 61,067 had been cured.

there cannot be the least doubt that the number of deaths from sleeping-sickness was lower in recent years than in the early 1920's.[1]

It has been reported, moreover, that the decrease in the mortality from sleeping-sickness was accompanied by an increase in fertility.[2] Dr. Jamot stressed this point in particular:[3]

Our prophylactic campaign has not only had the effect of reducing mortality, it has also had the happy consequence of increasing natality.

It is known that sleeping-sickness is a powerful anticonceptional factor and that under its influence the number of deaths exceeds that of births in all epidemic and endemo-epidemic foci.

Our action has had the effect of reducing gradually this difference and of reversing finally the demographic formula to the benefit of the births.

We cannot pride ourselves on having obtained such a result everywhere, but we have already recorded it with great satisfaction in several regions.

His final conclusion reads:[4]

Mortality from sleeping-sickness has diminished notably and its rate is often inferior to that of the general mortality of the non-infected territories.

Natality increases in a parallel way and the demographic balance broken by the infection gradually re-establishes itself.

Briefly, sleeping-sickness is no longer in the Cameroons an important factor entering into mortality, into the decrease in fertility, and into depopulation.

It was on the authority of Jamot that the Health Section of the League of Nations Secretariat in its 1932 *Epidemiological Report* stated for French Cameroons:[5]

The population has suffered a great deal from sleeping-sickness but this disease, thanks to the great efforts made in prophylaxis 'sectors', is dying

[1] It is also to be supposed that the number of persons infected with sleeping-sickness who became permanently invalid through faulty treatment decreased likewise. One such case was discussed on 24 Nov. 1932 in the Permanent Mandates Commission:

'M. Ruppel noted that, unfortunately, the treatment of patients had sometimes been followed by deplorable sequelae, mainly eye trouble. The percentage was fairly low in relation to the number of cases treated—0·6. In one area the percentage reached 9·6, owing to excessive doses administered by a young and inexperienced doctor. About 500 natives had become blind. Had the Administration taken any steps to provide these natives with relief?

'M. Marchand replied that the Administration had taken all the necessary steps. Those whose cecity was curable were being treated; the others had been granted a monthly pension.'

See *Minutes*, 22nd Session, p. 220.

According to Reyer (1938), the number of patients who became blind through the calamitous mistake of the young doctor was 600.

[2] The data which were advanced to support this view are reproduced p. 190, below. See also Montestruc (1933), pp. 357–9. [3] Jamot (1932), p. 537.

[4] Ibid., p. 539. [5] 'Note on Vital Statistics in Africa', p. 134.

out. It may therefore be hoped that this territory, as well as its neighbour, French West Africa, after being drained continually by the slave expeditions up till the end of the last century, followed by the ravages of trypanosomiasis, may now be able to renew its normal demographic progress.

Four years later, M. Deutschman, a member of the Health Section, in a study published in the 1936 *Epidemiological Report*, expressed himself less optimistically:[1]

The Nyong and Sanaga, the Lom and Kadai and the Upper Nyong areas still furnish the largest number of patients, in spite of efforts at treatment in these areas. Generally speaking, sleeping-sickness is clearly diminishing in the outlying zone of its endemic area. However, infection persists tenaciously in certain localised points and a recrudescence is taking place in foci situated along the upper course of the Nyong and Dja rivers.

Ledentu and Peltier summarized the situation as follows:[2]

In the Cameroons there are likewise [as in French Togoland] still very active foci in the region of the Upper Nyong in spite of the campaign pursued unremittingly, the therapeutic control, and the perfecting of the treatment. All these measures, judicious though they are, must be considered merely as palliatives which may succeed in reducing slightly the residual endemic morbidity but are unable to make it disappear.

Although very much has been accomplished towards checking the spread of sleeping-sickness, much still remains then to be done. On 19 February 1938 an Order was issued 'regulating the control of the sick and the recruitment of labour in the regions where sleeping-sickness is endemo-epidemic'.[3] A circular sent on 1 March 1938 to the chief officers of these regions[4] said in explanation:

In the course of the sleeping-sickness surveys effected in the Territory during the past year a revival of old foci was ascertained and especially of foci in Eastern Cameroons.

This revival coincides incidentally with a deterioration of the medical control caused by the fact that too great a proportion of persons who have been sick for a long time and are declared to be absent have never been subject to medical examination.

VII. Mortality in General and Population Growth

For earlier years the reports to the League of Nations contain some data on high mortality:

Section of the Subdivision of Akonolinga, 29,500 inhabitants; general death-rate 88 per 1,000 (from sleeping-sickness 29 per 1,000).[5]

[1] Deutschman (1936), p. 208. [2] Ledentu and Peltier (1937), p. 835.
[3] See *Journal officiel du Cameroun*, 1 Mar. 1938, p. 257.
[4] See ibid., 15 Mar. 1938, pp. 298–9. [5] See *Rapport annuel 1922*, p. 35.

Region of Dschang, 2,250 deaths from small-pox, 10·5 per 1,000 inhabitants.[1]

Duala, Yaoundé, Ebolowa, general death-rate about 50 per 1,000.[2]

Subdivisions of Doumé, Abong-Mbang, and Akonolinga, general death-rate 83 per 1,000 (from sleeping-sickness 37 per 1,000).[3]

General death-rate of the Territory, 50 per 1,000.[4]

Subdivision of Akonolinga, 1922–3 : 48,330 inhabitants, 4,969 deaths, death-rate 105 per 1,000 (should read, 103); 1929–30: 56,907 inhabitants, 4,355 deaths, death-rate 71 (should read 77).[5]

Subdivision of Abong-Mbang, 20,152 inhabitants; deaths in 11 or 13 months, 688; yearly death-rate, 34 per 1,000.[6]

Subdivision of Akonolinga, 56,907 inhabitants; deaths in 15 months, 2,025; yearly death-rate, 28.[7]

Subdivision of Lomié, mean 1931, 25,970 inhabitants; deaths including still-births, 858; death-rate 33.[8]

The 1935 report, finally, relates 'the results of an investigation made by the survey teams concerning mortality in the bush':

This investigation based on questioning does not offer the guarantees of accuracy of those based on medical findings, but on the whole comes fairly close to reality.

Thus there occurred among a population of 427,711 enumerated persons 9,062 deaths, or 2 per cent. of the population. Pneumonia seems to be the most frequent cause of these deaths.[9]

Somewhat more valuable data were collected in connexion with the soundings made in 1936–7 (see Table 18). It appears that the death-rate for the whole Territory was 42 per 1,000. In some cases the rates were exceedingly high, the maximum being 105 in the subdivision of Yabassi.

Dr. Calmette and Dr. Martin, in 1921, had expressed the opinion that the population of the Cameroons was decreasing. In a circular of 15 September 1921 relating to the hygiene and the health of the natives,[10] the Commissioner of the French Republic, M. Carde, took the same view:

Two observations impose themselves in this regard in the Cameroons: the black race disappears, the native resists hygienic measures.

The black race disappears because the deliveries are badly performed,

[1] See ibid., p. 37.
[2] See ibid., p. 39.
[3] See ibid. *1924*, p. 41; see also the table, p. 177, above.
[4] See ibid. *1924*, p. 43.
[5] See ibid. *1930*, p. 33.
[6] See ibid. *1931*, p. 91.
[7] See ibid., p. 93.
[8] See ibid., p. 96.
[9] Ibid. *1935*, p. 145.
[10] Reprinted in ibid. *1921*, pp. 107–8.

because the little children are not cared for, and because this race is ravaged by sleeping-sickness, syphilis, intestinal diseases, pneumonia, and alcoholism.

But already the 1921 report to the League of Nations was more optimistic.

In a general way, thanks to the campaign of medical assistance which has been undertaken, to the prophylaxis against epidemic diseases, to the fight against venereal diseases and trypanosomiasis, mortality and, above all, infant mortality has decreased considerably.[1]

Most of the subsequent reports, but not all, relate that on the whole births exceed deaths.

1922.[2] On the whole, and although we do not yet possess absolute information, the population tends to increase, the number of deaths being considerably inferior to that of births.

The excess of births over deaths in Duala, Yaoundé, and Ebolowa was estimated at about 10 per 1,000.

1923.[3] The population, to judge from the extent of the land-clearings, is not on the increase.

In the report for 1924 the excess of births over deaths was estimated at about 10 per 1,000 for the Territory. It was further stated that while fertility was higher among the races of the forest and the south than among those of the north, infant mortality was so much higher that the population growth was about the same in both parts of the Cameroons.[4]

On 29 June 1925 the question of the population trends among the natives in the Mandated Territories in general was discussed by the Permanent Mandates Commission. Although no special reference was made to French Cameroons, I shall quote a few passages:

M. Rappard . . . Recent reports showed that the native population was diminishing, which was not the case before the arrival of the white population. The native population was diminishing in spite of the fact that before the coming of the whites there was a good deal of inter-tribal warfare and no modern health regulations. The question arose as to whether the decrease of the native population was due to liquor or to special diseases arising from the impact of civilisation or whether it was due to an intensive effort to develop the country for purely economic reasons. This was the most important question which the Mandates Commission was called upon to investigate. The Commission might indicate its anxiety in regard to this subject by asking the Administrations if, in their opinion, the native

[1] *Rapport annuel 1921*, p. 61.
[2] Ibid. *1922*, p. 39.
[3] Ibid. *1923*, p. 104.
[4] See ibid. *1924*, pp. 43–4

populations were developing satisfactorily from a material and moral point of view, and, if not, what were the reasons for its decline.[1]

M. Freire d'Andrade . . . Cases might be cited in which these races had disappeared or were in rapid process of disappearance; naturally, in this case, they no longer suffered and their complaints ceased. . . .

The African races tended to diminish and to disappear. According to statistics it seemed that their disappearance was predestined. Personally, he was persuaded that this was due to alcohol and to syphilis,[2] which prevailed everywhere where Europeans were found. It was from this cause, and not owing to work which was beyond their physical capacity, that the native races were suffering from contact with civilisation and disappearing.

M. Rappard said that, if the Commission asked an Administrator whether the effect of the administration of his Government was to cause a decrease in the population, he would probably be obliged to reply in the negative under pain of dismissal. The only real criterion lay in the mortality and morbidity tables. If these tables showed abnormal figures, it would be for the mandatory Power to explain them. It was the duty of the Commission to protect the native, and, if the native races were dying out, it was clear that their moral and material welfare was being sacrificed. He would again insist upon the necessity for reliable statistics, taking into account the very great difficulty of establishing them.[3]

M. Freire d'Andrade, at the next session, held in October 1925, submitted a Note on 'The Interpretation of that Part of Article 22 of the Covenant which relates to the Well-Being and Development of the Peoples of Mandated Territories'. He said among other things:

The statement has been made, though not proved, that the native populations in countries under B Mandate tend to diminish. The point is an important one, and in order to know the truth statistics should be kept up to date as far as possible.

It is, however, generally agreed that since the arrival of the European races, which have prevented the wars and slave-raids which were formerly continual and have endeavoured to avoid epidemics and to improve health conditions among the natives, the latter have not increased in numbers, or at least not to the extent that might have been hoped. This is in some measure due to contact with white men. First, there is the question of alcoholism, which we are glad to see that all the mandatory Powers are endeavouring to stamp out, though only one has had the courage to do so effectively. Then there was the introduction of fire-arms. Venereal

[1] *Minutes*, 6th Session, pp. 48–9.

[2] It has been stated, for example, only recently that the Baboutés in the eastern section of the Subdivision of Yoko have been declining in numbers for many years owing to the ravages of syphilis.

[3] Ibid., p. 50.

diseases, which may have been previously introduced by the Arabs, have considerably increased since the arrival of the Europeans, who have gone into all parts of the territories, and the spread of these diseases and the absence of treatment has naturally led to a fall in the birth-rate. Finally, for very backward peoples, contact with an advanced civilisation, the sudden demand for new efforts alien to their inveterate habits, has produced a situation which may have had ill-effects upon the natives. In this connection we need only mention the high death-rate among natives employed in European undertakings, which is all the more alarming as affecting men who are young and in the prime of their powers. Also, their removal from the villages has led to the practice of abortion, which has contributed to the fall in the birth-rate.

Besides these causes due to the influence of the newcomers, other causes may have hindered the growth of the native populations. Among these may be mentioned the epidemics, whose disastrous effects the native is not even to-day in a position to prevent. The climatic conditions of Tropical Africa, the frequent famines due to the irregularity of the climate in conjunction with native improvidence, the lack of any kind of comfort, and the miserable conditions of the women's lives make the rate of infant mortality a terrible problem in the African territories. I may also mention certain special circumstances, such as the presence of tsetse fly, which it is difficult to combat even with the means at the command of modern science.[1]

On 21 June 1927 the question of the increase of the population in French Cameroons was brought up in the Permanent Mandates Commission:[2]

M. Orts asked whether the Administration considered that the population showed a tendency to increase.

M. Duchêne replied in the affirmative. This, of course, was not very marked because of disease, mainly sleeping-sickness.

On 10 July 1929 M. Rappard again put the question: 'Was the population increasing, or was it, on the contrary, decreasing? Which parts of the population were best fitted to survive?' The Commissioner of the French Republic gave a rather vague answer.

M. Marchand replied that the most vigorous races inhabited the high tablelands, and the compilation of demographic statistics for these races might be contemplated for the future. On the other hand, there were districts where underfeeding was still general, where no flesh was taken as a source of nourishment, and which were ravaged by malaria and sleeping-sickness. It was obviously impossible to expect a rapid increase in the birth-rate in these districts. The doctors were, however, actively engaged

[1] *Minutes*, 7th Session, pp. 200–1.
[2] Ibid., 11th Session, p. 36.

in the endeavour to improve this situation. Moreover, as lines of communication grew more numerous, there were introduced into the country fresh resources and fresh means of exchange, European products and richer foodstuffs. The results of this expansion would be slow, but it might be believed that the threshold of a favourable solution had now been reached.

M. Rappard hoped that the next report would contain more detailed information. Childbreeding was obviously one of the most important of all considerations and one to which the Commission should devote special attention. He hoped therefore that the Administration would cause soundings to be made in certain villages.[1]

[1] Ibid., 15th Session, p. 156. M. Marchand's belief that 'the threshold of a favourable solution had now been reached' was apparently not justified by the events. In discussing the report for 1936 a very serious view of the general health situation was taken in the Permanent Mandates Commission. See ibid., 33rd Session (11 Nov. 1937), p. 78:

'Count de Penha Garcia had gathered the impression after perusing the report, that the Cameroons was at present suffering from a veritable outbreak of diseases of all kinds and that, although the mandatory Power was doing its utmost to improve the situation, it had not been altogether successful. Leprosy, in particular, was still causing ravages; 6,203 new cases had been detected (page 135 of the report).

'M. Besson said that he had before him a very interesting report on leprosy, which showed that the seriousness of the situation had not escaped the attention of the Medical Service of the territory. All the medical officers had been instructed to track down lepers and, as the Commission was aware, the detection of leprosy in the Cameroons was extremely difficult. In the first half of 1937, 2,000 lepers had thus been discovered. Investigating parties visited all the villages, and by this means the Administration was able to find out which families had lepers in their midst. That system was of course slow, but it was one of the most effective. Leprosy must have taken root in the territory a long time ago; and the increase showed by the latest statistics was simply due to the fact that the list of lepers was becoming more and more complete. In order to attract them, veritable colonies had been organised, where they were fed free of charge.

'Count de Penha Garcia thought it was important, above all, to prevent lepers from coming into contact with the healthy population; the propaganda carried on by the investigating mission of the mandatory Administration could not fail to produce satisfactory results. . . .'

One year later Count de Penha Garcia observed that leprosy 'was assuming a more and more alarming character. It had increased to such an extent that the Administration seemed unable to cope with it.' (Ibid., 35th Session, 1 Nov. 1938, p. 130.)

See also Aujoulat (1937), p. 74: 'But at the very moment when the course of sleeping-sickness seems to be nearly arrested we are faced by another scourge, namely, leprosy.' The vast spread of this disease, to be sure, was already known to the German Administration, and there is no evidence that it has gained ground in recent years. But the French Administration, apparently for a very long time, grossly under-estimated the number of lepers. The number of cases known in 1932 was 4,216, and the authorities thereupon tentatively estimated the total number of lepers at 10,000. (See *Rapport annuel 1932*, p. 167.) By 31 Dec. 1937 the total number of cases tracked down was 20,324. Of these 3,150 were known to have died. But the actual

The report for 1928 states that among the Yabassa and Bafia tribes in the district of Bafia an excess of deaths over births amounting to 1,401 in the year 1925–6 (3,642 deaths, including 851 from sleeping-sickness; 2,241 births) changed into an excess of births over deaths amounting to 243 in 1928 (3,271 deaths, including 552 from sleeping-sickness; 3,514 births).[1]

The report for 1929, in the chapter on public health, after having given data concerning still-births and deaths of infants, states that fortunately 'a rather high fertility permits the native population constantly to maintain itself at nearly the same level'.[2] In the chapter on demography the same report states that numerous local censuses have shown that, on the whole, the number of births exceeds the number of deaths.[3]

The report for 1930 states that in the Subdivision of Akonolinga a yearly excess of deaths over births amounting to 3,488 in the year 1922–3 (4,969 deaths, 1,481 births), equal to 7 per cent. of the population, changed into an excess of births over deaths amounting to 613 in the year 1929–30 (4,355 deaths, 3,742 births), equal to 1 per cent. of the population.[4]

The report for 1931 showed for the Subdivision of Abong-Mbang a yearly excess of deaths over births of 23, or 1·1 per 1,000 inhabitants; in the Subdivision of Akonolinga an excess of births over deaths of 112 in 15 months, i.e. a yearly excess of births of 1·6 per 1,000; and

number of deaths may have been much larger. On the other hand, the number of cases tracked down lagged very much behind the actual number of lepers.

Count de Penha Garcia, in discussing the report for 1936, also called attention to the great incidence of malaria.

'With regard to malaria, the percentages given on page 132 of the report were somewhat alarming. A vigorous campaign to combat malaria should, he thought, be organised.'

The number of native patients suffering from malaria and seen at the hospitals was 73,469 in 1936 as against 48,899 in 1935 (see *Rapport annuel 1935*, p. 147; *1936*, p. 132). 'But the real incidence of malaria appears much better from the following table showing the percentage for the rural population:

Nkam: 7·6 per cent. of 10,642 examined.
Upper-Nyang: from 80 to 87 per cent. of 47,703 examined.
M'Bam: 57 per cent. of 1,116 examined.
Nyong and Sanaga: from 26·85 to 84·85 per cent. of 24,060 examined.
Logone: 32·7 per cent. of 547 examined.
Sanaga Maritime: from 36 to 47 per cent. of 8,908 examined.
Chari: from 46·6 to 53·8 per cent. of 8,340 examined.
Lom and Kadei: 68·5 per cent. of 2,507 examined.
Adamoua: from 29·7 to 67·5 per cent. of 803 examined.
Noun: from 43·2 to 72·4 per cent. of 625 examined.
Kribi: from 75 to 98 per cent. of 300 examined.'

(Ibid. *1936*, p. 132.)

[1] See ibid. *1928*, p. 27.
[2] Ibid. *1929*, p. 23.
[3] See ibid., p. 40.
[4] See ibid. *1930*, p. 33.

in the Subdivision of Lomié a yearly excess of deaths over births of 11, or 0·4 per 1,000.[1] This corresponds to a total yearly excess of births over deaths of 56, or 0·5 per 1,000 inhabitants, for the three Subdivisions.

The report for 1933 stated that in 1926 deaths exceeded births in the Subdivision of Akonolinga by 6,126.[2] This would mean an excess of deaths of about 120 per 1,000 inhabitants. It relates further that the Djem tribe, owing to sleeping-sickness, decreased from 2,195 inhabitants in 1923 to 577 in 1927.[3] It finally contains a graph which shows that 19·7 per cent. of all deceased were children from 0 to 3 years, 14·6 per cent. children from 3 to 14 years, and 65·7 per cent. adults.[4] This computation was based apparently upon soundings effected in 1933. They showed for the Bantus a birth-rate of 31 per 1,000 and likewise a death-rate of 31 per 1,000; for the black Sudanese a birth-rate of 52 and a death-rate of 57; and for the Semites a birth-rate of 24 and a death-rate of 76. Martial and Beaudiment provided the following comment:[5]

However, these results are only preliminary since the inquiry covered only one-quarter of a population of over 2 million inhabitants. It included in particular only a very small fraction of the Foulbés, and for them above all the data obtained must be accepted with reserve. There is no doubt, to be sure, that this race is on the decline . . . but the death-rate of 76, for example, appears evidently exaggerated; yet it may be attributed in part to a recent inroad of cerebro-spinal meningitis,[6] in which case it is a question of exceptional mortality.

The report for 1934 states:

On the whole, one can continue to divide the country into three zones:

(1) A coastal zone, whither have been driven back the majority of the old autochthonous Bakokos, Batangas, Boulous, and Dualas, who seem to have a differential index of zero, except in the centres where the mothers' consultations have diminished mortality in early childhood. Thus in Duala where the civil status functions with sufficient guarantees one notices a population increase of 4·7 per 10,000.

(2) A central zone, occupied at present by the recently immigrated tribes of Pahouin or Fang origin, where in spite of trypanosomiasis the

[1] See ibid. *1931*, pp. 91, 93, 96.

[2] See ibid. *1933*, p. 122. However, none of the contemporaneous reports mentioned such a high mortality for the subdivision.

[3] See ibid., p. 130.

[4] See ibid., p. 136.

[5] Martial and Beaudiment (1938), p. 66.

[6] Not before 1928 was the first case of this disease pointed out in an official report. In 1932, 444 cases were reported for the Territory and 354 deaths; in 1933, 781 cases and 720 deaths. See Sorel (1937), pp. 146–7.

differential index is now really positive, and a North-eastern zone occupied by the Bamiléké tribes which also have immigrated recently and who have a differential index strongly positive. The controls by names, of the operations carried out last year by mobile teams, have shown, with all the necessary accuracy, a yearly index of increase of the Bassas amounting to over 15·7 per 1,000.

(3) Finally, a Northern zone, having a Moslem majority with large islands of animist believers. Among the Moslems, various causes, and in particular polygamy, have led to a decided diminution of the population. For the animists, on the contrary, the Kirdis, Toubouris, and Mousgoums, the differential index is all the more positive the less they are islamized.[1]

The report for 1935 likewise says of the Bamilékés, 'of whom 350,000 people the high tableland of Dschang',[2] that their country 'is insufficient to hold the prolific population[3] which increases incessantly, expands, and where a methodical medical assistance has reduced considerably the death-rate'.[4]

In this connexion Dr. Cartron's comparative demographic study of the Bamiléké and Bamoum countries deserves special attention. He says with regard to the birth-, death-, and increase-rates:[5]

These rates were ascertained only during a survey tour made in December 1932 in Babadjou, a grassfield chief village with a particularly healthy and dense infant population.

They are for Babadjou, among the total inhabitants of one village quarter in one year:

Birth-rate:	70·7 per thousand.
Death-rate:	37·4 per thousand.
Increase-rate:	33·3 per thousand.

This rate of increase for Babadjou, established for a single quarter, may be surprising, and it is certainly too high in relation to the whole of the other chief villages where it must be in the neighbourhood of 20 per thousand at the utmost. In spite of great losses occurring each year among the infant population, the replacement index here presents a

[1] *Rapport annuel 1934*, p. 165.

[2] According to the official statistics, the number of Bamilékés in Dschang was only 290,501, 305,117, and 304,271 on 31 Dec. 1934, 1 Jan. 1936, and 1 Jan. 1937 respectively; see *Rapport annuel 1934*, p. 120; *1935*, p. 108; *1936*, p. 102.

[3] According to ibid. *1936*, p. 99, '25,000 Bamilékés live to-day outside their home country'. See also Egerton (1938), pp. 72–3: 'The Bamiléké occupy some 40,000 [should read 4,000] square miles of country and overflow into the British Cameroons in the direction of Bamenda. There are, approximately, 300,000 of them, and a continual emigration goes on towards Douala and the plantations lining the railway from Douala to N'kongsamba where labour is always in great demand. The Bamiléké seem to wander all over the western parts of the Cameroons.'

[4] *Rapport annuel 1935*, p. 103.

[5] Cartron (1934), pp. 352–3.

favourable balance, thanks to the large yearly natality of the Bamiléké villages.

It is, on the contrary, certainly less high in the Bamoum country where there is unquestionably a yearly deficit.

He gives in addition the following table showing the percentage of mothers with zero, one, &c., living children under age:[1]

Children under age	*Percentage in villages*			
	Dschang 1923	*Dschang 1929*	*Babadjou 1932*	*Bamendjinda 1932*
0	32	7·9	12·4	10·0
1	51	29·5	28·1	27·7
2	15	24·3	32·3	33·8
3	2	20·0	23·1	22·0
4	—	8·7	3·3	5·0
5	—	4·2	0·6	2·0
6	—	3·0	0·2	2·0
7	—	1·2	0·2	—
8 and more	—	0·3	—	—

1. The comparison of the years 1923 and 1929 already shows for Dschang a remarkable increase, in seven years, in the percentage of mothers having from 1 to 7 living children. While, in 1923, 32 per cent. of these mothers had lost all their children and 51 per cent. had only one child surviving, in 1929 only 7·9 per cent. remained childless, 74·7 per cent. had from 1 to 3 children, and 17·4 per cent. more than 3.

2. The same comparison is lacking for the other villages, but it will be seen at once that the 1932 averages in Babadjou and Bamendjinda (Subdivison of Dschang) are likewise very good, although these villages are more remote from the ambulance station. The averages are good; even if they are so thanks only to the great fertility of these women which makes up for the deficit of mortality in childhood, they suffice to maintain a favourable increase-rate; this already means a good deal.[2]

The Bamilékés preserve an increase-rate surprisingly high in certain villages and satisfactory in general. In the Bamoum country there appears rather to be a tendency to a slow decline.[3]

Here again the conclusions of Dr. Cartron must be regarded with a great deal of scepticism. The rate of increase among the Bamilékés, to be sure, may be high; they have the reputation of being prolific[4] and, to judge from the figures submitted by Dr. Cartron, child mortality among them is not particularly high.[5] It may also be true

[1] See ibid., p. 360. Some of the percentages are apparently not correct

[2] Ibid., p. 361.

[3] Ibid., p. 362.

[4] See also Table 18.

[5] Dr. Cartron himself, it is true, contends over and over again that infant mortality is very high; see ibid., pp. 351, 353, 361–3.

that 'in the Bamoum country where the woman is more independent and where deliberate abortion is not rare, there is a deficit'. But the statistical evidence submitted by Dr. Cartron is not very convincing. The Bamiléké women questioned showed an average of 1·88 children (of all ages) living, the Bamoum women questioned showed an average of 1·64. The figure for the Bamiléké women is by no means particularly high, and that for the Bamoum women does not differ so essentially from the former one as to indicate an enormous difference in population trends.

The question of mortality and population growth was discussed again at the meeting of the Permanent Mandates Commission on 28 October 1936. M. Repiquet, who from 1934 to 1936 had been Commissioner of the Republic in the Cameroons, declared 'that mortality was somewhat high in the territory, although it was rapidly declining'. 'His impression was that the population had increased [since 1931], owing to the decline in mortality. Many children had been born.'[1]

The 1936 census showed indeed an increase in the number of the inhabitants. 'But', as M. Rappard observed in the Permanent Mandates Commission, 'it was not clear whether the increase in the population was due to an improvement in statistics or to a lower death rate. He would have to postpone judgment as to the benefits afforded to the country by the mandatory regime, until it was seen whether the death rate showed a decline.'[2]

The information on mortality conveyed through the reports to the League of Nations is deplorably meagre. The figures given for mortality or population growth in the Territory as a whole are the results of impressions gained from very scanty material, and there is not the least guarantee that they come near the truth.[3]

CONCLUSION

THE German authorities were of the opinion that no conclusions about the trend of the population of the Cameroons should be drawn from their census figures, and that, owing to a low fertility and a high infant mortality, the population of the Cameroons was probably not increasing. Even when the enumerations and estimates of 1912–13

[1] *Minutes*, 30th Session, p. 49.

[2] Ibid., 33rd Session (11 Nov. 1937), p. 80.

[3] The large soundings of 1933, 1936, and 1937, the results of which were not incorporated in the reports to the League, yielded death-rates of 39, 42, and 42 per 1,000, with birth-rates of 37, 41, and 46 respectively. But to what extent even these rates can be considered as representative it is impossible to say.

had yielded a total which exceeded that of 1911–12 by 4 per cent., the Colonial Office stated:

> The actual population decrease complained of in some districts is apparently offset in other districts; it does not show in the final result; nevertheless there is no doubt that the ratio of adult men and women to the number of children is not a favourable one and that the natural population growth, if there is any, is only very small. The Administration considers it one of its foremost tasks to remedy this evil gradually by all the hygienic, social, and similar measures at its disposal, and above all to increase the number of births and to reduce infant mortality.

This unfavourable statement about the population situation in the Cameroons is particularly noteworthy because it was contained in the last official report on the German Protectorates which was published after the outbreak of the War. Since conditions in the districts now under British mandate were rather more favourable than in the rest of the Cameroons, the reproduction of the population in the country which came under French mandate ought to have been investigated most thoroughly by the new authorities. Unfortunately this has not been done.

All the censuses so far taken in French Cameroons are so inadequate that it is impossible to say for any period whether the population has increased or decreased. Birth and death registration, apparently, have improved considerably in recent years, and if the results were published in a manner which would permit a comparison with the population figures a rough insight into fertility and mortality might be gained. The special investigations of fertility and mortality must have yielded a good deal of valuable material, but the results so far available do not warrant the drawing of any conclusions as to the reproduction of the population.

There cannot be the least doubt that the lack of adequate population and vital statistics, and, perhaps still more so, the incapacity of the authorities to make the right use of the available statistics, have had their repercussions on the administration of the Territory. I shall confine myself to mentioning some examples as an illustration.

For ten years the French authorities led a vigorous campaign against polygamy, mainly because they considered it a cause of depopulation. They based this policy on a preconceived idea, which, to judge from their later investigations of the relations of polygamy to sterility and fertility, proved to be correct. But they themselves learned so little from these investigations that when, owing to an arithmetical error, they thought they had discovered that the

circumscription with the smallest proportion of children—it actually was the circumscription with the largest proportion of children—was largely monogamous, they came to the conclusion that fertility was highest in the circumscriptions which had remained almost exclusively polygamous and no longer considered polygamy as a cause of depopulation.

The French authorities, of course, all the time wanted to know to what extent the natives made use of the medical services put at their disposal. In the report for 1925, the number of first vaccinations against small-pox effected in 1922–5 was related to the total population as ascertained in 1924. In the same report the number of visits of natives to the dispensaries was likewise related to the number of inhabitants for each circumscription, and conclusions were drawn as to the closeness of the contacts made by the French medical officers with the natives in the various regions. All these computations were made on the basis of population figures which by the time the report was published were considered by the French authorities to be grossly exaggerated. In the reports for 1928 and 1929, on the other hand, similar computations were made on the basis of population figures which, as appeared soon after, were the results of most serious under-estimates. Thus both before and after 1926 the authorities misjudged the proportion of the population which benefited from the medical services.

The report of the French Government to the League of Nations states that 'of all the problems which the Administration has had to solve in the course of the year 1935 there is perhaps none which has commanded its attention so much as that of native labour'. Apparently the situation became most critical in 1937 and led to far-reaching decisions on the part of the Administration. But these decisions were taken without an adequate knowledge either of the number of labourers actually employed or of the number of able-bodied natives living in the Territory.

In his recent book on the Cameroons, Schober says[1] that the fight against endemics and epidemics is now much less urgent than a better care for the infants; if the infant mortality rate, which, he gathers, is about 60 per cent., were reduced to 20 per cent., the number of children surviving the first year of age would be doubled. Those who share his views about present infant mortality[2] ought to conclude that the hygienic and medical activities of the Administration have started at the wrong end. A population with an infant

[1] See Schober (1937), pp. 114–17.

[2] See, for example, Besson's opinion, quoted p. 161, footnote 2.

mortality rate of 60 per cent. is doomed to die out even if the mortality of adults were to be reduced to the level now prevailing in western Europe. It seems most likely, therefore, that infant mortality actually is and always has been much lower. But there is not the slightest chance that the available personnel and resources will be used in the most effective way as long as the most elementary facts are unknown.

PART III

BRITISH CAMEROONS

CHAPTER I

ADMINISTRATIVE DIVISIONS

I. Constitution of Divisions

The Cameroons under British Mandate consists of two strips of territory extending in a north-easterly direction along the whole length of the eastern frontier of the Protectorate of Nigeria, except for one gap of some 40 miles through the middle of which the Benue River flows. The Mandated Territory is administered as an integral part of Nigeria and falls into two main divisions: (1) The Cameroons Province, comprising the southern part of the southern strip and constituting one of the Southern Provinces of Nigeria, and (2) the Northern Cameroons, comprising both the northern part of the southern strip and the northern strip and being included in the administration of the Northern Provinces of Nigeria. The Northern Cameroons were at first subdivided into two portions, of which the more northerly was administered by the Resident of the Nigerian Province of Bornu and the more southerly by the Resident of the Nigerian Province of Yola.[1] For the purposes of the annual report, the area depending from the Province of Yola was further subdivided into two sections. The statistics and similar information were thus given separately for the following four portions:

1. Cameroons Province with the four Administrative Divisions of Victoria, Kumba, Ossidinge (Mamfe), and Bamenda;
2. Dikwa Division (dependent from Province of Bornu);
3. North Cameroons Division of Yola Province (north of the Benue River and east of the Nigerian Province of Yola);
4. Southern Cameroons Division of Yola Province and Independent Districts of Gurumpao and Yebbi (south of the Benue River and east of the Nigerian Province of Yola), the Division being subdivided into the 4 districts of Nassarao, Numberu, Toango, and Gashaka.

In the course of 1924 some minor administrative adjustments were made.

The area of Kaka-Ntem, which formed the extreme southern apex of the Northern Cameroons, has been transferred to the Cameroons Province . . .

The remainder of the Gashaka district (of which the Kaka-Ntem area

[1] See *Report 1921*, p. 2.

formed a part) has been transferred for administrative purposes from Yola to Muri Province. . . .

The resulting position is that the Northern Cameroons now consists of four portions:

(I) The Dikwa Emirate, administered by the Resident of the Bornu Province;

(II) The Yola or Adamawa areas lying north and south of the River Benue, administered as part of the Yola Emirates;

(III) The districts of Grumpao and Yebbi, attached to the Numan Division of the Yola Province and, like (II), administered by the Resident of that Province; and

(IV) The Gashaka district, administered by the Resident of the Muri Province.

The Cameroons Province remains, as hitherto, in charge of a Senior Resident whose activities are exclusively confined to the mandated territory.[1]

In the same year the Bambuko area, covering 360 square miles and comprising 867 inhabitants, was transferred from the Victoria Division to the Kumba Division.[2]

Some further changes were made in 1926.

The boundary between the Cameroons Province and the Northern Cameroons has been slightly altered . . . in order to effect the transfer of the Kentu District (1,165 square miles) from the Bamenda Division of the Cameroons Province to the Gashaka Division of the Northern Cameroons.

Within the Northern Cameroons certain changes have been made in consequence of the reorganisation of the Northern Provinces of Nigeria. The Muri Province, to which the Gashaka Division was formerly attached for administrative purposes, has disappeared, having been split up among the adjacent provinces, one of which was the province of Yola. Gashaka has accordingly been transferred to the enlarged Yola Province, which has now been re-named the Adamawa Province.

A further change within the Adamawa Province has been the transfer of the two small pagan Districts of Gurumpao and Yebbi from the Numan Division to the Adamawa Division.

As a result of the rearrangements just described the whole of the Northern Cameroons is now divided into two main areas, viz., those administered respectively by the Residents of the Provinces of Bornu and Adamawa. The following is the local subdivision:—

A. Bornu Province.

(I) Dikwa Division.

B. Adamawa Province.

(II) The Adamawa Districts, i.e., the districts north and south of the River Benue, together with Gurumpao and Yebbi, administered

[1] *Report 1924*, p. 4.

[2] See ibid., p. 17.

by the Lamido Adamawa as part of the Adamawa Emirate under the Resident of the Adamawa Province.

(III) Gashaka Division, consisting of the former Gashaka District and the Kentu District administered under the Resident of the Province by the District Officer stationed at Gashaka.

The Cameroons Province remains, as hitherto, in charge of a Senior Resident whose activities are exclusively confined to the mandated territory.[1]

In 1928, 'one minor alteration has been made in the boundary between Mamfe and Bamenda Divisions which transferred to the former from the latter the small Mesaga area of about 100 square miles'.[2] Moreover, the Gashaka Division was included in the Adamawa Districts, which fell 'into three parts, the Northern and Southern Districts and the Gashaka District'.[3]

In 1929 'a group of six small villages with a total population of 532 and an area of 125 square miles' was transferred from Mamfe to Kumba Division.[4]

In 1930 the coastal fishing villages of the Bakole tribe, numbering 245 adult males, and the fishing towns in the estuary of the Rio del Rey were transferred from Kumba to Victoria Division.[5]

On 1 April 1933 the Kentu area was transferred from Gashaka to the Wukari District of Benue Province and from this date on no longer belongs to the Adamawa Districts.[6]

In 1937 an area of 150 square miles, containing 15 hamlets, was transferred from Gashaka to the Kentu area.[7]

Since 1 April 1933 the Mandated Territory, then, has consisted of the following four portions:

1. Cameroons Province, a self-contained unit in charge of a Resident, administered as one of the Southern Provinces of Nigeria;
2. Dikwa Division, constituting one of the four Divisions of the Bornu Province of Northern Nigeria, and administered as part of this Province by the Shehu of Dikwa;
3. Adamawa Districts, included in the Adamawa Division of the Adamawa Province of Northern Nigeria,[8] and administered as part of this Province;

[1] *Report 1926*, pp. 5–6.
[2] *Report 1928*, p. 11.
[3] Ibid., p. 12. See also *Census of Nigeria*, 1931, vol. ii, p. 18.
[4] See *Report 1929*, p. 12.
[5] See ibid., p. 11; *1930*, p. 7.
[6] See *Report 1932*, p. 16; *1933*, p. 11.
[7] See *Report 1937*, pp. 13–14.
[8] The Adamawa Districts are divided into a southern and a northern area separated by a gap of some 40 miles through which the Benue River flows. The Adamawa Province is subdivided into some 30 districts, of which 9 belong wholly and 3 in part to the Mandated Territory.

4. Kentu Area, included in the Wukari Division of the Benue Province of Northern Nigeria, and administered as part of this Province.

II. Area

The total area of the Mandated Territory has remained unaltered since 1920, but the official statements about the total area varied, and the boundaries of the administrative divisions, as has been shown, changed considerably in the course of time.

1. *Cameroons Province*

In his report on the 1921 census of Southern Nigeria, Talbot[1] gives the following areas for the various Divisions of the Cameroons Province:

Divisions	*Square miles*
Victoria . .	. 1,045
Kumba . .	. 3,925
Ossidinge (Mamfe) .	. 4,395
Bamenda . .	. 7,377
Total	16,742

To judge from the most recent surveys, Talbot's figures came rather near to the truth. But the figures given in the annual reports to the League of Nations were evidently based on maps other than those used by Talbot. Table 1 shows the area as stated at various dates in the annual reports.

Table 1

Area of Cameroons Province, 1921–37 (according to Annual Reports)

(Square miles)

Divisions	*1921**	*1924†*	*1926‡*	*1928§*	*1929‖*	*1930¶*	*1932***	*1933††*
Victoria .	1,198	838	761	761	761	1,261	792	1,166
Kumba .	4,034	4,394	4,221	4,221	4,346	3,846	4,402	4,162
Mamfe .	5,016	6,000	4,118	4,218	4,093	4,093	4,455	4,321
Bamenda .	7,300	8,010	7,158	7,058	7,058	7,058	6,932	6,932
Total .	17,548	(19,242)	16,258	16,258	16,258	16,258	16,581	16,581

* See *Report 1921*, pp. 47, 52.
† See *Report 1924*, pp. 14–17; *1925*, pp. 19–22.
‡ See *Report 1926*, pp. 19–21.
§ See *Report 1928*, pp. 15–18.
‖ See *Report 1929*, pp. 13–17.
¶ See *Report 1930*, pp. 10–12.
** See *Report 1932*, p. 8.
†† See *Report 1933*, p. 6.

According to the annual report for 1921, the total area was 17,548 square miles.[2] As a consequence of the transfer of the Bambuko area (360 sq. m.) from Victoria to Kumba Division in 1924, the area of

[1] See Talbot (1926), vol. iv, p. 10.

[2] In *Census of Nigeria*, 1931, vol. i, pp. 8, 99, the area for 1921 is given as 16,742 sq. m., and this estimate probably comes very near the truth. Lugard (1920), p. 680, gave 18,700 sq. m.

the Victoria Division was reduced from 1,198 to 838 square miles, while the area of the Kumba Division rose from 4,034 to 4,394 square miles. The area of the Bamenda Division, which in 1921 had been stated to cover 7,300 square miles, increased to 8,010 square miles through the incorporation, on 1 January 1924, of the Kaka-Ntem district formerly belonging to the Gashaka District of the Northern Cameroons. The Mamfe Division, which in 1921 had been stated to cover 5,016 square miles, was reported in the 1924 and 1925 reports with an area of 'about 6,000 square miles', although no change had occurred in its boundaries. The total area in 1925 would thus have been not less than 19,242 square miles.

Following the transfer of the Kentu District (1,165 sq. m.) from the Bamenda Division to the Gashaka Division of the Northern Cameroons in 1926, the area of the Bamenda Division, which in 1925 had been reported as 8,010 square miles, was reported as 7,158 square miles. Although no other change in boundaries occurred, the official area in the same year was reduced for the Victoria Division from 838 to 761 square miles, for the Kumba Division from 4,394 to 4,221 square miles, and for the Mamfe Division from 6,000 to 4,118 square miles! Although only 1,165 square miles were transferred from Southern to Northern Cameroons, the total area of the Cameroons Province, according to the 1926 figures, appeared to be only 16,258 square miles (or 2,984 sq. m. less than in 1925).

The boundary changes occurring in 1928, 1929, and 1930 explain the changes in area of the various Divisions in those years.

The 1932 report relates that 'the areas of each Division and of the Province have been re-calculated by the Surveyor-General'.[1] As a result thereof the area of the Victoria Division was reduced from 1,261 to 792 and that of the Bamenda Division from 7,058 to 6,932 square miles, while the area of the Kumba Division was raised from 3,846 to 4,402, that of the Mamfe Division from 4,093 to 4,455, and that of the Province from 16,258 to 16,581 square miles. The same 're-calculated' figures were also given in the 1931 census volumes published in 1932 and 1933.[2] But in the annual report for 1933 the area for the Victoria Division was raised again from 792 to 1,166 square miles, while that for the Kumba Division was reduced from 4,402 to 4,162, and that of the Mamfe Division from 4,455 to 4,321 square miles. The report gave the following explanation:[3]

In paragraph 17 of the Report for 1932 the areas of the Victoria and

[1] *Report 1932*, p. 8.
[2] See *Census of Nigeria*, 1931, vol. i, p. 97; vol. iii, p. 19.
[3] *Report 1933*, p. 6.

Kumba Divisions were wrongly stated. The areas as calculated by the Surveyor-General are those shown in the foregoing table.[1]

The author of the report evidently was not aware that the area given in the 1933 report for the Mamfe Division differed also from that given in the 1932 report and in the 1931 census report.

2. *Northern Cameroons*

The Census Commissioner of the Northern Provinces, Mr. Meek, in his report on the 1921 census, stated that the area of the Northern Cameroons 'is approximately 7,000 square miles'.[2] This was evidently a mis-statement. In the 1921 report to the League of Nations the area of the Dikwa Division was given as 'about 5,000 square miles'.[3] No figure was given for the area of 'that part of the Cameroons which lies north of the Benue River, and east of the Nigerian Province of Yola', but it was said that 'the local population was estimated at 60,000 at least or 40 to the square mile',[4] and this implied an area of about 1,500 square miles. In the report for 1922 the area for this portion was given as 'roughly 2,480 square miles'[5] and in the report for 1923 as 2,000 square miles.[6] In the report for 1921, the area of 'that part of the Cameroons which lies south of the Benue River, and east of the Nigerian Province of Yola' was given as 9,750 square miles.[7] The total area for the Northern Cameroons, according to the report for 1921, would have covered about 16,250 square miles.

For the years 1922 to 1926 data on the area were given only for some sections of the Northern Cameroons.[8] For 1927 the total area of the British Cameroons was given as 34,236 square miles,[9] and since

[1] But see also Permanent Mandates Commission, *Minutes*, 26th Session (30 Oct. 1934), p. 30.

'M. Rappard noted that, in the 1932 report, the area of the territory had been given as 34,559 square miles, whereas, in the 1933 report, it was said to be 34,136 square miles (paragraph 2). Had there been a new survey?

'Mr. Hunt [Officer of the Staff Grade, Nigeria] said that there had been no new survey. Possibly the area had been recalculated by the Surveyor-General and the new figure was more exact.'

[2] Meek (1925), vol. i, p. 4. Lugard (1920), p. 680, had estimated the area at 12,380 sq. m.

[3] *Report 1921*, p. 9; see also ibid., p. 27.

[4] Ibid., p. 29.

[5] *Report 1922*, p. 24.

[6] See *Report 1923*, p. 21. The area was given there also for each of the 11 districts.

[7] See *Report 1921*, p. 35. The area was given there also for each of the five districts. See also *Report 1922*, p. 26; *1923*, pp. 27, 30–1.

[8] In the reports for 1924 (p. 12) and 1925 (p. 17), the area of the Gashaka District was thus given as 5,000 sq. m. (northern or Gashaka area 3,000 sq. m., southern or Mambila area 2,000 sq. m.).

[9] See *Report 1927*, p. 3.

the area of the Cameroons Province was given as 16,258 square miles, this would have left 17,978 square miles for the Northern Cameroons. For 1932 the total area of the British Cameroons was given as 34,559 square miles,[1] which, since the figure for the Cameroons Province was raised simultaneously to 16,581 square miles, again left 17,978 square miles for the Northern Cameroons.[2]

The reports for 1933 and 1934 gave the areas for the Northern Cameroons as follows:[3]

Dikwa Division . . .	5,149 square miles
Adamawa Districts . . .	11,170 „ „
Kentu Area	1,236 „ „
Northern Cameroons . . .	17,555 square miles

In the report for 1935, however, the area of the Adamawa Districts was reduced to 11,115 square miles and the total area of the Northern Cameroons given as 17,500 square miles.[4] In 1937, owing to the transfer of 150 square miles from the Adamawa Districts to the Kentu area, the area of the former territory was reduced to 10,965 square miles, while that of the latter was raised to 1,386 square miles.[5]

3. *Mandated Territory*

The official statements about the area of the various portions of the Mandated Territory are altogether conflicting and largely erroneous. The total area was given in the 1937 report as 34,081 square miles.[6] I have tried to show in Table 2 what were the actual areas of the various administrative subdivisions on the very bold assumption (1) that the most recent data are correct, (2) that the area of the Kaka-Ntem District transferred on 1 January 1924 from the Gashaka District of the Northern Cameroons to the Bamenda Division of the

[1] See *Report 1932*, p. 4.

[2] According to the 1931 census report (vol. i, p. 99), 'the 1931 figure of area given by the Survey Department is 17,500 square miles'. Strange to say, the report (ibid., p. 8) gave the same area for 1921, although the boundaries had been changed in the meantime.

[3] See *Report 1933*, p. 10; *1934*, p. 10.

[4] See *Report 1935*, p. 14. This was exactly the area arrived at in the 1931 census report. But the coincidence may be accidental. The 1931 census report, vol. i, p. 8, gave as areas of the various sections of the Northern Cameroons:

Eastern part of Bornu	4,970 sq. m.
Southern part of Adamawa Province . .	10,643 „
Northern part of Adamawa Province . .	1,887 „

But the area of the Dikwa Division, which is administered as part of the Bornu Province, is given in all tables of the census report (see, for example, vol. i, p. 95) as 5,149 and not as 4,970 sq. m.

[5] See *Report 1937*, p. 13.

[6] See ibid., p. 4.

Cameroons Province covered 1,000 square miles,[1] and (3) that the other areas exchanged were as stated in the official reports.

TABLE 2

Revised Area of British Cameroons 1921–37

(Square miles)

Divisions	*1921–3*	*1924–5*	*1926–7*	*1928*	*1929*	*1930–7*
Victoria . .	1,026	666	666	666	666	1,166
Kumba . .	4,177	4,537	4,537	4,537	4,662	4,162
Mamfe . .	4,346	4,346	4,346	4,446	4,321	4,321
Bamenda . .	7,197	8,197	7,032	6,932	6,932	6,932
Cameroons Province	16,746	17,746	16,581	16,581	16,581	16,581
Dikwa Division .	5,149	5,149	5,149	5,149	5,149	5,149
Other Northern Divisions . .	12,186	11,186	12,351	12,351	12,351	12,351
Northern Cameroons .	17,335	16,335	17,500	17,500	17,500	17,500
Total . .	34,081	34,081	34,081	34,081	34,081	34,081

[1] The area of the Gashaka District was given in the report for 1923 (p. 27) as 6,000 sq. m. and in the report for 1924 (p. 12) as 5,000 sq. m.

CHAPTER II

CENSUS STATISTICS

I. Coloured Population

1. *Census-taking*

A. *General Censuses.*

(*a*) *Cameroons Province.* The Cameroons Province was included in the 1921 census of the Southern Provinces of Nigeria. 'The counting was done under the superintendence of the political officers and the control of the Resident of each Province.'[1] 'It was requested that a house-to-house enumeration should be carried out, but for various reasons this was sometimes impossible and in certain parts a proportion of the population was estimated.'[2] In the northern parts of the Cameroons Province no enumeration whatsoever seems to have been made.

In certain regions which are not yet under full control—for instance, the northern parts of the Cameroons Province and of Abakaliki Division—the population perforce had to be estimated.[3]

Another general census to be taken in 1931 was planned for the Southern Provinces of Nigeria including the Cameroons Province, but this scheme 'failed to mature, and although certain proposals were discussed and approved, most of them were eventually found to be impracticable, so that the Census of the Southern Provinces finally became a mere compilation of existing data'.[4] It consisted 'largely of transcripts from the Tax Returns'.[5]

(*b*) *Northern Cameroons.* The Northern Cameroons were not included in the 1921 census of the Northern Provinces of Nigeria.

No systematic enumeration was made of the mandated territory, the returns shown being based on estimates recently made by political officers during the ordinary course of their work.[6]

The general census taken in 1931 in the Northern Provinces of Nigeria was to include the Northern Cameroons, but here the methods

[1] Talbot (1926), vol. iv, p. 1. [2] Ibid., p. 3.
[3] Ibid., p. 2.
[4] *Census of Nigeria*, 1931, vol. iii, p. 2. See also ibid., vol. i, p. 3: 'In this way the Southern Provinces Census was reduced to a compilation of recorded data, some of the material being decidedly out of date and unreliable.'
[5] Ibid., vol. iii, p. 4. For the 'Medical Census' taken in the Southern Provinces in 1930–2, see below.
[6] Meek (1925), vol. ii, p. 173.

used, as a rule, in the Northern Provinces were applied only to a limited extent.

As regards the General Census, there are now very few areas in which actual poll counts have not yet been made; the returns only showed the Hill Pagans in Dikwa Emirate, but there are possibly also certain small areas in the Mandated Territory of Adamawa Emirate. The population of the hills in Gwoza and Ashigashiya in Dikwa Emirate was estimated; the figures are based on the number of compounds which were counted for taxation purposes.[1]

B. *Assessment Returns.*

Nearly all official data concerning the population of the Mandated Territory, including those ascertained in connexion with the general censuses, are based on partial or all-inclusive enumerations made in connexion with the assessment of taxes. The annual reports give some indication of the methods applied in the various administrative divisions.

(*a*) *Cameroons Province.* The following are extracts from the annual reports.

1922.[2] The method of assessment and collection of the capitation tax is as follows: A unit, which may be a tribal area consisting of several clans with affinities, or a district under a chief, is selected. Each hamlet or village is visited by the Political Officer, and a careful census is made with the aid of the District Head or Clan Chief and the Hamlet Head. On all occasions the education of the Native Administration officials is considered a matter of the greatest importance. Detailed records are compiled giving the name of each taxpayer, the number of his wives and children, his trade or occupation, his religion and degree of education, and his livestock. The permanently disabled and the infirm due to old age are also noted and are excused taxation.

1924.[3] One of the most exacting and important of a Political Officer's duties is assessment. And here it may be observed that by 'assessment' is not meant the mere computation of the direct taxes which a district or community can fairly be required to pay. The subjects of inquiry comprise the history of the district; the tribal and social institutions of the inhabitants, their languages, customs and mode of life; fauna, flora, and sylvan products; methods of farming, industries and trade. Assessment in short means an attempt to ascertain and record all that is known about the area under investigation. The resulting reports are valuable repositories of information which serve as the basis of future policy. The work is laborious and demands infinite patience. One district after another is

[1] *Census of Nigeria*, 1931, vol. ii, p. 12.
[2] *Report 1922*, p. 52; literally the same in *Report 1923*, pp. 61–2.
[3] *Report 1924*, p. 22.

taken in hand, the object being to arrive at a point at which the whole of the territory may be said to be completely assessed. In a sense, however, that point is never fully attained, for increasing knowledge reveals gaps in the earlier work which can only be filled by supplementary investigations described as 're-assessment'.

1929.[1] Victoria Division. The method of conducting the census . . . was that each house in each village was visited by the Assessing Officer, accompanied by the Village Headman and in the majority of cases by the District Headman also. The names of all adult males were recorded together with the numbers of women and children. Note was also made of the numbers of houses and details of religion, tribes and occupations were recorded. There was no reason to believe that there was any attempt at evasion.

While the 1922 report thus stated that 'detailed records are compiled giving the name of each taxpayer, the number of his wives and children . . .', and while the 1929 report confirmed for the Victoria Division that 'the names of all adult males were recorded together with the numbers of women and children', the 1935 report says with regard to the Bamenda Division:

> No actual count of adult females and children has been made, but the total population figure given has been based on a careful proportionate estimate.[2]

The 1937 report says even with regard to the whole Cameroons Province:

> In all cases the figures for women and children are estimated only.[3]

It therefore seems doubtful whether the detailed records of the number of wives and children of each taxpayer were actually ever compiled. Furthermore, it seems that also in other respects the method of census-taking described in the 1922 report was never applied or has been abandoned. According to the 1922 report 'each hamlet or village is visited by the Political Officer, and a careful census is made with the aid of the District Head or Clan Chief and the Hamlet Head'. The 1935 report, however, refers to 'the village nominal roll of adult males liable to tax, which is compiled by the people through their Chiefs or Councils';[4] and the 1936 report refers in a similar manner to the 'nominal rolls prepared by the village heads'.[5] The function of the Political Officer, not only in the Bamenda Division, appears to have consisted rather in checking the assessment of those entered by the village heads on the nominal rolls:

> The District Officer, Mamfe, in describing the method of collection

[1] *Report 1929*, pp. 101–2. [2] *Report 1935*, p. 8; see also *Report 1936*, p. 9.
[3] *Report 1937*, p. 7. [4] *Report 1935*, p. 23. [5] *Report 1936*, p. 31.

writes: 'Prior to tax collection in any year the District Officer visits all native authority centres and checks each village nominal roll with the village head in council. Any alterations and additions necessary are made and the village head in each case expresses himself satisfied with the amended nominal roll before his copy, together with his demand note and tax discs, are handed to him.'[1]

That the alterations and additions suggested by the District Officers of the Mamfe Division in 1936 did not refer to the census, but to the incidence of taxation, is proved by the fact that while the number of 'taxable males' decreased from 16,657 in 1935–6 to 16,547 in 1936–7 and the 'total tax assessment' increased at the same time from £4,000 to £4,068, the taxable males were selected in both years from the same rolls containing the names of 22,027 adult males.[2]

An indirect admission that in the Cameroons Province up-to-date nominal rolls do not exist even for adult males is to be found in the proceedings of the Permanent Mandates Commission.[3]

M. Rappard presumed that the figures of the population for 1936, given in paragraph 401 (page 135 of the report), were approximate, as there was no census, in the European sense of the word, in the territory.

Mr. Findlay [Senior Resident Officer in Nigeria] replied that there was no census in the Cameroons Province; but the information for the northern area was rather more definite, since the names of all adult males and details of live-stock and special crops were recorded each year in connection with the revenue assessments (see paragraph 97, page 33 of the report).

(*b*) *Northern Cameroons.* No attempt was made to bring the Dikwa Emirate under regular administration previous to 1922,[4] but the report for that year states that 'in some thirty village groups situated along the Bornu Boundary' a general tax (the 'Binimram') 'has been assessed by the Sheikh in Council, assisted by the Divisional officer as a lump sum based on a census return made by a staff of assessing Scribes'.[5] This system was soon extended over the whole Dikwa Division with the exception of the pagan hill districts. The procedure was as follows:

As the first step in the assessment of the General Tax a census is made in each village area or parish of the population, livestock, irrigated and other special crop farms and the number of persons engaged in trade and industries. The statistics are collected by the village headman working

[1] *Report 1936*, p. 32.

[2] For the Kumba Division both the number of adult males and the number of taxable males were given as 21,466 for each of the years 1934, 1935, and 1936. See *Report 1934*, pp. 5, 17; *1935*, pp. 7, 23; *1936*, pp. 8, 33.

[3] See *Minutes*, 31st Session (4 June 1937), p. 78.

[4] See *Report 1927*, p. 16.

[5] *Report 1922*, p. 15.

under the supervision of his district chief, and are recorded by a staff of trained scribes.[1]

The village register, after having been made up in the village by the district and village headmen and an assessing scribe, is brought to the Sheikh. After discussion between the Sheikh and council and the district officer, the former announce to the village headmen the amount which has been fixed for the coming year.[2]

When the General Tax of a village has been decided, the headman and 'Elders' return to the village with the register and one of the assessment scribes, and apportion the General Tax amongst the population of the village according to the wealth of the individual.[3]

These registers are ultimately sent to the central clerical staff, who produce the figures for the whole Emirate.[4]

Such a census showing the name of every householder was taken every year in the settled areas.[5] 'In the case of hill districts, as these are not yet under full control, such a procedure is not possible, and the figures are an estimation only.'[6]

In 1935 a casual attempt was made to enroll as enumerators ex-pupils of the school for pagans in Hambagda near Gwoza.

An interesting experiment in Gwoza was the carrying out of a written census of many of the pagan villages by three local expupils of the Hambagda School. The work was watched at first with incredulous amazement, but before long was followed with an almost embarrassing degree of admiration and satisfaction.[7]

As to the North Cameroons Division of the Yola Province, the 1921 report gave merely an estimate of the population.[8] The 1922 report spoke of a 'more accurate census which has been completed'.[9] The 1923 report gave some figures of population which 'were compiled during the assessment of districts'.

In the case of the Fulani towns and the pagans fully under control the counts are believed to be fairly accurate, but among the more backward pagans the returns are either an estimate by the administrative officers or a count by the village elders, which cannot be altogether relied upon.[10]

As to the population figures in the Southern Cameroons Division of the Yola Province, the 1921 report stated vaguely that they 'are

[1] *Report 1925*, p. 100.
[2] *Report 1923*, p. 14.
[3] *Report 1925*, p. 100.
[4] *Report 1923*, p. 17.
[5] See *Report 1927*, p. 88; *1931*, p. 18.
[6] *Report 1923*, p. 17. See also *Report 1925*, p. 104: 'As stated in previous reports, vital statistics of primitive pagans can only be regarded as approximate. Enquiries on this subject are frequently resented, and the disclosure of the number of children is considered to be unlucky.'
[7] *Report 1935*, p. 18.
[8] See *Report 1921*, p. 29.
[9] *Report 1922*, p. 26.
[10] *Report 1923*, p. 25.

taken from Native Administration records and should be considered as approximate only'.[1] The population figures given in the 1922 report were stated to be 'based on a fresh census, which was not quite completed in the Gashaka District at the close of the year'.[2] The population figures given in the 1923 report are submitted as the result of 'as accurate a count and estimation as has been possible'.[3]

In 1926 the hill people of the purely pagan Mambila area of the Gashaka Division were visited 'by the District Officer who spent nearly two months among them, travelling from village to village, opening up communications, taking a census, and making an assessment of the tribe'.[4] A large number of the Mambilas 'had never before seen a European or paid tax'.[5] The 1927 report mentions for the Northern Cameroons 'a closer census of the population, especially among the hill tribes. In every village of three Districts of Northern Adamawa a house-to-house count has been made and a far more accurate census recorded.'[6] The 1928 report again speaks of 'a more accurate census in the Adamawa Districts having been made possible by the more settled state of the backward peoples'.[7] The 1929 report refers also to 'closer and more accurate methods of counting' in the Adamawa Districts.[8] The 1930 report likewise speaks of 'more accurate counting'[9] of the population in the Northern Cameroons. But the student who assumed that by this time perfection in counting could not be carried any farther would be disillusioned by the following passage in the same report:

A group of four Officers was attached to Adamawa Province for assessment at the beginning of the year. In April they began work in the Mubi District of the Mandated Territory. The object of the assessment was the collection of statistics upon which an accurate estimate of the potential income of the adult male may be made and the compilation of an accurate census in all Districts dealt with. The work unfortunately was hampered by the invaliding of officers and the exigencies of the locust campaign. Later in the year work was initiated in Uba District. Another party of two Officers has been engaged on a revision of assessment in the Nasarao and Tongo Districts of the southern area.[10]

This unsuccessful attempt to collect statistics through a group of special officers was soon definitely abandoned:

The special assessment party which was attached to the Adamawa Province in 1930 was in 1931 absorbed into the ordinary Provincial staff.

[1] *Report 1921*, p. 35.
[2] *Report 1922*, p. 26.
[3] *Report 1923*, p. 31.
[4] *Report 1926*, p. 14.
[5] Ibid., p. 98.
[6] *Report 1927*, p. 90.
[7] *Report 1928*, p. 105.
[8] See *Report 1929*, p. 100.
[9] *Report 1930*, p. 103.
[10] Ibid., p. 21.

Since assessment is one of the normal duties of an Administrative Officer, it was considered an unnecessary restriction to detail officers solely for this work, which could be combined with ordinary duties.[1]

The primitive nature and the dense population of the tribes in this area make continual supervision necessary and always one, and at times three, Administrative Officers have been touring during the year. They have been employed on census and assessment work, general inspection, and combating the locust invasion.[2]

The reports for 1932, 1933, and 1934 each contained the following statement:

In the Adamawa Districts the annual census on which revision of assessment is partly based was carried out in August by district staffs under the general supervision of Administrative Officers.[3]

The 1937 report says with regard to 'the precipitous Alantika mountain range inhabited by the Kona and cognate groups' that 'these shy and backward people, difficult of access, have been included for the first time within the normal annual census and assessment'.[4]

As to the small Kentu area the 1934 report gave the following information:

A census of the population and live stock is carried out each year under the direct supervision of an Administrative Officer. The names of all adult males are recorded and details of live stock and special crops are entered on the assessment sheets.[5]

It does not seem, however, that the census is carried out actually each year under the supervision of an Administrative Officer. The report for 1936 relates:[6]

The Divisional Officer spent three weeks in the Kentu Area in May during which he saw the headman and elders of each village and announced to them the amount of tax which they were required to pay. Bundles of sticks were handed to them representing the number of adult male tax payers in their villages. These figures had been obtained previously by a count carried out by the Scribe of the Area with the assistance of a Government Messenger under the supervision of the Chiefs themselves.[7]

The reports thus tell us very little about the procedure followed in

[1] *Report 1931*, p. 17.
[2] Ibid., p. 9.
[3] *Report 1932*, pp. 23–4; *1933*, p. 17; *1934*, p. 18. See also *Report 1935*, p. 23: 'The annual census for revision of assessment was carried out in June under the general supervision of the Administrative Officers.'
[4] *Report 1937*, p. 16.
[5] *Report 1934*, p. 19.
[6] *Report 1936*, pp. 24–5.
[7] The 1937 report (p. 22) speaks of 'a careful count of the whole area by the scribe, which was partially supervised by an administrative officer'.

enumerating the population in the Northern Cameroons outside the Dikwa Division. The 1936 report, it is true, states for the Northern Cameroons as a whole:[1]

A census of the population and livestock is carried out each year under the supervision of an Administrative Officer. Each compound is visited by a census scribe who records the name of all adult males and details of livestock and special crops.

But this method is evidently not used in the pagan districts of the Dikwa Division and it is doubtful whether it is actually employed in the Adamawa Districts.

(c) *Mandated Territory.* The population figures are based mainly on the enumerations of adult males for assessment purposes, and the 1927 report to the League of Nations relates that 'assessment of the whole of the Cameroons has been completed'.[2] But this does not imply that the adult males had been enumerated everywhere. The 1927 report itself says with regard to the Dikwa Division:

The tax paid by the hill communities in 1926–7 was £850 from an estimated total population of 50,000 persons. Amongst these a simple tax of 2*s*. a compound only is levied.[3]

According to a statement made on 2 November 1938 in the Permanent Mandates Commission by the representative of the mandatory Power, all figures relating to women and children are still estimates.

M. Rappard asked for information on the methods of counting and estimating used to arrive at the figures given on page 105 of the [1937] report.

Mr. Firth replied that use was made of the nominal rolls of adult males prepared by heads of villages for taxation purposes. Those were, of course, subject to fluctuations from year to year. The figures for women and children were wholly estimated, as native women strongly objected to being counted.[4]

2. *Publication of Census Results*

A. *General Censuses.*

(a) *Cameroons Province.* The tables published in the report of the 1921 census of Southern Nigeria contain the following information on the Cameroons Province:[5]

Total population of each of the Divisions;
Non-native Europeans, Non-native Non-Europeans, Native foreigners,

[1] *Report 1936*, p. 33.
[2] *Report 1927*, p. 87.
[3] Ibid., pp. 88–9.
[4] *Minutes*, 35th Session, p. 152.
[5] See Talbot (1926), vol. iv.

Natives of the Northern Provinces, Natives of each principal tribe of the Southern Provinces, by sex and age (under 15, over 15);
Natives of the Southern Provinces by sub-tribes and sex;
Population by religion (Protestants, Roman Catholics, Moslems, Pagans);
Educated, Imperfectly educated, and Illiterate persons;
Male adults and female adults by occupations;
Number of towns with a population of 1,000 to 2,000, 2,000 to 5,000, and 5,000 to 10,000.

The tables published in the report of the 1931 census contain the following information concerning the Cameroons Province:[1]

Population in each of the 4 Divisions by sex and age (adults, non-adults);
Natives of the Southern Provinces by tribes, Natives of the Northern Provinces, Native foreigners;
Population by religion (Protestants, Roman Catholics, Moslems, Animists, Unclassified as to religion);
Native adults by occupation;
Number of towns and villages in each of the 4 Divisions with a population of under 100, 100–199, 200–499, 500–999, 1,000–1,999, 2,000–4,999, 5,000–9,999, 10,000–19,999, 20,000–49,999;
Natives, Native foreigners, and Non-natives, by sex, in Town of Banso.

(*b*) *Northern Cameroons.* The report of the 1921 census of the Northern Provinces gave only the total population of the Northern Cameroons by areas (Dikwa, North Adamawa District, South Adamawa District).[2]

The report of the 1931 census of the Northern Provinces[3] paid hardly any attention to the population of the Mandated Territory as such. It merely gave the number of adult males, adult females, and children in the portion administered as part of the Adamawa Province (Dikwa Division) and in the portion administered as part of the Bornu Province (Adamawa Districts). It gave, it is true, in addition for the Dikwa Division and for the Adamawa Division (as for all other Divisions) of the Northern Provinces (1) the population of each District and of each tribe by sex and age (adults, non-adults), (2) the number of towns and villages by population, and (3) the population of the principal towns by sex. Since, however, some of the Adamawa Districts of the Mandated Territory do not constitute separate districts but are included in other districts of the Adamawa Division, this additional information throws light only on certain sections of the Mandated Territory.

[1] See *Census of Nigeria*, 1931, vols. i and iii.
[2] See Meek (1925), vol. ii, p. 180.
[3] See *Census of Nigeria*, 1931, vol. ii.

B. *Assessment Returns.*

Until 1924 the results of the annual censuses were published in a haphazard fashion. The reports for 1921–3 convey the following information:

Report for 1921.

Cameroons Province. 1. Total population in each Division (Victoria, Kumba, Ossidinge, Bamenda). 2. Total Christians and Moslems. 3. Total non-native Africans.

Dikwa Division. 1. Total Population by tribes. 2. Total number of Moslems.

North Cameroons Division of Yola Province. Total population.

Southern Cameroons Division of Yola Province and Independent States. 1. Total population by districts (Nassarao, Numberu, Toango, Gashaka, Gurumpao). 2. Total population of each tribe.

Report for 1922.

Cameroons Province. Total population in each Division (Victoria, Kumba, Mamfe, Bamenda).

Dikwa Division. 1. Adult males, adult females, and children in the Division, excluding the pagan districts. 2. Total population of pagan districts.

North Cameroons Division of Yola Province. Total population.

Southern Cameroons Division of Yola Province. 1. Total population in 4 Districts (Nassarao, Numberu, Toango, Gashaka).

Report for 1923.

Cameroons Province. Adult males, adult females, and children in each Division.

Dikwa Division. 1. Adult males, adult females, boys, and girls in the Division, excluding the hill pagans in the pagan districts. 2. Total Moslem and total non-Moslem population. 3. Total population of each tribe.

North Cameroons Division of Yola Province. 1. Adult males, adult females, and children. 2. Total population in each District.

Southern Cameroons Division of Yola Province and Independent States. 1. Total population in each District (Nassarao, Numberu, Toango, Gashaka, Gurumpao, Yebbi). 2. Adult males, adult females, and children in the Division excluding the districts of Gurumpao and Yebbi. 3. Total population by tribes in each district of the Division excl. Gurumpao and Yebbi.

From 1924 to 1937 the information was more uniform. Every report gave the number of adult males, adult females, and children in each of the four Divisions of the Cameroons Province (Victoria, Kumba, Mamfe, Bamenda), in the Dikwa Division, and in the other

Northern Divisions.[1] The reports contained, in addition, the following data:

Cameroons Province. 1926: Adult males, adult females, and children in each Division by tribes and on 'Plantation and Government labour'.

Northern Cameroons. 1924: Total population in Gurumpao and Yebbi. 1925: Total population in Gurumpao, in Yebbi, in northern Gashaka, and in southern Gashaka. 1926: Total population in northern Gashaka, in southern Gashaka, and in Kentu area. 1935, 1936, and 1937: Moslems and Pagans in each District of the Adamawa Districts.

3. *Completeness and Accuracy of Censuses*

A. *General Censuses.*

(*a*) *Cameroons Province.* At the 1921 census of the Southern Provinces 'in certain parts a proportion of the population was estimated'. But even where a house-to-house enumeration was carried out the data were not published as they were ascertained but were subjected to manipulation. Mr. Talbot, the Resident responsible for this census, states:[2]

In every case the accepted figures have been those as finally determined by the officer on the spot and confirmed by the Resident of the Province. The percentages added to cover those not actually counted and absentees seem to be reasonable, and to err, if at all, on the conservative side; on the whole, in my opinion, the population is considerably larger than that given in this report, and it would appear safe to say that, if 10% were added to the native tribes, the result would be more accurate.

The Government Statistician responsible for the 1931 census of Nigeria, Mr. Jacob, after having pointed to this 'manipulation of the data' and to 'the presumably arbitrary additions made to the 1921 count', says:[3]

These comments must not be interpreted as criticism of the addition of a percentage on account of omissions, in itself—when the amount of omission has been carefully estimated—a proper procedure. The value of the figures would, however, have been considerably greater if the extent of the addition was everywhere stated.

As to the figures for the Cameroons Province, which to a particularly large extent were based on estimates, the likelihood that they came near the truth was probably still smaller than for most of the other Provinces.

[1] 1924: (1) Adamawa Districts, (2) Gashaka; 1925: (1) Adamawa Districts, (2) Gurumpao and Yebbi, (3) Gashaka; 1926–8: (1) Adamawa Districts, (2) Gashaka; 1929–32: Adamawa Districts; 1933–7: (1) Adamawa Districts, (2) Kentu area.

[2] Talbot (1926), vol. iv, p. 3.

[3] *Census of Nigeria*, 1931, vol. i, p. 7.

Table 3 shows the coloured population by sex, age, and nativity.

TABLE 3

*Coloured Population by Sex, Age, and Nativity, Cameroons Province, 1921**

Nativity	Males		Females		Total
	under 15	*15 and over*	*under 15*	*15 and over*	
Natives of Southern Provinces	44,610	100,773	41,070	106,079	292,532
Natives of Northern Provinces	145	857	147	531	1,680
Native foreigners†	400	3,862	91	541	4,894
Non-natives	—	6	—	1	7
Total	45,155	105,498	41,308	107,152	299,113

* See Talbot, vol. iv, table facing p. 154.

† Persons descended from an African tribe non-indigenous to Nigeria.

Of the 299,165 inhabitants (including 52 Europeans) there were 281,526 Pagans, 9,879 Protestants, 6,522 Roman Catholics, and 1,238 Moslems.[1]

With regard to the 1931 census of the Southern Provinces, for which Mr. Cox was responsible, he states:[2]

> The present Census consists largely of transcripts from the Tax Returns, with the addition of Adult Females and Non-Adults, and it is this addition, in the main, which has proved the stumbling block: for few calculations appear to have been based on reliable knowledge or definite data.

As to the statistical trustworthiness of the Tax Returns in the Cameroons Province, it will be discussed later.

Mr. Jacob includes the Cameroons Province among the eight Southern Provinces 'with errors of probably 10 per cent., sometimes less and sometimes more'.[3] He believes that 'there is a systematic bias towards omission',[4] and thinks that the combined population of those eight Provinces was probably higher by 10 per cent. than the official figures show.[5]

It may be mentioned incidentally that since the official 1931 population figure for the Cameroons Province was higher by 25 per cent. than that of 1921, the deficiencies in the 1921 census must have been considerably larger even than those of 1931.[6]

[1] See Talbot, vol. iv, p. 104. [2] *Census of Nigeria*, 1931, vol. iii, p. 4.
[3] Ibid., vol. i, p. 6. [4] Ibid., p. 7. [5] See ibid., p. 23.
[6] The changes in the boundaries of the Cameroons Province—inclusion of the Kaka-Ntem District in 1924, exclusion of Kentu area in 1926—cannot have affected the number of inhabitants essentially.

Table 4 shows the total population by sex and age in each of the four Divisions of the Province:

TABLE 4

*Total Population by Sex and Age, Cameroons Province, 1931**

Division	Males		Females		Total
	Children	Adults	Children	Adults	
Victoria . .	4,776	19,636	3,670	10,642	38,724
Kumba . .	13,455	19,352	12,724	24,493	70,024
Mamfe . .	11,069	19,934	10,691	24,599	66,293
Bamenda . .	36,700	59,409	34,803	68,919	199,831
Total . .	66,000	118,331	61,888	128,653	374,872

* See *Census of Nigeria*, 1931, vol. i, p. 97.

There were recorded 3,825 Natives of Northern Provinces, 7,499 Native Foreigners, and 276 Non-Natives.[1]

Of the 374,872 inhabitants (including Europeans) there were 326,008 Pagans, 15,634 Protestants, 15,844 Roman Catholics, 3,918 Moslems, and 13,468 Unclassified as to Religion.[2]

(*b*) *Northern Cameroons.* The figures given in the 1921 census report for the Northern Cameroons were 'based on estimates recently made by political officers during the ordinary course of their work'. They, then, do not differ as to completeness or accuracy from the assessment returns which I shall discuss later.

The figures given in the 1931 census report are likewise to a large extent estimates based on the same records.[3]

B. *Assessment Returns.*

(*a*) *Cameroons Province.* Table 5 (p. 222) shows the total coloured population of the four Divisions of the Cameroons Province as given in the annual reports for 1921, 1922, and 1923, and in the 1921 census report.

Table 6 (pp. 222–3) shows the coloured population in 1921–37, distinguishing adult males, adult females, and children.

[1] See ibid., vol. iii, pp. 26–7.

[2] See ibid., p. 26.

[3] There is some confusion in the figures for the total population. It is given as 422,440 in vol. i, pp. 8 and 99, and as 394,961 in vol. ii, p. 21; the latter total is apparently less arbitrary since it is arrived at by adding the figures for the various districts.

According to the census reports the population of the Dikwa Division was about 194,000 both in 1921 and 1931, while the population in the remainder of the Northern Cameroons shows an increase from 67,669 to 200,582!

TABLE 5

*Coloured Population, Cameroons Province, 1921–3**

Year	*Source*	*Victoria*	*Kumba*	*Mamfe*	*Bamenda*	*Total*
1921	Annual report . .	22,867	62,766	53,281	220,000	358,914
1921†	Census report . .	33,955	50,496	53,282	161,432	299,165
1922	Annual report . .	32,627	55,744	57,236	156,918	302,525
1923	Annual report . .	32,627	66,155	61,078	187,862	347,722

* See *Report 1921*, p. 52; Talbot (1926), vol. iv, p. 10; *Report 1922*, p. 53; *Report 1923*, p. 65.
† Including Europeans.

TABLE 6

*Coloured Population, Cameroons Province, 1921–37**

Year	*Adult males*	*Adult females*	*Children*	*Total*
	VICTORIA DIVISION			
1923	10,827	15,000	6,800	32,627
1924	14,920	9,287	6,758	30,965
1925	15,721	13,531	8,991	38,243
1926	17,726	10,555	7,548	35,829
1927†	18,528	10,552	7,644	36,724
1929	18,928	10,171	7,873	36,972
1930	19,502	10,625	8,338	38,465
1931	19,502	10,605	8,438	38,545
1932	19,636	10,642	8,446	38,724
1933‡	17,341	10,642	8,446	36,429
1935	19,738	10,651	8,666	39,055
1936	22,005	10,651	8,666	41,322
1937	23,199	10,651	8,666	42,516
	KUMBA DIVISION			
1923	17,884	24,055	24,216	66,155
1924§	18,206	24,415	24,401	67,022
1930	20,042	27,256	27,214	74,512
1931	20,881	23,687	25,251	69,819
1932	19,352	24,493	26,179	70,024
1933‖	21,466	23,687	25,251	70,404
	MAMFE DIVISION			
1923	19,290	21,687	20,101	61,078
1924	19,615	22,761	19,793	62,169
1925	19,216	23,366	20,363	62,945
1926¶	19,216	23,441	20,458	63,115
1928**	19,540	24,182	20,992	64,714
1930	19,915	24,595	21,760	66,270
1931††	19,547	24,419	21,781	65,747
1932	19,934	24,599	21,760	66,293
1935‡‡	22,027	24,736	22,585	69,348
1937	21,323	24,080	22,736	68,139

TABLE 6 (*cont.*)

Year	*Adult males*	*Adult females*	*Children*	*Total*
	BAMENDA DIVISION			
1923	60,213	69,486	58,163	187,862
1924	63,431	73,186	61,255	197,872
1925	68,748	80,507	73,399	222,654
1926	56,264	66,447	65,422	188,133
1927	55,677	65,601	67,901	189,179
1928**	59,077	68,371	70,607	198,055
1930	59,389	68,913	71,501	199,803
1931	60,326	69,904	72,866	203,096
1932	59,409	68,919	71,503	199,831
1933	61,568	70,715	73,962	206,245
1934	61,970	71,192	76,759	209,921
1935	63,724	75,101	88,756	227,581
1936	64,221	75,691	89,496	229,408
1937	63,300	74,875	88,455	226,630
	CAMEROONS PROVINCE			
1921§§	105,543	107,159	86,463	299,165
1923	108,214	130,228	109,280	347,722
1924	116,172	129,649	112,207	358,028
1925	121,891	141,819	127,154	390,864
1926	111,412	124,858	117,831	354,101
1927	111,627	124,009	120,406	356,042
1928	115,351	127,520	123,644	366,515
1929	115,751	127,139	123,873	366,763
1930	118,848	131,389	128,813	379,050
1931	120,256	128,615	128,336	377,207
1932	118,331	128,653	127,888	374,872
1933	119,922	129,463	129,440	378,825
1934	120,324	129,940	132,237	382,501
1935	126,955	134,175	145,258	406,388
1936	129,719	134,765	145,998	410,482
1937	129,288	133,293	145,108	407,689

* For 1921 see Talbot (1926), vol. iv, table facing p. 154. For 1923–37 see *Annual Report 1923*, p. 65; ibid., *1926*, pp. 96–7; *1928*, pp. 104–5; *1930*, pp. 102–3; *1932*, pp. 99–100; *1933*, p. 83; *1934*, p. 110; *1935*, p. 115; *1936*, p. 135; *1937*, p. 105. † Same 1928. ‡ Same 1934.

§ Same 1925–9; but 1926–7 children 24,403, total 67,024.

‖ Same 1934, 1935, 1936, and 1937. ¶ Same 1927.

** Same 1929. †† Same 1933 and 1934.

‡‡ Same 1936. §§ Including Europeans.

Victoria Division. The population figure given in the annual report for 1921 (22,867) was evidently far too low. The census report for the same year estimated it at 33,955, and in the annual reports for 1922 and 1923 it was given as 32,627. The transfer of the Bambuko area to the Kumba Division reduced the area of the Victoria Division by about one-third but involved an exchange of only 867 inhabitants,

and the report for 1924 gave the population as 30,965. But the similarity of these figures by no means proves their trustworthiness. The village census was not yet complete and the authorities had only vague ideas about the number of women and children on the plantations. It may suffice to mention that the number of adult males which had been entered for 1923 as 10,827 was raised for 1924 to 14,920 (in spite of a loss of territory) while the number of adult females was reduced from 15,000 to 9,287. For 1925 the figures were completely revised:

> The population is now returned as 38,243 . . . This total includes an estimated figure of 18,682 living on Plantations. The census of all villages is now complete.[1]

As compared with 1924 the total population had been raised by 24 per cent. (adult males by 5 per cent., adult females by 46 per cent., children by 33 per cent.). But the number of persons living on plantations was grossly over-estimated,[2] and the village census cannot have been complete, since not all the areas had been actually assessed.

The 1926 report showed the population of each tribal unit in each Division of the Province.

> The figures are the results of a careful census taken in the course of assessment work during the past four years. In the unassessed areas of Mamfe and Victoria Divisions an estimate has been made. In the plantations area complete returns of labour are supplied by the managers.

The results for 1926 may be summarized as follows:

	Adult males	*Adult females*	*Children*	*Total*
Plantation and Government labour .	10,809	3,603	2,026	16,438
Others	6,917	6,952	5,522	19,391
Total	17,726	10,555	7,548	35,829

It will be seen that there is a decrease in the total population for 1925. The figures then were: males 15,721, females 13,531, children 8,991, total 38,243. The difference is due to a new estimate of the women and children living on the plantations. There is nothing to indicate that there has been any real decrease, and the present figures may be taken as more accurate than those of last year. It will be seen that there has been a considerable

[1] *Report 1925*, pp. 22–3.

[2] The 1925 report had estimated the population 'living on Plantations' in the Victoria Division at 18,682, and had stated at the same time with regard to the whole Mandated Territory: 'The last return of labourers on the estates showed 11,824 voluntary labourers . . .' (p. 50). It seems that in estimating the plantation population in the Victoria Division the number of adult females and children was assumed to be nearly equal to that of the labourers!

increase in the number of men, due mainly to the increase in plantation labour.[1]

But the number of women and children on the plantations had apparently been still somewhat over-estimated. According to the 1927 report the population of that year was as follows:[2]

	Adult males	*Adult females*	*Children*	*Total*
African employees on plantations .	10,642	3,367	1,905	15,914
Others	7,886	7,185	5,739	20,810
Total	18,528	10,552	7,644	36,724

The report for 1928 gave the same totals for adults and children 'as no census has been taken during 1928'.

The total of males includes 9,968 labourers working on plantations, while in 1927, 10,642 were so included. This would seem to cause a reduction of 674 in the population, but as the reduction in the number of labourers employed is probably of a temporary nature it has not been considered necessary to make any alteration in the total figures.

Accurate figures will be available during 1929 by which time a re-assessment of the Division will have been completed.[3]

The expectation that the reduction in the number of labourers employed would be of a temporary nature was not fulfilled. The number dropped further in 1929. But 'the reassessment of 1928–9'[4] showed, nevertheless, an increase of 400 in the number of adult males.

The total of males includes 9,357 plantation labourers as compared with 9,957 on the plantations in 1928. The census was carefully made by the Administrative Officers concerned and may be accepted as accurate so far as adults are concerned. In the case of the children exact accuracy is more difficult to attain and it is probable that a certain number, not exceeding three per cent., were omitted from the count.[5]

In 1930 the area of the Division was increased by 500 square miles, or about 75 per cent. But this addition of 'the coastal fishing villages of the Bakole tribe, numbering 245 adult males, and the seasonal settlements of fishermen who came from Calabar and other parts to

[1] *Report 1926*, p. 99. I doubt that the increase of 2,005 was 'due mainly to the increase in plantation labour'. The number of plantation labourers in the whole Territory increased only from 11,824 to 12,128 (see ibid., p. 44).

[2] See *Report 1927*, p. 9.

[3] *Report 1928*, p. 15.

[4] The Tiko area apparently was included for the first time in the census. See *Report 1929*, p. 104: 'There are no previous census figures of this area.'

[5] Ibid., p. 13.

fish in the creeks of the Rio del Rey area'[1] did not increase materially the population of the Division. The total population which for 1929 was reported as 36,972 was now returned as 38,465.[2] 'This total includes the labourers on the plantations, whose numbers were considerably reduced towards the close of the year owing to the fall in prices.'[3]

The number of labourers employed on the plantations had declined indeed from 9,387 in 1929 to 6,943 in 1930. It is most surprising that this decrease did not affect the official population figures, and that even the number of adult males showed an increase (from 18,928 to 19,502). For 1931 the total number of adult males was identical with that for 1930, although the number of plantation labourers had dropped to 6,087. The author of the 1931 report gave the following explanation for the stability of the population figures.

> These totals include the labourers on the plantations, and the fact that the number has not decreased since 1930 indicates that the number in the district seeking work has not decreased, and that most are obtaining it for short periods instead of working full time as in more prosperous years.[4]

But when, in 1933, the number of plantation labourers rose to 6,958, the total number of adult males showed an enormous decrease. However, the report for 1933 contained merely the following queer statement:[5]

The native population of the Victoria Division is recorded as follows:

Year	*Adult males*	*Adult females*	*Children*	*Total*
1932	19,636	10,642	8,446	38,724
1933	17,341	10,642	8,446	36,429

Not a word was said to explain why the number of adult males was reduced considerably while the number of adult females and children remained unaltered. Although the number of plantation labourers in 1934 rose from 6,958 to 8,490, the report for 1934 gave the same population figures as the report for 1933. But when in 1935 the number of plantation labourers rose to 11,769, the population figures for that year were stated to be practically the same as for 1932. The total number of adult males was given as 19,738, or only 102 more than in 1932 and 2,397 more than in 1934, although the number of plantation labourers alone was by 5,139 larger than in 1932 and by 3,279 larger than in 1934. Instead of explaining to what causes the

[1] *Report 1929*, p. 11.
[2] 'The population shows an increase of 1,493 from the same cause' (change of boundary).
[3] *Report 1930*, p. 10.
[4] *Report 1931*, p. 5.
[5] *Report 1933*, p. 8.

low number of adult males in 1935 was due, the report for that year stated:[1]

The increase in the population figures for the Victoria, Mamfe and Bamenda Divisions are due to the gradual compilation of more accurate nominal rolls.

The reports for 1936 and 1937 show for men increases of 2,267 and 1,194 respectively.

The increase of 2,267 in the adult male population of the Victoria Division is due to a corresponding increase in the amount of labour employed on the plantations.[2]

The population of the Victoria Division has again increased, owing chiefly to greater employment on the plantations.[3]

The number of plantation labourers in fact increased by 2,267 and 1,194 respectively. Since the number of men, excluding plantation labourers, was for 1936 and 1937 the same as for 1935, and since also the number of women and of children was identical with that given for 1935, it is obvious that no new count was made either in 1936 or in 1937.

The erratic results of the population statistics of the Victoria Division may perhaps best be illustrated by the following table:

Year	*Adult males excluding plantations*	*Plantation labourers* origin*		*Total adult males*	*Adult females and children*
		Victoria	*Other*		
1927	7,886	732	9,910	18,528	18,196
1928	8,571	427	9,530	18,528	18,196
1929	9,541	758	8,629	18,928	18,044
1930	12,559	290	6,653	19,502	18,963
1931	13,415	250	5,837	19,502	19,043
1932	13,006	301	6,329	19,636	19,088
1933	10,383	337	6,621	17,341	19,088
1934	8,851	381	8,109	17,341	19,088
1935	7,969	669	11,100	19,738	19,317
1936	7,969	775	13,261	22,005	19,317
1937	7,969	1,059	14,171	23,199	19,317

* See *Report 1927*, pp. 36, 90; *1928*, p. 62; *1929*, pp. 62–3; *1930*, pp. 64–65; *1931*, p. 52; *1932*, p. 66; *1933*, p. 53; *1934*, p. 67; *1935*, p. 67; *1936*, p. 78; *1937*, p. 137.

According to the official statistics the number of adult males, excluding labourers on the plantations, increased gradually from 7,886 in 1927 to 13,415 in 1931 and decreased thereafter gradually to 7,969 in 1935. Including those plantation labourers whose tribal origin was in the Victoria Division, the number increased from 8,618 in 1927 to 13,665 in 1931 and then decreased to 8,638 in 1935. It is obvious that such enormous changes did not occur in reality and that

[1] *Report 1935*, p. 8. [2] *Report 1936*, p. 8. [3] *Report 1937*, p. 6.

these statistics are absolutely useless. The figures for adult females and children indicate very slight changes from year to year, and it may seem, therefore, at first sight as if they might come nearer the truth. But these figures include the women and children who accompanied the plantation labourers. The number of these women and children amounted in 1927 to 5,272, or nearly one-half of the plantation labourers. This information is not available for any later year, but the reports for 1930 to 1937 give the percentages of plantation labourers accompanied by their wives. On the basis of these data the distribution of women into those who do not live on the plantations and those who do can be given approximately:

Year	*1930*	*1931*	*1932*	*1933*	*1934*	*1935*	*1936*	*1937*
Not on plantations . .	9,488	9,447	9,660	9,204	9,165	8,441	8,283	8,196
On plantations	1,137	1,158	982	1,438	1,477	2,210	2,368	2,455
Total . .	10,625	10,605	10,642	10,642	10,642	10,651	10,651	10,651

If we assume that the women on the plantations had 0·6 children on an average, the number of women and children excluding those on the plantations would have increased from 12,924 in 1927 to about 17,500 in 1932 and would have decreased thereafter to about 15,400 in 1937. It is evident that for the women and children the official figures are likewise of no value.

Kumba Division. The official population figures of the Kumba Division varied also a great deal in the years 1921–3. The annual report for 1921 gave 62,766, and this was probably not an overestimate. The census report for the same year, however, showed a population of only 50,496, and the figure, thereupon, was reduced in the annual report for 1922 to 55,744. But when the assessment of the whole Division was completed,[1] the authorities realized their mistake and in the report for 1923 put the population at 66,155. In 1924 the Bambuko area with 867 inhabitants was transferred from Victoria to Kumba Division, and the population figure thereupon was raised by 867. According to the report for 1924, the Kumba Division had, then, 'an accurately censused population of 67,022'.[2] This figure of 67,022 was maintained for every year until 1930, although in 1925 'a whole Elung village of some 600 has crossed into the Kumba Division',[3] and although the number of labourers on the plantations

[1] See *Report 1924*, pp. 16–17: 'By the end of 1923 the whole Division had been assessed and the detailed information collected on the spot—demographic, historical, ethnological, economic, etc.—embodied in assessment reports or gazetteers of each unit as ethnically determined.'

[2] Ibid., p. 16.

[3] *Report 1925*, p. 105.

varied enormously (1927: 2,311; 1928: 4,451; 1929: 3,479). The population evidently had increased considerably in the course of 1928, and the report for that year contained the following comment:

> The Kumba figures are returned as the same as those given for 1927. Some increase has occurred, but as the figures are largely estimated, they have not been shown as the definite figures of population. The estimated increase is 8,450, or 12·3 per cent. This would give a total population of 75,472. The increase is due to stranger settlers as the result of increased trade and better communication, and to the expansion of the cultivated portions of the plantation estates. There is, also, reason to believe that the indigenous population is increasing owing to improved living conditions and medical facilities.[1]

In 1929 six small villages with a total population of 532 were transferred from Mamfe to Kumba Division. But at the same time the number of plantation labourers declined considerably, a decrease which, as stated in the section 'Labour' of the 1929 report, was 'due to the plantation companies having retrenched staff and labour owing to the low price of produce and the partial failure of the cocoa crop'.[2] This fact, however, was overlooked by the author of the section 'Population Statistics', who made the following out-of-date comment:

> There is a definite increase of 2,410 in the number of adult males in Kumba Division, and it is probable that there is a corresponding increase in the numbers of women and children, but, pending a complete new census, the figures which have been given in previous years are retained.[3]

In 1930 a sparsely settled area of 500 square miles was transferred from Kumba to Victoria Division, and at the same time the number of plantation labourers decreased further from 3,479 to 2,097. But on the basis of some partial reassessments and enumerations (and the

[1] *Report 1928*, p. 105. [2] *Report 1929*, p. 62.

[3] Ibid., p. 100. The author of the section 'General Administration' went even farther; see ibid., p. 14: 'There is a definite increase in population which is due to immigration as the result of increased trade and better communication, the expansion of the cultivated portions of the plantation estates and the increasing number of stranger settlers, farmers who prefer the amenities of life of this Division to the hardships of poorer areas like the Bamenda hills, and traders from the Cross River and other parts of Nigeria and the Cameroons under French Mandate who appreciate the possibilities of a rapidly developing country. Native Administration and Government works also attract stranger labour. In a sparsely populated and fertile area such as this, these immigrants are invaluable in developing its natural resources and increasing trade and they are welcomed by the people. There is also reason to assume that the indigenous population is increasing owing to improved living conditions and medical facilities.'

conviction that the population had increased considerably) the 1929 figure was raised in the 1930 report by 1,836 for adult males, by 2,841 for adult females, and by 2,813 for children. The total population was thus given as 74,512.

In spite of the decrease in consequence of the alteration in the Victoria-Kumba Boundary a net increase of 7,490 is shown in the total population of the Division. This increase is due partly to re-assessment having been begun in the Bakossi, Ninong, and Elung Districts, and partly to the further enumeration of adult males in all other Districts for taxation purposes.[1]

But already in the following report the changes made in the 1930 report were abandoned:

The latest returns of African population are as follows:—

Year	*Males*	*Females*	*Children*	*Total*
1930	20,042	27,256	27,214	74,512
1931	20,881	23,687	25,251	69,819

It will be seen that for 1931 there is an increase of 839 adult males, that the totals of women and children are less, and that there is a total decrease of population of 4,693. The figure for adult males may be accepted as correct with a comparatively small margin of error. The reduction of the totals of women and children has been made in the following way. A careful re-assessment and census was made in four Districts during 1931, viz., Bakossi, Ninong, Elung, and Bakundu. The totals of women and children in these Districts show a considerable reduction from those recorded in the first assessment census of 1922 and 1923. The first census was made rapidly over the whole Division and by a less experienced staff than at present, and its primary object was to obtain correct figures of the adult male population for purposes of taxation. The figures for women and children in the first assessments were incorrectly compiled, and the new ratio of women and children to adult males disclosed by the census of four Districts in 1931 has been accepted as correct for the whole Division.[2]

As a matter of fact, the new total for women and children (48,938) was considerably lower than that given for 1930 (54,470), but higher than that given for 1923 (48,271)! Contrary to the figures for 1930, the figures for 1931 agree very well with those for 1923, and the blunders made in 1930 cannot be excused by referring to defects in the census of 1923, which when its results were published was praised as 'accurate' but which was now condemned. How completely the author of the 1931 report misunderstood the whole situation can perhaps best be seen by comparing his figures both with those for 1923 and with those published in the official census report for 1931:

[1] *Report 1930*, p. 10.

[2] *Report 1931*, pp. 5–6.

CENSUS STATISTICS

Year	*Source*	*Adult males*	*Adult females*	*Children*	*Total*
1923	Annual Report	17,884	24,055	24,216	66,155
1931	Annual Report	20,881	23,687	25,251	69,819
1931	Census Report	19,352	24,493	26,179	70,024

The 1931 census figures certainly do not afford any proof that the 1923 figures for women and children 'were incorrectly compiled'.

The 1931 report stated that 'the figure for adult males may be accepted as correct with a comparatively small margin of error'. But although the number of plantation labourers employed in the Division increased from 2,232 in 1931 to 3,764 in 1932, the report for 1932 gave as the number of adult males for 1932 the much lower figure ascertained by the census authorities for 1931 (19,352), which meant a reduction of 1,529 as compared with the figure in the 1931 annual report. But in 1933, when the number of plantation labourers had dropped to 3,165, the number of adult males—without any explanation—was raised to the record figure of 21,466. The handling of the figures for women and children was still more strange. For 1932 the figures were raised so as to coincide with those published in the 1931 census report. But the lower figures contained in the 1931 annual report were re-entered as for 1933. For 1934, 1935, 1936, and 1937 the 1933 figures were reproduced without alteration. The 1937 figures for adult males were thus higher by 585 than in the annual report for 1931 and higher by 2,114 than in the 1931 census report, while those for adult females and children were identical with the ones given in the annual report for 1931, but lower by 806 and 928 than in the 1931 census report.

Mamfe Division. The population figure of 53,281 published in the annual report for 1921 was practically identical with that given in the 1921 census report, but it was raised to 57,236 in 1922 and to 61,078 in 1923. Further slight increases were recorded in the years 1924, 1925, and 1926.

1924.[1] The Mamfe Division is about 6,000 square miles in extent,[2] with a population of 62,169, but this figure must remain unreliable until the whole division is assessed.

1925.[3] The area of the Mamfe Division—about 6,000 square miles—remains unchanged, but the ascertained population has risen from 62,169 to 62,945. The figure is subject to further correction when assessment shall have ended.

[1] *Report 1924*, p. 15.
[2] The area was actually about 4,350 sq. m.
[3] *Report 1925*, p. 20.

The 1926 report merely indicated that there were still unassessed areas for which the population had to be estimated.[1]

The 1927 report said: 'There are but a few minor alterations in the figures of population, which are now returned as follows: . . . ' and then reproduced exactly the figures of 1926.[2] For 1928 the figures were again raised:

> The small increase of 1,599 in Mamfe Division is the result of closer assessment and the addition of the Mesaga area, the transfer of which from Bamenda to Mamfe Division occurred during the year . . .[3]

In 1929 six villages with 532 inhabitants were transferred from Mamfe to Kumba, but the population figures were not changed.

> There has been no fresh census and the figures remain as those given for 1928.[4]

In 1930 the population figure was raised from 64,714 to 66,270.

> The increase in population of 1,556 is due to the completed re-assessment in the Banyangi Districts.[5]

In the following year the total was reduced from 66,270 to 65,747.

> The slight decrease in the figures of 1931 is explained by the fact that in the 1930 return some villages were inadvertently included twice.
>
> Re-assessment is now in progress in the Assumbo District and the census is likely to show some further alteration in the figures.[6]

But by this time the records had become hopelessly confused. The census report for 1931 gave almost exactly those figures of the 1930 annual report which the 1931 annual report had described as erroneous, and the 1932 annual report gave as for 1932 precisely the census report figures! The reports for 1933 and 1934, on the other hand, reproduced the lower figures of the report for 1931. Finally in 1935 the figures were revised. The 1934 figure for adult males was raised by 2,480, or 13 per cent., that for adult females by 317, or 1 per cent., and that for children by 804, or 4 per cent. This increase, it is stated, was 'due to the gradual compilation of more accurate nominal rolls'.[7]

In 1936 no new count was made and the 1936 report reproduced the figures of 1935.[8] In 1937 the figure for men was reduced by 704 and that for women by 656, while that for children was raised by 151.

Mamfe and Bamenda show a reduced population: this is partly due to

[1] See *Report 1926*, p. 99.
[2] See *Report 1927*, p. 10.
[3] *Report 1928*, p. 105.
[4] *Report 1929*, p. 15.
[5] *Report 1930*, p. 11.
[6] *Report 1931*, p. 6.
[7] *Report 1935*, p. 8.
[8] See *Report 1936*, pp. 8–9.

migration to the plantations or elsewhere in search of wage-earning employment, and partly to more accurate counting.[1]

Bamenda Division. The official population figures for the Bamenda Division, which comprises over one-half of the population of the Province, oscillated enormously between 1921 and 1923. In the 1921 annual report the population was given as 220,000. The 1921 census report showed a total of only 161,432, and the 1922 annual report reduced it to even 156,918. The 1923 report increased it to 187,862.

On 1 January 1924 the Kaka-Ntem District was transferred from the Northern Cameroons to the Bamenda Division, and the official population figure for that year was higher by about 10,000 than the one for 1923.

> The estimated population is 197,872 . . . but, with the careful census that is now in progress, district by district, the total is likely to be considerably augmented.[2]

In 1925 the figure was raised much higher still.

> No addition or loss of territory has been made during the past year, but as the result of further assessment the figures of population have risen to 222,654, and nearly £2,000 more in tax has been collected in 1925 than in 1924.[3]

This further assessment had been considered 'the most important and urgent political work'.

> The most important and urgent political work at the moment is the completion of assessment of the various tribal districts, and it is to this work that the energies of the Political Officers have been directed during the year. Considerable progress has been made, and five separate areas, Bali, Bandop, Bikom, Mogamaw and Mogimba have been under assessment. The report on the Bali and Bandop clans has been completed and submitted to Government. The others are in the process of compilation. These original assessments involve considerable research into native customs and institutions, as they must play a very important part in future administration.[4]

But already in the following year the revised figures had to be abandoned as entirely wrong. The 1926 report gave two conflicting explanations:

> This large Division has a population of 188,133 in an area of 7,158 square

[1] *Report 1937*, pp. 6–7.

[2] *Report 1924*, p. 14.

[3] *Report 1925*, p. 19. See also ibid., p. 91: '. . . the people paid . . . nearly £2,000 (two thousand) more which became due from them as the result of a more accurate census.' See finally ibid., p. 102: 'Any increase in the yield from direct tax is due to a closer census of the taxable males and not to a rise in the rate.'

[4] Ibid., p. 19.

miles. The reduction in these figures as compared with those given in paragraph 80 of the 1925 Report is due to an error in computing the population of this Division last year and also to the fact that the Kentu District in the extreme north-east of the Province has been transferred to Adamawa Province . . .[1]

It is believed that the new figure for Bamenda is approximately correct and that the 1925 figure was an over-estimate due to a miscalculation of the probable increase over the 1921 census figures for the unassessed areas. The only real decrease in the population of the Division is due to the transfer of the Kentu area to the Northern Cameroons.[2]

The second explanation is not plausible at all. There is no evidence whatsoever that prior to 1925 there had been an over-estimate due to a miscalculation of the probable increase over the 1921 figures for the unassessed areas or to any other cause. As a matter of fact, the figure for 1926, as more recent data indicate, was rather an under-estimate. But it is quite possible, of course, that the much higher figure for 1925 was arrived at through an error of computation.

In 1927 the number of adults was slightly reduced, while the number of children was notably raised. In 1928 all three groups, and particularly the number of adult males, were raised considerably.

The increase in Bamenda Division is due largely to an increase of over 6,000 in the census of the Banso area, which was taken by the Native authority.[3]

For 1929 the same figures were given as for 1928. For 1930 the total was slightly raised.

The increase of 1,748 is due to re-assessment.[4]

[1] *Report 1926*, p. 21. Since the Kentu District had a population of only 4,590 (see ibid., p. 13), its transfer played only a negligible part in the reduction of the total population of the Bamenda Division by 34,521.

[2] Ibid., p. 100. The authorities believed that the new figure for Bamenda was approximately correct although the table by tribes contains the following items:

Tribe	*Male*	*Female*	*Children*	*Total*
Fafum-Wum	8,000	9,000	7,300	24,300*
Nkom	4,000	5,500	5,500	15,000*
Kaka and Ntem . . .	2,000	2,500	2,700	7,200*
Miscellaneous, Hausa, Fulani, Bamum, &c. . . .	1,200	1,400	1,400	4,000*

* Estimate only.

These were 'tribal areas not assessed to end 1926' (see *Report 1926*, 'Tribal Map of Cameroons Southern Province').

[3] *Report 1928*, p. 105; see also ibid., pp. 24–5.

[4] *Report 1930*, p. 12.

In 1931 the population was raised by another 3,293 to 203,096.

The increase is due to the recent census and re-assessment of the Wum District, the population of which had previously been underestimated.[1]

But 'the recent census', the one of 1931, according to the official report showed practically the same population figure as the one given in the 1930 report (199,831 as against 199,803), and the 1932 report gave this figure as for 1932. In 1933 the total was raised, without comment, to 206,245 and in 1934 to 209,921.

An increase in the population of Bamenda Division is shown, due to more accurate figures being obtained from a census of the Banso tribal district.[2]

In 1935 the official total jumped to 227,581, the number of adult males being raised by 1,754, that of adult females by 3,909, and that of children by 11,997.

The increases in the population figures for the Victoria, Mamfe and Bamenda Divisions are due to the gradual compilation of more accurate nominal rolls. The considerable increase in the Bamenda figure is attributable to the fact that account had only been taken in previous years of increase in the numbers of adult males. No actual count of adult females and children has been made, but the total population figure given has been based on a careful proportionate estimate.[3]

This explanation is incomprehensible. The official population figures had shown pretty much the same ratio of adult females to adult males in every year from 1923 to 1934, while the ratio of children to adult males had increased in the same period considerably. It may be that prior to 1935 the number of women and children had been under-estimated, but it is a big mistake to think that account had only been taken of the increase in the number of adult males.

In 1936 the figures showed 'a slight increase, owing to the increasing accuracy of the census . . .'.[4] In 1937, however, they dropped below the level of 1935, owing partly to migration 'and partly to more accurate counting'.[5]

Cameroons Province. The official population figures for 1921–3 show enormous fluctuations although the area of the Province did not change in those years. According to the annual report for 1921 the total population numbered 358,914, while the census report for the same year gave 299,165, the difference being due mainly to the discrepancy of the figures for the Bamenda Division. The annual

[1] *Report 1931*, p. 7.
[2] *Report 1934*, p. 5.
[3] *Report 1935*, p. 8.
[4] *Report 1936*, p. 9.
[5] *Report 1937*, pp. 6–7.

report for 1922 showed a total (302,525) which was very similar to the census figure, but the report for 1923 raised it to 347,722. None of the annual reports contains any comment on these changes. Mr. Talbot indicated for the Southern Provinces as a whole that 'if 10% were added to the native tribes, the result would be more accurate'. It seems, indeed, that the population must have been much larger than 300,000, and the total for 1923 (347,722) came certainly nearer to the truth than the census figure. But the 1923 figures for the various Divisions were in part wide of the mark. It may suffice to recall that for the Victoria Division, which had an overwhelmingly large number of male labourers on the plantations, the number of adults was given as 10,827 males and 15,000 females.

On 1 January 1924 the area of Kaka-Ntem was transferred from the Northern Cameroons to the Cameroons Province, and the population figure of the Province was raised for that year to 358,028. In 1925 the official figure jumped to 390,864, the number of males being raised by 5,719, that of females by 12,170, and that of children by 14,947.

The increases in the Bamenda, Mamfe and Victoria Divisions of the Cameroons Province are due to more accurate enumeration as the result of Assessment Reports. The excess of males over females in the Victoria Division is attributable to the large number of labourers on the Plantations. The large excess of females over males in the other Divisions[1] is in part due to the girls marrying at an early age and being then treated as adult females for statistical purposes, and in part due to suppression of the true numbers of males who should pay tax, and to excess of deaths or migration among the males; for it is generally accepted that in no race in the world does the female birth-rate exceed the male.[2]

But the rise in the official figures had been due largely to an arithmetical error, and in 1926 the total was reduced to 354,101. By 1929 the total had been raised to 366,763, and it was raised in 1930 to 379,050.

The increases in the native population in the Cameroons Province are due to reassessment.[3]

In the following years the official total decreased slightly, owing to causes described in the discussion of the various Divisions, and the 1932 report accepted for that year the total obtained at the census (374,872). In 1933 and 1934 the total was raised by nearly 4,000 each and in 1934 exceeded for the first time the 1930 total. In 1935 it leapt from 382,501 to 406,388, about one-third of this increase

[1] The excess amounted here to 21 per cent.
[2] *Report 1925*, p. 104.
[3] *Report 1930*, p. 103.

being due 'to the gradual compilation of more accurate nominal rolls', and about two-thirds to a higher estimate of the number of women and children in the Bamenda Division.

In 1936 the total increased from 406,388 to 410,382. This result was obtained by adding to the 1935 figure of Victoria Division the number by which the plantation labourers had increased, by revising the figures for Bamenda Division, and by leaving all other figures unaltered.

The increase of 2,267 in the adult male population of the Victoria Division is due to a corresponding increase in the amount of labour employed on the plantations. Much of this labour, however, comes from other Divisions of the Province, especially Bamenda, and it might have been supposed that a corresponding decrease in the adult male population of these Divisions would have occurred. But the Bamenda figures actually show a slight increase, owing to the increasing accuracy of the census, and in view of this there is no reason to suppose that the figures for Mamfe and Kumba Divisions, where no count was made during 1936, should not be as high as last year. In those two Divisions, therefore, the same figures have been given as for the previous year. No actual count of adult females and children has been made, but the figures given are based on a proportionate estimate.[1]

This argument is a striking illustration of the unfortunate confusion of actual increase and increase due to growing accuracy of the census. Of the 2,267 additional plantation labourers employed in the Victoria Division 282 came from Kumba, 339 from Mamfe, and 1,099 from Bamenda,[2] 'and it might have been supposed that a corresponding decrease in the adult male population of these Divisions would have occurred'. What, then, is the evidence that such a decrease did not occur? The answer given in the report is: 'The Bamenda figures actually show a slight increase, owing to the increasing accuracy of the census, and in view of this there is no reason to suppose that the figures for Mamfe and Kumba Divisions, where no count was made during 1936, should not be as high as last year.'

In 1937 the total decreased to 407,689, owing partly or wholly 'to more accurate counting' in the Mamfe and Bamenda Divisions.

Even if, which seems very doubtful, the most recent figure for the adult males comes near the truth, we can learn nothing from the official statistics about the past and present trend of their number, and those statistics were and still are of no value so far as the women and children are concerned.

[1] *Report 1936*, pp. 8–9.
[2] See *Report 1935*, p. 67; *1936*, p. 78.

(*b*) *Northern Cameroons.* Table 7 shows the coloured population of the Northern Cameroons as given in the annual reports for 1921, 1922, and 1923, and in the 1921 census report.

TABLE 7

*Coloured Population, Northern Cameroons, 1921–3**

Year	*Source*	*Dikwa Division*	*North Adamawa District*†	*South Adamawa District*‡	*Total*
1921	Annual Report	200,000	60,000	25,500	285,500
1921	Census Report	194,000	38,869	28,800	261,669
1922	Annual Report	139,565	71,292	37,939§	248,796§
1923	Annual Report	182,506	67,446	39,677	289,629

* See *Report 1921*, pp. 9, 13, 27, 29, 35; Meek (1925), vol. ii, p. 180; *Report 1922*, pp. 16, 24, 26; *Report 1923*, pp. 17, 21, 25, 27, 30–1.

† North Cameroons Division of Yola Province.

‡ Southern Cameroons Division of Yola Province and Independent States of Gurumpao and Yebbi.

§ Excluding Gurumpao and Yebbi districts (1923: 5,042 inhabitants).

Table 8 shows the coloured population in 1924–37, distinguishing adult males, adult females, and children.

Dikwa Division. Apart from the southern section peopled by pagans, the Dikwa Division is inhabited by Moslems of a high cultural level,[1] and conditions for taking an accurate census would seem to be very favourable. The 1925 report described the situation as follows:

In such a relatively highly civilised state as Dikwa the materials for further organisation were readily available from the beginning of the British occupation. A high standard of Arabic scholarship had been attained by not a few of the educated classes. Arabic, too, is in common use as a spoken language not only among the Arab tribesmen, but also among many of their Kanuri and Fulani neighbours. The authority of the Sheikh, a lineal descendant of the founder of the Kanembu dynasty, was undisputed. Taxes were paid, and a reasonable show of order was preserved. Nevertheless, the local government was full of the abuses common to unreformed Oriental societies. Corruption and oppression were the normal accompaniments of administration. Chiefs who ought to have been supervising their towns and districts preferred to live in idleness in the capital, and to leave the collection of their revenues to rapacious agents.

In the short space of seven years the machinery of government in Dikwa has been completely overhauled. A chain of delegated authority extends from the Sheikh through the District Chiefs to every village head-

[1] See, for example, Macmillan (1938), p. 68: 'The Mohammedan emirates of Northern Nigeria stand probably higher in the scale of civilization than any other people in Africa south of the Sahara.'

TABLE 8

*Coloured Population, Northern Cameroons, 1924–37**

Year	*Adult males*	*Adult females*	*Children*	*Total*
	DIKWA DIVISION			
1924	50,864	70,091	64,596	185,551
1925	50,106	69,894	57,796	177,796
1926	50,106	69,894	52,796	172,796
1927	51,113	71,876	56,341	179,330
1928	50,561	70,495	55,845	176,901
1929	50,634	70,985	65,556	187,175
1930	51,402	72,794	70,012	194,208
1931	53,823	75,009	65,539	194,371
1932	54,408	75,371	68,638	198,417
1933	51,963	68,740	71,274	191,977
1934	50,190	66,931	68,360	185,481
1935	53,908	73,359	71,673	198,940
1936	54,400	73,215	75,395	203,010
1937	53,876	72,031	75,151	201,058
	OTHER DISTRICTS			
1924	37,982	42,792	35,671	116,445
1925	38,735	43,774	36,206	118,715
1926	45,208	49,598	45,138	139,944
1927	54,313	60,925	49,440	164,678
1928	57,014	64,259	54,175	175,448
1929	60,482	68,058	55,700	184,240
1930	66,387	72,927	61,268	200,582
1931	66,583	73,437	62,987	203,007
1932	68,817	74,333	65,172	208,322
1933	66,966	72,889	70,154	210,009
1934	64,611	73,638	72,121	210,370
1935	68,025	73,055	71,208	212,288
1936	69,145	74,794	67,803	211,742
1937	71,556	77,871	72,521	221,948
	NORTHERN CAMEROONS			
1924	88,846	112,883	100,267	301,996
1925	88,841	113,668	94,002	296,511
1926	95,314	119,492	97,934	312,740
1927	105,426	132,801	105,781	344,008
1928	107,575	134,754	110,020	352,349
1929	111,116	139,043	121,256	371,415
1930	117,789	145,721	131,280	394,790
1931	120,406	148,446	128,526	397,378
1932	123,225	149,704	133,810	406,739
1933	118,929	141,629	141,428	401,986
1934	114,801	140,569	140,481	395,851
1935	121,933	146,414	142,881	411,228
1936	123,545	148,009	143,198	414,752
1937	125,432	149,902	147,672	423,006

* See *Report 1926*, pp. 96–7; *1928*, p. 104; *1930*, pp. 102–3; *1932*, pp. 100; *1933*, p. 83; *1934*, p. 110; *1935*, p. 115; *1936*, p. 135; *1937*, p. 105.

man. At Dikwa the Sheikh is assisted by a Council of four Officers of State. The Emirate is divided into carefully organised districts, each in charge of a resident headman. Taxes are assessed and collected on a plan which enables anyone who conceives that he is unjustly taxed to have his case fully investigated. The proceeds of taxation are paid into the Native Treasury and are strictly accounted for. All officials of the Native Administration from the Sheikh downwards are in receipt of fixed salaries paid by the Native Treasury. And here it may be remarked that the payment of fixed salaries is one of the strongest safeguards against oppression and extortion. The finances of the Emirate are controlled by the annual Estimates, which are prepared by the Sheikh in Council in collaboration with the District Officer before being submitted to the Lieutenant-Governor of the Northern Provinces and the Governor of Nigeria for approval.[1]

The progress achieved at Dikwa is the most striking concrete example of the definite plan pursued by the Mandatory Power for guiding the moral and social evolution of the natives. While full use has been made of native institutions, the methods of government have been reformed and rendered efficient in accordance with higher standards. At every point the working of the machine is open to the supervision of the District Officer.[2]

It may well be difficult to find another case where a Mandatory Power has so little excuse for its failure to effect fairly accurate censuses.

The annual report for 1921 estimated the population at 200,000,[3] and the census report for that year gave a total of 194,000.[4] These totals were probably near the truth. But the annual report for 1922 gave a much lower figure.

The vital statistics compiled in the course of taxation work are as follows:—

Adult Males	*Adult Females*	*Children*	*Total*
34,763	43,562	36,240	114,565

And in addition there is an estimated total population of 25,000 in the Pagan Districts.[5]

The report for 1923, however, raised the total considerably.

The census returns for the year show the following figures:—

Adult males	35,970
Adult females . . .	49,787
Boys	21,029
Girls	25,720

giving a total population of 132,506. The number of hill pagans in the pagan districts is estimated to be about 50,000.[6]

[1] *Report 1925*, pp. 4–5.
[2] Ibid., pp. 5–6.
[3] See *Report 1921*, p. 13.
[4] See Meek (1925), vol. ii, p. 180.
[5] *Report 1922*, p. 16.
[6] *Report 1923*, p. 17.

The estimate of the population of the pagan districts was doubled. For the other districts, the number of adult males was raised by 3 per cent., that of adult females by 14 per cent., and that of children by 29 per cent. No explanation was given for these changes, but the report tells of a considerable immigration.

Immigration, too, has been a very marked feature during the year. Some of the immigrants are people who left Bornu for Mandara during the famine of 1913 and are now returning to their old homes. Others are newcomers, some of them from considerable distances, attracted by what they have heard. Several new villages have been formed, and in the south-eastern corner of the division it is becoming a matter of some difficulty to provide all the people with farms.[1]

This immigration, however, cannot have been the main cause for the changes in the population figures, since the number of adult males was raised only very little.

For 1924 the total population was given as 185,551, and the subdivision into men, women, and children was extended for the first time to the pagan districts. The authorities apparently assumed that the proportion of men among the pagans was exceedingly small, since they raised their number only by 14,894 as against 20,304 for women, and 17,847 for children. But the figures for the pagan districts had no claim to accuracy:

Among the more primitive pagans of the north any attempt to make a rigid count, even if it were feasible, would arouse deep suspicion, if not actual opposition.[2]

For 1925 the total population figure was reduced to 177,796, or by 7,755. The number of men was lower than in 1924 by 758, the number of women by 197, and the number of children by 6,800.

The decrease in the aggregate population of Dikwa is mainly due to the epidemic of relapsing fever. The decrease in the number of children, too, is more apparent than real for the reasons below:—

(*a*) Youths of 16 and over, and girls of 18 who, though possessing their own means of livelihood, had previously been registered as 'children', were this year correctly shown as adults.

(*b*) In the hill settlements, closer observation during the year has indicated that the estimate previously adopted for the population in the hills put the proportion of children to adults too high: and this has been adjusted in this year's estimate.

As stated in previous reports, vital statistics of primitive pagans can

[1] Ibid., p. 11. See also ibid., p. 13: 'There has been a considerable immigration into the plains at the foot of the hills, many of the immigrants being old inhabitants of Bornu who left during the famine of 1913.'

[2] *Report 1924*, p. 55.

only be regarded as approximate. Enquiries on this subject are frequently resented, and the disclosure of the number of children is considered to be unlucky.[1]

The total pagan population, however, was again estimated at 50,000.[2]

For 1926 the figures for men and women were maintained, but the number of children was reduced by another 5,000. No explanation was given for this change, which proved to be a big mistake.

For 1927 the figure was raised again—from 172,796 to 179,330—the number of men being raised by 1,007, that of women by 1,982, and that of children by 3,545. The report mentions a closer census of the population of the hill tribes,[3] which it estimates, however, as for 1925, at 50,000.[4]

For 1928 the total was reduced by 2,429, but it was raised in 1929 by 10,274, and in 1930 by another 7,033. These increases, however, were due almost exclusively to the raising of the number of children. Between 1927 and 1930 the number of men was increased by 289, the number of women by 918, and the number of children by 13,671. The reports gave the following explanations:

1929.[5] The increase in the number of children recorded in Dikwa Division is due to closer and more accurate methods of counting.

1930.[6] The disproportionate increase in the number of children in Dikwa Division is due to more accurate registration and to the fact that the suspicions entertained by many concerning the counting of children are gradually being overcome.

It may well be that the 1930 figures were more accurate than any previous figures, but if this was true the figures of the following years inspire little confidence. A comparison of the 1931 figures published in the 1931 annual report and in the 1931 census report with the 1930 figures gives the following picture:

Year	*Source*	*Adult males*	*Adult females*	*Children*	*Total*
1930	Annual Report	51,402	72,794	70,012	194,208
1931	Annual Report	53,823	75,009	65,539	194,371
1931	Census Report	52,224	73,691	68,458*	194,373

* 31,933 males and 36,525 females; see *Census of Nigeria 1931*, vol. i, p. 95.

The totals were practically identical, but the figures for men, women, and especially children varied considerably. In 1932 the

[1] *Report 1925*, pp. 103–4. See ibid., p. 101.
[3] See *Report 1927*, p. 90. See ibid., pp. 88–9.
[5] *Report 1929*, p. 100. *Report 1930*, p. 103.

total increased by 4,046, most of the rise being due to an increase in the number of children (3,099).[1] In 1933 the total again fell by 6,440, but the number of children rose by another 2,636. In 1934 the total fell by 6,496; as compared with 1932 the men were fewer by 4,218, the women by 8,440, and the children by 278. None of the reports for 1932–4 contained a single word of explanation for these erratic changes in the official figures. Thereupon, at the discussion of the 1934 report, M. Rappard asked for an explanation.[2]

M. Rappard noted that the population of Dikwa division (page 110 of the report), and consequently the total population, seemed to have decreased. Was this due to emigration, or had more accurate statistics been taken?

Mr. Findlay [Senior Resident in Nigeria] thought the decrease was entirely statistical.

The damage done in 1933 and 1934 was quickly repaired. In 1935 the total rose by not less than 13,459, about one-half of which being due to an increase of the number of women. The 1935 report stated:

Steady administrative progress has been made and the census for 1935 shews an increase in population of 13,459. Though this is partly due to a more careful and better organized census, an important factor was the return of former emigrants and also the arrival of a number of immigrants from neighbouring districts.[3]

But none of the prior reports had mentioned any emigration, and the 1935 report itself, in discussing taxation, does not intimate that the return of former emigrants and the arrival of new immigrants was an important factor.

A more accurate census coupled with a certain amount of immigration resulted in an increase of taxable males.[4]

In 1936 the total rose by 4,070, the adult males increasing by only 492, the adult females decreasing by 144, and the children increasing by as much as 3,722. Since the taxable inhabitants are identical with the adult males and therefore showed only a slight increase, it is hard to understand what the author of the 1936 report actually meant when speaking of 'the increased number of taxable inhabitants revealed by a closer and more experienced census'.[5]

In 1937 the total dropped by 1,952, the men decreasing by 524,

[1] Of the 198,417 non-Europeans 137,955 were recorded as Moslems and 60,462 as Pagans; see *Report 1932*, p. 19. (Apparently there never was a Christian mission at work in the Dikwa Division.)

[2] Permanent Mandates Commission, *Minutes*, 28th Session (31 Oct. 1935), p. 175.

[3] *Report 1935*, p. 17.

[4] Ibid., p. 24.

[5] *Report 1936*, p. 35.

the women by 1,184, and the children by 244. The report to the League gives no explanation of the decrease in the whole population, but indicates why in two Districts there was a shift from 'adults' to 'children'.

As a result of complaints by both District Heads and their people of the Rann and Kala Balge districts, the annual recount of population and the announcement of tax in these districts were supervised personally by the District Officer; this resulted in an appreciable reduction as there had been a tendency to list as adults persons too young to be so included.[1]

Adamawa Districts. The population statistics of the rest of the Northern Cameroons were for some time in a still more chaotic state than in the Dikwa Division. The population of the North Cameroons Division of the Yola Province was estimated in the 1921 annual report at '60,000 at least'. The census report for the same year gave 38,869, the 1922 annual report 71,292, and the 1923 annual report 67,446. The data given in the annual reports for the southern districts may be summarized as follows:

Year	*Nassarao*	*Numberu*	*Toango*	*Gashaka*	*Gurumpao*	*Yebbi*	*Total*
1921	10,000	800	3,200	10,000	1,500	..	(25,500)
1922	13,116	3,537	6,426	14,860	..	..	(37,939)
1923	15,309	2,920	6,918	9,488	3,829	1,213	39,677

The 1921 estimate, which was somewhat lower than the census figure for that year, was rightly considered at the time as an underestimate '(30,000 would probably be a closer estimate)'.[2] The 1923 figures, as has been stated, were submitted as the result of 'as accurate a count and estimation as has been possible'.

In 1924 the area of Kaka-Ntem was transferred from the Gashaka District to the Cameroons Province, and the remainder of the Gashaka District was transferred from Yola to Muri Province. From 1924 on, the statistics distinguished no longer between the northern and the southern Mandated Districts of Yola Province, so that a detailed comparison with prior years is not possible. The population figures for the Northern Cameroons, excluding the Dikwa Division, in 1924–8 may be summarized as follows:

	Adamawa Districts				*Gashaka District*			
Year	*Adult males*	*Adult females*	*Children*	*Total*	*Adult males*	*Adult females*	*Children*	*Total*
1924	34,385	30,493	33,252	107,130	3,597	3,299	2,419	9,315
1925	35,138	40,475	33,787	109,400	3,597	3,299	2,419	9,315
1926	37,617	41,468	35,974	115,059	7,591	8,130	9,164	24,885
1927	46,417	52,525	40,390	139,332	7,896	8,400	9,050	25,346
1928	49,241	55,859	45,125	150,225	7,773	8,400	9,050	25,223

[1] *Report 1937*, p. 18. *Report 1921*, p. 35.

The total population of the Northern Cameroons, excluding the Dikwa Division, was returned in 1924 as 116,445, an increase of 9,322 over 1923 in spite of the loss of the area of Kaka-Ntem.

The population of the Adamawa Districts was recorded as 107,130 in 1924 and as 109,400 in 1925. It jumped to 115,059 in 1926, to 139,332 in 1927, and to 150,225 in 1928. The explanation given in each case was more accurate counting.[1]

The population of the Gashaka Division was returned in 1924 and 1925 as 9,315, and in 1926 as 24,885, the increase in 1926 being due in part to the transfer of the Kentu area from the Cameroons Province, but mainly to 'closer census'. The decisive visit of the District Officer in the southern or Mambila area has been mentioned before.

A large number of villages were found the occupants of which had never seen a European; and a big increase in the population figures resulted. The previous assessment gave the total population as 4,047, and in the new census 13,065 were counted.[2]

Year	*Northern area*	*Southern area*	*Kentu area*	*Total*
1925	5,194	4,121	—	9,315
1926	7,230	13,065	4,590	24,885

In 1927 and 1928 the total population of the Gashaka Division was returned as 25,346 and 25,223. In the latter year this Division was included in the Adamawa Emirate.[3]

The total population of the Northern Cameroons, excluding the Dikwa Division, was raised from 175,448 to 184,240 in 1929, and to 200,582 in 1930. The latter figure was identical with that given in the census report for 1931.[4] The total was further raised to 203,007 in 1931 and to 208,322 in 1932. On 1 April 1933 the Kentu area was transferred from the Gashaka District of the Adamawa Province to the Benue Province and from this year on separate figures were given for the Adamawa Districts and the Kentu area.

	Adamawa Districts				*Kentu Area*			
Year	*Adult males*	*Adult females*	*Children*	*Total*	*Adult males*	*Adult females*	*Children*	*Total*
1933	65,019	70,963	68,315	204,297	1,947	1,926	1,839	5,712
1934	62,665	71,653	70,286	204,604	1,946	1,985	1,835	5,766
1935	65,818	70,883	68,933	205,634	2,207	2,172	2,275	6,654
1936	66,909	72,462	65,288	204,659	2,236	2,332	2,515	7,083
1937	69,007	75,221	69,582	213,810	2,549	2,650	2,939	8,138

[1] See p. 214, above. *Report 1926*, p. 14.
[3] See *Report 1928*, p. 12.
[4] See *Census of Nigeria*, vol. ii, p. 21 (200,588 including Europeans).

The total population of the Northern Cameroons, excluding the Dikwa Division, was raised from 208,322 in 1932 to 210,009 in 1933,[1] to 210,370 in 1934, and to 212,288 in 1935. But the 1934 report contained the following comment:[2]

> In the Adamawa Districts the annual census . . . showed a total decrease in population of 5,405 or 2·5 per cent. The decrease is fairly evenly distributed over the various districts, and the fluctuation due to temporary migration is normal.

The mistake arose by comparing the population of the Adamawa Districts in 1934 (204,604) with the combined population of the Adamawa Districts and the Kentu area in 1933 (204,297+5,712 = 210,009). It arouses suspicion as to the validity of other comments in the reports if, in view of an increase of 307, an erroneously assumed decrease of 5,405 is stated to be fairly evenly distributed over the various districts and is explained by temporary migration.

In 1935 the population figure of the Adamawa Districts was raised by 1,030, the number of adult males being raised by 3,153, while that of adult females was reduced by 770 and that of children by 1,353.

> The increase of over 3,000 in the total of adult males is due largely to more effective supervision of the annual census, whilst there has also been some migration from French to British Mandated territory across the boundary between Wula (Madagali) and Kojja (Mubi). Figures for children are never reliable owing to a very common tendency to conceal their numbers.[3]

The population figure of the Kentu area was raised by 15 per cent., but no explanation was given.

In 1936 the population of the Adamawa Districts was reduced by 975, the number of adult males being raised by 1,091 and that of adult females by 1,579, while that of children was reduced by another 3,645.

> In the Adamawa districts the further increase in adults is due partly to natural increase and partly to continued migration from French to British mandated territory; the juvenile statistics are not reliable.[4]

[1] The 1933 report (pp. 17–18) stated that the annual census had been taken in the Adamawa Districts in August. 'A general total increase in population is the result. The greatest increases are shown in Madagali, Chubunawa, Nassarao, and Toungo.' When Mr. Hunt at the meeting of the Permanent Mandates Commission on 30 Oct. 1934 was asked to explain the 'remarkable increase in population' pointed out in the report, he said: 'In Adamawa the annual census appeared to have been carried out with exceptional vigour, which might explain the increase' (*Minutes*, 26th Session, p. 30). The Administration was evidently not aware that the increase amounted to only 0·8 per cent. and was, therefore, negligible.

[2] *Report 1934*, p. 18.

[3] *Report 1935*, p. 15.

[4] *Report 1936*, p. 21.

The population figure of the Kentu area was raised by 6 per cent. Since 1934 the number of adults had been increased by 16 per cent., and that of children by 37 per cent.

In 1937 the population of the Adamawa Districts was raised by 9,151, or by 4·5 per cent., the number of men being raised by 2,098, that of women by 2,759, and that of children by 4,294. The population of the Kentu area which had been increased by the transfer of 15 hamlets from Gashaka was raised by 1,055, or 15 per cent. One would have expected, on the other hand, a decrease in the population of the Gashaka District, but the official figures actually showed here an increase from 23,901 to 25,296. The explanation is to be found in the fact that a more thorough count was made in 1937 in the Mambila country, the Southern Area of the Gashaka District.[1] An article published by Mr. D. A. Percival of the Colonial Administration Service discusses the results of the earlier and the recent enumeration.

The following observations were made while supervising the annual re-count for 1937–8 made by the Native Administration in one of those Districts of Cameroons under British Mandate which is administered as part of the Adamawa Division of Northern Provinces, Nigeria. It is true the figures are on a very small scale, that the area in question is exceptionally remote and backward, and that the enumerators are both untrained and alien Moslems; consequently it is not to be supposed that the conclusions here indicated are typical for all the Northern Provinces. . . .

The area in question is that occupied by the so-called Mambila Tribe. This is one of the pagan, formerly cannibal, hill-tribes of the Western Sudan that were subjected during the latter years of the nineteenth century to slave-raids by the notorious Fulani of Northern Nigeria. It has practically speaking come under administration only since the Mandate. As usual, the immediate purpose of the annual count is to assess tax, which is here confined to adult males. The enumerators' efforts are therefore concentrated on entering adult males, and the figures are necessarily in some ways misleading—for instance, sick men are placed among the old, since both are non-taxpayers. . . .

Fortunately in this case there was an unusually good base on which to start comparisons; for the Mambila were carefully counted, as far as was then possible, by their District Officer, the late Captain T. A. Izard, when first brought under administration in 1926.[2]

Mr. Percival then shows the results of the enumerations of 1926, of 1930 (which was used for the Decennial Census of 1931), of 1934, of 1936, and finally those of the re-count of 1937.

[1] As to the inclusion of the people inhabiting the Alantika mountain range, see p. 215, above.

[2] Percival (1938), pp. 606–7.

TABLE 9

*Population of the Mambila Area, 1926–37**

	Adults (excluding infirm)		*Infirm*		*Children*		*Total*		
Year	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*	*Total*
1926	3,746	3,717	150	370	2,743	2,339	6,639	6,426	13,065
1930	5,040	4,005	101	202	3,622	3,231	8,763	7,438	16,201
1934	5,619	3,779	79	168	1,747	1,978	7,445	5,925	13,370
1936	6,116	4,577	82	151	1,599	2,222	7,797	6,950	14,747
1937	5,728	4,534	150	227	2,413	3,045	8,291	7,606	15,897

* See Percival (1938), pp. 207, 209. The total for females, 1937, is not equal to the sum of the items.

Commenting on the previous counts, Mr. Percival says:

These figures give, what is always gratifying to the Administration, a regular and considerable increase in taxpayers. But a glance at the subsidiary figures indicated that there must be something wrong in the enormous preponderance of adult males over females and in the recent shortage of children. It did not take long to discover where at least part of the lopsidedness arose. At the very first check in a hamlet of 45 adult males, two boys scarcely more than ten years old were brought up as being taxpayers, and at the next, a hamlet of 90, there were seven more. That put an end to hopes of any close scrutiny of the population: obviously all attention must be directed to correcting the tax-lists.[1]

He then states with regard to the 1937 re-count:

Counting 250 scattered and mountainous hamlets is arduous work, and it took three scribes three weeks to cover the tribe. . . .

As a check every Hamlet Chief is called up after his count, and brings a bundle of straws representing his idea of the number of his taxpayers, which is compared with the official list. This check is by no means infallible, partly because of the Chiefs' nebulous ideas of the age of sixteen, and partly because of the presence of more or less permanent visitors; nevertheless the figure 5,728 seemed to be fairly accurate, erring if anything on the high side. The same could not be said, however, of the subordinate figures, which show the same preponderance of males and shortage of children as the previous year's figures.[2]

Mr. Percival comes to the conclusion that both the women and the children were under-counted.

The census forms are arranged to include by name only the householders; dependants are shown merely by numbers. Consequently, although every compound is supposed to be entered, it is not difficult for the enumerator to overlook one in which there is no adult male, and similarly, although a man is expected to declare all his dependants, he tends to leave out those other than his wife and children.[3]

[1] Percival (1938), p. 607. [2] Ibid., pp. 607–8. [3] Ibid., p. 609.

Children away on the farm scaring birds or visiting relatives were found to have been overlooked.[1]

He is of the opinion that 'the proportion of total population to adult males (including infirm)' should be raised to 2·8: 1 in the northern section and to 3: 1 in the southern section, and arrives at a 'rectified' total of 17,127 as compared with the official total of 15,897.[2] It is obvious, however, that his estimate of the omissions is necessarily of doubtful value.

The reports to the League for 1932, 1935, 1936, and 1937 contain also some information on the respective distribution of Moslems and Pagans in the Adamawa Districts:[3]

	Moslem	*Pagan*	*Total*
1932	65,662	142,660	208,322
1935	52,239	153,395	205,634
1936	50,460	154,199	204,659
1937	53,456	160,354	213,810

To judge from the most recent figures it would seem that the proportion of Moslems was over-estimated in earlier years.[4]

Northern Cameroons. The population figures for the Northern Cameroons oscillated very much from 1921 to 1925 without showing a marked tendency either way. From 1925 to 1932 the figures were raised each year so that the total increased from 296,511 to 406,739. Owing to the reductions of the figures for the Dikwa Division, the totals declined in 1933 and 1934, but in 1937 the record figure of 423,006 was reached.

Unfortunately the population statistics for the Northern Cameroons no more permit the drawing of conclusions as to population trends, sex ratio, or proportion of children than do the statistics of the Cameroons Province.

(c) *Mandated Territory.* According to the census reports for 1921 and 1931 the total population of the Mandated Territory was 560,834 and 797,312 respectively. Since an increase of 42 per cent., of course, is out of the question, the enumeration of 1931 must have

[1] Ibid., p. 611. [2] See ibid., p. 612.

[3] See *Report 1932*, p. 19; *1935*, p. 115; *1936*, pp. 135–6; *1937*, p. 106.

[4] The Administration apparently assumes that the few British officials are the only Christians in the Adamawa Districts, although a branch of the Sudan United Mission was established in 1929 amongst the pagan Chamba tribe at Gurum in Gurumpawo district and although missionaries of the Church of the Brethren and German Baptist Missions were 'well received' when in 1935 they carried out experimental tours in Madagali and Gashaka (see *Report 1929*, p. 71; *1930*, p. 79; *1931*, p. 63; *1932*, p. 76; *1933*, p. 64; *1934*, p. 76; *1935*, p. 74; *1936*, pp. 89–90).

been much less defective than that of 1921,[1] but the enumeration of 1931 itself is officially reported to have been very incomplete.

According to the figures given in the annual reports for 1921, 1922, and 1923, the total population was 644,414,[2] 551,321,[3] and 637,351.[4] Table 9 shows the coloured population in 1924–37, distinguishing adult males, adult females, and children.

TABLE 10

Coloured Population, British Cameroons, 1924–37

Year	*Adult males*	*Adult females*	*Children*	*Total*
1924	205,018	242,532	212,474	660,024
1925	210,732	255,487	221,156	687,375
1926	206,726	244,350	215,765	666,841
1927	217,053	256,810	226,187	700,050
1928	222,926	262,274	233,664	718,864
1929	226,867	266,182	245,129	738,178
1930	236,637	277,110	260,093	773,840
1931	240,662	277,061	256,862	774,585
1932	241,556	278,357	261,698	781,611
1933	238,851	271,092	270,868	780,811
1934	235,125	270,509	272,718	778,352
1935	248,888	280,589	288,139	817,616
1936	253,264	282,774	289,196	825,234
1937	254,720	283,195	292,780	830,695

The totals showed an enormous increase from 1926 to 1930 and again from 1934 to 1937. The reasons have been explained in discussing the inaccuracies of the census in the various administrative subdivisions.

In the 1926 report to the League of Nations the Mandatory Power characterized the British Cameroons as 'a territory which embraces within its population some of the most enlightened as well as some of the most primitive of West African peoples'.[5] It is the more surprising, therefore, that the Administration so far succeeded nowhere in taking a census which as to completeness or accuracy could be compared with what has been achieved in some other overseas territories

[1] Joseph in 1920 ('Le Cameroun,' p. 476), estimated the population of the British Sphere of the Cameroons at 700,000. Lugard (1919), p. 680, estimated the population of the Cameroons Province alone at 570,000, but this was certainly an overestimate.

[2] More recent reports (see, for example, *Report 1930*, p. 127) put the population at 645,174. I do not know the cause of the slight difference of 760.

[3] Excluding the Gurumpao and Yebbi Districts.

[4] More recent reports put the population at 632,303; they overlooked the population of Gurumpao (3,829) and Yebbi (1,213), and entered for the Dikwa Division 182,500 instead of 182,506.

[5] *Report 1926*, p. 3.

under less favourable conditions. One reason for this failure apparently is that the Administration does not enlist the help of the natives in an adequate manner. The derisory tenor in which the 1935 report tells of an attempt to employ as enumerators ex-pupils of a school for pagans indicates that the Administration has not yet realized that this is probably the best method of census-taking in a 'backward area' where there is hardly any European administrative officer.[1] The Administration likewise does not yet seem to have realized that in regions inhabited by people writing in Arabic characters it might be desirable for the European officers to acquire the same knowledge.

Mr. Browne explained that the emirate of Adamawa was partly in mandated and partly in non-mandated territory, so that it was difficult to say exactly how many Europeans would, at any given time, be in the mandated territory, because Adamawa was treated as a whole. There would certainly, however, be two if not three. The whole area was really administered by the Lamido of Adamawa through his district heads. The European officers who toured in the territory were particularly instructed not to take any action without the knowledge of the Lamido. They were always accompanied by one of the Lamido's representatives, who reported to the Lamido in writing at frequent intervals.

M. Rappard inquired why, if the Lamido's representatives were able to send written messages to their ruler, it was impossible to utilise this class as clerks.

Mr. Browne replied that they could not be utilised because they wrote only in Arabic characters.[2]

The fact that not even the total number of people was approximately known had strange consequences, for example, for the financial accounts of the Territory. When it had 'become increasingly difficult to extract from the general Nigerian budget figures which in any real sense represent "actual" expenditure in the Cameroons', it was decided, in 1926, to show on the side of expenditure 'proportional'

[1] The help of natives as enumerators would be, of course, particularly effective if ex-pupils of secondary schools could be enlisted for this purpose. But unfortunately there are no facilities for secondary education in the Mandated area and the possibilities for natives of attending secondary schools in neighbouring territories are practically non-existent. See *Report 1937*, p. 79: 'Secondary education is available . . . for Cameroons boys at Umuahia College in the Owerri Province of Nigeria, the entrance examination papers of which are taken annually at a centre in the Cameroons. During the last four years 126 boys have sat the examination, of whom 28 have passed and six have been awarded Government scholarships carrying free tuition and maintenance. Of the 22 boys who could have been admitted as fee-paying students only three actually went, since few boys' parents can afford the fees.'

[2] Permanent Mandates Commission, *Minutes*, 21st Session (28 Oct. 1931), pp. 51–2.

figures; 'i.e., they represent a proportion of the general Nigerian expenditure under each head, based on a fraction representing the ratio of the population of the Cameroons to the aggregate population of Nigeria plus Cameroons. The fraction for 1925–6 is 1/28.'[1] This ratio was probably arrived at by relating the 1926 official population figure for Cameroons (666,841) to the 1921 census population of Nigeria plus Cameroons (18,631,442). But the fraction of $\frac{1}{28}$ was maintained in every subsequent year until 1936, the reason given being that the ratio of the population of the Territory to the total aggregate population of Nigeria and the Territory had not changed.[2] Yet, according to the census of 1931, the population of the Territory (797,312) constituted $\frac{1}{25}$ of the population of Nigeria including Cameroons (19,928,171).

4. *Density of Population*

British Cameroons with 24[3] inhabitants per square mile is more densely settled than French Cameroons (16), but much less densely settled than Nigeria (60). Table 11 shows the density by Divisions.

TABLE 11

Population Density, Coloured Population, British Cameroons, 1937

Divisions	*Area sq. miles*	*Population 1937*	*Population per sq. mile*
Victoria . . .	1,166	42,516	36·5
Kumba . . .	4,162	70,404	16·9
Mamfe . . .	4,321	68,139	15·8
Bamenda . . .	6,932	226,630	32·7
Cameroons Province .	16,581	407,689	24·6
Dikwa Division .	5,149	201,058	39·0
Adamawa Districts .	10,965	213,810	19·5
Kentu Area . .	1,386	8,138	5·9
Northern Cameroons .	17,500	423,006	24·2
Total . . .	34,081	830,695	24·4

Unfortunately the official statistics do not supply adequate data for smaller districts. But it is known that the density in some Divisions varies very much. Thus the Adamawa Districts have an average density of about 20 per square mile. But in the northern area, which comprises about one-tenth of the total area,[4] the density is about 130,

[1] *Report 1926*, p. 90.

[2] See *Report 1927*, p. 85; *1928*, p. 22; *1929*, p. 22; *1930*, p. 18; *1931*, pp. 13–14; *1932*, p. 19; *1933*, p. 15; *1934*, p. 14; *1935*, p. 19.

[3] The *Annual Colonial Reports for Nigeria* give erroneously 16·4.

[4] The southern area 'covers some 9,917 square miles' (*Report 1937*, p. 15).

while in the southern area it is 8.[1] The northern districts of the southern area, however, are rather densely settled; the Gashaka District, on the other hand, which comprises nearly one-half of the Adamawa Districts, has only 5 inhabitants per square mile, that is less even than the Kentu area.

5. *Sex and Age*

The reports to the League, in only one case (Moslems in the Dikwa Emirate, 1923), reveal the total number of males and of females. Mr. Talbot, in his analysis of the census results of 1921, shows the total number of males and of females in the Cameroons Province. The report of the 1931 census gives similar data for each Division of the Cameroons Province and for each District of the Dikwa and Adamawa Divisions. Table 12 summarizes the results.

TABLE 12

Sex Ratio, British Cameroons, 1921–31

Year	*Source*	*Divisions*	*Males*	*Females*	*Females per 100 males*
1921	Talbot	Cameroons Province	150,653	148,460	99
1931	Census Report*	Victoria	24,412	14,312	59
		Kumba	32,807	37,217	113
		Mamfe	31,003	35,290	114
		Bamenda	96,109	103,722	108
		Cameroons Province	184,331	190,541	103
1923	Annual Report	Dikwa†	56,999	75,507	132
1931	Census Report	Dikwa	84,148	110,216	131
		Adamawa Districts‡	81,296	86,496	106
		Mandated Territory§	365,444	404,098	111

* Including Europeans.

† Excluding the hill pagans in the pagan districts.

‡ Districts of Belel, Chubunawa, Gashaka, Gurumpawo, Madagali, Maiha, Mubi, Nassarawo, Toango, Wafango, and Yebbi.

§ I have assumed that the sex ratio in the whole of the Adamawa Districts was the same as in the 11 Districts mentioned in the preceding footnote, and that 220 of the 276 Europeans in the Cameroons Province were males.

It would appear from this that there is an enormous excess of males in the Victoria Division, a moderate excess of females in the Bamenda Division and the Adamawa Districts, a large excess of females in the Kumba and Mamfe Divisions, and a very large excess of females in the Dikwa Division. The enormous excess of males in the Victoria Division is not surprising in view of the presence of many

[1] In 1937 the coloured population was 134,799 in the northern area, and 79,011 in the southern area; see ibid., p. 106.

plantation labourers who come without wives. Before discussing the excess of females in the other Divisions it seems advisable to turn to the vast mass of statistics which, while not disclosing the total number of males and of females, show the numbers of adult males, of adult females, and of children, and thus permit analysis of the sex ratio of adults and the ratio of children to women.

Before attempting to do so, I want to point out the factors, which, quite apart from the general inaccuracy of the data, affect the accuracy of these ratios. It is evident, for example, that the sex ratio of 'adults' will be distorted if males over 16 and girls over 14 are counted as adults. The Administration at first seemed to believe that the age limit was uniform for boys and for girls. When at the meeting of the Permanent Mandates Commission of 24 October 1924 'Sir F. Lugard thought it would be interesting to know up to what age individuals were classified as "children" in the vital statistics' of the Cameroons Province,[1] the 1924 report to the League stated in reply: 'In the Cameroons Province persons under the age of seventeen are classified as children.'[2] But a year later the Administration realized that in the Cameroons Province and elsewhere the age limit differed for the two sexes.

Lower age limit for boys than for girls. The only case of this kind mentioned in the reports to the League is the Dikwa Division. Prior to 1925 'youths of 16 and over, and girls of 18, though possessing their own means of livelihood, had been registered' there 'as "children"'.[3] This probably explains in part why in 1923 the 'girls' (25,720) exceeded the 'boys' (21,029) by 22 per cent.[4] In estimating the population of 1925 those 'children' were 'correctly shown as adults'. What effect the correction had on the sex composition of the children it is impossible to tell, as no separate figures for boys and girls were given for the next following years. But the correction cannot have been numerically important since it had no effect on the sex ratio of adults, the figures for 1924 and 1925 being 50,864 and 50,106 for men, and 70,091 and 69,894 for women. Moreover the 1931 census still showed an excess of 14 per cent. of girls (36,525) over boys (31,933).

When D. A. Percival found in the returns from the Mambila area a large excess of girls over boys he attributed it to the counting of adult unmarried females as children.

> . . . for, while the enumerator would be liable to enter unmarried lads even

[1] *Minutes*, 5th Session, p. 30. [2] *Report 1924*, p. 55.
[3] *Report 1925*, p. 103.
[4] These figures do not comprise the hill pagans in the pagan districts.

before 16 as adults, he would not as a rule enter unmarried girls in the adult column, which consists chiefly of wives. If women were taxpayers, the list might be very different. The tendency to decrease 'women' and increase 'girls' comes, in fact, from the Mambila marriage-custom, which is that a youth and his bride cohabit for some years in her father's house before she is taken to the bridegroom, and they are consequently not classed as 'married' until comparatively late in life.[1]

Lower age limit for girls than for boys. The 1925 report states that 'the large excess of females over males' among the adult population of Kumba, Mamfe, and Bamenda Divisions 'is in part due to the girls marrying at an early age and being then treated as adult females for statistical purposes'.[2] This practice of treating all married females as adults seems to have prevailed in the whole Territory. The effect of this differential treatment of married and unmarried females is, of course, the greater the higher the age limit for unmarried. The general age limit in the Cameroons Province, as has been shown, was stated in the 1924 report as 17. A year later, Mr. Hunt, at a meeting of the Permanent Mandates Commission on 11 November 1926, 'said that, for practical purposes, an adult was a person who was able to pay taxes and to do a day's work. On the average, the adult was from 16 to 17 years old'.[3] But the 1926 report stated (for Cameroons Province): 'Only able-bodied adult males are liable to tax. A youth of 15 years is considered adult for this purpose.'[4] The fact that the liability to tax payment played such an important role in census taking was indeed apt to distort in general the results from a demographic standpoint, and especially so in particular cases.

At the time when the Gashaka census was taken, the Mambilas, a large number of whom had never before seen a European or paid tax, were being organised into village groups under responsible chiefs. It was regarded as of the utmost importance that the first duty of the new village heads, the collection of the tax, should be made as simple and straightforward as possible in order that they might gain confidence in themselves and their new authority. A considerable number of youths, possibly some two or three hundred, were therefore shewn as boys for taxation purposes (in order to avoid any dispute at tax collection as to whether they were adult or not), who in less uncivilised tribes would have been included as adults. The decrease in the ratio of adult males to adult females as compared with last year's figures is to a certain extent therefore more apparent than real.[5]

[1] Percival (1938), p. 610.
[2] *Report 1925*, p. 104.
[3] *Minutes*, 10th Session, p. 98.
[4] *Report 1926*, p. 95.
[5] Ibid., p. 98. However, at later counts of the Mambila Tribe, numerous 'boys scarcely more than ten years old were brought up as being taxpayers' (Percival, p. 607).

The close connexion of the census with taxation apparently led also to the deliberate omission of men. The 1925 report thus states that the large excess of females over males in the Kumba, Mamfe, and Bamenda Divisions was 'in part due to suppression of the true numbers of males who should pay tax'.[1]

Omission of Children. The reports to the League of Nations state repeatedly that the figures for children in the Northern Cameroons are less complete than those for adults.[2] The question was discussed at the meeting of the Permanent Mandates Commission of 30 October 1934:[3]

Mr. Hunt . . . in backward areas, great reliance could not be placed on the figures, particularly those relating to women and children.

Mlle Dannevig asked whether there was any special reason why women were unwilling to give the real number of their children.

Mr. Hunt replied that, in backward areas, they were often suspicious of what might be at the back of the white man's mind. Perhaps they might have an unreasoning fear of new taxation, as was the case at Aba[4] in 1929. But it was a common superstition that the counting of children brought calamity.

To judge from the reports to the League the omissions of children in the Cameroons Province were less serious. The 1929 report thus states with regard to the Victoria Division that 'a certain number, not exceeding three per cent., were omitted from the counts'.[5] This, however, was certainly an under-estimate, and Mr. Hunt, at the meeting of the Permanent Mandates Commission of 30 October 1934, indicated that omissions of children were frequent not only in the Northern Cameroons.

But the vagueness of the age limit for children and the fear of taxation and of other calamities on the part of the natives are by no means the only reasons why it is very difficult to draw from the official figures conclusions about the sex ratio of adults or the ratio of children to women. What is even more important in this connexion was the incapacity of the responsible administrative officers to deal adequately with the data at their disposal. I shall confine myself to referring to two striking examples:

Cameroons Province. In the Victoria Division the totals for men, women, and children were established throughout without due regard to the number of people on the plantations. For 1923 the

[1] *Report 1925*, p. 104.
[2] See *Report 1925*, p. 104; *1930*, p. 103; *1935*, p. 15; *1936*, p. 21.
[3] *Minutes*, 26th Session, p. 30.
[4] A township in Southern Nigeria.
[5] *Report 1929*, p. 13.

adult males were given as 10,827 and the adult females as 15,000, although there were on the plantations alone about 8,000 or 9,000 labourers who were there mostly without wives. In recent years the wide fluctuations in the numbers of plantation labourers have been taken account of sometimes fully, sometimes partly, sometimes not at all. Similar mistakes, on a smaller scale, were made in the Kumba Division.

Northern Cameroons. In the Dikwa Division the figures for children apparently varied largely according to the opinion which the responsible officers had on the size of the families. The figure was reduced from 64,596 in 1924 to 57,796 in 1925 because 'closer observation during the year has indicated that the estimate previously adopted for the population in the hills put the proportion of children to adults too high'. In the following year the figure was further reduced to 52,796. But after a few years it was realized that even the estimate of 1924 had been rather too low. Compared with 1924 the 1937 figures were higher for men by 6 per cent., for women by 3 per cent., and for children by 16 per cent.

It should be noted moreover that the Administration made much less effort to obtain complete figures for children and women. At the meeting of the Permanent Mandates Commission of 30 October 1934, Mr. Hunt stated: 'The census staff concentrated more particularly on taxable males, and the census of women and children was liable to vary from year to year.'[1] In fact, as recently as 2 November 1938, Mr. Firth stated that 'the figures for women and children were wholly estimated'.[2]

The situation as to the sex ratio and the ratio of children to women may then be summarized as follows:

In the Victoria Division the sex ratio is determined decisively by the presence of a very large number of plantation labourers who come, without wives, from other parts of the Territory or from neighbouring foreign areas. According to the official statistics men would have been in 1937 2·2 times as numerous as women. But the figures for this Division are too inadequate to convey a trustworthy picture of the actual excess of men. Nor is it possible to tell whether among the people not on plantations the women exceed the men or not.

In all other Divisions there was, according to the official statistics, a considerable excess of women over men. In the Territory as a whole, excluding Victoria Division, the excess was shown to be 23

[1] *Minutes*, 26th Session, p. 30.
[2] Ibid., 35th Session, p. 152.

or 24 per cent. in 1926–30. By 1935 it had decreased to 18 per cent. To judge from the evidence given in the Permanent Mandates Commission, some British officials attribute these startling results to the classification of young married females as adults:

Lord Lugard referred to the large excess of women given in the statistics for Kumba, Mamfe and Bamenda Divisions on pages 10 and 11 of the [1927] report. He asked what were the causes of this excess.

Mr. Arnett [Resident in the Cameroons Province] replied that girls were classed as adults as soon as the marriage contracts were made. The marriage age in the territory was low and therefore there would be more girls classed as adults than boys of similar age.[1]

But the fact that young married females are counted as adults can explain only part of the enormous excess of women, since in the Territory as a whole, excluding Victoria Division, the excess of females over males, according to the census of 1931, was 22 per cent. for adults and 14 per cent. for the whole population.

Other officials seem inclined to consider the excess of women as not genuine, but rather due to the general inaccuracy of the figures for women:

M. Rappard said that one point which had struck him very forcibly was the surplus of adult women over men in all the divisions except one, where there were twice as many men as women. He suspected the reasons were statistical rather than biological, though, if there were an actual surplus, the question would be important. If, however, there were more women than men, he could hardly believe the former were subjected to a particularly exhausting mode of life.

Sir Donald Cameron [Governor of Nigeria] did not attach great importance to the statistics relating to women. It was almost impossible in such remote and primitive areas to obtain an accurate count of women and children.

He certainly could not subscribe to the view that women had a bad time in East Africa, and would draw the Commission's attention to a dispatch written by himself and published in 1931 as a White Paper.[2]

But the question cannot be dismissed as easily as that. The excess was by no means confined to the remote and primitive areas of the Territory; and, granted that the enumeration of women is made more carelessly than that of men, why should the number of women be overstated everywhere?

I think then that, until proof is afforded to the contrary, a considerable part of the enormous excess of women shown in all the Divisions except Victoria must be accepted as genuine. The 1925

[1] *Minutes*, 14th Session (5 Nov. 1928), p. 157.
[2] Ibid., 22nd Session (16 Nov. 1932), p. 167.

report rightly says that this excess can be due only 'to excess of deaths or emigration among the males', but says no more.[1] Mr. Ormsby-Gore is inclined to believe that the principal cause is a lower mortality of female as against male children.

. . . M. Rappard wondered whether it was possible, within the limits of these statistics, to draw certain conclusions. He would be glad to know whether the Administration ascribed any particular reason to the very striking difference between the numbers of males and females.

Mr. Ormsby Gore said that, according to a theory recently propounded by Colonel Pitt Rivers, an anthropologist who had carried out enquiries, more particularly in the Pacific Islands, a high proportion of females to males was desirable from the point of view of the vitality of the race, while, conversely, a high proportion of males was undesirable. He was unable to state how far the high proportion of females in the Cameroons was due to the higher power of resistance in the female child, though he was inclined to believe that that was the right explanation. Mortality statistics, if it were possible to compile them, would prove or disprove this theory.[2]

Part of the large excess of women outside the Victoria Division was due to the migration of labourers to the Victoria plantations. According to the statistics of 1937, 9,686 plantation labourers employed in Victoria had come from the Kumba, Mamfe, and Bamenda Divisions. On the other hand, only 1,181 labourers from other mandated or colonial areas had come to the Kumba plantations. But some of the plantation labourers were accompanied by their wives, and the total excess of women in the Territory outside Victoria Division was given as not less than 41,023 in 1937.

The ratio of children to women, as a whole, was higher according to recent official statistics than according to earlier ones. In 1924 to 1927 the Territory showed 87 or 88 children per 100 women. From 1934 on the numbers of children were slightly higher than those of women. In 1937 the ratio in the various Divisions was given as follows:

Victoria	*Kumba*	*Mamfe*	*Bamenda*	*Dikwa*	*Adamawa*	*Kentu*	*Total*
81	107	94	118	104	93	111	103

The data for the Victoria Division, as has been shown, are not trustworthy. But it may well be that the ratio of children there is actually lower than in the other Divisions. The wives on the plantations comprise many childless women;[3] according to the statistics

[1] See *Report 1925*, p. 104.
[2] *Minutes*, 12th Session (31 Oct. 1927), p. 84.
[3] Wives with children probably rather stay at home.

for 1927 they had on an average only 0·57 children. Moreover, the Victoria Division is the home of the Bakweri tribe which for many years has had the reputation of having particularly few children. The exceptionally high proportion of children in the Bamenda Division, on the other hand, was discovered only recently. According to the statistics for 1933 there were not more than 105 children per 100 adult females. By 1935 the figure had risen to 118. The new figure was arrived at through 'a careful proportionate estimate'.

When the report for 1930 had shown less than 100 children per 100 women in five of the six Subdivisions and 94 children per 100 women for the Territory as a whole, the question was raised in the Permanent Mandates Commission:

> Mlle Dannevig noted the small number of children as compared with the number of women (pages 102–103 of the report). In fact, in certain cases there were fewer children than women. What was the reason for this? Was it perhaps that not all the children were registered?
>
> Mr. Browne [Senior Resident in Nigeria] replied that he had always heard that there was a great shortage of children, especially in Victoria, on account of high mortality. He did not believe that large numbers of children escaped registration.[1]

Mr. Browne apparently believed that a high child mortality reduces the ratio of children to adults.[2] This, however, can occur only if child mortality has increased in recent years. A permanent high child mortality tends to swell the ratio of children to adults since it reduces above all the number of people surviving childhood. If the more recent, much higher, figures for children may be trusted, he was also mistaken in not believing that large numbers of children had escaped registration.

When the report for 1933 had shown more than 100 children per 100 women in the Kumba, Bamenda, and Dikwa Divisions, and for the Territory as a whole practically an equal number of children and women, the question was again discussed in the Permanent Mandates Commission:

> Lord Lugard expressed surprise that, according to the statistics given

[1] *Minutes*, 21st Session (28 Oct. 1931), p. 56.

[2] His successor, Mr. Findlay, is of the same opinion. See ibid., 31st Session (4 June 1937), p. 78:

'Mlle Dannevig remarked that the population figures appeared to show a proportion, roughly speaking, of one child to each woman. Was that normal?

'Mr. Findlay replied that it was not normal. The mortality rate was of course very high amongst children.'

Again on 2 Nov. 1938, 'Mlle Dannevig drew attention to the small number of children in relation to the number of women. Were infant mortality rates very high?' (Ibid., 35th Session, p. 153).

on pages 8 to 13, there were more women than children, except in the Bamenda Division.

Mr. Hunt said that it was doubtful if the census of children was entirely accurate, as the natives were reluctant for the most part to disclose their actual numbers.[1]

It is a strange coincidence that since 1933 the ratio of children to women has increased so very much just in the Bamenda Division and that for the rest of the Territory as a whole the ratio has decreased from 99 to 98 per 100. But this, of course, does not disprove the statement of Mr. Hunt that the omissions of children were more numerous than those of women. It would indicate merely that in 1937 omissions of children outside the Bamenda Division were still as large as in 1933.

As matters stand, we must assume that there are in the Territory as a whole not less children than adult women. Taking into consideration that many married female children are counted as adult women,[2] a ratio of 100 'children' per 100 'women' by no means indicates a shortage of children. If the omissions of children are still to-day much more numerous than those of women, there may even be an abundance of children in the Mandated area. On the other hand, there seems to be no doubt that in some tribes the actual ratio of children to women is rather low.

II. European Population

Nothing comparable to the thorough German statistics has been published for the white population of British Cameroons.

1. *General Censuses*

The report of the 1921 census of Southern Nigeria merely showed that there were in the Cameroons Province 45 European men, 7 European women, and no European child.[3] Neither the 1921 report for Northern Nigeria nor the 1931 reports for Southern and Northern Nigeria contained any information on the white population in the Mandated Territory.

2. *Annual Censuses*

The reports to the League of Nations for the years 1921 to 1925 gave, very unsystematically, some scanty data on the European

[1] Ibid., 26th Session (29 Oct. 1934), p. 14.

[2] According to the census of 1931, male children exceeded female children in Cameroons Province by 7 per cent., in 11 Adamawa Districts by 6 per cent. (In the Dikwa Division female children exceeded male children by 14 per cent.)

[3] See Talbot (1926), vol. iv, table facing p. 154.

population. From 1926 on they contained an all-inclusive table which for 1927 to 1929 showed the number of men, women, and children by five geographical subdivisions and by nationalities. But from 1930 on the size of the table was reduced, and for 1933 to 1936 it gave no more than the number of men, women, and children in Cameroons Province and in Northern Cameroons. However, for 1937 details about the nationality were again shown upon a request of the Permanent Mandates Commission. The data published in the reports thus conveyed the following information:

1921. Cameroons Province. 1. Males and Females. 2. Government officials, British commissioned officers, British non-commissioned officers.

1922, 1923. Cameroons Province. European officials, European non-official males, and European females in each Division.

1924. Mandated Territory. Non-official males, Females, and Total population.—Cameroons Province. Males and Females in Victoria Division.

1925. Mandated Territory. 1. Non-official males, Females, Children, and Total population. 2. Total population by nationalities.—Cameroons Province. Adult males, Adult females, and Children in Victoria Division.

1926. Mandated Territory. 1. Adult males, Adult females, and Children in each of the four Divisions of Cameroons Province and in Northern Cameroons. 2. Total population by nationalities.

1927, 1928, 1929. 1. As 1926. 2. Adult males, Adult females, and Children by nationalities.[1]

1930. 1. As 1926. 2. Total population by nationalities.

1931, 1932. 1. As 1926.

1933–6. Adult males, Adult females, and Children in Cameroons Province and in Northern Cameroons.

1937. Adult males, Adult females, and Children by nationalities in Cameroons Province, Adamawa, and Dikwa.

The results are reproduced in Tables 13, 14, 15, and 16.

There are hardly any whites in Northern Cameroons. The number of men varied between 1921 and 1937 from 4 to 9; these were practically all Administrative Officers. There have been in addition, after 1928, from one to three white women. The economic activities and the missionary work of the Europeans were confined to Cameroons Province.[2]

[1] The reports for 1927–30 gave in addition the total number of 'non-natives' (Europeans) for each year from 1921 on.

[2] Such a development was not expected when the Territory came under British mandate. In the section 'European Settlement' of his report dated 26 Jan. 1922, Mr. W. F. Gowers, Lieutenant-Governor of the Northern Provinces of Nigeria, stated with regard to the Dikwa Emirate: 'Except in the possible exploitation of such little mineral wealth as the Emirate may prove to possess, there is no place whatsoever for the foreign settler or concessionaire. . . . Nevertheless there is a large place for the European and other "middlemen",

TABLE 13

*European Population, British Cameroons, 1921–5**

Year	Administrative divisions	Government officials	Other males	Females	Total
1921	Cameroons Province	36	6	7	49
	Mandated Territory	42	6	7	55
1922	Victoria Division	18	31	8	57
	Kumba Division	4	6	—	10
	Mamfe Division	3	—	—	3
	Bamenda Division	11	4	—	15
	Cameroons Province	36	41	8	85
	Mandated Territory	42	41	8	91
1923	Victoria Division	13	25	7	45
	Kumba Division	2	7	2	11
	Mamfe Division	3	—	—	3
	Bamenda Division	19	1	—	20
	Cameroons Province	37	33	9	79
	Mandated Territory	43	33	9	85
1924	Victoria Division	39		9	48
	Other Divisions	21		2	23
	Cameroons Province	44	16	11	71
	Mandated Territory	50	16	11	77
1925	Victoria Division	118		19	142†
	Other Divisions	37		—	37
	Cameroons Province	24	131	19	179†
	Mandated Territory	28	131	19	183†

* See *Report 1921*, p. 47; *1922*, p. 53; *1923*, p. 62; *1924*, pp. 17, 55; *1925*, pp. 23, 105; *1927*, p. 124. The military persons, who until 1924 were stationed in the Territory—in 1921 there were in the Cameroons Province 3 British commissioned officers and 2 British non-commissioned officers—are probably not included in these statistics.

† Including 5 children.

In September 1921 the European population of Cameroons Province numbered 49. In 1924 it amounted to 71. It jumped to 179 in 1925 and increased steadily thereafter, reaching 398 in 1937. In order rightly to appraise the changes in the numbers of Europeans, it is

in the widest sense of the word, and the arrival of a railway will probably see a cosmopolitan opening up of the Chad basin' (*Report 1921*, p. 18). Mr. Ormsby-Gore, in his report on his visit to West Africa during the year 1926 (pp. 43–4), also urged the building of a railway to Dikwa. However, neither the railway nor the middlemen have arrived so far. But the Administration still has hopes: 'As yet no trading firms have taken out Certificates of Occupancy in Mandated Territory, but it is hoped that development of trade and improved communications will encourage them to do so in the near future' (*Report 1935*, p. 37).

TABLE 14

*European Population, British Cameroons, 1926–37**

Year	Adult males	Adult females	Children	Total	Adult males	Adult females	Children	Total
	VICTORIA DIVISION				KUMBA DIVISION			
1926	128	26	6	160	25	4	3	32
1927	143	28	8	179	42	8	—	50
1928	148	33	8	189	49	9	1	59
1929	135	23	5	163	49	12	1	62
1930	146	27	7	180	38	6	1	45
1931	132	36	8	176	37	6	1	44
1932	120	32	4	156	40	9	5	54
	MAMFE DIVISION				BAMENDA DIVISION			
1926	7	—	—	7	9	5	—	14
1927	8	—	—	8	11	5	—	16
1928	16	3	—	19	17	3	—	20
1929	13	3	—	16	19	6	—	25
1930	16	3	1	20	21	5	2	28
1931	14	3	1	18	21	6	3	30
1932	7	2	—	9	21	8	1	30
	CAMEROONS PROVINCE				MANDATED TERRITORY†			
1926	169	35	9	213	175	35	9	219
1927	204	41	8	253	209	41	8	258
1928	230	48	9	287	235	48	9	292
1929	216	44	6	266	222	45	6	273
1930	221	41	11	273	228	42	11	281
1931	204	51	13	268	213	52	13	278
1932	188	51	10	249	192	52	10	254
1933	203	71	22	296	210	72	22	304
1934	208	72	30	310	213	73	30	316
1935	237	78	33	348	242	79	33	354
1936	245	97	32	374	252	98	32	382
1937	274	95	29	398	281	98	29	408

* See *Annual Report 1926*, p. 97; *1928*, pp. 104–5; *1930*, pp. 102–3; *1932*, p. 100; *1933*, p. 84; *1934*, p. 111; *1935*, p. 115; *1936*, p. 135; *1937*, p. 105.

† Including Northern Cameroons (1926–37: 6, 5, 5, 6, 7, 9, 4, 7, 5, 5, 7, and 7 adult males; 1929–36: 1 adult female, 1937: 3 adult females).

necessary to realize the nature of the changes that occurred in the management of the plantations.

During the last years of the German régime, the number of labourers employed on the plantations (mainly in what are now the Victoria and Kumba Divisions of Cameroons Province) increased very much. It rose from 10,415 on 1 January 1911 to 13,272 on 1 January 1912 and to 17,827 on 1 January 1913.[1] It probably increased still further until the outbreak of the War but, of course, dropped during the hostilities. The white employees, who on 1 January 1913 numbered 195, nearly all left the plantations in the course of the War.

Following the German evacuation, the plantations were merged into one whole, and a Department of Government, the Plantations

[1] See *Die deutschen Schutzgebiete 1911/12*, p. 70; ibid., *1912/13*, p. 85.

TABLE 15

European Population by Nationalities, British Cameroons, 1925–30 and 1937

Nationality	*1925*	*1926*	*1927*	*1928*	*1929*	*1930*	*1937*
British	52	71	60	90	77	79	85
Austrian	—	—	—	2	2	1	5
Czechoslovakian	—	—	—	—	—	2	1
Danish	—	—	—	1	—	1	4
Dutch	2	2	6	6	5	4	26
French	—	—	—	—	—	6	3
German	125	136	179	182	175	161	253
Italian	—	—	—	1	1	—	7
Russian	1	—	—	—	—	—	—
Swedish	—	1	—	—	—	—	—
Swiss	3	8	13	9	11	16	20
American	—	1	—	1	2	3	4
Total	183	219	258	292	273	281*	408

* Incl. 8 not stated.

TABLE 16

European Men, Women, and Children, by Nationalities, British Cameroons, 1927–9 and 1937

	1927			*1928*			*1929*			*1937*		
Nationality	*Men*	*Women*	*Children*	*Men*	*Women*	*Children*	*Men*	*Women*	*Children*	*Men*	*Women*	*Children*
British	50	10	—	77	13	—	65	11	1	61	23	1
Austrian	—	—	—	2	—	—	2	—	—	4	1	—
Czechoslovakian	—	—	—	—	—	—	—	—	—	1	—	—
Danish	—	—	—	1	—	—	—	—	—	4	—	—
Dutch	6	—	—	6	—	—	5	—	—	20	6	—
French	—	—	—	—	—	—	—	—	—	2	1	—
German	147	25	7	141	32	9	141	29	5	176	52	25
Italian	—	—	—	1	—	—	1	—	—	3	4	—
Swiss	6	6	1	6	3	—	6	4	1	8	9	3
American	—	—	—	1	—	—	1	1	—	2	2	—
Total	209	41	8	235	48	9	221	45	7	281	98	29

Management, was formed to preserve them from the fate which would have speedily overtaken them had they been abandoned.[1] Sir Frederick Lugard, in a report dated 9 April 1919, stated that the average number of plantation labourers was 8,500.[2] According to the report of the Supervisor of Plantations for 1919, 'the average monthly number of labourers working on the Estates during the year approximated 9,800'.[3] According to his report of 7 October 1921, their number, by then, had increased to 'over 11,000'.[4] According to the

[1] See Evans (1921), p. 68; *Report 1925*, p. 49.
[2] See Lugard, p. 681.
[3] Evans (1919), p. 4.
[4] See Evans (1921), p. 67.

reports to the League of Nations for 1922, 1923, 1924, and 1925, the number of labourers employed by the Plantations Management varied in each year 'from ten to twelve thousand'.[1] The European staff during this entire period was exceedingly small. When, on 21 October 1925, the report for 1924 was discussed by the Permanent Mandates Commission, Major Ruxton, Lieutenant-Governor of the Southern Provinces of Nigeria, stated that the Administration 'had maintained the plantations with a staff of from six to eight white men, whereas the Germans had employed at least 100 white men'.[2]

In November 1924 the plantations were put up for sale without reserve by public auction in London. With the exception of three small lots all the properties were sold. Most of the buyers were the former German owners.[3] The new plantation owners entered into possession in March 1925. According to the report for 1925, 'the last return of labourers on the estates showed 11,824 voluntary labourers, with a staff of 75 Europeans and 565 Africans'.[4] In the following year, under private management, the number of labourers remained about the same, but the other personnel of the plantations grew conspicuously:

> The return of labourers on the estates at the close of the year shows 12,128 men, with a staff of 106 Europeans and 878 Africans. The African staff are classified as clerks, dressers, nurses, overseers, carpenters, bricklayers, masons, painters, joiners, blacksmiths, mechanics, engine and motor drivers, firemen, quarter-masters and coopers and a number of apprentices to each class of artisan.[5]

For 1927–9 the numbers of the European and African staff

[1] See *Report 1922*, p. 36; *1923*, p. 43; *1924*, p. 25; *1925*, p. 50. But see also *Report 1924*, p. 27: 'The average number employed during the past year has been about ten thousand men and lads.' For August 1922 the number was given as 11,000; see *Report 1922*, p. 45.

[2] *Minutes*, 7th Session, p. 42. The staff of the Plantations Management, of course, was far too small. In his report of 7 Oct. 1921, the Supervisor of Plantations stated that 'owing chiefly to lack of supervising staff, it has not been possible to keep the estates in the same excellent order as that in which their owners left them' (Evans (1921), p. 68). See also *Report 1924*, p. 26; *1929*, p. 137.

[3] See *Report 1924*, p. 32. The condition in 1936 was as follows: '293,678 acres are in German, 19,053 in British and 260 in Swiss hands' (*Report 1936*, p. 49). The importance and the peculiar character of these plantations may be illustrated by two quotations. 'Victoria Division. More than half of the available area of good land is in the hands of the plantation companies' (*Report on the Southern Provinces of Nigeria, 1934, p. 25*). 'In Western Africa there is practically no European-owned land in British territories, except a few plantations in the Cameroons, most of which passed back into German hands after the war' (Worthington, 1938, pp. 403–4).

[4] *Report 1925*, p. 50.

[5] *Report 1926*, p. 44.

were not published, but the 1929 report states that the plantation companies retrenched their staff.[1] From 1930 on the reports, in accordance with a request of the Permanent Mandates Commission, contained a table summarizing the results of the inspections made on each plantation by Administrative Officers. Table 17 has been computed from these tables.

TABLE 17

*Employees and Labourers on Plantations, British Cameroons, 1930–7**

Year	European staff	African staff			
		Clerks	Overseers	Artisans	Labourers
1930	97	58	152	196	9,278
1931	82	45	115	196	8,200
1932	75	50	154	220	8,840
1933	83	73	132	223	9,726
1934	103	79	143	314	12,494
1935	118	101	234	256	15,631
1936	126	120	274	328	18,120
1937	154	114	331	509	19,590

* See *Report 1930*, pp. 128–33; *1931*, pp. 106–9; *1932*, Appendix IV; *1933*, Appendix III; *1934*, pp. 127–30; *1935*, pp. 133–6; *1936*, pp. 159–62; *1937*, pp. 128–30.

Before the sale of plantations by the Government the European population of Cameroons Province consisted largely of officials. Of the 71 white inhabitants in 1924, there were 44 officials (including 6 or 8 staff members of the Plantations Management), 16 non-official men, and 11 women. One year later, after the sale of the plantations, there were 179 white inhabitants, of whom 155 were men (including 24 officials and 75 employees of the plantations), 19 women, and 5 children. While the great majority of the 71 white inhabitants in 1924 were British,[2] the 179 white inhabitants of 1925 included 125 Germans. After another two years (1927) Cameroons Province counted 253 white inhabitants: 204 men, 41 women, and 8 children. Of the 204 men, 45 were British, 147 German, 6 Dutch, and 6 Swiss; of the 41 women, 10 were British, 25 German, and 6 Swiss; of the 8 children, 7 were German, and 1 Swiss. In the following three years the proportion of Germans declined somewhat, owing probably in part to the stagnation of the plantations.

No figures concerning nationality were published from 1931 on, and in 1937 the Permanent Mandates Commission became anxious

[1] See *Report 1929*, p. 62.

[2] See *Report 1924*, p. 17: 'The European population [of the Victoria Division] consists of thirty-nine males and nine females, almost all of British nationality.'

to obtain information on the number of Germans in the Mandated area.

M. van Asbeck asked what were the numbers of the non-British European population, and the German population in particular.

Mr. Findlay undertook to give the figures in the next report. He believed he was right in saying that the German population in Victoria was approximately 230 in number.[1]

This certainly was an over-estimate. According to the 1937 report to the League the total number of Germans in the Territory (including the Kumba Division which has a considerable German population) was 253. Of the 281 men in the Mandated Territory, 61 were British,[2] 176 German, 20 Dutch, 8 Swiss, and 16 of another nationality; of the 98 women, 23 were British,[3] 52 German, 6 Dutch, 9 Swiss, and 8 of another nationality; of the 29 children, 1 was British, 25 were German, and 3 Swiss. The British population, numbering 85, was only one-third as large as the German population.[4] The number of Germans working on the plantations is not known, but it is significant that in 1937 144 of the 154 European staff members were employed on plantations which were in German hands.[5]

While the increase in the number of Europeans since 1924 was due in the first place to the transfer of the plantations from the Government to private concerns, the second important factor was the expansion of the Christian missions. The 'members of the first Missionary Society to arrive since the departure of the German missions in 1914–15 landed in March 1922'.[6] By 1927 the missions comprised 45 adults (including 10 lady missionaries and sisters, and 6 wives of missionaries). Ten years later the European staff of the missions numbered 107 (including 38 women).

The number of Government officials, on the other hand, showed no increase. According to the, sometimes rather vague, statements in the reports, the number between 1921 and 1937 varied from 24 (1925) to 49 (1928). In 1934–6 there were 33 or 34 as against 36 or 37 in 1921–3.

[1] *Minutes*, 31st Session (4 June 1937), p. 78.
[2] Including 7 in the Northern Cameroons.
[3] Including 3 in the Northern Cameroons.
[4] Balfour (1937), p. 101, was then wrong when he stated that the Germans outnumber 'the British population (including the whole administration) by about five to one'. He evidently was misinformed about the number of British. 'The British population at its highest estimate does not exceed sixty Europeans (including women and children), while the administration amounts to thirty-two.'
[5] See *Report 1936*, pp. 48–9; *1937*, pp. 128–30.
[6] *Report 1924*, p. 30.

TABLE 18

*Missions in Cameroons Province, 1925–37**

Year	Basel Mission			Roman Catholic Mission		Baptist Mission		Total adults
	Male missionaries	Lady missionaries	Wives	Priests	Sisters	Men	Women	
1925	3	—	..	6	3	—	—	..
1926	8	3	..	10	4	—	—	..
1927	14	6	6	14	4	1	—	45
1928	15	5	10	16	4	3	2	55
1929	15	4	10	15	4	3	2	53
1930	16	4	7	16	4	6		53
1931	19	3	12	16	4	7		61
1932	19	5	11	17	4	10		66
1933	22	7	14	23	5	9		80
1934	25	9	15	23	5	8		85
1935	28	21		30	10	6	4	99
1936	30	9	14	34	12	5	6	110
1937	25	8	14	39	10	5	6	107

* See *Report 1925*, p. 57; *1926*, p. 57; *1927*, pp. 49–51; *1928*, pp. 68–70; *1929*, pp. 71–3; *1930*, pp. 77–9; *1931*, pp. 62–3; *1932*, pp. 74–5; *1933*, pp. 62–3; *1934*, pp. 74–5; *1935*, pp. 72–3; *1936*, pp. 88–9; *1937*, p. 66.

It would then appear that the numbers of European adults in Cameroons Province developed as follows:

Year	Men				Women	
	Government	Missions	Plantations	Others	Missions	Others
1925	24	9	75	47	19	
1926	27	18	106	18	35	
1927	30	29	145		16	25
1928	49	34	147		21	27
1929	41	33	142		20	24
1930	46	(36)	97	42	(17)	24
1931	*43*	*(39)*	*82*	*40*	*(22)*	*29*
1932	34	(42)	75	37	(24)	27
1933	36	(50)	83	34	(30)	41
1934	(33)	(53)	103	19	(32)	40
1935	(33)	64	118	22	35	43
1936	(34)	69	126	16	41	56
1937	(40)	69	154	11	38	57

If these figures can be trusted, the number of white men who were neither Government officials nor missionaries nor plantation employees would have decreased from 47 in 1925 to 11 in 1937. It may be that these figures, which have been derived by subtracting the number of Government officials, missionaries, and plantation employees from the total number of Europeans, are somewhat too small,[1] but there is no doubt that the number of whites who are

[1] Some missionaries on leave are probably included in the figures for missionaries, while they are probably excluded from the figures of the total adult

neither officials nor missionaries nor plantation employees has decreased considerably. I do not know the reasons why this decrease has occurred, but it is safe to say that the main reason why, apart from officials, missionaries, and plantation employees, there are hardly any white men in the Territory is the lack of white merchants. So far as trade is not in the hands of Africans it is carried on largely by the plantations themselves through their employees. This is true in particular of the banana trade, 'all of which is in the hands of the plantation companies'.[1] It may be mentioned incidentally that there are no independent physicians in the Territory. The medical staff in 1937 consisted of five Government medical officers and three medical practitioners employed by the plantation companies.[2]

A large proportion of the white women in the Territory belonged to the missions. The number of women not connected with missions oscillated in 1927–32 between 25 and 30, and increased to 60 in 1937. This increase may have been due largely to the increase in the number of white plantation employees.

In 1924 there was no European child in the Territory. The first white children who immigrated were those of German plantation employees. By 1934 the white children numbered 30, of whom 18 belonged to the Basel Mission.

According to the official statistics all non-Africans are Europeans. It seems, however, that actually there are some Syrians in the Territory, who have been either omitted from the count or classified erroneously as French.[3]

males. Moreover, the figures for the various groups were ascertained at different dates.

[1] *Report 1936*, p. 38. See also *Report 1931*, pp. 28, 53; *1936*, p. 72. In the record year 1937 with total export values of £526,554, the banana exports amounted to not less than £288,133. Of the total exports, £419,946 went to Germany, who thus receives the bulk of the exported 'raw materials'. See *Report 1937*, pp. 31–2. (The figures comprise only the exports recorded in ports of British Cameroons.)

[2] See *Report 1937*, pp. 61–2, 94.

[3] See Permanent Mandates Commission, *Minutes*, 35th Session (2 Nov. 1938), p. 153:

'M. Giraud was surprised to see from the statistics on page 105 of the [1937] report that there were apparently no Syrians or Lebanese in the territory, although they were to be found, and sometimes in large numbers, in the various colonies on the coast of West Africa.

'Mr. Firth said that he had personal knowledge of two Syrians in the territory. Perhaps they were classified as French in the statistical tables.'

The 1937 figures showed altogether only 3 French (2 men, 1 woman).

CHAPTER III

SPECIAL INVESTIGATIONS

APART from the general and annual censuses a large number of miscellaneous investigations were carried out by the British Administration.

I. BIRTH AND DEATH REGISTRATION

Prior to 1926 no attempt was made to register births or deaths of natives.[1] The need for vital statistics was realized for the first time in the report for 1925:

> For a scientific study of the question of depopulation, the first essential is an accurate and continuous record of births and deaths . . .[2]
>
> In order to study the causes which make for an increase or decrease in the population an attempt will be made in 1926 to compile regular statistics of births and deaths in a portion of the Victoria Division, but the former will present great difficulties.[3]

The report for 1926 showed the results of the first attempts to introduce birth and death registration:

> A commencement has been made in recording the births and deaths in certain selected areas. In the Victoria Division, with educated chiefs in charge of both Victoria and Buea Districts, it may be hoped that in a few years' time the returns may possess some value and accuracy. For this first year it is not claimed that the returns are full or exact. For a period of nine months the Buea District, with a population of 9,261, recorded 100 births and 109 deaths. The deaths were classified as follows: adult male 37, adult female 35, children 37. The Victoria District, with a population of 6,970, recorded in 11 months 132 births and 196 deaths. The latter were classified as 93 adult males, 42 adult females and 61 children.
>
> Similar registrations have been begun in selected areas of Mamfe and Kumba Divisions, but for a shorter period of time, and the results are not yet worth recording.
>
> In Bamenda Division registration of births and deaths was commenced in August in the two Districts of Bali and Bandop, with the following results:—

Bali District

Total Population, 7,621.

	Births	*Deaths*
August–September .	26	32
October–November .	43	48

[1] See *Report 1922*, pp. 10–11, 46–7, 53; *1923*, pp. 55, 63, 80.
[2] *Report 1925*, p. 94.
[3] Ibid., p. 96.

Bandop District

Total Population, 15,104.

	Births	*Deaths*
August–November .	643	328[1]

It is necessary to go slowly, as the native has to be convinced that no sinister motives underlie European curiosity.[2]

The reports for 1927 and 1928 did not give any figures, but related merely the inadequacy of the results.

Registrations of births and deaths have been continued in selected areas, the Buea and Victoria Districts of the Victoria Division and five Districts of Bamenda Division, but the results cannot yet be considered of any value for statistical purposes.[3]

Registration of births and deaths has been continued in selected areas, but the results have proved no more satisfactory than those of previous years and figures are still so patently inaccurate as to be of no statistical value.[4]

No further report mentioned anything about this ignominious failure.

For non-natives registration of births and deaths is compulsory.[5] The reports to the League do not mention any births although certainly some occurred. The number of deaths of Europeans in 1930–6 was given as 0, 2, 2, 0, 1, 2, and 1 respectively.[6] But it is doubtful whether these figures are all-inclusive.

II. Inquiries about Polygamy, Fertility, and Mortality, 1924–6

The assessing officers made some special investigations in connexion with the annual censuses of 1924–6. They asked the Moslem husbands in the Dikwa Emirate about the number of their wives[7] and put a similar question to all adult males in the town of Bali,[8] and 'in representative villages of each of the four Divisions' of Cameroons Province.[9] They asked a number of women in the Mamfe and Bamenda Divisions how many children they had borne and how many of these children had died at various ages.[10] The results of these inquiries will be discussed in Chapter IV.

[1] *Report 1926*, p. 101.
[2] Ibid., p. 82.
[3] *Report 1927*, p. 90.
[4] *Report 1928*, p. 105.
[5] See *Report 1923*, p. 80.
[6] See *Report 1930*, p. 93; *1931*, p. 76; *1932*, p. 90; *1933*, p. 75; *1934*, p. 95; *1935*, p. 97; *1936*, p. 114.
[7] See *Report 1924*, p. 55.
[8] See *Report 1925*, p. 104.
[9] See *Report 1926*, pp. 89–90.
[10] See *Report 1925*, pp. 93–4; *1926*, pp. 82–3.

III. Medical Census in Mamfe Division, 1930–1

In connexion with the 1931 census of Nigeria and British Cameroons two Medical Officers of Health made a thorough examination of selected villages comprising in all 20,514 inhabitants. Since these inquiries covered only one-thousandth of the total population, they cannot be considered as representative for the whole area. But it so happens that the medical census in the Southern Provinces, which covered 11,023 persons, included 4,122, or 6 per cent., of the inhabitants of the Mamfe Division of Cameroons Province. The report on the medical census in the Southern Provinces, therefore, is an important source of information on the demography of the Mamfe Division.

The Medical Officer of Health, Dr. Turner, went in November 1930 to the Cameroons Province, 'where, with some interruption from his delegation to cope with outbreaks of Yellow Fever at Mamfe and Abakaliki, he worked in many villages of the Hill and Forest zones, visiting in particular the isolated Assumbo tribe. He returned to Lagos on the 13th September, 1931.'[1]

The mode of conducting the census was as follows. The administrative officers of the chosen areas were approached, the nature of the examination explained and their consent and promise of help obtained. Meetings were then arranged to explain the nature and object to the native rulers and these in all cases signified their assent and promised to help as far as possible. To increase the popularity of the census, medical treatment was given for minor degrees of sickness and in some areas free yaws treatment was given. The area concerned was divided roughly into units of about 100 individuals and these were notified well in advance to appear for examination on a specified date at convenient centres. . . .

The average time allowed for each individual examination was three minutes and a clerk recorded the observations made by the Medical Officer.[2]

A questionnaire was filled in for each person.[3] The following was the information required:

Name, Sex and Age.
Birthplace and Tribe.
Married or Single.
Occupation.
Disease Condition.
Splenic Enlargement.
Vaccination Enquiry.
Nutrition and Height.

[1] *Census of Nigeria*, 1931, vol. i, p. 4.
[2] Ibid., vol. vi (*Medical Census, Southern Provinces*, by Dr. J. G. S. Turner), p. 2.
[3] See ibid., vol. i, p. 4.

In the case of women the additional information required was:—
Total Pregnancies.
Children alive.
,, dead over 1 year.
,, dead under 1 year.
Miscarriages.

Statements concerning Name, Birthplace, Tribe and Occupation are reliable. In the case of the latter, the chief occupation was recorded.

Most natives have no idea of their age, and this was judged by the observer so that the error is constant throughout. The method adopted was to relate important events in the known history of the people to landmarks in the life of the person. The error is greatest in the higher age group.

The information on fertility was given by the women concerned and the statement was checked as far as possible by reference to the husband or to the chief. Many lies were told to cover the absence of children who were left behind to look after homes and farms, or because of the difficulty of carrying them. A greater difficulty lay in the fact that some tribes object to giving the number of their children. It is considered unlucky and a truthful answer might entail the death of one. In the Cameroons forest some women excluded the number of children conceived with any former husband, so that an appreciable error may occur with the older women.

With regard to disease condition the examination included the head, the upper part of the trunk and the extremities. No examination was made of the genital area. . . . Nutrition was judged in relation to the observed normal for the age. Height measurement and the vaccination enquiry were entirely objective and may be relied upon.[1]

As to the difficulties encountered the report states:[2]

The difficulties and imperfections of the census were many and were only realised in full when analysis of the results was made and an answer was required to a stated problem. Some of the difficulties are outlined below.

(*a*) The main difficulty was to see the people. . . . In the Cameroons the percentage seen varied from 50 to 70 per cent., and the greatest shortage was in adult males, who evaded for tax reasons, or had emigrated to the coast or to the plantations in search of work. In all areas it was found that the people suspected some association between the census and counting for tax purposes.

(*b*) The second main difficulty was the degree of reliability which could be placed on individual statements. These were checked as far as possible, but considerable doubt remained that many lies were told.

(*c*) The partial examination, which was the only one practicable, excluded most of the surgical conditions usually found in men. Direct evidence of venereal disease was excluded, and there is some reason to

[1] *Census of Nigeria*, 1931, vol. vi, pp. 1–2.
[2] Ibid., pp. 2–3.

believe that this is one of the most important causes of morbidity and declining fertility.

(*d*) In the case of leprosy, old age, and probably other crippling diseases, many of the people were not seen although an offer was made to visit such persons in their houses.

(*e*) Other difficulties include the error introduced in interpretation, lack of knowledge on the observer's part in the diagnosis of some diseases, and difficulty in deciding whether to record signs individually or to integrate them under a disease.

The results of the investigations in Mamfe Division were tabulated as follows:

Population by tribe, village, birthplace (village, tribal area outside the village), sex, and age (under 1 year, 1–4, 5–9, 10–14, &c.).

Females by zone (Forest, Hill), age (under 15 years, 15–19, 20–24, 25–29, 30–34, 34–39, 40 and over), and number of pregnancies; and by zone, age, and result of pregnancies (miscarriage, death under 1, death over 1, children alive).

Women of 40 years and over by zone, number of pregnancies, and type of pregnancy (normal, miscarriage, stillbirth or death under 1 year).

Population by zone, sex, age (under 1 year, 1–4, 5–9, 10–19, 20–29, &c., 70 and over), and 18 main disease-groups.

Population by tribe, sex, and 444 diseases.

Population by sex, 10 occupational groups, and 17 selected diseases.

Incidence of seven diseases (elephantiasis, goitre, leprosy, ulcers, valvular disease of the heart, eye lesions, yaws) by tribe, birthplace (village, tribal area outside the village, beyond tribal area), and sex.

Children by zone, sex, age (under 2 years, 2–3, &c., 18–19), and spleen condition (0, 1, 2, 3, 4, 5 and over fingers' breadth).

Population by tribe, sex, age (0–4 years, 5–14, 15–39, 40 and over), and nutrition (emaciated, poorly nourished, moderately nourished, well nourished, obese).

Population by zone, sex, age (0–4 years, 5–14, 15–39, 40 and over), nutrition (5 groups), and association of ulcers (ulcers, no ulcers).

Population by tribe, sex, age (0–14 years, 15–39, 40 and over), and vaccination (vaccinated, not vaccinated, previous small-pox).

Population by tribe, sex, age (under 2 years, 2–3, 4–5, &c., 18–19, 20 and over), and stature (under 2′ 0″, 2′ 0″–2′ 2″, 2′ 3″–2′ 5″, &c.).

Table 19 summarizes the distribution of the population by sex and age. Some of the results require an explanation:

1. In the Forest Zone, the males in each age-group from 30 to 49 years are much more numerous than in each age-group from 15 to 29 years. This may possibly be due to an emigration of young men who later return to their villages.

2. In the Hill Zone, the boys of 5 to 9 and 10 to 14 years are more numerous than the boys under 5. It would seem that for a number of boys under 5 the age has been understated.
3. In the Forest Zone, the females from 10 to 14 born in the village are much less numerous than those from 15 to 19. This is probably due to the fact that all married women under 15 were counted as being over 15.[1]

TABLE 19

*Population of Selected Villages in Mamfe Division, Cameroons Province, by Sex, Age, and Birthplace, 1930–1**

	Males				*Females*			
	Forest zone		*Hill zone*		*Forest zone*		*Hill zone*	
	Birthplace		*Birthplace*		*Birthplace*		*Birthplace*	
Years of age	*Village*	*Outside village*	*Village*	*Outside village*	*Village*	*Outside village*	*Village*	*Outside village*
Under 1	65	—	40	—	66	1	45	—
1–4	133	1	61	2	147	—	87	—
5–9	177	2	118	1	181	2	115	4
10–14	115	2	104	2	98	5	87	2
15–19	69	—	91	—	136	77	91	23
20–24	61	3	54	2	112	79	58	18
25–29	64	1	50	—	103	61	50	14
30–34	85	2	61	—	82	51	49	13
35–39	84	4	64	—	85	37	38	11
40–44	70	2	34	—	58	32	30	8
45–49	79	1	17	—	25	6	31	—
50–54	41	—	15	—	15	9	13	1
55–59	25	—	7	—	9	3	5	1
60–64	15	—	2	—	2	1	4	1
65–69	5	—	2	—	2	—	1	—
70–74	1	—	—	—	2	—	1	—
Total	1,089	18	720	7	1,123	364	705	96

* See *Census of Nigeria*, 1931, vol. vi, pp. 34–9.

Other results of the Medical Census will be discussed in Chapter IV.

IV. STATISTICS OF PLANTATION LABOURERS

The handing-over of the plantations from a Government Department to private owners 'found the Government with no legal power of inspecting labour conditions, and on this ground the new owners objected to the visits of District and Medical Officers as likely to encourage indiscipline and petty complaints. The situation was remedied by the making of Regulations No. 22 of 1925, which applied Part II of the Regulations under the Master and Servant Ordinance

[1] Not one female under 15 was reported in the Medical Census of the Southern Provinces as having had a pregnancy, although the report states: 'Pregnancies usually commence about the age of 15 years' (*Census of Nigeria*, 1931, vol. vi, p. 8).

(Chapter 70 of the Laws) to the Cameroons and empowered Magistrates and Medical Officers to enter plantations and buildings for purposes of inspection'.[1] The 1926 report to the League of Nations relates:

> The Master and Servant Ordinance and Regulations under it (Laws Chapter 70) have been enforced and all plantations have been inspected by administrative and medical officers of the Government.[2]

The inspections, however, were not as complete in subsequent years.

> Inspections of all plantations in Kumba Division under the Master and Servants Ordinance by Administrative Officers have been made, and in Victoria Division four plantations have been similarly inspected.[3]

This means that only about one-half of all the plantations were inspected by Administrative Officers in 1928. From 1930 on the reports to the League give the dates of the last two inspections. It appears therefrom that every now and then one or another plantation was omitted from the yearly labour inspection.

The demographic statistics obtained by the Administrative Officers from the plantation managers were twofold. (1) In answer to a question of Sir Frederick Lugard in the Permanent Mandates Commission, asking for 'the distances from which the labourers came',[4] the reports, from 1926 on, showed the tribes and districts of origin of the labourers. Some of the data have been discussed in Chapter II. Table 20 conveys a more complete picture of the districts of origin.

(2) In accordance with a request of the Permanent Mandates Commission contained in a Special Observation on the 1929 report a schedule was prepared summarizing the results of the inspections by the Administrative Officers.[5] The reports, thereupon, from 1930 on, gave for each plantation the size of the staff (Europeans, African clerks, African overseers, African artisans), the number of labourers employed, the percentage of labourers who have wives, and the percentage of labourers who are permanent. Some of these data have been discussed in Chapter II.

The records of the Medical Officers of Health on morbidity and mortality show very little uniformity prior to 1932.

The 1926 report gave the total number of deaths of plantation labourers and the total number of Hospital in-patients. 'Out-patient

[1] *Report 1925*, p. 50.
[2] *Report 1926*, p. 45.
[3] *Report 1928*, p. 63.
[4] See *Minutes*, 10th Session (11 Nov. 1926), p. 98.
[5] See *Report 1930*, p. 66.

TABLE 20

*Plantation Labourers by District of Origin, British Cameroons, 1926–37**

Year	Division†	Labourers from tribes living in: Victoria Division	Kumba Division	Rest of British Cameroons	French Cameroons	Other Territories	Total
1926	V.K.	760	2,214	2,761	6,321	72	12,128
1927	V.K.	732	3,230	3,632	5,342	17	12,953‡
1928	V.	427	2,392	3,256	3,795	87	9,957
	K.	7	1,406	1,762	1,130	146	4,451
1929	V.	758	1,986	3,217	3,377	49	9,387
	K.	46	881	1,461	835	256§	3,479
1930	V.	290	1,326	2,359	2,915	53	6,943
	K.	15	719	623	470	270‖	2,097
1931	V.	250	1,233	1,965	2,595	44	6,087
	K.	17	455	952¶	260	548	2,232
1932	V.	301	1,206	2,210	2,855	58	6,630
	K.	7	758	758	1,317	924	3,764
1933	V.	337	1,117	2,574	2,877	53	6,958
	K.	24	647	709	1,557	228	3,165
1934	V.	381	1,382	3,403	3,273	51	8,490
	K.	65	705	1,030	1,640	487	3,927
1935	V.	669	1,575	5,257	4,172	96	11,769
	K.	20	1,279	1,225	1,079	319	3,922
1936	V.	775	1,857	6,695	4,573	136	14,036
	K.	—	1,435	1,518	606	525	4,084
1937	V.	1,059	1,655	8,031	4,343	142	15,230
	K.	19	1,498	1,662**	549	632	4,360

* See *Report 1926*, p. 44; *1927*, pp. 9, 36; *1928*, pp. 62–3; *1929*, pp. 62–3; *1930*, pp. 64–6; *1931*, pp. 52–3; *1932*, pp. 66–7; *1933*, pp. 53–4; *1934*, pp. 67–8; *1935*, pp. 67–8; *1936*, pp. 77–8; *1937*, pp. 137–8.

† V. = Victoria, K. = Kumba.

‡ Of whom 10,642 in Victoria Division.

§ Including 26 'Unclassified'.

‖ Including 90 'Unclassified'.

¶ Including 98 Division not stated.

** Including 718 from 'various' Divisions.

records are available in some cases, but not in all.' The report gave in addition, for 'the largest plantation company', with a labour population, 'including women and children', of 4,994, the number of out-patients, the number of deaths by causes, and percentages of the various diseases of in-patients and of out-patients.[1]

The 1927 report gave the total number of deaths, the total number of in-patients, the estimated total number of out-patients, and, in addition, figures 'supplied by the plantation doctor' for 'the largest plantation company', employing about 2,500 labourers, on the number of deaths, in-patients, and out-patients, by diseases.[2]

The 1928 report gave (1) for each plantation the number of labourers employed;[3] (2) the total number of deaths; (3) the total number of in-patients and of out-patients. 'These figures [of patients]

[1] See *Report 1926*, pp. 46–7.
See *Report 1928*, pp. 65–6.

[2] See *Report 1927*, pp. 70–2.

are those returned by the Managers of plantations and may not be strictly accurate. The absence of the Planters' Union medical practitioner has prevented accurate statistics being supplied.'[1]

The 1929 report gave (1) for each plantation the average number of labourers employed and the number of deaths; (2) for each plantation of the Victoria Division the number of in-patients and of out-patients; (3) for each plantation of the Kumba Division the number of deaths by causes and for some plantations the number of in-patients and of out-patients; (4) for the Victoria Division the number of deaths, of in-patients, and of out-patients, by diseases; (5) for two plantations of the Kumba Division the in-patients by diseases.[2] 'Every effort has been made to provide as accurate figures as possible and those compiled for the plantations in Victoria Division may be taken as approximately correct.' 'The figures for the plantations in Kumba Division are unfortunately incomplete.'

In the early part of 1930 the Deputy Director of the Nigeria Sanitary Service, Dr. G. J. Pirie, visited and inspected all the plantations in the Cameroons. He subsequently submitted a report to the Director of the Nigeria Medical and Sanitary Services in which he made some suggestions to ensure uniform methods of recording statistics.

In order to ensure that returns of sickness, days in hospital, and results of treatment of hospital in-patients, are kept on each plantation in a uniform manner, it is suggested that the Director of Medical and Sanitary Service approve of the issue to each plantation of an in-patient register similar to that used in the Government hospitals. This would enable managers to submit to the Resident when required, data of hospital cases which would be uniform and therefore comparable with similar returns from other plantation hospitals.

I am unable to give with any assurance of accuracy the labour mortality rate, but 6 per 1,000 was a figure given to me by some managers. If accurate figures of the daily average number of labourers employed during the year are available, and the issue of the Government Hospital In-patients Register be approved, fairly reliable figures of mortality and sickness rates per annum could be obtained for each plantation.

Errors of course must occur. The labourers are free agents and some, as is not unusual with labour in other parts of West Africa, may take their pay and go, rather than go into hospital.[3]

At the discussion of the 1929 Report in the Permanent Mandates

[1] Ibid., p. 95. See also ibid., p. 67: 'In the absence of the medical practitioner of the Planters' Union it is regretted that morbidity statistics are not available.'

[2] See *Report 1929*, pp. 65–9.

[3] Ibid., p. 139.

Commission the necessity of improving the morbidity and mortality statistics of the plantations was also emphasized.

Mr. Weaver would stress Dr. Pirie's recommendation as to the desirability of exact returns of sickness and the death rate. He had stated, for instance, that the accuracy of the mortality statistics could not be guaranteed. It was obvious from the totals that the sickness statistics were not compiled with sufficient care.[1]

The 1930 report gave data similar to those of 1929.[2] The mortality and morbidity statistics for the Victoria Division were 'compiled from the returns kept by managers in accordance with the recommendations of the Deputy Director of Medical and Health Services'. For the Kumba Division 'the particulars are more complete than they were in 1929 and the records of deaths and patients treated in hospital are complete and accurate. The records of out-patients are not, however, complete or accurate. Steps are being taken to ensure that an accurate and uniform system of record will be adopted in future'.

At a meeting of the Government and plantation medical officers together with the District Officers, called by the Resident in April 1931, an improved system of hospital records and list of diseases were adopted for general use. As a result the entry 'no record' was eliminated in the 1931 report for the first time from the tables for the individual plantations. This report gave (1) for each plantation the average number of labourers employed, the number of deaths, the number of in-patients, and the number of out-patients; (2) for each Division the number of deaths and of in-patients by diseases.[3]

The reports for 1932–7 gave for each plantation the average number of labourers employed, the number of deaths by causes, the number of in-patients by diseases, and the total number of out-patients.[4]

All demographic data were furnished by the managers of the plantations and very little is known about the methods they used in compiling the figures. Since the plantations in 1929 were declared 'Labour Health Areas'[5] they should have been subject to the following regulation:

Every employer of labour in a labour health area shall furnish to the

[1] *Minutes*, 19th Session (4 Nov. 1930), p. 29.
[2] See *Report 1930*, pp. 69–75.
[3] See *Report 1931*, pp. 56–9.
[4] See *Report 1932*, pp. 68–71; *1933*, pp. 57–60; *1934*, pp. 69–70, 72–3; *1935*, pp. 70–1, 103–104; *1936*, pp. 83–6; *1937*, pp. 61–4.
[5] See *Report 1929*, p. 62.

administrative officer in charge of the district (so as to reach him before the dates mentioned):—

(*a*) Before the 31st January and 31st July in each year, a return showing the average number of labourers employed daily by him on labour (a) above ground and (b) below ground during each of the six months in the immediately preceding periods 1st July to 31st December and 1st January to 30th June respectively.

(*b*) Before the end of each month a return showing the number of labourers employed by him who died during the previous month, stating in each case the cause of death, if known.[1]

But there is no evidence that the 'average number of labourers employed daily' to be returned by the plantation managers was ever used in preparing the statistics for the annual reports. The tables on medical inspection for 1929–37, it is true, contained a column 'average number of labourers employed', but the totals entered agreed in most cases with the figures showing the labourers by tribes and districts of origin which cannot have represented averages but must have referred to some specific dates. On the other hand, the numbers of labourers employed given in the tables on labour inspection disagree for some years considerably with the data in the two other sets of statistics,[2] which on the whole seem to be more complete.

The main reason for the haphazardness of the plantation labour statistics is probably that the inspection is in the hands of administrative officers who, owing to their manifold other duties, find it impossible to visit the plantations at regular intervals and to check the data provided by the plantation managers. But according to a statement made by the Senior Resident Officer in Nigeria the Government does not consider necessary the appointment of a special labour inspector.

Lord Hailey asked whether the inspection of labour conditions was in the hands of the Administrative Officers.

Mr. Findlay replied that this was so. The Administrative Officer, when inspecting labour conditions, would generally be accompanied by a Health Officer. There was no separate Labour Inspectorate.

Lord Hailey asked if the Government had considered the question of establishing an independent system of inspection.

Mr. Findlay said that the question had been considered but no further action had been taken. The establishment of an independent inspection system was not at present thought necessary.[3]

V. Statistics of Prisoners

The results of the morbidity and mortality statistics for prisoners will be discussed in Chapter IV.

[1] *Report 1928*, p. 138.

[2] See Tables 17 and 20.

[3] *Minutes*, 31st Session (4 June 1937), p. 71.

CHAPTER IV

FERTILITY, MORTALITY, AND POPULATION GROWTH

I. Fertility in General

1. *Statistics*

1. Table 21 summarizes the results of the inquiries made by the assessing officers in connexion with the annual censuses of 1925 and 1926.

TABLE 21

Fertility in Mamfe and Bamenda Divisions, 1925–6

Locality	*Year*	*Women questioned*	*Children born*	*Births per woman*
		MAMFE DIVISION		
Assumbo . .	1925	571	1,018	1·8
Anyang . . .	1925	198	567	2·9
Bangwa . . .	1925	1,000	2,137	2·1
Nkongwa . .	1925	850	1,641	1·9
Mangew . . .	1925	427	797	1·9
		BAMENDA DIVISION		
Bali . . .	1925	13	54	4·2
Mogamaw area. .	1926	..	..	4·4
Ngemba area . .	1926	..	..	4·6
Chingang. . .	1926	100	180	1·8
Kawle . . .	1926	46	63	1·4
Tschati . . .	1926	66	110	1·7

Since nothing is said about the age of the women questioned no conclusions about fertility can be drawn from these figures.

2. Tables 22–5 summarize the results of the Medical Census taken in the Mamfe Division in 1930–1.

It appears that in the Forest Zone the females over 40 years had had on an average 4·5 pregnancies, of which 0·6 resulted in miscarriages and 3·9 in (live- or still-) births. In the Hill Zone the corresponding number of pregnancies was 5·75, of which 0·3 resulted in miscarriages and 5·4 in births. Leaving out of consideration the women who had never been pregnant, the average number of pregnancies for women over 40 was 4·8 in the Forest Zone and 5·9 in the Hill Zone. The number of miscarriages recorded for all females amounted to 13 per cent. of the pregnancies in the Forest Zone and to 7 per cent. in the Hill Zone. But the miscarriages were probably recorded incompletely, especially in the case of women over 20.

TABLE 22

*Women by Age and Number of Pregnancies in Mamfe Division, Medical Census, 1930–1**

Number of pregnancies	*15–19*	*20–4*	*25–9*	*30–4*	*35–9*	*40 and over*	*Total females*	*Total pregnancies*
				FOREST ZONE				
0	75	29	13	22	18	10	167	—
1	70	45	18	17	10	19	179	179
2	49	53	40	19	22	27	210	420
3	15	39	30	22	18	15	139	417
4	2	17	31	14	15	22	101	404
5	1	6	14	13	11	18	63	315
6	—	1	9	12	8	17	47	282
7	1	1	5	10	10	8	35	245
8	—	—	4	3	1	8	16	128
9	—	—	—	1	5	4	10	90
10	—	—	—	—	2	9	11	110
11	—	—	—	—	2	1	3	33
12	—	—	—	—	—	2	2	24
13	—	—	—	—	—	1	1	13
14	—	—	—	—	—	2	2	28
15	—	—	—	—	—	1	1	15
Total	213	191	164	133	122	164	987	2,703
				HILL ZONE				
0	45	2	—	9	1	2	59	—
1	46	8	4	3	1	4	66	66
2	17	36	6	5	3	5	72	144
3	6	19	7	5	5	13	55	165
4	—	7	22	11	5	11	56	224
5	—	4	13	9	8	10	44	220
6	—	—	11	8	3	13	35	210
7	—	—	—	7	9	13	29	203
8	—	—	1	4	8	8	21	168
9	—	—	—	1	2	7	10	90
10	—	—	—	—	2	5	7	70
11	—	—	—	—	—	2	2	22
12	—	—	—	—	1	2	3	36
13	—	—	—	—	1	1	2	26
Total	114	76	64	62	49	96	461	1,644

* See *Census of Nigeria*, 1931, vol. vi, pp. 47–8.

On the basis of the Medical Census the Government Statistician, Mr. Jacob, computes a past birth-rate of 32 for the Forest Zone and of 42 for the Hill Zone.[1] But the formula which he uses for the computation is quite arbitrary. In any case, the ratio of children under one to the total population suggests much higher birth-rates for the

[1] See *Census of Nigeria*, 1931, vol. i, p. 58.

TABLE 23

*Women by Age and Number of Miscarriages in Mamfe Division, Medical Census, 1930–1**

Number of miscarriages	*15–19*	*20–4*	*25–9*	*30–4*	*35–9*	*40 and over*	*Total females*	*Total miscarriages*
				FOREST ZONE				
0	181	163	128	107	88	119	786	—
1	26	21	19	15	18	20	119	119
2	4	5	8	6	9	14	46	92
3	1	2	7	4	3	2	19	57
4	—	—	2	1	1	5	9	36
5	—	—	—	—	3	3	6	30
6	—	—	—	—	—	1	1	6
7	1	—	—	—	—	—	1	7
Total	213	191	164	133	122	164	987	347
				HILL ZONE				
0	105	69	51	48	36	75	384	—
1	8	5	9	9	9	14	54	54
2	1	1	3	4	3	4	16	32
3	—	1	1	1	1	2	6	18
4	—	—	—	—	—	1	1	4
Total	114	76	64	62	49	96	461	108

* See *Census of Nigeria*, 1931, vol. vi, pp. 47–8.

TABLE 24

*Women over Forty by Number of Pregnancies and Total Number of Births (incl. Still-births) and Miscarriages in Mamfe Division, Medical Census, 1930–1**

Number of pregnancies	*Forest Zone*				*Hill Zone*			
	Women	*Pregnancies*	*Births*	*Miscarriages*	*Women*	*Pregnancies*	*Births*	*Miscarriages*
0	10	—	—	—	2	—	—	—
1	19	19	18	1	4	4	4	—
2	27	54	51	3	5	10	9	1
3	15	45	42	3	13	39	38	1
4	22	88	82	6	11	44	42	2
5	18†	90	84	6	10	50	49	1
6	17	102	76	26	13	78	76	2
7	8	56	48	8	13	91	88	3
8 and over	28	281	239	42	25	236	214	22
Total	164	735	640	95	96	552	520	32

* See *Census of Nigeria*, 1931, vol. vi, pp. 51–2.

† 14 women had 5 births each, 2 women had 4 births and 1 miscarriage, 2 women had 3 births and 2 miscarriages.

TABLE 25

*Average Number of Pregnancies, Births, and Miscarriages by Age of Women in Mamfe Division, Medical Census, 1930–1**

Age in years	Females						Average number per female			Average number per fertile female		
	Total	Sterile	Fertile	Pregnancies	Births	Miscarriages	Pregnancies	Births	Miscarriages	Pregnancies	Births	Miscarriages
					FOREST ZONE							
15–19	213	75	138	233	189	44	1·1	0·9	0·2	1·7	1·4	0·3
20–24	191	29	162	379	342	37	2·0	1·8	0·2	2·3	2·1	0·2
25–29	164	13	151	503	439	64	3·1	2·7	0·4	3·3	2·9	0·4
30–34	133	22	111	417	374	43	3·1	2·8	0·3	3·8	3·4	0·4
35–39	122	18	104	436	372	64	3·6	3·0	0·5	4·2	3·6	0·6
40 and over	164	10	154	735	640	95	4·5	3·9	0·6	4·8	4·2	0·6
Total	987	167	820	2,703	2,356	347	2·7	2·4	0·4	3·3	2·9	0·4
					HILL ZONE							
15–19	114	45	69	98	88	10	0·9	0·8	0·1	1·4	1·3	0·1
20–24	76	2	74	185	175	10	2·4	2·3	0·1	2·5	2·4	0·1
25–29	64	—	64	264	246	18	4·1	3·8	0·3	4·1	3·8	0·3
30–34	62	9	53	255	235	20	4·1	3·8	0·3	4·8	4·4	0·4
35–39	49	1	48	290	272	18	5·9	5·6	0·4	6·0	5·7	0·4
40 and over	96	2	94	552	520	32	5·8	5·4	0·3	5·9	5·5	0·3
Total	461	59	402	1,644	1,536	108	3·6	3·3	0·2	4·1	3·8	0·3

* Births include still-births; sterile females comprise all those who were never pregnant.

year preceding the census. Among the 2,594 people enumerated in the Forest Zone there were 132 infants; the corresponding figures for the Hill Zone were 1,528 and 85. The number of children under one per 1,000 inhabitants would then have been 51 and 56 respectively, and taking account of infant mortality the birth-rates would have been enormous.[1] Yet Dr. Turner states that 'it is doubtful if all the women with infants under one year of age came forward for examination'.[2] But it may be, of course, that children over one were erroneously classed as infants.

On the whole, it seems impossible to draw any final conclusions about fertility from the data of the Medical Census. If the recorded numbers of births are correct, fertility would have been rather low in the villages studied in the Forest Zone, and moderately high in the villages studied in the Hill Zone. But it is safe to assume that the number of births was understated by a greater or smaller amount. The Medical Census, therefore, cannot be accepted as evidence of a low fertility in the Mamfe Division.

[1] The 1931 report to the League of Nations states (p. 77) that according to the Medical Census the birth-rate for the forest-type natives was 'from 40 to 60 per 1,000' and for the hill tribes 'roughly 60 per 1,000'. The 1931 *Annual Colonial Report* for Nigeria (p. 11) gives as birth-rate of the Cameroons 46–61. All these figures were apparently arrived at without taking account of infant mortality.

[2] *Census of Nigeria*, 1931, vol. vi, p. 11.

3. The statistics by age obtained at the general and annual censuses do not indicate that fertility is particularly low in any of the larger subdivisions of the Mandated area. The scanty data available for smaller districts are not very conclusive. According to the census of 1926 the number of children would have been much lower among the Bakweri than among the other tribes of the Victoria Division,[1] but the census figures for 1924–5 and 1928–9 confirm this result only in part, the Bakweri in the Bonjongo Group showing at both dates a rather large number of children.[2]

2. *Opinions*

The reports to the League of Nations contain many complaints about the low fertility of native women. This low fertility, for which I have not found any conclusive evidence, is attributed mainly to a large proportion of bachelors caused by high bride-prices and polygamy, to the impotence of polygamous husbands, or to venereal diseases both among unmarried and married people.

The 1922 report for Cameroons Province, which took a low fertility for granted, stated:[3]

> The fact that the birth-rate is low does not appear to be due to venereal disease, few cases of which are seen except in the stations, where they appear to be imported and do not go with a system of professional prostitution.[4] Promiscuous relations seem generally due to the inability of the

[1] See *Report 1926*, p. 99.
[2] See *Report 1929*, p. 103.
[3] *Report 1922*, p. 46.
[4] But see ibid., p. 54, 'Report on Public Health in the Cameroons Province': '*Syphilis*.—Is a fairly common disease . . .' See also 'Medical Report on Mandated Territory of British Cameroons', *Report 1923*, p. 80:

'*Syphilis*.—This disease is very prevalent in the southern part of the territory, in the plantations, and on the seabord. The northern districts appear to be fairly free and cases recorded leave room for doubt as to whether there may not be confusion with yaws and even perhaps with lupus. . . .

'In Bamenda the medical officer comments on the incidence of recorded cases being mainly females . . .

'The infection has probably been introduced by the trade routes and by three classes, viz., traders, labourers, and, in the northern part, African troops.

'*Gonorrhœa* is very prevalent in Victoria, Buea, Kumba and Mamfe and to a less extent is found in Bamenda. . . . The sources of the spread of this disease are very similar to syphilis, viz.: Victoria as a seaport: Buea and Kumba from imported labour: Bamenda by troops and traders and Mamfe mainly by extension from Akunakuna on the Cross River. As contributory causes of the spread of venereal diseases may be mentioned:—

(*a*) The high price of wives.

(*b*) The transfer of wives from one purchaser to another owing to failure in paying the instalments of the purchase price.

(*c*) Desertion of wives brought into the country by traders and others.

(*d*) Unattached women traders, and

(*e*) Wandering prostitutes.'

man to pay the dower asked for a girl, who may thereupon decide to live with her 'friend' for a period, depending on his whim or means. As such union gives her no claim on the children, the discarded woman has to find another refuge, having no independent means. The practice of holding the children of a marriage in bond to the woman's parent until the whole dower is paid has also an adverse effect on the increase of families; and as the man in a position to afford several wives is usually elderly, there are few children in proportion born to him, with the added disadvantage that the offspring of the young and healthy women of a village may be nearly related by blood.

In a Memorandum on 'The Economic Development of Mandated Territories in its Relation to the Well-Being of the Natives',[1] Sir Frederick Lugard suggested that 'the sudden introduction of an industrial civilization' entailing in some cases too heavy a burden on a population not yet accustomed to the new conditions and to European methods may be one cause for the decrease of native populations. The 1925 report to the League contained some 'Observations' on this Memorandum in which the population decline of the Bakweri was attributed mainly to a decline of fertility caused by the wage labour introduced by Europeans.

The statistics of population that have so far been collected by the administrative staff, though more than usually elaborate for so undeveloped a territory, are not yet sufficiently exhaustive or continuous to enable final conclusions to be formed regarding the increase or decrease of the population of the Cameroons Province or any of its divisions. But if exact data are lacking, in the opinion of those natives and others best qualified to judge, the Bakweri tribe in the Victoria Division, which more than any other is affected by wage labour, is on the decline. The chief reason for this seems to be the moral laxity of the women occasioned by the presence of a large number of bachelor wage-labourers freed from tribal restraints and in constant receipt of ready money. In pre-European days the chastity of the women was in large measure safe-guarded by the severity of the punishments awarded for adultery, it being common for a man to be sold as a slave for this offence. But the relaxation of these harsh forms of punishment coupled with the constant exposure to temptation has changed the moral character of the Bakweri woman, so that she has now earned a reputation for sexual licence. This does not take the form so much of promiscuous prostitution as of temporary unions, and there are now many young women who ought to be married and the mothers of several children, but who prefer illicit intimacy. This sexual freedom has undoubtedly increased the spread of venereal disease and caused a decline in the birth-rate. In the 1923 Report it was said that syphilis and gonorrhœa were very prevalent in the southern parts of the

[1] See Permanent Mandates Commission, *Minutes*, 7th Session, pp. 194–7.

Cameroons Province on the plantations and the seabord, a statement based on the number of cases treated in the hospitals. And this number was by no means exhaustive, as there are many persons suffering from the disease who from shame and other reasons do not come to the notice of the medical authorities. In these cases the disease is not eradicated from their systems with consequent dire effects on the fertility of the women and hereditary taint in the few children that are born of them. It is roughly estimated that not more than ten per cent. of the Bakweri women nowadays have five or six children, whereas in pre-European days such a number for a woman was common.[1]

. . . if the concentration of a large number of wage-labourers in a comparatively small area such as the Victoria Division has been prejudicial to the health and fertility of the Bakweri women owing to the resulting sexual licence, the reaction on the labourers themselves will also be injurious, and the ill effects sooner or later will be communicated to those inland tribes from which the labourers for the most part emanate. It may be added that the owners of the larger plantations give encouragement to wage-labourers to bring their wives and children and supply free rations for them, and this policy, if persisted in, should do something to alleviate the evils of large bachelor wage-labourer camps.[2]

At another place the report complains of 'the large number of miscarriages and stillbirths'[3] due to venereal disease.

The 1926 report spoke of 'the higher birth-rate found among pagans as opposed to the Fulani' in the Gashaka District.[4]

The 1931 report again discussed the low fertility of the Bakweri women:

It is of interest to record the adoption on the part of the Native Authorities of a carefully thought out plan for the moral and social advancement of the Bakwiri people. For many years it has been a matter of common reproach which the leaders of the people have taken much to heart that the women of the Bakwiri tribe were extremely lax in their morals, preferring concubinage with a succession of plantation employees to marriage with a Bakwiri farmer, and that this tendency was having a serious effect on the birth-rate. There is no question that the women are attracted by the better clothes and freedom from farm labour which wage-earners can give them, and this difficulty appears insuperable. There are, however, other important factors in the problem. The tribal elders have a deeply-rooted prejudice against marriage of their daughters with strangers because sooner or later the stranger will depart to his own country taking his wife and children with him, and they will be consequently lost to the tribe. Concubinage is a purely temporary arrangement. When the stranger departs his concubine and children remain in the tribe. The presence of

[1] *Report 1925*, pp. 91–2.
[2] Ibid., p. 93.
[3] Ibid., p. 78.
[4] See *Report 1926*, p. 98.

large numbers of well-paid employees has forced up the standard of bride-price and presents to parents for concubinage of their daughters. Grasping parents and guardians have set the price so high that the Bakwiri village youth either cannot pay or if he obtains credit remains hopelessly indebted to his father-in-law and the heirs for the rest of his life. The three Native Authorities of Victoria Division have on their own initiative tackled this question by limiting the amount of dowry or bride-price which the Courts will award when divorce and re-marriage takes place. A Native Court Rule for this purpose has received the Lieutenant-Governor's approval.

The proposals for this rule were initiated by the Native Authorities, but the subject is one which the leading natives have doubtless often discussed during past years with missionaries and other Europeans.[1]

Dr. Turner, in his report on the Medical Census in the Southern Provinces, urges an 'investigation into the incidence of V.D. and its effects upon fertility'.[2] He finds it 'difficult to explain the varying fertility on the basis of [venereal] disease alone'. 'A possible explanation is on the basis of diet, those places with a higher protein diet having a higher fertility.'[3] 'Probably both disease and diet play their part.'[4] His final conclusion reads:

> Fertility would appear to be more closely determined by an adequate diet rich in animal protein than by disease. The general impression is that fertility in most areas is declining, and this is supported by the evidence given by village elders; but until wider and more exact information is available, no definite assertion can be made.[5]

Dr. Turner's suggestions that the incidence of V.D. and its effects upon fertility be investigated seems most timely. While in the earliest reports to the League there appears a divergence of opinion about the prevalence of venereal diseases, the more recent reports leave hardly any doubt about the seriousness of the problem in most sections of the Mandated Territory.[6]

To what extent the quality of the natives' diet may impair their fertility is a controversial question.[7] But there cannot be the least doubt that a quantitative deficiency approaching starvation level may have such an effect, and serious shortage of food has been most common mainly, but not only, in the Mamfe and Kumba Divisions. I shall quote a few statements from the reports:[8]

[1] *Report 1931*, pp. 46–7.
[2] *Census of Nigeria*, 1931, vol. vi, p. 31.
[3] Ibid., p. 8.
[4] Ibid., p. 9.
[5] Ibid., p. 30.
[6] See, for example, *Report 1928*, p. 93; *1929*, pp. 88–9, 91; *1935*, p. 105; *1936*, pp. 118–19.
[7] See also, for example, McCulloch (1932), pp. 109–10.
[8] I shall not mention a food shortage such as occurred in 1930 in the Bamenda Division, owing to an extraordinary plague of locusts.

1922. Forest area (Mamfe Division) '. . . the great majority of the people appear to be chronically underfed . . . '[1]

1925. Cameroons Province. The majority of the inhabitants in the coast and forest areas are dependent for food for the most part, on the natural but precarious harvest provided by sea, river, forest and shore . . . Probably the deficient diet . . . accounts for the poor physique and the lack of strength and vitality that are conspicuous in many of the people.[2]

1926. Northern Cameroons. The physique of the people generally is reported as good, but it is noted that the people occupying the mountainous areas apparently deteriorate early, healthy elderly adults being the exception. These people are poorer than those occupying the plains and no doubt their food supplies are deficient in quantity and quality.[3]

1927. Both Kumba and Mamfe Divisions have to face the fact that their food supplies are insufficient and in both areas there are annual recurrences of food shortage between the crop seasons. In Victoria also the same phenomenon would be seen but for the considerable import of rice and stock-fish by the plantation and trading companies. In Kumba Division the shortage may be caused by the increasing number of plantation labourers (now about 3,000) and by the fact that one of the best native agricultural areas, the Bakossi District, exports very large quantities of native food crops to the French Cameroons. But neither of these causes operate in Mamfe Division, where a food shortage occurs annually.

There is a third cause which operates to reduce food crops in Victoria and Kumba, and to an increasing extent in Mamfe, and that is the disinclination of the younger women to give their whole lives to hard agricultural work. This disinclination is greatest in centres where Christianity and European ideas are most prevalent, and it is precisely in these centres that the shortage of food is most reported.

It must not be imagined that the shortage is of such an extent to approach anywhere near famine conditions; it only occurs locally, and it is highly probable it will disappear entirely when means of transport are improved between producing and consuming areas.[4]

1928. Cameroons Province. The material welfare of the people is instanced by increased trading activities throughout the Province . . . In Mamfe Division it is recorded that for the first time for many years there was no food shortage at any time during the year and in Kumba a marked improvement was shown.[5]

1937. There is a danger in the Kumba Division when cocoa is booming of food crops being neglected in its favour. With the difficulty of communications this might even lead to a famine . . .[6]

[1] *Report 1926*, p. 45. [2] *Report 1925*, p. 79. See also *Report 1926*, p. 81.

[3] Ibid., p. 77. On the other hand, the people occupying the mountainous areas did not suffer from venereal diseases. See ibid., p. 78: 'Venereal disease is common amongst the people of the plains but is rare amongst the people of the mountains.' See also *Report 1929*, p. 91.

[4] *Report 1927*, p. 81. [5] *Report 1928*, p. 52.

[6] *Report 1937*, p. 54. However, Mr. Firth, Senior Resident of Nigeria, tried

II. Polygamy, Dowries, and Fertility

In connexion with the annual census of 1924 the assessing officers ascertained that in the Dikwa Emirate, excluding the pagan districts, 25,113 men had one wife, 7,810 two wives, 1,583 three, and 313 four.[1] This would give a total of 34,819 husbands and 46,734 wives. Since according to the census of 1923 there were in the Emirate, excluding the pagan districts, altogether 35,970 adult males and 49,787 adult females, the excess of women was so ample that no man needed to remain bachelor owing to the incidence of polygamy.

In the Cameroons Province, however, where there are no Moslems, 'polygamy is the privilege of the few at the expense of many celibates'.[2] The statistics collected in connexion with the censuses of 1925 and 1926 are given in Table 26.

The official comment on the results for 'the largest native town', Bali, reads as follows:

> The complete accuracy of the figures is not vouched for, but they are sufficiently exact for the purpose of observing the working of polygamy among pagans. Bali may be taken as an extreme example. They are, as a whole, the wealthiest and therefore most uxorious of the tribes in the Cameroons Province.[3]

That Bali was an extreme example was confirmed by the statistics collected in other localities of the Cameroons Province. The 1926 report states:

> Polygamy is still in general practice throughout the Province. It is least in Victoria Division, as might be expected, owing to that area having been longest exposed to civilising influences. Bamenda, at the furthest distance from the coast, shows the highest incidence of polygamy. Administrative Officers who have served in Bamenda received the impression that polygamy there is almost universal and forms the basis of native social life. It has been asserted with some truth that the more wives a man has the more he is respected by his neighbours, and it is only in Bamenda Division

to reassure the Permanent Mandates Commission on this point. See *Minutes*, 35th Session (2 Nov. 1938), p. 146:

'Mlle Dannevig expressed concern at the apparent danger of a famine in the Kumba division (page 54, paragraph 161, of the report) due to the expansion of cocoa production at the cost of food crops.

'Mr. Firth said that to speak of a danger of famine in the Kumba district would be an exaggeration. A shortage of foodstuffs might occur in certain circumstances, but, fortunately, communications were better in that district than in others.'

But see *Report on the Southern Provinces of Nigeria 1934*, p. 26: 'The Kumba Division . . . Communications are extremely difficult.' See also p. 299, footnote 4.

[1] See *Report 1924*, p. 55.

[2] *Report 1925*, p. 104.

[3] Ibid.

TABLE 26

*Polygamy in Cameroons Province, 1925–6**

Number of wives	*Bamenda Division*		*Mamfe Division*	*Kumba Division*	*Victoria Division*
	Bali	*6 villages*	*5 villages*	*5 villages*	*5 villages*
	NUMBERS OF ADULT MALES				
0	460	394	144	154	97
1	690	441	141	401	148
2	350	217	71	144	43
3	146	54	28	61	8
4	76	33	10	37	1
5	22	7	6	35	—
6	28	1	1	31	—
7	6	1	1	—	—
8	8	1	1	—	—
9	4	—	—	—	—
10	7	—	—	—	—
12	6	1	—	—	—
13	1	—	—	—	—
14	—	1	—	—	—
15 and more	9†	1‡	—	—	—
Total men	1,813	1,152	403	863	297
Total husbands	1,353	758	259	709	200
Total wives	2,958	1,278	458	1,381	262
	PERCENTAGE OF ADULT MALES				
Unmarried	25	34	36	18	33
Monogamists	38	38	35	46	50
Polygamists	37	28	29	36	17

* See for the town of Bali (1925), *Report 1925*, p. 104; for the villages (1926), *Report 1926*, pp. 89–90.

† One 15, two 16, one 18, two 20, one 22, one 25, and one 99.

‡ 27.

that men are found with very large numbers of wives, as in the statistics given of Bali in paragraph 386 of the 1925 Report. Further statistics have been taken in representative villages of each of the four Divisions. While Bamenda has men with larger numbers of wives than elsewhere, the percentage of polygamists among the adult male population, 27·6 per cent., is distinctly lower than in Mamfe or Kumba Division, which are 31 per cent. and 35·6 per cent., respectively. Victoria Division has the low percentage of 17·5 polygamists. But, on the other hand, it is only in Victoria Division that concubinage is widely practised. Concubinage is not a true native custom, but has come into existence by the influx of natives from other tribes to the plantations. One of the principal factors is the disinclination of the women to follow these strangers when they go to their homes, as they generally do after a spell of some months' work on the plantations. Another reason for concubinage is that women so

living with native strangers find life less onerous. The plantation companies issue rations and the women are not compelled to work on the farm to produce the household food supply as is the case with their sisters who are married according to native custom.

Polygamy and concubinage are not recognised by law, but exist by virtue of native custom to which the law raises no objection. Polygamy is one of the greatest difficulties with which the Christian Missions have to contend. The following statistics, however, show that in the two Divisions where Christianity is most prevalent the numbers of monogamists are markedly higher than elsewhere: It is, however, still generally true to say that, in the two northern Divisions, as soon as a community makes money it increases the number of its wives. In the village of Nkuko of the Elung tribe in the north-east of Kumba Division the 225 adult males have no less than 665 wives.[1]

This comment is not very convincing. The percentage of monogamous husbands was 54 per cent. both in Bamenda (including Bali) and in Mamfe, 57 per cent. in Kumba, and 74 per cent. in Victoria. Taking account of the fact that the inclusion of Bali unduly swells the average proportion of polygamous husbands in the Bamenda Division, it cannot be maintained that Bamenda 'shows the highest incidence of polygamy', and if 'Administrative Officers who have served in Bamenda received the impression that polygamy there is almost universal', they may have been misled by the existence of a few men (1 per cent. of all adult males) who had more than eight wives. Christianity was actually more prevalent in the Victoria and Kumba Divisions than in the two northern Divisions. But considering that the Kumba Division contained a considerable number of plantation labourers the percentage of polygamous husbands by no means seems small.

The statistics collected so far do not prove that polygamy was 'in general practice throughout the Province'. But neither do they prove the contrary. In order justly to appraise the extent of polygamy it would be necessary to know the age-distribution of the monogamous and of the polygamous husbands. Even if all husbands under 30 or 35 have only one wife, polygamy could be considered as in general practice if the great majority of the older husbands were polygamous.

Hardly any information is available about the trend of polygamy during the period of British administration. In the Northern Cameroons where European influence was negligible there is no reason to assume that marriage habits have changed. For Cameroons Province the earlier reports state that 'amongst the pagan population

[1] *Report 1926*, pp. 88–9.

polygamy is the rule, but with the exception of a few big chiefs it is on a moderate scale'.[1] When the Bali statistics had been published, the representative of the British Administration was asked in the Permanent Mandates Commission whether any measures were taken to correct the excesses of polygamy.

M. Freire d'Andrade drew attention to the marriage statistics in paragraph 386. Polygamy was, of course, legitimate, but it seemed to be practised on a large scale by some of the inhabitants. He noted that one of the inhabitants of Bali had ninety-nine wives. Were any measures taken to correct the excesses of the system? Did a man with ninety-nine wives, for example, pay the same tax as a man with only one wife?

Mr. Hunt said that there was as yet no taxation of women, but that the question of levying a tax on a plurality of wives was being considered. The Administration felt that it would be a grave mistake to introduce any regulations aimed at the institution of polygamy. The system would gradually break down under economic pressure and missionary teaching.[2]

The opinion that the spread of Christianity had reduced polygamy was also expressed, as has been shown, in the 1926 report to the League. The 1928 report contained a similar statement:

The influence of missions which is spreading rapidly to even the remotest parts, is being felt more and more, and, nearer the coast, Christian marriages and resultant monogamy are becoming common.[3]

In some cases, just as in French Cameroons, women, in order to be freed from their polygamous husbands, became Christians. This practice seems to have been encouraged by the Roman Catholic Mission, which also came into conflict with the native chiefs in connexion with attracting unmarried native girls into the Mission compound.[4]

[1] *Report 1922*, p. 53; *Report 1923*, p. 63. See also *Report 1924*, p. 42: 'Polygamy seems to be common throughout the Province, the number of wives being proportionate to a man's wealth.'

[2] *Minutes*, 10th Session (11 Nov. 1926), p. 103.

[3] *Report 1928*, p. 51.

[4] See *Report 1929*, p. 73: 'An avoidable source of dissension that has arisen on several occasions in Mamfe and Bamenda Divisions between this Mission and the Animist chiefs, is the desire of the catechists to make the Mission compound independent of the chief and to attract to it all local followers of the Mission. In Mamfe Division the Chief of Fontem, for some years opposed to the Mission opening in his town, has at last withdrawn his veto. He has, however, made one reasonable condition, which is that the Christians and learners shall not remove from their own compounds in order to live in the Mission compound. If this condition is observed, it should do much to prevent trouble arising. As the chiefs become more assured year by year that the Administration is completely unbiassed in its attitude toward Animists and Christians of all sects, there is reason to believe that they also will feel less

There seems to be no consensus of opinion about the influence of polygamy upon fertility. According to the 1922 report, 'as the man in a position to afford several wives is usually elderly, there are few children in proportion born to him'.[1] But the report on the Medical Census states:

> In cases where the husband is old and impotent, his young wives have no lack of admirers, so that pregnancies result as usual. . . . Some husbands connive at their wives' adultery so that they may receive part of the fine imposed.[2]

Nor is there a consensus of opinion about the influence of high dowries upon fertility. It has been claimed, on the one hand, that the high bride-prices affect fertility unfavourably because wealthy but impotent old men have many wives, and because the transfer of wives from one purchaser to another, owing to failure in paying the instalments of the purchase price, as well as the inability of young men to pay the price of a bride, result in the spread of venereal diseases.[3] The heads of the Christian Missions in particular declared that 'dowries are too high and the dowry system needs gradual

strongly on the subject, and be more able to hold the balance between the Christian and Animist young men of their villages, among whom feeling sometimes runs high.'

But the dissensions continued. See *Report 1930*, pp. 78–9: 'The dissensions between this Mission and the Chiefs and people of Mamfe and Bamenda Divisions reported in paragraph 211 of the 1929 Report have unfortunately continued in 1930 and have engaged the constant and anxious attention of the District Officers and of the Resident. That these dissensions are easily avoidable is proved by the success of the other two Missions who continue to make good progress in all parts of the Province, including some of the most primitive and undeveloped.

'There are two sources of dissension, one of which arises with the Chiefs, and the other with the heads of families. In the first place it is the constant effort of the Mission directed by the priests, and carried out by their African catechists, to concentrate all converts round the Mission Station or in the villages in or round the catechist's compound, and when thus concentrated to remove them from the authority of the Chiefs and Native Courts. . . . The second cause of friction is that women, wives and daughters of Animists, wishing to become Christians are encouraged by the Mission authorities to leave the homes of their husbands and parents during the time that they are learning doctrine. The women so released from the parental control frequently form irregular unions. This the priests stubbornly refuse to believe, but definite cases can be instanced to prove that such occurrences do arise.'

The 1931 report finally relates (pp. 48–9) that a European member of the Roman Catholic Mission and his three native assistants were fined £10 and £1 respectively for having 'deprived about 15 young women and girls of their liberty by taking them against their will from their homes and husbands to the headquarters of the Mission'.

[1] *Report 1922*, p. 46.

[2] *Census of Nigeria*, 1931, vol. vi, pp. 10–11.

[3] See *Report 1922*, p. 46; *1923*, p. 80; *1931*, p. 47.

reform', and they recommended that 'a limit should be set to the sum payable as a dowry'.[1] But Mr. Hunt, on the basis of his own experience in Nigeria and the Mandated Territory, where he had served for a period of ten years, took an opposite view. On 29 October 1934 he stated to the Permanent Mandates Commission:

> The motives underlying the idea of dowry are various, but, in particular, it stands for the good treatment of the wife, and, in my view, it helps in that way to strengthen the marriage tie. If dowry has been part of the transaction, the parents of the woman are more solicitous to see that their daughter remains constant and content, and the payment of dowry similarly affects the husband. Generally speaking, too, I have found that, where the dowry is negligible, sexual morals are lax, and this was particularly noticeable among the Ekwe tribe of the Mamfe Division, where the marriage tie was loose and children few and far between.[2]

Mlle Dannevig, in reply, supported the views of the missions:

> Mlle Dannevig hoped that the mandatory Power would pay as much attention as possible to the recommendations of the missions, which it was now considering. It seemed as if the high dowries prevented young men from marrying, the older men being in a better position to pay the dowry, which might influence the birth rate unfavourably.[3]

But by this time the Administration was no longer ready even to recognize the general validity of this argument. Speaking of the pagans in the hill districts in Dikwa, the 1934 report stated:[4]

> It is further argued that the necessity of the payment of a considerable dowry is liable to make it impossible for every eligible young man to obtain a wife. This may be the case among some tribes but does not apply to these hill pagans. An interesting point is that enquiries made by Administrative Officers as to the reason why a certain young man remains a bachelor almost invariably elicit the information that it is because no woman will have him on account of his lack of physical attraction, either due to deformity or to disease.

The Administration further pointed out that 'the main objects of the dowry are to recompense the father for the expense of bringing up his child and to give the husband some control over the wife and thus prevent promiscuity', that 'in actual fact the parents have to accept such dowry as the present economic situation permits', that

[1] See *Report 1933*, pp. 49–50.

[2] *Minutes*, 26th Session, p. 12. See also the following statement in the report on the Medical Census in Mamfe Division: 'The Ekwe pay no dowry, with the result that unions are temporary, and many of the women have become harlots' (*Census of Nigeria*, 1931, vol. vi, p. 7).

[3] *Minutes*, 26th Session (30 Oct. 1934), p. 22.

[4] *Report 1934*, p. 61.

'the system of payment of dowry encourages industry and thrift in the young men', that 'public opinion in the mass still regards a woman married without dowry as a loose woman', and that the payment of a very small dowry 'caused the marriage bond to be treated very lightly by both parties and resulted in frequent transfers for small sums'.[1]

III. Mortality of Children

In connexion with the annual censuses of 1925 and 1926 the assessing officers asked a number of women how many children they had borne and how many of these children had died. Table 27 shows the results of these inquiries.

TABLE 27

Child Mortality in Mamfe and Bamenda Divisions

Locality	Births	Deaths			Deaths per cent. of births		
		Under 1 year	Under 10 years	Before puberty	Under 1 year	Under 10 years	Before puberty
		MAMFE DIVISION					
Assumbo	1,018	367	468	..	36	46	..
Anyang	567	..	..	..	40	66	..
Manta	..	..	..	..	..	76	..
Bangwa	2,137	551	927	..	26	43	..
Nkongwa	1,641	..	..	789	..	..	48
Mangew	797	352	..	483	44	..	61
		BAMENDA DIVISION					
Bali	54	..	29	..	..	54	..
Mogamaw area	..	..	..	..	29	61*	..
Ngemba area	..	..	..	..	27	55*	..
Chingang	180	51	98*	..	28	54*	..
Kawle	63	14	24*	..	22	38*	..
Tschati	110	26	46*	..	24	42*	..

* In the first and in the next few years following.

The infant mortality rate, according to these inquiries, varied between about 22 and 44 per cent.

In connexion with the Medical Census taken in the Mamfe Division in 1930–1, the women were to be asked the following questions: Children alive, children dead over 1 year, children dead under 1 year.

In the enquiry it was found to be impossible to separate stillbirths from infant deaths, and as the term 'year' is vague to the native, all deaths of viable children up to the period at which the child walks were included.[2]

Table 28 summarizes the results of this inquiry.

The ratio of still-births and deaths of small children to the total number of live- and still-born was 29 per 100 in the Forest Zone, and

[1] Ibid., pp. 58–62, 65. See also *Report 1935*, p. 56; *1936*, pp. 73–4.

[2] *Census of Nigeria*, 1931, vol. vi, p. 9.

TABLE 28

*Child Mortality in Mamfe Division, Medical Census, 1930–1**

Age of mothers	*Live- and still-births*	*Still-births and infant deaths*	*Later deaths*	*Surviving children*	*Per 100 live- and still-births*		
					Still-births and infant deaths	*Later deaths*	*Surviving children*
			FOREST ZONE				
15–19	189	60	11	118	32	6	62
20–24	342	98	40	204	29	12	60
25–29	439	149	55	235	34	13	54
30–34	374	126	69	179	34	18	48
35–39	372	107	91	174	29	24	47
40 and over	640	140	288	212	22	45	33
Total	2,356	680	554	1,122	29	24	48
			HILL ZONE				
15–19	88	17	6	65	19	7	74
20–24	175	31	29	115	18	17	66
25–29	246	72	35	139	29	14	57
30–34	235	65	48	122	28	20	52
35–39	272	90	45	137	33	17	50
40 and over	520	110	196	214	21	38	41
Total	1,536	385	359	792	25	23	52

* See *Census of Nigeria*, 1931, vol. vi, pp. 47–8.

25 per 100 in the Hill Zone. If we assume, quite arbitrarily, that 5 per cent. of the births were still-births, the ratio of deaths of small children to the number of live-born would have been 25 and 21 per cent. respectively. If the figures ascertained could be trusted, these rates would represent approximately the infant mortality, because while the deaths include some children over one year of age, some of the living children may not have been exposed to the risk of death for a whole year at the date of the inquiry. But it is doubtful whether the records of deaths of small children were complete. It seems in particular that the women over 40 did not report all their children who died as infants. It may be, therefore, that infant mortality was considerably higher than indicated by the available data.

The 1932 report contains the following comment:

> The figures for infant mortality given in the 1931 Census Report are 288 per thousand in the forest tribes and 250 per thousand in the hill tribes. An estimate for the figure for the whole of the Southern Provinces of Nigeria is 300 per thousand, and data from the Ibibio country and from Lagos before the introduction of an Infant Welfare Scheme give similar figures. There is no reason to suppose that infant mortality is any greater in the mandated territory than in Nigeria or any other tropical country where the climatic and other conditions are similar.[1]

[1] *Report 1932*, p. 94.

As a matter of fact the statistical evidence about infant mortality in the Mandated Territory is far too meagre to permit the drawing of any general conclusions. No figures at all are available for Northern Cameroons. The data collected in Bamenda Division cover only a few small localities; they, as well as the figures for Mamfe Division, refer largely to a remote past, and their trustworthiness is doubtful.

In earlier years the Administration realized the necessity of securing infant mortality statistics.

> The progress of an Infant Welfare scheme can only be gauged by the infantile mortality records and it is essential that they should be as correct as possible.[1]

It is possible that the Administration still holds this view, but has, for the time being, given up the collection of statistics because of the small scale on which infant welfare work is carried on.

Count de Penha Garcia also asked for information on infant and maternity work.[2] There are as yet no regularly organized welfare centres in the territory, but a number of institutions exist which devote attention to combating infant mortality and assisting women before and after child-birth.[3]

I shall finally quote the opinions expressed in the official reports about the causes of infant mortality and the remedies to be applied.

Around the food question revolves the vital and vicious circle of infant mortality.[4] This depends on the well-being of the expectant mother, whose status appears to be low in the Cameroons, where all the manual labour of the farm and the house falls to her share.[5]

> It has been stated in earlier reports that the agricultural work of growing all the foodstuffs required by the household falls upon the women in all the tribes of the territory. This is a very heavy and continuous task, and it cannot be doubted that it has deplorable effects on the population by depriving the infants of adequate care and nutrition.[6]

> The [Bakweri] children that are born to-day are not healthy enough, but succumb too easily to disease. Infant mortality, it is true, is very high all over the province and is partly due to such diseases as malaria and pneumonia and partly to ignorance of infant feeding. But in the Victoria

[1] *Report 1925*, p. 81. See also *Report 1926*, p. 82.

[2] See Permanent Mandates Commission, *Minutes*, 28th Session (31 Oct. 1935), p. 175.

[3] *Report 1935*, p. 101.

[4] See also Nigeria, *Medical Report 1934*, p. 28: 'At Kumba in the Cameroons an opportunity was taken to examine 300 infants and young children and the Medical Officer writes:—

"One instructive fact was revealed, namely the amount of malnutrition in young children of the farming classes living within a short distance of the hospital. Emaciation, late closing of the fontanelles, delayed dentition, dental softening and indeed all degrees of avitaminosis and marasmus could be witnessed at one meeting."'

[5] *Report 1922*, p. 45.

[6] *Report 1925*, pp. 85–6.

Division birth from diseased stocks must also be a contributory cause of infant mortality.[1]

Infant mortality is a social problem of motherhood rather than a medical problem of infancy, and progress in this direction can only come slowly, by improving the material condition of the people in general, raising the woman from her depressed state, and by extending the facilities for education.[2]

The infantile mortality is certainly very high, and much can be done to lessen it by instruction of the mothers. For this purpose the training of the African Nurses in midwifery and child welfare will be especially directed to the care of the infant and the causes of the heavy infantile mortality, and how to combat them.[3]

Infant mortality is certainly high. Much can be done to improve it by instructing the mothers, and improvement will also result as a consequence of the spread of sanitation and European methods of treatment.[4]

The principal causes of the high mortality are probably congenital debility, incorrect feeding of the infant, broncho-pneumonia from exposure and living in a smoky atmosphere, bad housing conditions, infantile diarrhœas from impure water, . . . lack of care on the part of the mother because of her occupation, the neglect of minor ailments, and the poor advice or lack of it by the native doctor, and epidemic disease. Tetanus plays an important rôle in early infant deaths, and is due to faulty methods in cutting the cord.[5]

The first step must be education in infant welfare.[6]

On 2 November 1938 Mr. Firth stated in the Permanent Mandates Commission that the high infant mortality 'was the inevitable consequence of ignorance and backwardness. Every effort was made to increase the number of midwives and nurses.'[7]

IV. Mortality of Plantation Labourers

1. *Death Statistics*

For 1919 the Supervisor of Plantations reported that 78 deaths were recorded among plantation labourers.[8] According to the reports of the Medical Officers of Health the number of deaths in 1926–37 was as follows:[9]

1926	*1927*	*1928*	*1929*	*1930*	*1931*	*1932*	*1933*	*1934*	*1935*	*1936*	*1937*
99	100	71	73	81	50	62	65	74	67	100	129

[1] *Report 1925*, p. 92. Ibid., p. 94. Ibid., p. 81.
[4] *Report 1926*, p. 82.
[5] *Census of Nigeria*, 1931, vol. vi, p. 10. [6] *Report 1934*, p. 62.
[7] *Minutes*, 35th Session, p. 153. See Evans (1919), p. 4.
[9] See *Report 1926*, p. 46; *1927*, p. 70; *1928*, p. 95; *1929*, pp. 65, 68; *1930*, pp. 69, 72; *1931*, pp. 56–7; *1932*, pp. 68–9; *1933*, pp. 57–8; *1934*, pp. 72–3; *1935*, pp. 70–1; *1936*, pp. 83–4; *1937*, pp. 61–2.

These figures, with the exception of that for 1929, seem to have been considered as complete by the Administration. But a study of the records for the individual plantations arouses suspicions. The Idenau Estate with 342, 327, and 312 labourers in 1931, 1932, and 1933 did not report a single death in these three years. The Bibundi Plantation Company with 335, 428, 751, and 1,286 labourers in 1933–6, reported no death for 1933, 1934, and 1935, and 1 death for 1936.[1] But even making full allowance for the probable deficiencies in the statistics there cannot be the least doubt that mortality on the plantations was much lower than in pre-War times and much lower also than among the railroad workers in the French Cameroons. And yet the plantations are mostly under the same, German, management, as before the War; the medical attendance is still quite inadequate; sanitary and housing conditions have apparently not improved very much. The main reasons for the progress achieved are probably changes in the recruiting of the labourers, less strenuous work, and better food and drinking-water.

2. *Medical Attendance*

During the régime of the Plantations Management, which on behalf of the Public Custodian maintained the ex-enemy plantations from 1915 onwards, one of the two or three Medical Officers stationed in the Mandated Territory was at the same time the physician for all the plantations. Since 1925 the Medical Officers have been relieved of their duties as plantation physicians to the extent that the plantations have provided physicians of their own.

In addition to the Government Medical Service, the majority of the German firms who bought the plantations towards the end of 1924, have combined to engage the services of a qualified practitioner for the benefit of their European and Native employees. This gentleman is responsible for the health of some 150 Europeans and 7,000–10,000 natives, scattered over a wide area.[2]

But, first of all, such a private physician was not available all the time.

> The Planters' Union was unfortunate in that the first doctor they employed died in October [1925] and the next did not arrive till the last day of the year. During the interval the more serious cases were sent to the Government doctor at Victoria, while the rest were treated at the Plantation hospitals either by European or African dressers.[3]

[1] It should be noted that these two isolated plantations can be reached only by launch from Victoria; 'no regular medical assistance is practicable' (Dr. Pirie in *Report 1929*, p. 136).

[2] *Report 1925*, p. 76.

[3] Ibid., pp. 51–2.

A similar situation arose in 1928. The doctor of the Planters' Union 'proceeded on leave in December and his place was taken by a Government medical officer'.[1] But for several years some plantations were attended neither by the planters' physician nor by a Government Medical Officer and were, at best, cared for by dressers. In 1926, 13 of 20 inspected estates, and in 1927, 12 of 19 inspected estates were cared for by the doctor of the Planters' Union, while in both years 'three others retained the services of the Government Medical Officer'.[2] In 1928, 11 out of 20 plantations with 9,565 labourers were under the care of the physician of the Planters' Union while 7 plantations with 4,390 labourers retained the services of a Government Medical Officer. But for the Idenau and the Ombe Plantations with 498 and 65 labourers respectively the retention of the Medical Officer's services meant merely that he was 'called when needed'. For the two remaining plantations the situation was as follows:

300 labourers employed. No dresser. No hospital. No isolation ward. Manager dispenses in ordinary cases. Serious cases aided by French doctor.

34 labourers employed. No dresser. No hospital. One isolation ward. Manager and wife treat in simple cases. Serious cases taken by French Hospital at Njumbe.[3]

In the meantime the Permanent Mandates Commission had urged the introduction of a new Labour Code. The 1927 Report to the League relates in this connexion:

The draft Labour Ordinance and Regulations have been under discussion throughout the year with the plantation managers and the Government and plantation medical officers. The provisions for the general management of labour present no particular difficulty, but the question of medical attendance and treatment and the requirements of a scheduled health area are both important and difficult. The difficulty lies in the vast difference in standard of medical provision by wealthy plantation companies in the central areas and by smaller companies in distant estates with no means of rapid communication. It is desired to secure the maximum attainable provision for all, but that maximum varies with the geographical situation of the estate. The solution appears to lie in giving discretionary authority to the Director of Medical Service to modify the requirements of the Regulations in places where distance and lack of communications make it impossible to secure the presence of a medical practitioner except at long intervals. In such places it is desirable to insist that the provision of subordinate medical staff and equipment shall be on a higher scale to make up for the rarer visits of the qualified practitioner.[4]

[1] *Report 1928*, p. 64.
[2] See *Report 1926*, p. 46; *Report 1927*, p. 70.
[3] *Report 1928*, p. 65.
[4] *Report 1927*, p. 38.

The new Labour Ordinance came into force on 7 February 1929, and the Regulations made thereunder were enacted on 25 February. The regulations for labour health areas were to be applied to the plantation areas. But 'as adumbrated at paragraph 108 of the 1927 Report, discretionary powers have been afforded to the Director of the Medical and Sanitary Service to waive or make less burdensome the regulations relating to medical treatment and attendance'.[1] Regulation 37 relating to medical attendance reads as follows:

The medical attendance provided shall be considered sufficient if it complies with the following conditions:—

(*a*) The number of labourers under the medical charge of any one medical practitioner shall not exceed five thousand.

(*b*) The labour health area and every hospital and dispensary therein shall be visited by a medical practitioner at least once a week and if the number of labourers employed by one employer in the same labour health area exceeds five hundred, at least twice a week, and if it exceeds one thousand, at least three times a week, and if it exceeds two thousand at least once a day: provided always that these provisions may be waived or made less burdensome in any particular case, by writing under the hand of the Director of the Medical and Sanitary Service subject to such conditions as he may impose.[2]

No progress, however, was made in the extent of medical attendance in the course of 1929. The larger of the two plantations which in 1928 had no physician was closed down, the other was still without a physician, and the Bai Plantation with 440 labourers, which in 1928 was attended by the Government Medical Officer in Calabar, Nigeria, no longer retained his services. A Government Medical Officer attended 6 plantations with 4,876 labourers (including the Idenau Plantation with 704 labourers 'when needed'), while the doctor of the Planters' Union attended 11 plantations with 7,480 labourers.[3]

In the meantime, the Permanent Mandates Commission had again urged the necessity of adequate medical care for the plantation labourers.

Special Observation No. 9 formulated in the course of the examination of the 1928 Report during the 16th Session of the Permanent Mandates Commission stated that the Commission would like to know whether, in the opinion of the Mandatory Power, the medical facilities at present provided for native labourers on the plantations can be considered as being adequate.[4] In the early part of 1930, the Deputy Director of the Sanitary Service visited and inspected all the plantations in the Cameroons

[1] *Report 1928*, p. 60.
[2] Ibid., pp. 137–8.
[3] See *Report 1929*, pp. 65, 68.
[4] See *Minutes*, 16th Session, Nov. 1929, p. 206.

Province. He subsequently submitted a report to the Director of the Medical and Sanitary Services who informed Government that the arrangements for maintaining sufficient medical attendance and treatment of the labourers and for ensuring the reasonable sanitary state of the labourers' camp are generally satisfactory as at present carried out.

The Director of Medical and Sanitary Services was able to recommend that the requirements of Sub-sections 9 and 10 of Regulation 33[1] and of Regulation 37 of Regulations No. 6 of 1929 made under Section 62 of the Labour Ordinance (No. 1 of 1929) should be made less burdensome in the cases of the Isongo, Debundscha, Bibundi, Idenau, Bwenga, Mbonge, Bavo, Bai, Ndian, and Ikassa Plantations provided that the present arrangements for treatment and medical assistance are maintained. In view of this pronouncement and the recommendations of the Director of Medical and Sanitary Services the Commission may be assured that the medical facilities may be considered as adequate.[2]

In reality the report of the Deputy Director of Sanitary Service was far from describing the medical facilities as adequate.

In the Victoria Division Dr. Graf, Medical Officer to the Planters' Union, resides at Buea and is Medical Officer to the greater number of plantations in this Division. Most of the plantations employing Dr. Graf are accessible by roads that are motorable, and these are attended more or less regularly by Dr. Graf. Debundscha, Bibundi, and Idenau plantations can be reached only by launch from Victoria. These plantations are on the sea coast and no regular medical assistance is practicable. Medical help when required is obtained from Victoria. The Government Medical Officer at Victoria is in medical charge of the Ekona group of plantations (including Mpundu and Meanja) which he visits regularly by motor.

In the Kumba Division the Government Medical Officer at Kumba is in medical charge of Mukonje plantation which is accessible by motor road. The other plantations in this Division cannot be reached by motor and have to make the best arrangements they can for transporting severe cases to the Government Hospitals at Kumba or Calabar. Regular visits by a Medical Officer are quite impossible.[3]

Referring once more to the more isolated plantations he wrote:

In my opinion it would not be practicable to insist on these plantations employing a medical man as the Victoria and Kumba groups of isolated plantations are too far separated to derive any great advantage from the employment of one medical man for all. The cost of employing a medical

[1] '33. When an employer provides housing accommodation for his labourers, the following provisions shall apply:—

. . . . . .

'(9) He shall provide sufficient hospital accommodation and equipment.

'(10) He shall provide sufficient medical attendance and treatment including diets in hospital.'

[2] *Report 1929*, p. 64.

[3] Ibid., p. 136.

man by each group separately would be more than the plantations could bear.[1]

At the meeting of the Permanent Mandates Commission of 4 November 1929, Mr. Weaver rightly pointed out that the exemptions from paragraphs 33 (9) and (10) and 37 (*b*) were 'recommended less on medical than on economic grounds'. In addition, he strongly objected to the exemptions from paragraph 37 (*a*):

It appeared from the report . . . that the Planters' Union medical officer, Dr. Graf, had 7,490 labourers under his charge, whereas, under paragraph 37 (*a*) of the Special Regulations for Labour Health Areas, it was provided that 'the number of labourers under the charge of any one medical practitioner shall not exceed 5,000'. . . . There did not, however, appear to be any authority in the regulations for an exemption from paragraph 37 (*a*).[2]

The representative of the Administration, Mr. Arnett, apparently did not share this opinion:

With regard to paragraph 37 (*a*) of the regulations, Mr. Arnett did not himself, and did not think that the other members of the Administration would, read that clause as meaning that there must be one medical officer to every 5,000 labourers, without the principal medical officers having discretion to vary the regulation. It was not realised how difficult it was to get from one plantation to another. The area was a wide one, there were no roads and there were many rivers and estuaries to be crossed.[3]

The Commission, in its report to the Council of the League, thereupon declared that 'it would appreciate the inclusion by the mandatory Power in the next annual report of information showing whether the existing arrangements can be considered to carry out fully the provisions of the Labour Health Regulations'.[4]

In 1930–7 the medical attendance was provided for as shown in the table on p. 306.

In 1930 the medical arrangements were the same as in 1929, yet, owing to the depression, the number of labourers to be cared for by the doctor of the Planters' Union decreased. But in no year was the imposed limit of one physician for every 5,000 labourers enforced. The comments in the reports to the League on medical attendance read as follows:

1930.[5] The question as to how far the Regulations can be relaxed has presented many difficulties and has been under consideration throughout

[1] Ibid., p. 137.
[2] *Minutes*, 19th Session, pp. 28–9.
[3] Ibid., p. 29.
[4] Ibid., p. 209.
[5] *Report 1930*, pp. 67–8.

Year	*Doctor of Planters' Union*		*Government Medical Officer*		*None*	
	Plantations	*Labourers employed*	*Plantations**	*Labourers employed*	*Plantations*	*Labourers employed*
1930	11	5,979	6	3,333	2†	390
1931	12‡	5,114	6	3,178	1§	28
1932	11	5,099	7	4,162	—	—
1933	10	5,672	14	4,452	—	—
1934	11	6,534	14	6,090	—	—
1935	13	10,583	10	5,168	—	—
1936	14	15,056	9	3,044	—	—
1937	13	16,167	8	3,423	—	—

* Including the Idenau plantation with 351, 342, 327, 312, and 315 labourers in 1930–4 'when needed'.

† One plantation with 40 labourers 'Arrangement made with French doctor of Cie Tobac at Njombe'; one plantation with 350 labourers 'Serious cases sent to Medical Officer Kumba'.

‡ Including one plantation with 200 labourers which had retained the services of both the doctor of the Planters' Union and a Government Medical Officer.

§ 'French Medical Officer at Njombe.' This plantation was closed from 1932 onwards.

the year without any conclusion having been reached and, actually, no relaxation of the Regulations has been approved. On the other hand the full provisions are not being strictly enforced; to do so would, on account of local conditions, impose a burden on certain of the Companies operating the plantations which would be neither equitable, economic, nor reasonable. The reduction in the number of labourers employed by the plantations has, at present, largely solved the question of one medical officer having charge of over 5,000 labourers and, at the close of the year, the Planters' Union medical practitioner had only 5,400 labourers in his care. The waiving of or making less burdensome certain of the Regulations has a bearing on this point and the final arrangements made will ensure that the position is legalized.

The Permanent Mandates Commission may, however, be assured that on the majority of plantations the existing arrangements can be considered to carry out fully the provisions of the Labour Health Regulations, and that the Director of Medical and Sanitary Services is satisfied that existing conditions provide adequate and satisfactory medical facilities for all labourers employed on the plantations. In all cases housing and sanitation is good, and the hospitals and dressers, coupled with the means which exist for obtaining qualified medical assistance whenever necessary, can be considered as fulfilling the conditions necessary to safeguard the medical well-being of the labourers. The visits of Administrative Officers ensure that the present arrangements are maintained and it is highly improbable that any abuse of the responsibilities of the Companies adequately to care for their labourers would remain undetected.

1931.[1] At the last meeting of the Commission Mr. Weaver enquired into the extent of the non-enforcement of the regulations of the Labour Ordinance.[2] The position is that the Director of the Medical and Sanitary Service has exercised the discretion given to him by law in declaring 12 of the health areas exempt from the requirements of Regulation 37 (*b*) of the Regulations under the Labour Ordinance which provides for the frequency with which those areas are to be visited by a medical practitioner, and in declaring certain other health areas exempt from the full provisions of Regulation 33 (9) regarding hospital accommodation and equipment. It has been arranged that the distant plantations which are exempt from the requirements of the regulations shall be inspected at least once a year by a Public Health Officer. The two most distant plantations, Ndian and Ikassa, were inspected in November by the Medical Officer, Buea.

1932. The two most distant plantations, Ndian and Ikassa, were not inspected by a Public Health Officer during 1932. The Ndian Estate was inspected, together with other plantations in the Province, by the Deputy Director of the Health Service in January of 1933. Work on the Ikassa Estate has all but ceased and very few, if any, labourers are employed.[3]

In addition to the inspection of plantations by Administrative Officers the majority have also been inspected by the Government Medical Officers who in the Victoria Division have been retained, in the absence of the medical practitioner of the Planters' Union, by those plantations which normally retain his services.[4]

1933. In January the Deputy Director of the Health Service visited the estates of the plantation companies and inspected all but two or three of the plantations of which the estates are composed.[5]

In consequence of the recommendations of the Deputy Director of the Health Service six of the remoter plantations have been required to arrange for monthly visits by a medical practitioner.[6]

At the examination of the last Report Lord Lugard made enquiries as to the adequacy of the supply of doctors for the plantations. The supply appeared to be sufficient for the present needs of the plantations.[7] There

[1] *Report 1931*, pp. 54–5.
[2] See *Minutes*, 21st Session (28 Oct. 1931), p. 53.
[3] *Report 1932*, p. 67.
[4] Ibid., p. 72.
[5] *Report 1933*, p. 55.
[6] Ibid., p. 56.
[7] The answer of Captain Buchanan-Smith, Lieutenant-Governor, Southern Provinces, Nigeria, to Lord Lugard's inquiries was much less reassuring. See *Minutes*, 24th Session (24 Oct. 1933), p. 22:

'Captain Buchanan-Smith said that the Director of Medical Services had made representations with a view to more doctors being provided, especially in the outlying plantations. Some plantations, however, already found it difficult to pay for the doctors that they were required to provide. While the number of natives on certain outlying estates was not very great, it was difficult for one doctor to get round continuously. He was, however, assisted, when required, by the Government doctor and Doctor Graf.

'Lord Lugard thought that a scale should be enforced of one doctor per so

are three doctors in the Kumba and Victoria Divisions, that is, two Government Medical Officers and the Planters' Union doctor. They reside at convenient centres and most of the plantations can be reached by motor road.[1]

1934. Communications in Kumba Division are difficult and two of the German companies working in this area propose to bring out a German doctor in the near future, which will make the situation much more satisfactory.

In a summary of the situation the Director of the Medical and Sanitary Service has stated that . . . medical facilities are adequate in Victoria Division and reasonably efficient in Kumba Division.[2]

many natives. He hoped that the Government would compel the plantations to employ a sufficient number of doctors.'

[1] *Report 1933*, p. 61.

[2] *Report 1934*, p. 71. These scanty remarks do not at all reflect the lively discussion which had taken place a short time before in the Permanent Mandates Commission. I quote from the *Minutes* (26th Session, 30 Oct. 1934, pp. 22–3):

'Lord Lugard . . . noted that the Government Medical Officer at Kumba was in medical charge of eight estates with about 2,000 workers (page 58). Was he able efficiently to discharge his ordinary duties as well as to attend to the health of the men on so many different estates, probably some distance apart?

'Mr. Hunt said that, in view of the report of the Deputy Director of the Health Service, whose visits included the inspection of the plantations in the Kumba Division, he thought it must be taken that medical attention was satisfactory. The conditions were admittedly not ideal, but, in the present time of financial stress, which had forced the Government to withdraw a medical officer from Buea, it did not wish to press the plantations unduly.

'Lord Lugard explained that what he had in mind was that, if the Government medical officer performed his duties towards the labourers effectively, it must have been to the neglect of his ordinary duties.

'Mr. Hunt did not think that need be assumed. The medical officer at Kumba would have more time to travel than the medical officer in Victoria.

'Lord Lugard asked whether work for the plantations was regarded as private practice for which fees were received from the estates.

'Mr. Hunt believed that it was so regarded.' . . .

'Mr. Weaver asked whether the withdrawal of a Government doctor from Buea would affect medical assistance on the plantations.

'Mr. Hunt said that it must inevitably result in fewer visits of inspection. The position was much the same as a few years previously, when no doctor was stationed at Buea.

'Mr. Weaver asked whether the plantations could not be placed under a statutory obligation to provide the necessary medical officers to look after their employees.

'Mr. Hunt said that the labour health regulations did impose that duty, but it was left to the discretion of the Director of Medical and Health Services to decide whether the conditions were fulfilled. There was no statutory obligation to provide a doctor to so many labourers. The rules were elastic in this respect.

'Lord Lugard asked whether small estates could not form groups with a medical officer attached, the employment of Government medical officers for a fee being entirely done away with.

'Mr. Hunt agreed that that would be the ideal system, but was doubtful

1935.[1] The medical position on the plantations is much improved. There are now three private medical practitioners in the Victoria Division employed by the Planters' Union and one in the Kumba Division, who attends to the needs of the Kamerun Kautschuk Company estate at Mukonje near Kumba and the Kamerun Eisenbahn Gesellschaft estate at Tombel. Estates which do not retain a private medical practitioner are visited by a Government Medical Officer. . . .

At the twenty-eighth Session of the Permanent Mandates Commission Lord Lugard asked whether there was any fixed rule concerning the medical staff to be maintained in proportion to the number of labourers on the plantations.[2] The question is governed by Regulation 37 of the Labour Regulations, 1929, made under the Labour Ordinance, which lays down that a proportion of one medical officer for every 5,000 labourers shall be considered sufficient. This proportion has been maintained.

1936.[3] There are at present three private medical practitioners employed by the plantations in the Victoria and Kumba Divisions, one of whom, Dr. Hellmuth Graf, M.R.C.S. (Eng.), L.R.C.P. (Lond.), has now seen eleven years service in this Province. Estates which do not retain a private practitioner are visited by a Government Medical Officer. . . .

With regard to the proportion of medical practitioners to labourers, as to which Mr. Weaver made a statement during the examination of the 1935 report[4] the position was as follows in 1936:—

Medical Practitioner	*Labourers*
Dr. Graf.	6,804
Dr. Pauli-Magnus	4,289
Dr. Polano	3,963
Medical Officer, Victoria	704
„ „ Calabar	650
„ „ Kumba	1,710
	18,120

The attention of the Medical Officer, Victoria was drawn in March to the breach of Regulation 37 (*a*) of Regulations No. 6 of 1929 in the case of Dr. Graf and the position is now being regularised.

But the regularization of the position consisted, it seems, merely in

whether the Government would wish to press it upon the plantations at the present time.'

The Commission, thereupon, submitted the following Observation to the Council of the League of Nations (see ibid., p. 204):

'The Commission hopes that the mandatory Power will insist on the provision of adequate medical care for labourers in the private estates in the southern province, without having recourse to the Government medical service, which should have its time fully occupied in the discharge of its official duties in the care of the native population.'

[1] *Report 1935*, p. 69.

[2] See *Minutes*, 28th Session (31 Oct. 1935), p. 172.

[3] *Report 1936*, pp. 81–2.

[4] See *Minutes*, 30th Session (30 Oct. 1936), p. 63.

shifting the care for one large plantation from Dr. Graf to Dr. Polano, the result being that in 1937 each of them had in his charge more than 5,000 labourers:[1]

Medical Practitioner	*Labourers*
Dr. Graf.	5,854
Dr. Pauli-Magnus	4,405
Dr. Polano	5,908
Medical Officer, Victoria	521
„ „ Calabar	700
„ „ Kumba	2,202
	19,590

The medical attendance, then, is still unsatisfactory. 16,167 labourers, that is nearly five-sixths of all the labourers, are attended by three physicians, and three of the five Government Medical Officers are in the ambiguous position of being retained by companies which it is their duty to supervise. The rule that the medical attendance in a labour health area shall be considered sufficient if the number of labourers under the medical charge of any one medical practitioner does not exceed 5,000 may be adequate for small areas comprising tens of thousands of workers, but not for plantations scattered over thousands of square miles in a country with exceptionally poor communications. Moreover, the rule has never been strictly enforced.

3. *Sanitation and Housing*

During the period in which the plantations were controlled by the Plantations Management the reports to the League conveyed no information on sanitary or housing conditions. The first reports issued after the sale of the plantations contained some general statements.

1925.[2] The type of housing differs. At Missellele excellent large well-ventilated houses were built of wood and roofed with tiles, but such is the dislike of the labourers for association wards that they have made their own cubicles of mats within them. The corrugated iron house is still less appreciated. The West African Plantation Co., Ltd., Victoria, at Bota have experimented with admirable houses on a small scale similar to those at Missellele, but at an expense probably too great for general application. In general the labourers prefer their own style of house made of bark walls with mat roofs. The labourers are housed in camps mainly according to tribes, and the sanitation is satisfactory.

1926. Attention has been given to housing and sanitation. Several estates have built good model dwellings for their African staff and artisans.

[1] See *Report 1937*, pp. 61–2.

[2] *Report 1925*, p. 52.

The material used for the walls is sometimes wood and sometimes iron; floors are of cement; roofs are sometimes of cement tiles, sometimes of iron. For the labourers the consensus of opinion of responsible officers is in favour of native-built houses with walls and roofs of palm-leaf mats or bark on wooden or bamboo frames, with rammed earth floors. Labourers dislike the large old-fashioned houses of cement and iron intended to be shared by a large number, and prefer small huts or larger native huts which can easily be partitioned off into rooms for two or four persons. The advantage of the native type of building is that it is easily renewed entirely, or rebuilt on fresh ground and is therefore more sanitary.[1]

Order in Council (No. 22 of 1925 under the Masters' and Servants' Ordinance, Cap. 70, Sec. 33) authorises inspection of the medical and sanitary facilities provided by the plantations. The upshot of the inspections shows that the provision in the various estates varies considerably. Efforts are therefore being made to bring the more backward into line with the more progressive estates.[2]

1927. Housing has been improved but improvements may still be expected in many camps. Where labourers have been allowed to build their own huts without adequate supervision the huts are generally too small and too close together.[3]

Employers are giving attention to improving the labourers' quarters and constructing better latrines.[4]

1928. Inspections. . . . In Kumba Division all reports were satisfactory, but in Victoria Division it was necessary to report unfavourably on the labourers' housing accommodation on one estate . . . The labourers' houses have since been reconditioned . . .[5]

Dr. Pirie, after his tour of inspection made in January and February 1930, stated that 'the inspection showed that the medical and sanitary requirements are on the whole quite satisfactory, and where difficulties . . . arise, every effort is made by the plantation managers to meet these'.[6] He reported about the labourers' camps:

The common type of hut provided at the camps is built of bush sticks and palm mats or bark. This is the type of hut favoured by the labourers as it is the ordinary type of hut in their home villages. The maintenance of this type of hut is, however, considerable, and on some of the plantations wooden buildings with cement floors and corrugated iron roofs have been or are being put up. The mud obtainable in the part of the Cameroons visited is not suitable for building mud walled huts.

[1] *Report 1926*, p. 48.
[2] Ibid., pp. 78–9.
[3] *Report 1927*, p. 38.
[4] Ibid., p. 70.
[5] *Report 1928*, p. 63. The inspections in Victoria Division covered only 4 plantations. See also Mr. Weaver's remark of 13 Nov. 1929 in the Permanent Mandates Commission: 'There were twenty-one estates altogether in that division and he wondered if fuller inspection would have revealed on more estates such bad conditions as those found on one of the four estates inspected' (*Minutes*, 16th Session, p. 92).
[6] *Report 1929*, p. 139.

Ordinarily it was found that the more permanent labourers prefer to live in the native type of hut, while those labourers who serve only a few months and then return to their homes occupy the more substantial wooden buildings.

The better types of buildings are built by the plantation company. The bush type huts are erected by the labourers themselves, the materials and time required for building being granted by the company. Some of the larger plantations employ a special gang for the building and maintenance of the huts.

At Idenau Plantation the labourers provide the bush sticks and mats and build the huts. On completion the huts are valued and the labourers refunded the costs. It was specially pointed out to managers that, as the huts are renewed, a 30 foot roadway between each row of huts must be provided, and that not less than 100 feet cleared area should be made round each camp as required in the Regulations under the Labour Ordinance.

The water supplies at the camps are satisfactory—in many cases the water is piped to points adjacent to the camps.

The simple salga (pit) latrine is the type ordinarily employed. In many cases these salgas are too far from the camp—a suitable distance would be on the outer margin of the 100 foot clearing.

With regard to general sanitation in the labourers' camps the Labour Ordinance places the sole responsibility for this on the plantation managers. Powers to enable action to be taken against individual labourers for breach of sanitary regulations—for example, causing nuisances—do not exist, as the Public Health Ordinance does not apply to the Labour Health Areas. In spite of this, however, there was nothing very seriously wrong with the general cleanliness of the various camps. The application of the nuisance sections of the Public Health Ordinance to Labour Health Areas would assist the managers in maintaining the sanitary state of the camps, particularly in the case of plantations situated within easy access of Victoria, Buea, or Kumba.

The Senior Resident might consider this more fully with the various political officers and managers concerned.[1]

From 1930 on the reports contain a table summarizing the Inspection Reports on Labour on Plantations.[2] I reproduce in Tables 29–32 the Administrative Officers' entries in the columns 'Are Labourers' Huts satisfactory?' and 'Is Sanitation satisfactory?'

A comparison of the entries in the various years may at first sight seem rather puzzling. For the plantation of the Cameroons Railway Company the question whether the labourers' huts were satisfactory

[1] *Report 1929*, pp. 137–8.

[2] See *Report 1930*, pp. 128–33; *1931*, pp. 106–9; *1932*, Appendix IV; *1933*, Appendix III; *1934*, pp. 127–30; *1935*, pp. 133–6; *1936*, pp. 159–62; *1937*, pp. 128–30.

was answered in 1933–7 by 'Yes', 'No', 'Yes', 'Yes', and 'No' respectively, and the question whether sanitation was satisfactory

TABLE 29

Are Labourers' Huts Satisfactory? Victoria Plantations, 1930–7

Name of plantation	*1930*	*1931*	*1932*	*1933*	*1934*	*1935*	*1936*	*1937*
Bota . .	Many of the mat houses are in bad repair. Rebuilding will take place in March or April. Size of buildings satisfactory	Yes. Some of the mat houses are leaking but are being repaired	Yes	Yes	Yes	Yes	Yes	Not approved by Medical Department
Ngeme and Sachsenhof .			Yes	Yes	Yes	Yes	Yes	
Molyko .	Nearly all the buildings need renewal. Manager said new lines were being built in March or April	..	Yes	Yes	Yes	Yes	Yes	
Prince Alfred.	Yes	Yes	Yes	Yes, except a few extra mats required	Yes	Yes	Yes	
Bimbia .	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Ekona . .	Some are small and some are old and going to be replaced early	Fair	Yes	In most cases satisfactory. Rebuilding is being carried out	Adequate	Yes	Type not altogether satisfactory	
AfricanFruitCo.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Likomba .	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Moliwe . .	Yes	Yes	Yes	Yes	Excellent	Yes	Yes	
Holtfoth .	Yes	No	Yes	Reasonable for the type	Yes	Yes	Yes	Yes
Bwenga .	Fair	Size good; repair in the old camp bad	Yes	Reasonable	Yes	Yes	No	Not approved by Medical Department
Ombe . .	Yes	Not very	Yes	Yes	Yes	Yes	Type not altogether satisfactory	
Bibundi .	Yes	Satisfactory	Yes	Yes	Yes	Yes	Fair	
Idenau . .	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Debundscha .	In good repair, but labourers prefer mat houses	Yes	Yes	Satisfactory in size. Reasonable repair	Yes	Yes	No, new camp under construction	
Oechelhausen.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Isobi . .	..	..	..	..	Yes	Yes	Yes	

was answered by 'Yes', 'No', 'Yes', 'Excellent', and 'No' respectively. The question whether the labourers' huts were satisfactory was answered by 'Yes' for each single plantation in the Victoria Division in 1932 and 1935; but for 1937 the entry read for all but one plantation: 'Not approved by Medical Department.' The question whether sanitation was satisfactory was answered by 'Yes' for each single plantation of the Victoria Division in 1935; in

1937 the entry read for all but two plantations: 'Not according to Medical Standard.' The explanation probably is that the administrative and medical officers who inspected the plantations in the various years had different views on what was to be considered as satisfactory and in 1937 applied a higher standard at least in the Victoria

TABLE 30

Are Labourers' Huts Satisfactory? Kumba Plantations, 1930–7

Name of plantation	*1930*	*1931*	*1932*	*1933*	*1934*	*1935*	*1936*	*1937*
Bai	Yes	Yes	Yes	Very good	Excellent	Yes	Yes	Yes
Munconge	..	Yes	Yes	Being rebuilt	Yes	Adequate	Yes	..
Kamerun Eisenbahn	..	..	..	Yes	No	Yes	Yes	No
Mukonje	Yes	Yes	Yes	Need rebuilding	Yes	Yes	Excellent	No
Esosong	..	..	..	Yes	Yes	..	..	..
Ikassa	Yes	Yes	Yes	Yes	Yes	Satisfactory	Yes	Yes
Ndian	Excellent	Yes	Yes	Yes	Excellent	Excellent	Yes, admirable	Yes, in very good condition
Bavo-Bonge	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Adequate
Wagwaga*	..	Yes	..	..	..	..	..	..
Timber, Etam	..	..	..	..	Yes	..	Yes	Adequate
Timber, Kumba	..	..	..	Yes	..	..	..	..
Timber, Tombel	..	..	..	Yes	Yes	Yes	Yes	..
Timber, Mbalange	Yes	..	..	Yes	Yes	..	..	..

* Closed 1932.

Division. Moreover, the scanty comments embodied in the reports to the League cannot always be reconciled with the Inspection Reports. According to the Inspection Reports for 1930, conditions were by no means satisfactory on all the plantations. But the report to the League stated: 'In all cases housing and sanitation is good.' According to the Inspection Reports for 1933, sanitation was satisfactory or good in 24 of the 27 plantations. The report to the League, however, stated:

> The inspecting officer . . . criticised the sanitation of the camps which, he found, generally was not good. A European Sanitary Superintendent has therefore been posted to the Cameroons Province in order to tour the plantations and to advise on latrine construction and the disposal of refuse.[1]

[1] *Report 1933*, p. 56. See also Nigeria, *Medical Report 1933*, pp. 21–2: 'Housing is not of a high standard . . . General sanitation was on the whole poor, and a European Sanitary Superintendent has been posted to this area to advise on and improve hygienic conditions generally, especially as regards conservancy and refuse disposal.'

One of the 24 plantations for which the Administrative Officer in 1933 reported that the housing and sanitary conditions were satisfactory was the Mungo River Timber Concession at Tombel, which he had inspected on 1 Oct. 1932 and 11 July 1933. Yet the 1933 report relates (p. 55): 'At the beginning of the year adverse reports on the Mungo River concession were made by the Deputy Director of the Health Service and by the District Officer. During the year housing conditions were gradually improved, the

TABLE 31

Is Sanitation Satisfactory? Victoria Plantations, 1930–7

Name of plantation	*1930*	*1931*	*1932*	*1933*	*1934*	*1935*	*1936*	*1937*
Bota	Yes	Yes	Yes, except in Limbe camp where clearance and a latrine are required	Yes	Yes	Yes	Yes	Not according to Medical Standard
Ngeme and Sachsenhof			Yes	Yes	Yes	Yes	Yes	
Molyko	Yes	..	Yes	Good	Yes	Yes	Yes	
Prince Alfred	Yes. Salgas. Water supply from sealed wells by means of pump	Yes	Yes	Yes, smoke latrines excellent	Yes	Yes	Yes	
Bimbia	Yes	Yes, but one new latrine is required	Yes	Yes	Yes	Yes	Yes	
Ekona	Yes, appears satisfactory	Not very	Yes	Yes	Yes	Yes	Yes	
African Fruit Co.	*	Yes	Yes	Yes	Yes. New bucket latrines being built	Yes	Yes	Fair
Likomba	One more latrine for men required	Yes	Yes	Yes	Yes	Yes	Yes	Not according to Med. St.
Mollwe	Yes. One new latrine required	Yes	Yes	Yes	Yes	Yes	Yes	
Holtfoth	No. At least one more latrine to be built. Stream near hospital needs cleaning	Latrines are new but are not disinfected or smoked	Yes	Yes	Yes	Yes	Yes	Existing defects being remedied
Bwenga	Yes, salgas with wooden tops quite adequate. Covers are being made	Yes	Fair	Yes	Yes	Yes	No	Not according to Medical Standard
Ombe	No. Manager requested to make salgas as soon as possible and site selected	Being altered	Yes, but one latrine flooded by rain	Good	Yes	Yes	Yes	
Bibundi	Yes	Yes	Not very	Yes	Yes. New bucket latrines being built	Yes	Fair	
Idenau	Yes	Fairly good	Yes	Yes	Yes	Yes	Yes	
Debundscha	Not altogether	Yes	Yes	Latrines are unsatisfactory	Yes	Yes	Fair	
Oechelhausen	Yes. Pipe-borne water supply; salga latrines	Good	Yes	Yes	Yes. New bucket latrines being built	Yes	Very good	
Isobi	..	..	..	..	Yes	Yes	Yes	

* Company propose to start a manuring system to use rubbish. The salga latrines are satisfactory but the usual difficulty is experienced in keeping the surroundings of the camps free from rubbish.

sanitary arrangements were put into order, the hospital was rebuilt and enlarged, and the incompetent hospital dresser whom the Deputy Director of the Health Service found at his inspection was replaced.'

From 1934 onwards the reports to the League comment more fully on sanitation and housing.

1934. During the year under review the services of a European Sanitary Superintendent have been employed in improving conditions of sanitation in the camps. This officer has gained the co-operation of the plantation managers in a marked degree and has done valuable work.

TABLE 32

Is Sanitation Satisfactory? Kumba Plantations, 1930–7

Name of plantation	*1930*	*1931*	*1932*	*1933*	*1934*	*1935*	*1936*	*1937*
Bai	Yes	Yes	Yes	Yes	Yes, good	Yes	Yes	Yes
Munconge	..	Yes	Yes	Latrine exists but not in use	Yes. Excellent salga latrine	Yes	Excellent	..
Kamerun Eisenbahn	..	..	..	Yes	No	Yes	Excellent	No
Mukonje	Yes	Yes	Yes	New latrines required	Improvements made but not yet completed	Adequate	Excellent	No
Esosong	..	..	..	Yes	Yes	..	..	..
Ikassa	Yes	Yes	Yes	Yes	Yes	..	Yes	Yes
Ndian	Excellent	Yes	Yes	Yes	Excellent	Yes	Excellent	Yes, excellent
Bavo-Bonge	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Adequate
Wagwaga*	..	Yes	..	..	..	..	..	..
Timber, Etam	..	..	..	..	Yes	..	Yes	Adequate
Timber, Kumba	..	..	..	Yes	..	..	..	..
Timber, Tombel	..	..	..	Yes	Yes	Yes	Yes	..
Timber, Mbalange	Improvements desirable	..	..	Yes	Yes	..	..	..

* Closed 1932.

The Director of the Medical and Health Service has recently inspected the great majority of the camps in the Cameroons Province and has found a very marked improvement in comparison with 1933. The sanitary arrangements are now on a satisfactory basis; camps are generally well built and clean with a good belt of cleared ground in most cases surrounding them.[1]

The plantations in the Kumba Division . . . Sanitary conditions are reasonably good though not yet as good as in the Victoria plantations.[2]

1935.[3] During the year there was a marked improvement in the sanitary conditions on the plantations. In many camps bucket latrines and Otway fly traps have been installed. For the most part the camps are well built and are kept clean. . . .

[1] *Report 1934*, p. 68. Nigeria, *Medical Report 1934*, p. 22, however, says: 'A Sanitary Superintendent was posted to this district to make detailed recommendations with regard to the sanitation of the camps and to assist the managers to carry them out. In this way it is hoped that labour camps well laid out, suitably drained and provided with efficient means of refuse and nightsoil disposal will soon be universal throughout this area. Progress would have been more rapid had it not been for the long period of economic depression.'

[2] *Report 1934*, p. 71.

[3] *Report 1935*, p. 68.

In some camps there is a tendency to overcrowding, which is due to the action of the labourers themselves, who give lodging to their families and friends.

1936.[1] The improvement in the sanitary conditions on the plantations noted in the 1935 report has been maintained. Bucket latrines and the Otway system of disposal are in general use, and owing to the inspections by Administrative Officers and the Sanitary Superintendent, constant pressure towards further improvement continues, especially in the case of those plantations where, as indicated in Appendix III,[2] housing and sanitation are not satisfactory. Certain of the plantations have erected a better type of quarters for their men, and attention is being directed towards a supervised programme of re-building all camps except the best. The recent announcement by the Deputy Director of Health Service of the conditions which he considers should be introduced as soon as possible will still further stimulate the carrying out of improvements, although the plantation managers contend, not without truth, that housing and sanitary conditions in their camps are already considerably in advance of those found in African villages.

. . . The tendency to overcrowding, which is mentioned in . . . the 1935 report and which is due to giving lodging to relatives and friends, is still observed but being due to the universal African custom of offering prolonged hospitality to a fellow countryman, is not easily eradicated.[3]

According to the inspection records for 1936, sanitary and housing conditions had been found satisfactory on all but a few plantations, but the report for that year stated already that 'attention is being directed towards a supervised programme of re-building all camps except the best'. According to the inspection records for 1937, sanitary and housing conditions were found unsatisfactory on all the Victoria plantations with the exception of two, and on two of the seven Kumba plantations.[4] The 1937 report contained the following comment:[5]

There have been many developments with regard to health. The Deputy Director of the Health Service on two occasions visited the Cameroons Province with the object of coming to an agreement with the plantation managers on the housing of labourers and the general sanitary condition of the plantations. It was eventually agreed that the plantations should undertake a programme of rebuilding spread over an indefinite number of years and that they should submit each year a schedule

[1] *Report 1936*, pp. 80–1.

[2] See Tables 29–32, cols. 1936.

[3] Possibly not all plantation managers object to the presence of these strangers, who may provide a convenient labour-supply for emergency needs.

[4] Since in earlier reports conditions on the Kumba plantations had been found less satisfactory than on the Victoria plantations, the standard applied in 1937 in the Kumba Division was probably less rigorous than in the Victoria Division.

[5] *Report 1937*, pp. 59–60.

of the work to be done during the next.[1] Schedules for 1937 and 1938 were submitted and were approved by the medical department. Only three plantations carried out their programmes completely; others began work but had not finished it by the end of the year; one or two have not even begun. In a way this was not unexpected. Some plantations have been experimenting on materials for houses, and two plantations had decided to use a material which the medical authorities later pronounced unsatisfactory; others have found it impossible to obtain skilled labour as all the plantations wanted builders at the same time; the fall in produce prices must also have affected the rebuilding programme. In December the Director of Medical Services visited the Cameroons and expressed to the managers his disappointment that so little progress had been made. They then agreed to finish the 1937 programme by June, 1938, and to start the 1938 programme at the same time unless special circumstances on individual plantations made it impossible. It was agreed too that each October the next year's programme would be submitted, since by that time the managers would be in a position to say what they would be able to do during the coming year.

A Medical Officer of Health was posted to the province in July and he and the Sanitary Superintendent have made inspections of the plantations throughout the year. The camps fall far short of the ideal but they were found to be clean and well kept. Water supplies are often unsatisfactory and must be improved along with the general sanitation of the camps.

In discussing the 1937 report in the Permanent Mandates Commission, Mr. Weaver, the expert of the International Labour Organization, expressed his misgivings about the delays in rebuilding the labourers' quarters.

Mr. Weaver, dealing with health conditions on plantations (page 59, paragraph 179, of the report), noticed that some planters were behindhand with the rebuilding of quarters for labourers. He hoped that the authorities were exerting pressure to secure observance of the standards laid down. Was the accredited representative satisfied that the living conditions of plantation workers were on the whole good? . . .

Mr. Firth replied that, when the improved standards were introduced, it had been found necessary to give some plantations, especially those newly established, a little latitude. In no case, however, was more than a year's grace allowed, and the authorities would take a firm line with any plantation not up to standard thereafter. From his own observations, he could state confidently that native labourers' quarters were almost uniformly clean, well-kept and satisfactory. Indeed, the living conditions of the workers were quite remarkable if one compared them with those in native villages.[2]

[1] See also Nigeria, *Annual Medical Report 1936*, pp. 33, 103–6; *Annual Report on the Southern Provinces of Nigeria 1936*, p. 31; ibid. *1937*, p. 33.

[2] *Minutes*, 35th Session (2 Nov. 1938), p. 147.

The Commission thereupon adopted the following Observation to be included in its report to the Council of the League:

The Commission hopes that the administration will secure the observance of the prescribed standards in the matter of health conditions on the plantations.[1]

The material so far available is not conclusive. In any case there is no evidence that the improvements in sanitation and housing prior to 1938 were great enough to affect essentially mortality among plantation labourers.

4. *Recruiting of Labourers and Labour Conditions*

In the early reports of the British administrators the decrease in mortality is attributed exclusively to the abolition of forced labour and the introduction of voluntary labour. The Supervisor of Plantations, Mr. Evans, described the various phases of labour recruiting under German and British administration as follows:[2]

Although the people of the coast districts are indolent and unsatisfactory as agriculturists, the plantations, during the early years of development, experienced little difficulty in obtaining from the more industrious tribes of the hinterland sufficient voluntary labour for their requirements, but, as time went on, difficulties arose. The German Government in its anxiety to establish in a few years a colony such as it has taken other Empires centuries to build up in the East and West Indies, undertook considerable works of a public character, such as railway and road construction. In order to meet the growing demands for labour which this programme of rapid expansion needed, the Government disallowed recruiting of free labour in the districts which hitherto had supplied the plantation companies with their most suitable workers, and made itself responsible for all labour requirements, whether for work of a public or private nature.

Under Government control every precaution was taken to ensure the allround well-being of the labourers, but the sense of freedom was crushed out of the people. Unsuitable men from the Northern grassland country were sent down to the coast and the death-rate was heavy.[3] Following

[1] Ibid., p. 206.

[2] Evans (1921), p. 67.

[3] See also *Report 1921*, p. 53: 'Under German rule the system of forced labour, not only for public works and railways, but also for the privately-owned plantations near Victoria, was the policy adopted. This compulsory labour was entirely Government controlled, and, as one would expect, thoroughly systematised, with Labour Commissioners and other officials, and the regulations for the housing, feeding and medical treatment of these labourers when at work, left little to be desired, whatever may be said of their methods of recruiting.

'The labour, as far as the present British sphere is concerned, was drawn to a considerable extent from the more thickly-populated Districts to the North and North-west, whereas the principal public works and plantations

the British occupation of the country, though it would have resulted in economic chaos if the system of Government recruiting had suddenly stopped, it was decided as a general policy, which was also strongly supported by the plantations management, gradually to abolish that system of recruiting labour. The transition stage from a Government-controlled to a purely voluntary system was not without difficulties,[1] but the soundness of the latter policy is evinced in the fact that on the plantation books, at the present time, there are over 11,000 workpeople who have come down to the coast of their own free will and engaged themselves for work on the plantations. The fact that the labourer is free, *i.e.* can stay indefinitely on the estate with wife and family, provided he behaves himself, or is at liberty to give notice if he desires to leave, ensures his fair treatment. He realizes, in a way no Government recruited labourer can, the mutual benefits accruing to employer and employee.

The chief defects of the discarded system are the hindrance to voluntary labour due to the restriction placed on the free movement of the people, the recruiting of an unsuitable type of labourer, the difficulty in establishing on the plantations a permanently resident labour force, and the spread of venereal disease owing to the men not being encouraged to take their wives and family to the plantations.

The principle of free labour on the plantations was to be maintained, of course, after they changed hands.

The [Plantations] Management had, therefore, to rely entirely on their own unaided efforts for the supply of labour, and that they were able to secure a constant force of some 10,000 to 12,000 voluntary labourers year after year was solely due to the fact that they treated their labourers well, fed and housed them well, and paid them regularly. These facts were duly impressed upon the new Plantation owners when they entered into possession at the end of March, and they were informed that if they wished to obtain an adequate supply of labour they could only do so by making the

were situated in the South, with the result that the mortality among the labourers, who had to work under climatic conditions entirely different from those prevailing in their own homes, was remarkably heavy.'

[1] These difficulties seem to have been overcome by 1919. See Sir F. D. Lugard's *Report on the Amalgamation of Northern and Southern Nigeria, 1912–1919*, signed 9 Apr. 1919, p. 681: 'The average number of labourers engaged has averaged 8,500. Under German rule these were recruited by forced levies, and the German district officers continually protested that the country was becoming depopulated and villagers were migrating over the Nigerian border. The detestation in which service in the plantations was held by the natives and the circumscribed area from which labour can now be drawn—the Germans recruited from as far east as Jaunde, now in French territory—combined to render the provision of an adequate labour supply a matter of the greatest difficulty. This has to a great extent already been overcome, and I anticipate that in future no great difficulty will be experienced in maintaining the present number of purely voluntary labourers.'

It should, however, be borne in mind that the number of labourers employed on the plantations before the War had been very much greater.

conditions at least as attractive as they were before. And to their credit, it may be said, they have followed this advice with gratifying results.[1]

Under the régime of the Plantations Management the labourers did not work hard and wages were low.

The rate of pay on the plantations is 4½*d.* per diem in addition to all rations issued by the estate which also provides the necessary cooks. These rations are reckoned as of a nominal value of 1½*d.* per diem. The rate of pay may seem low, but as the estates have been worked with very little supervision it has not been possible to obtain anything like full tasks, with the result that work has not really been cheap. In the future when the estates are worked by private owners and labour fully supervised, a higher rate of pay will probably come about, accompanied by a better output on the part of the labourer than is at present the case.[2]

Under private management complaints have been recorded about overwork, and delayed wage payments,[3] but it does not seem that abuses of this kind have ever had any general importance.[4] Wages, however, remained low. This question was raised by Mr. Weaver at the meeting of the Permanent Mandates Commission of 30 October 1936 in connexion with the discussion of the 1935 Report:

Paragraph 149 on page 55 of the report referred to the increased spending power of the people generally and the marked improvement in trade which was a feature of the year under review. Employed labour, however, did not seem to have participated in this increased spending power. According to the inspection reports (Appendix III of the report), wage rates had not been increased during the year. Did the Administration devote any attention to this matter of wage rates on the plantations? Were they adequate as compared with the needs of the natives, and in view of the desirability of extending their purchasing power? Did they bear a proper relation to the prices paid for plantation products?

Mr. Firth said the rates of wages paid in the plantations were not regulated by the Government, but he thought they were adequate. The labourers had additional resources, such as their farms.

Mr. Weaver pointed out that most of them were migrant labourers.

Mr. Firth said they usually went home every year.

[1] *Report 1925*, p. 50.

[2] *Report 1924*, p. 26. See also *Report 1922*, p. 36, and *1923*, p. 43: '. . . the work is never arduous . . .'

[3] See *Report 1928*, p. 63; *1930*, pp. 66–7, 128–33; *1931*, p. 53; 1932, p. 67, Appendix IV; *1933*, Appendix III.

[4] It would seem that the British Administration effectively check the desire of some plantation managers to exact more work from their labourers. Patrick Balfour relates that the manager of one plantation, 'the young leader of the local Nazis', told him: 'Certainly the native prefers your administration to ours, because you do not make him work. We should make him work.' (See Balfour, 1937, pp. 119, 129.)

Mr. Weaver did not think the existence of other sources of revenue should be taken into consideration in fixing wages or salaries.

Mr. Firth agreed. The rates paid for plantation labour were a matter of supply and demand. The supply appeared to be adequate at the rate offered.[1]

The Administration, in its 1936 report, supplemented the information given by Mr. Firth as follows:

The average rate usually paid is approximately 5*d.* a day and rations. This is considered adequate. The rates bear no relation to the price paid for plantation products. An adequate supply of labour is essential for the plantations and the managers would be obliged to raise the wage rate if the demand seriously exceeded the supply. The labourer does not depend for his existence on obtaining employment. His own land in his home town provides him with all the necessities of life and if the wages offered by the plantations were not sufficiently attractive he would not seek employment and a general shortage of labour would result which would force an increase in wage rates. Increased wages would improve the purchasing power of the labourers, but the number of labourers employed on the plantations is only a small proportion of the total population of the mandated territory.[2]

At the meeting of 4 June 1937 Mr. Weaver, referring to the statement that 'the labourer does not depend for his existence on obtaining employment', asked:

Did that mean that it was recognised that wage rates were fixed on the assumption that the livelihood of the worker and his family was assured by the tribal economic system and that wages were only additional income necessary for payment of tax, purchase of luxuries, etc. ?

Mr. Findlay preferred to put the facts, so to say, the other way round. The reason why a labourer was prepared to accept 3*d.* or 4*d.* a day was that he was not entirely dependent on the wages he earned. Government labour, he might add, was paid 5*d.* or 6*d.* a day.

Mr. Weaver replied that the accredited representative's answer seemed to confirm his view that these wages were not economic, and that the plantations in the Cameroons—as in other colonial territories, for that matter—were, in effect, in enjoyment of a subsidy from the native economy.[3]

The argument that his own land in his home town provides the labourer with all the necessities of life and that if the wages offered by the plantations were not sufficiently attractive he would not seek employment is not convincing. The majority of the labourers probably get no assistance whatsoever from their relatives while they are

[1] *Minutes*, 30th Session, p. 64.
[2] *Report 1936*, p. 80.
[3] *Minutes*, 31st Session, p. 71.

working on the plantations.[1] Some labourers, moreover, are expected rather to remit part of their wages to their homes.[2] The workers are housed and fed, to be sure, but their wages out of which they have to defray all other expenses (including their tax of 8*s*. a year which is deducted by their employer[3]) amount to only about 10*s*. a month. If their home is far away they have to put up with the wages offered, whether they are 'attractive' or not, and they may sometimes have had a wrong notion about the wage conditions on the plantations when leaving their home.[4]

It should be noted, moreover, that the labourers on many plantations do not even get their low wages in cash. This abuse was discovered by Mr. W. Benson of the International Labour Office who visited the Cameroons Province in 1935.

Mr. Weaver raised this point at the meeting of 30 October 1936:

When the report on the Cameroons under French mandate was being examined, it was noted that the French Administration prohibited any form of company stores on plantations. Mr. Weaver believed they existed

[1] See *Report 1937*, p. 57: 'A certain number of employees, less than 5 per cent. and usually old servants of the firms who have risen to a position of trust, have become detribalised, that is to say they regard the plantation as their home and on retirement generally settle in some cosmopolitan centre like Victoria where the conditions are what they have grown used to and where they have acquired local associations. Most of this class are married and their wives and families live with them. Another class of labourer has worked for a plantation for a number of years but goes home every year, usually at Christmas, returning in due course to the same plantation. These two classes are described as "permanent". A third class consists of casual labourers either working for some time and then going home or else working a few months on one plantation and a few months on another. This class includes bad characters who tend to settle on the outskirts of native villages and often fill in their time when unemployed by petty thieving. The majority of the last two classes are unmarried: in fact the principal incentive to come and work on the plantations is to accumulate wealth towards a bride-price.'

[2] See, for example, the statement of Mr. Firth in the Permanent Mandates Commission 'that husbands invariably sent money to their wives at home while working on the plantation' (*Minutes*, 35th Session, 2 Nov. 1938, p. 153).

[3] See *Report on the Southern Provinces of Nigeria 1934*, p. 26: 'Taxes payable by plantation labourers are collected by the District Officer through the plantation managers.'

[4] Plantation labourers are sometimes asked to bring friends from their homes and as remuneration are promised posts as overseers. This practice would seem to be in contradiction to the 'Principles concerning recruiting, adopted by the Committee of Experts on Native Labour', which state: 'The manual workers employed by a given undertaking may be commissioned by their employer to obtain the labour of other workers for the same undertaking on condition that:

'(*a*) the remuneration they may receive is not of such a nature or such an amount as to constitute an incitement to deceive prospective workers regarding the conditions of employment; . . . '

See *The Recruiting of Labour* (1935), p. 159.

in the Cameroons under British mandate and would be grateful for some information in the next report, particularly as to whether their operations were subject to any supervision or regulation. Company stores were known to have led in many cases to very grave abuses.

Mr. Firth said that most of the plantations had company stores; but to supervise them would require legislation.

The Chairman [M. Orts] asked whether a system of sales on credit existed, so that a worker might become the debtor of the store, or, in other words, of the undertaking employing him.

Mr. Firth said that might happen on occasion. The information required would be given in the next report.[1]

The 1936 report then contained the following comment:

The question of Company Stores raised by Mr. Weaver at the 30th Session of the Permanent Mandates Commission was mentioned by Mr. W. Benson of the International Labour Office, who visited the Province in 1935 and wrote:—

'The second point arises from the presence on many plantations of company stores where goods are supplied to labourers on credit ("trust"), the resulting debt being deducted from their monthly wages. Such store, or stores subject to control by the employing company, are of value in forestalling food shortages and in safeguarding the labourers from exploitation by local traders. It appears, however, that many of the German plantations have difficulty in obtaining sterling. In these circumstances pressure may be exercised on labourers to accept what in practice amounts to a truck system with resulting excessive prices of goods supplied to the labourers and extended indebtedness.'

These stores are operated by the African Fruit Company of Hamburg, the West African Plantation Company, and the 'Likomba' Kamerun Bananen Gesellschaft. Their operation is not subject to any supervision or regulation.

It is an almost universal practice for these German firms to pay a portion of the wages due to their labourers in credit notes on their own stores, the amount varying from 2*s*. to 4*s*. a month. The usual pay of a plantation labourer is about 5*d*. a day and rations, so that in some instances the credit payment amounts to nearly a third of the cash wages payable. In the event of a labourer refusing to accept the usual proportion of his wages in credit, he is paid in full cash and dismissed. These conditions of employment are widely known (though it is possible that a labourer is not formally warned of them on engagement) and the labourers do not appear to object to them.

Though no complaints have been received and the information available tends to show that the system has not been abused, it is clearly liable to abuse. In 1937 a full enquiry into the system will be made with a view to taking all necessary measures either to abolish the payment by an order on the store or to ensure that the system is in no way abused.[2]

[1] *Minutes*, 30th Session, p. 64.

[2] *Report 1936*, pp. 79–80.

Mr. Weaver refuted the second alternative:

Mr. Weaver was grateful for the information supplied in paragraphs 210–212 of the report on the truck system, and was glad to know that an enquiry was to be made. He noted, however (paragraph 212), that the system 'is clearly liable to abuse'. The system was in itself an abuse; and he hoped it would not be long before it was abolished altogether.[1]

The Commission thereupon in its report to the Council of the League of Nations made the following 'Observation':

The Commission welcomed the statement in the report that an enquiry is to be made in 1937 into the practice of paying part of the wages due to labourers in credit notes on company stores. It will await with much interest the results of that enquiry.[2]

The results of the inquiry made in 1937 were described as follows:[3]

The Commission asked for more details of the practice of paying part of the labourers' wages in credit notes on the company's stores. The matter was investigated by the administrative officers and by the Chief Commissioner of the Southern Provinces himself when he visited the Cameroons in October. The reasons for the system are two-fold: first, the difficulty which the German firms have in obtaining currency and, secondly, the convenience of the labourers. That the first is not the only reason is proved by the fact that the British firms, which have no currency difficulties, have adopted it.

For many years the practice has been for the majority of the plantation labourers to be paid partly by food rations, partly in cash and partly by credit on the company's store. The food ration, which is about a third of the total wages, is an arrangement which suits both parties and with which no fault can be found as there are not markets available for most of the labourers to buy their own food; most of the plantations have to set aside part of their land for growing foodstuffs to feed their men.

As regards the credit notes, although wages are at daily rates it is customary to pay them at the end of each month and it appears that the labourers often wish to buy goods before pay-day. The companies are not willing to advance cash, though in exceptional circumstances such as a marriage or a funeral they may sometimes do so. They represent, justly enough, that they cannot be expected to complicate their accounts by making small advances of cash which may be spent in another firm's store to the profit of the other firm. Instead they give credit notes (or 'trust books' as they are called) on their own stores and recoup themselves in stores' profits for the extra accounting expenditure. In no case will they give credit beyond the amount which the labourer has earned up to the time when the advance is given. The German firms, which find it difficult to obtain sterling (to which the local currency is linked), naturally encourage their labourers to seek these advances. The Holtfoth Plantation,

[1] *Minutes*, 31st Session (4 June 1937), p. 71.
[2] Ibid., p. 191.
[3] *Report 1937*, pp. 57–9.

which cultivates bananas exclusively and, trading with Germany alone, has the greatest difficulty in obtaining currency, used to encourage the practice to the extent of paying off in cash, but declining to offer re-engagement to, any labourer who would not take as much as one-third of his wages in credit notes.

The Administration considers the practice unobjectionable provided that the prices charged by the stores are fair, that there is no compulsion to take trust books instead of cash and that the labourer cannot be tied to the plantation by debt. As regards the first point, the prices of the plantation stores have been examined and are, with minor variations above and below, the same as those of the mercantile firms and the local markets. It had been alleged that in some plantation stores higher prices were charged to trust book customers than to those who paid cash. That allegation has been further investigated with the result that, although higher prices were formerly charged to trust book customers the practice has now been discontinued. With regard to the question of compulsion, all labourers know before they engage the custom of each particular plantation about trust books. If any pressure such as might tend to abuse were put on a labourer to take these books, that plantation would not get any labourers. On the Holtfoth plantation 75 per cent. of the labourers, a higher proportion than almost anywhere, are permanent,[1] which proves that they have no real objection to the practice there; the recent investigations show that on this plantation as elsewhere the acceptance of credit is now no longer compulsory.[2] The trust book system cannot land the labourers in debt

[1] According to *Report 1937*, p. 57, only those labourers are considered as 'permanent' who have worked 'for a number of years' on the same estate. When the Holtfoth Plantation, at the inspection of 23 Sept. 1937, stated that 75 per cent. of their labourers were 'permanent' they evidently used this term in a different sense, as the number of their labourers had increased since 21 Oct. 1936 from 350 to 473 while at the same time the percentage of labourers 'who have wives' had decreased from 32 to 15 (see *Report, 1936*, pp. 159–60; *1937*, p. 129).

[2] It should be noted, however, that the term 'compulsory' is used here in a strictly legal sense. See Permanent Mandates Commission, *Minutes*, 35th Session (2 Nov. 1938), p. 147:

'Mr. Weaver . . . would like an assurance that the worker could be paid in cash if he preferred. Perhaps he could put the question in a definite form by asking whether credit notes were ever issued in lieu of cash on pay-day at the end of the month, or only as advances on wages in the course of the month.

'Mr. Firth replied that in some cases, if a worker had asked for no advances in the form of credit notes during the month, he might be asked on pay-day to take part of his wages in the form of credit notes; should he refuse, he might possibly be dismissed, but he would, of course, always be free to seek remedy in the courts if payment in cash was refused.

'It was due to pressure brought on the plantation managers by the authorities that the acceptance of credit notes was now no longer compulsory.

'Mr. Firth would willingly ask that the next report should include some indication of the average percentage of wages paid in the form of credit notes on one or two typical plantations. The practice was most current on the banana plantations, where the lack of currency was particularly felt.'

since no firm will give them credit beyond the limit of the wages already earned. On the contrary it probably saves many of them from the clutches of local money-lenders.

When the Cameroons was under German administration the system of credit notes was forbidden, but of course no exchange difficulty then existed. In all the circumstances it does not appear that any objection need be taken to the practice obtaining to-day; a constant and vigilant watch will, however, be kept against abuse.

The advantage of the truck system for the German plantation companies is obvious. They need sterling almost only for paying the labourers' wages[1] and are, therefore, in a position to sell the bulk of their products to Germany, who, owing to her lack of foreign exchange, is ready to pay them high prices in marks. With the truck system the companies can then use marks for stocking their stores, reduce thereby still more their need for sterling, and sell a still larger proportion of their products to Germany.[2]

The disadvantage of the truck system for the labourers is not less obvious. They must put up with the prices dictated by the company store even if they are excessive, and they become the debtors of their employer. The administration says that 'the trust book system cannot land the labourers in debt since no firm will give them credit beyond the limit of the wages already earned. On the contrary it probably saves many of them from the clutches of local money-lenders'. But the fact that the labourer must either obtain credit from his employer or go to the local money-lender in order to be able to buy the few goods he needs is due exclusively to the long intervals at which payments are made on the plantations. Employment is by daily agreement, but wages are paid monthly.[3] A dismissed

[1] Hardly any sterling is needed for paying the employees' salaries. Patrick Balfour (1937), p. 124, thus relates of a planter who managed the Ekona Plantation: 'He is paid in marks, and is therefore obliged to spend most of his money in Germany. The ships which bring German machinery for the plantation bring also German goods for the planters.'

[2] In 1932–7 £1,396,214 of the total exports amounting to £1,809,812 went to Germany, and £541,339 of the total imports amounting to £1,091,297 came from Germany (see *Report 1932*, pp. 33–4; *1933*, pp. 27–8; *1934*, pp. 29–30; *1935*, pp. 35–6; *1936*, pp. 47–8; *1937*, p. 32; these figures include only the exports and imports recorded in ports of British Cameroons).

Let us assume a company with a labourers' annual pay-roll of £6,000, a need of £3,000 for other sterling expenses (taxes, duties, &c.), and exports worth £25,000. Without the truck system they would have to sell products worth £9,000 to other countries than Germany. With the truck system they may have to sell only £7,500 worth to other countries. They would profit (1) from the higher prices they get in Germany, and (2) from the 'sales' of goods to their labourers.

[3] This means in many cases indebtedness from the very start. Even if

worker is usually paid at once, but a worker who asks for his discharge may have to wait until the next general pay-day. The introduction of weekly wage payments would doubtless be a boon to the labourer.

5. *Food and Drinking-water*

The British Administration, which thought that before the War 'under government control every precaution was taken to ensure the allround well-being of the labourers', attributed the reduction in mortality under the Plantations Management régime exclusively to the substitution of free for compulsory labour. They were not aware that the high mortality under the German Administration was due largely to inadequate food and inadequate drinking-water.[1] On the other hand they realized from the outset the importance of the food question. When they wanted to explain why the Plantations Management 'has not the slightest difficulty in obtaining all the workers required without any recruiting organisation and without any direct help from the Provincial Administration' they listed among the 'attractions offered' in the first place 'plenty of food, grown by the estate'.[2] The labourers thus got the food to which they were accustomed instead of the rice diet of the German régime. These favourable conditions were maintained after the plantations had been handed over to private managers.[3] They were even improved in various ways.

1926.[4] An extra food ration is issued on some estates for wives and children.

1929.[5] Most [employers] give an extra food ration for women and children and all offer plots of land for those who wish to grow extra food or luxury crops. These garden plots are mostly worked by women.[6]

payment is not delayed unduly, a new worker will be left without cash for about five weeks.

[1] See pp. 50–7 above.

[2] *Report 1922*, p. 36.

[3] See *Report 1925*, p. 51. See also, for example, *Report 1936*, p. 81: 'The rations supplied to the labour force are adequate, and many firms have now considerable areas under cultivation for the purpose of maintaining a satisfactory supply of fresh foodstuffs.'

[4] *Report 1926*, p. 47.

[5] *Report 1929*, p. 63.

[6] 'In this manner they add to their food supply such articles as koko yams, ground-nuts, Indian corn and peppers' (Dr. Pirie, ibid., p. 138). See also Nigeria, *Medical Report 1933*, p. 21: 'In nearly all cases labourers are allowed to make their own small farms and in this way they supplement the obvious deficiencies in the standard diet provided.' See furthermore *Report 1934*, p. 68; Permanent Mandates Commission, *Minutes*, 35th Session (2 Nov. 1938), p. 147.

There is also plenty of evidence in the reports to the League that the drinking-water which had been so inadequate on many plantations in pre-War times was now satisfactory.

1927.[1] The water supplies are, generally speaking, very good.

1929.[2] The water supplies at the camps are satisfactory—in many cases the water is piped to points adjacent to the camps.

1933.[3] The inspecting officer reported that the water supplies of the plantations generally were excellent and that some of the camps had pipe-borne supplies.

1934.[4] Water supplies are usually excellent, being taken from springs, many of which have been protected by concrete surroundings. Where springs are not available wells with pumps are usually provided. Intestinal water-borne diseases are rare.

1935.[5] The water supplies are uniformly good. On the Kamerun Eisenbahn Gesellschaft estate an excellent pipe-borne supply has been installed.

6. *Diseases and General Health*

Since the plantation labourers 'may take their pay and go, rather than go into hospital'[6] the statistics of in-patients do not convey a true picture of the incidence of morbidity. It would seem, however, that pneumonia, especially in recent years, claimed a particularly large number of victims. The number of deaths from this disease in 1930–7 was 21, 14, 14, 29, 27, 24, 42, and 46 respectively.

Cases of sleeping-sickness were found on some plantations but the number of labourers affected was small until recent years. In 1929 20 hospital in-patients, 10 hospital out-patients, and 3 deaths were recorded for the plantations in the Victoria Division.[7] From 1930 on the statistics are supposed to cover all the plantations.

	1930	*1931*	*1932*	*1933*	*1934*	*1935*	*1936*	*1937*
In-patients . .	22	7	8	10	11	20	34	25
Deaths . .	1	1	1	—	—	2	2	1

These statistics, however, do not include the out-patients. In 1930 'all natives living on the plantations in the infected area have been examined, and the percentage of infection varies from 1·7 to 12·3, the average being 2·82'.[8] In 1931 'the Medical Officer posted to Buea for sleeping sickness work' examined 2,056 persons on 4 plantations and found 18 cases. The percentages were 0, 0·4, 0·6, and 1·3 respectively,

[1] *Report 1927*, p. 70.
[2] Dr. Pirie in *Report 1929*, p. 137.
[3] *Report 1933*, p. 56.
[4] *Report 1934*, p. 68.
[5] *Report 1935*, p. 68.
[6] Dr. Pirie in *Report 1929*, p. 139.
[7] See *Report 1929*, pp. 66–7.
[8] *Report 1930*, p. 94.

the average being 0·87.[1] In recent years a much greater number of cases were discovered.[2]

While sleeping-sickness seems to have gained ground, ankylostomiasis apparently has become rarer or less harmful in recent times. The earlier reports complain repeatedly about the spread of this disease among plantation labourers:

1923. Ankylostomiasis.—There were 36 cases treated at Victoria with 10 deaths, Buea and Kumba record 37 admissions and 2 deaths and 48 out-patients mainly among plantation labourers.[3]

1926. Ankylostomiasis is almost universal among labourers belonging to the tribes of the forest areas. Those coming from the high grasslands in the north are free from it until they have been some time in the forest or plantation area.[4]

Ankylostomiasis is uncommon except in the Victoria Division, where the Medical Officer to the Planters' Association found that 57 per cent. of apparently healthy labourers harboured the parasite. Much benefit to health has been noted on the plantations since the introduction of regular mass treatment . . .[5]

Subsequent reports relate further progress due to mass treatment.

1927. Ankylostomiasis.—This disease is very common but the reports of its incidence vary widely. The most probable reason for this is that it seldom produces symptoms sufficiently severe to bring a patient to hospital till the anæmia is far advanced. . . . The plantations have arrangements for mass treatment of their labourers annually and where possible twice annually.[6]

1928. Ankylostomiasis is common in all areas, but does not appear to do much harm. Labourers on all the plantations are subject to mass treatment at three months intervals with beneficial results.[7]

The British Supervisor of Plantations listed in 1921 among the chief defects of the recruiting of plantation labour through the German Government 'the spread of venereal disease owing to the men not being encouraged to take their wives and family to the plantations'.[8] But it is doubtful whether conditions actually improved under the British administration. The 'Medical Report on Mandated Territory of British Cameroons' for 1923 relates that syphilis is 'very prevalent' in the plantations.[9]

[1] See *Report 1931*, pp. 78–9.
[2] See *Report 1935*, p. 100 (quoted p. 343, below).
[3] 'Medical Report on Mandated Territory of British Cameroons', *Report 1923*, p. 79.
[4] *Report 1926*, p. 47.
[5] Ibid., p. 81.
[6] *Report 1927*, p. 74.
[7] *Report 1928*, p. 93.
[8] Evans (1921), p. 67.
[9] See *Report 1923*, p. 80. See also the Government's 'Observations on Sir Frederick Lugard's Memorandum on Economic Development *vis-à-vis* the Well-being of the Natives in Mandated Territory', quoted pp. 287–8, above.

1926. There is considerable divergence of opinion as to the prevalence of venereal diseases. The Medical Officer, one plantation manager, and the District Head, Victoria, are of opinion that venereal diseases are common. On the other hand the majority of the plantation managers state that these diseases are not common. It is quite likely that many cases are never reported and labourers endeavour to cure themselves with native medicines.[1]

1936 . . . venereal diseases, especially gonorrhoea, are a common cause of ill-health in the Cameroons. . . . An effort is being made to persuade managers of plantations to encourage labourers to bring their families with them. This is a very desirable stabilising factor since facilities for early and continuous effective treatment of individual cases will have little effect in reducing this social evil unaided by improvement in social conditions.[2]

The reports to the League, from the earliest on, consider the general health conditions as good.

1922.[3] There have been no widespread epidemics and a remarkable absence of diseases attributable to the nature of the work.

1925. The general health of the labourers, so far as the inspections revealed, seemed to be good. There have been no epidemics.[4]

As to the wage-labour itself in the Victoria Division the mortality among the labourers is probably less than it is in their own villages, because they are mostly young men, who are housed and fed well and in addition have far more opportunities of obtaining medical treatment when they are ill than the people in the villages. The few statistics obtained support this contention. The death rate on the plantations is low at the present time, and is likely to remain so as long as the principles of voluntary labour and adequate inspection are maintained. Under the Germans, when forced labour was the rule, the death rate was alarmingly high, and a return to any form of compulsion is for that reason to be strongly deprecated. Change of climate does not seem to have any adverse effect provided that the labourer feels himself a free agent, while the food supplied is for the most part what he has been accustomed to eat.[5]

1926.[6] There have been no epidemics and the health of plantation labour appear to be distinctly better than that of the ordinary population.

1927. The health of labourers has been generally good and no epidemics occurred.[7]

The health of the plantation labourers has been entirely satisfactory and the regular rations issued and the regular work undertaken undoubtedly cause a general improvement in the health of the labourers after they have been at work for a few months; in fact, the standard of health in the plantation camps is higher than in the villages of the ordinary African population.[8]

[1] *Report 1926*, p. 47. [2] *Report 1936*, p. 118.
[3] *Report 1922*, p. 45. Literally the same *Report 1923*, p. 54.
Report 1925, p. 51. [5] Ibid., pp. 92–3. [6] *Report 1926*, p. 46.
[7] *Report 1927*, p. 38. [8] Ibid., p. 70.

1928.[1] The health of labourers on plantations has been generally good and Administrative Officers who have carried out inspections . . . have invariably commented on the fact.

1929. The health generally of plantation labourers has been very good and there have been no epidemics.[2]

In the camps the mode of life of the labourers is not very different from what they are accustomed to in their own villages. The health of the labourers at the time (dry season) of this visit was very good.[3]

1930.[4] The health generally of plantation labourers has been very good and there have been no epidemics.

1932.[5] Health generally has been good . . .

1933.[6] The general health of the labourers was very good and the hospitals were almost empty.

1934.[7] The health of the labourers appears satisfactory. The mortality works out at about five per thousand per annum.

1936.[8] General health on the plantations has been good.

1937.[9] The health of the labourers has been good on the whole . . .

V. Mortality of Prisoners

1. *Cameroons Province*

In the Cameroons Province there are no Native Administration prisons. All sentences passed by the Provincial and Native Courts are served in the four Government prisons at Buea, Kumba, Mamfe, and Bamenda, with the exception of long-sentence prisoners who are periodically transferred to the convict prison at Calabar, Nigeria. The Provincial prisons at Buea, Mamfe, and Bamenda are for prisoners sentenced up to two years. In the Divisional prison at Kumba only prisoners sentenced to six months and under are detained. The early reports to the League contain no information relating to mortality. The data given from 1925 onwards are summarized in Table 33.

In some cases mortality was extraordinarily high. The comments in the reports to the League for 1925 to 1929 read as follows:

1925.[10] All the deaths at Bamenda occurred between the middle of September and the end of November. Six were from pneumonia and one from septicæmia following on leprosy. The death-rate last year at this prison was 6·51.[11] The general health has been good.

[1] *Report 1928*, p. 64. [2] *Report 1929*, p. 69. [3] Dr. Pirie, ibid., p. 139.
[4] *Report 1930*, p. 72. [5] *Report 1932*, p. 72. [6] *Report 1933*, p. 55.
[7] *Report 1934*, p. 71. [8] *Report 1936*, p. 81. [9] *Report 1937*, p. 60.
[10] *Report 1925*, p. 61.
[11] For 1925 the death-rate was given as 17·28 per 1,000. These rates were obtained by relating the number of deaths to the number of admissions. This ratio, of course, is meaningless. The death-rate computed by relating the

TABLE 33

*Mortality of Prisoners, Cameroons Province, 1925–37**

Year	Average daily number of Prisoners					Deaths				
	Buea	Kumba	Mamfe	Bamenda	Total	Buea	Kumba	Mamfe	Bamenda	Total
1925	63	23	46	61	192	1	1	2	7	11
1926	81	22	60	81	244	4	1	2	4	11
1927	95	55	67	76	293	3	1	1	9	14
1928	100	42	78	64	283	6	—	6	2	14
1929	131	55	49	81	316	3	1	3	2	9
1930	104	67	77	114	362	—	2	7	6	15
1931	121	89	85	118	413	2	2	7	6	17
1932	128	67	96	133	424	1	2	—	11	14
1933	120	144	98	113	475	5	2	2	2	11
1934	107	136	92	139	474	3	5	1	4	13
1935	113	71	55	105	344	1	2	—	2	5
1936	98	58	54	157	368	—	—	—	8	8
1937	86	57	41	176	360	1	6	2	12	21

* See *Report 1925*, p. 61; *1926*, p. 60; *1927*, p. 53; *1928*, p. 49; *1929*, p. 49; *1930*, p. 53; *1931*, pp. 43–4; *1932*, pp. 52–3; *1933*, pp. 44–6; *1934*, pp. 50–2; *1935*, pp. 51–2; *1936*, p. 68; *1937*, pp. 47–8.

1927.[1] The health of prisoners has been good. Of the nine deaths at Bamenda six were due to an outbreak of pneumonia in January.

1928.[2] The prison at Kumba has been rebuilt and is now adequate and satisfactory.

The prison at Bamenda has been improved by the construction of a hospital and a permanent latrine to replace the old salgas.

. . . Generally the health of the prisoners has been good.

1929.[3] The general health of the prisoners was good and the buildings are satisfactory.

From 1929 onwards the reports contained data on the causes of deaths and on morbidity among prisoners.

TABLE 34

Morbidity of Prisoners, Cameroons Province, 1929–37

Year	Number on sick-list*					Number in hospital				
	Buea	Kumba	Mamfe	Bamenda	Total	Buea	Kumba	Mamfe	Bamenda	Total
1929	562	251	151	220	1,184	58	27	8	70	163
1930	409	570	331	282	1,592	72	40	80	30	222
1931	445	659	210	666	1,980	37	82	82	98	299
1932	482	381	303	691	1,857	80	26	94	329	529
1933	531	720	199	214	1,664	115	118	85	57	375
1934	370	346	112	171	999	35	187	41	117	380
1935	250	362	167	357	1,136	10	2	61	83	156
1936	281	399	189	333	1,202	1	42	18	117	178
1937	47	26	38	132	243	5	14	37	132	188

* For 1937 'Number of prisoners excused hard labour on grounds of ill-health'.

number of deaths to the average number of prisoners exceeded 100 per 1,000 in 1925.

[1] *Report 1927*, p. 53.

[2] *Report 1928*, p. 49.

[3] *Report 1929*, p. 49.

In 1931 the number of deaths was higher than in any former year. The report for that year stated:

A new prison has been built at Mamfe on the same plan as the old one but with a rather larger compound. The transfer to a new site is part of the Station reconstruction consequent upon an outbreak of yellow fever in Mamfe Station . . .

The health of the prisoners has been generally good except at Mamfe, where, in the first half of the year, dysentery and worm infestations were prevalent.[1] There was one non-fatal case of yellow fever and a few cases of influenza. Since August, health at Mamfe has been very good.[2]

The Permanent Mandates Commission now began to doubt whether the opinion of the Administration about the general health of the prisoners was justified.

M. Ruppel noted that the number of persons on the sick list and the death rate in the prisons of Kumba, Mamfe and Bamenda was very high.

Sir Donald Cameron said that the high mortality in native prisons in Nigeria, as well as in the Cameroons, had been attracting his serious attention. The situation was worse in some cases in Nigeria than in Cameroons.[3]

But the statement that the situation was worse in some cases in Nigeria than in the Cameroons did not convince the Commission that no reform was needed in the Cameroons. In its Report to the Council of the League it made the following Observation:

The Commission, being concerned at the high morbidity and mortality in certain prisons hopes that the next report will contain information regarding the measures taken by the Administration to deal with this situation.[4]

The next report thereupon stated:

In the report to the Council on the work of the 22nd Session, the Commission expressed the hope that the next report would contain information regarding the measures taken by the Administration to deal with the high morbidity and mortality in certain prisons. The death-rate in the prisons at Buea and Mamfe is now satisfactory. The rate at Kumba has been doubled by the suicide of the District Head of Bakossi, which is mentioned in paragraph 29. At Bamenda an outbreak of varioloid (small-pox) occurred in January and continued for several months. The total number of cases was 89, but there were no deaths. An epidemic of dysentery occurred in July and was responsible for nearly half the deaths. Considerable improvements have been carried out in the buildings on the

[1] The number of deaths from dysentery in Mamfe prison, 1929–31, had been 1, 3, and 5 respectively.
[2] *Report 1931*, p. 43.
[3] *Minutes*, 22nd Session (16 Nov. 1932), p. 165.
[4] Ibid., p. 364.

advice of the Medical Officer. Special attention has been given to the night-cells, the hospital, and the latrine. This has made for greater cleanliness and lessens the chance of further outbreaks of dysentery. There was subsequently a better health record in the latter part of the year.

The high sickness-rates are for the most part due to sickness contracted before the prisoners are admitted. It will be observed that although the number of prisoners who reported sick is appreciably less than in 1931, the number admitted to hospital is much greater. This may be taken to indicate the anxiety of the medical officers that prisoners suffering from ill-health should receive the best treatment available.[1]

The following report stated:

The progressive decrease in the death-rate is satisfactory, and would have been better but for the unusually high figure for Buea. It will be observed that although the daily average number of prisoners has increased each year the actual number placed on the sick-list has considerably decreased.[2]

When Lord Lugard in the Permanent Mandates Commission referred to the large number of deaths in the prison of Buea, he received the following explanation from the representative of the Administration:

Mr. Hunt said that the position in Buea was probably purely fortuitous and should not be taken as a reflection upon the administration of the prison. Prisoners often were in a poor state of health on entering prison, and might have already contracted the disease which ended in their death.[3]

The reports for 1934–6 contained the following comments:

1934. The prisons are regularly visited by the Government Medical Officer and the health of the prisoners has been satisfactory.[4]

It will be observed that there has been a very marked decrease in the number placed on the sick-list, although the daily average number of prisoners has remained practically the same as in 1933.[5]

1935. The health of the prisoners has been satisfactory.[6]

It will be observed that, although a slightly larger number of prisoners was placed on the sick list than in 1934, there was a welcome reduction in the death-rate.[7]

1936. The prisons are regularly visited by the Government Medical Officers and also from time to time by Prison Visitors, including the Right Reverend Monsignor Rogan, O.B.E., certain missionaries of the Basel Mission, and other gentlemen both official and unofficial. On the whole the health of the prisoners has been satisfactory.[8]

[1] *Report 1932*, pp. 53–4.
[2] *Report 1933*, p. 46.
[3] *Minutes*, 26th Session (29 Oct. 1934), p. 20.
[4] *Report 1934*, p. 50.
[5] Ibid., p. 52.
[6] *Report 1935*, p. 52.
[7] Ibid., p. 53.
[8] *Report 1936*, p. 68.

The eight deaths which occurred in the Bamenda Prison were all between the 25th of August and the 23rd of October, a period including much rainy weather. The prison is an old building and in consequence of the mortality during the period mentioned steps are being taken to rebuild it on modern lines.

All prisons in mandated territory (as in Nigeria) conform as far as is practicable to the standards required by the International Penal and Penitentiary Commission.[1]

1937. The general health of the prisoners has been better than usual though the death rate is considerably above the average.[2]

The Administration evidently was anxious to make health conditions in the prisons appear more favourable than they actually were. Though the number of prisoners on the sick-list was enormous in most years the reports to the League usually stated that the health of the prisoners was satisfactory. When the Permanent Mandates Commission pointed to the great morbidity in the prisons, the Administration contended that the high sickness-rates were for the most part due to sickness contracted before the prisoners were admitted. But if this was actually so, it is hard to see how the health of the prisoners can have been satisfactory, especially as mortality of the prisoners was much higher than it can possibly have been among the adult population outside the prisons. When the number of sick prisoners decreased this fact was pointed out, but it was not mentioned that the number of deaths increased at the same time. When the number in hospital increased, this was to be taken to indicate the anxiety of the medical officers that prisoners suffering from ill health should receive the best treatment available. But when the number in hospital decreased while the number on the sick-list increased no comment was made.

In Bamenda six prisoners died of pneumonia between the middle of September and the end of November 1925. In January 1927 there was a new outbreak of pneumonia resulting in six deaths. Eleven more prisoners died of pneumonia in 1929–35. In 1936 there occurred altogether eight deaths between the 25th of August and the 23rd of October, 'a period including much rainy weather'. It was only then that the Administration took steps to rebuild the prison 'on modern lines'. No one who had studied the reports to the League could have

[1] *Report 1936*, p. 69.

[2] *Report 1937*, p. 48. Of the six prisoners who died in the Kumba prison five were lunatics, death being 'directly due to dementia'. See Lord Hailey (1938), p. 313: 'The absence of mental institutions, or remoteness from the few existing institutions, necessitates the retention of lunatics in prisons in most East and West African territories.'

suspected that the high mortality in the Bamenda prison was due to the unsatisfactory condition of the buildings. In the 1928 report it was stated that the prison at Bamenda had been improved by the construction of a hospital and a permanent latrine. The 1929 report related that the buildings of the four Government prisons were satisfactory. The 1932 report stated that considerable improvements had been carried out in the buildings of the Bamenda prison on the advice of the Medical Officer. In 1937 mortality in this prison was as high as ever before.

2. *Northern Cameroons*

There is no Government prison in the northern areas. Prisoners sentenced in the Protectorate Courts to terms not exceeding three months are detained in one or other of the Government lock-ups of the Province to which the District from which they came is attached. Those with longer sentences are sent to the Government prisons at Jos or Lokoja in Nigeria. The reports to the League contain no data on mortality in these lock-ups and prisons.

The Dikwa Native Administration maintains a prison at Dikwa. The 1924 report relates that in this prison an epidemic of relapsing fever 'has been responsible for all the deaths during the year, which number twenty-three'.[1] The total number of prisoners was 81 at the beginning and 67 at the end of the year.[2] In 1925–36 the average daily number of prisoners and the number of deaths were as follows:[3]

	1925	*1926*	*1927*	*1928*	*1929*	*1930*	*1931*	*1932*	*1933*	*1934*	*1935*	*1936*	*1937*
Prisoners . .	70	89	81	81	76	64	128	123	119	110	140	144	134
Deaths . .	—	—	1	8	2	1	5	5	7	1	2	3	5

The eight deaths of 1928 were again all due to relapsing fever.

The 1935 report mentions a lock-up in Gwoza and the 1936 and 1937 reports one in Gwoza and one in Ashigashiya, but they do not give data on the number of prisoners or on mortality.

Prisoners sentenced in the Native Courts of the Adamawa Districts to terms of imprisonment up to three months are detained in lock-ups at Mubi and Mayo Daga, those with longer sentences are sent to the Central Native Administration Gaol at Yola. The data on the number of prisoners and on mortality are rather scanty. The 1929 report relates that the daily average number of prisoners from the

[1] *Report 1924*, p. 8.

[2] See *Report 1923*, p. 19; *1924*, p. 8.

[3] See *Report 1925*, p. 61; *1926*, p. 60; *1927*, p. 54; *1928*, p. 49; *1929*, p. 53; *1930*, p. 56; *1931*, p. 45; *1932*, p. 55; *1933*, p. 47; *1934*, p. 52; *1935*, p. 54; *1936*, p. 70; *1937*, p. 50.

Mandated Territory in the Yola Native Administration prison was 116 and the number of deaths 23.[1]

There is no prison in the Kentu area, and Native Administration prisoners are sent to Wukari, Nigeria.

VI. Mortality in General

No Medical Officer is stationed in Northern Cameroons and the number of Medical Officers in Cameroons Province varied between two and six.[2] Since, moreover, no attempt whatsoever has been made for many years to register deaths in any village it is not surprising that the Administration knows little about the prevalence of the various diseases in the Mandated Territory and that the reports to the League contain only scanty data on the mortality of the general population.

The 1924 report, referring to Northern Cameroons, speaks of 'the severe epidemics of smallpox, which annually take a large toll of death among the people'.[3] In the Gurumpao District alone with a population of 3,829 there were reported in 1923 107 deaths from this disease[4] which in that year claimed also 102 victims in the Victoria and Bamenda Divisions.[5] In 1932 666 deaths from small-pox were recorded in the pagan hill districts in the Dikwa Emirate with a population of approximately 55,000.[6]

Sleeping-sickness apparently does not cause many deaths, but it is more common in the Cameroons Province than the Administration realized in the earlier years.

1922.[7] Only one case was reported during the year, although in many cases tsetse flies are numerous. It would seem their percentage of infectivity is low.

[1] See *Report 1929*, p. 53.

[2] Again and again the Permanent Mandates Commission emphasized the necessity of appointing a larger number of Medical Officers. 'It might be contended that the lack of medical assistance was due to budgetary reasons, but the mandatory Power had a mission and has been entrusted with its mandate owing to the fact that it possessed the necessary resources for the development of the territory.' (*Minutes*, 5th Session, 24 Oct. 1924, p. 26.) 'In view of the small number of medical practitioners employed in the territory and of the difficulties which appear to be experienced in recruiting them in Great Britain, the Commission suggests . . . that the mandatory Power should consider the possibility of offering posts to medical practitioners who are nationals of other countries if it cannot supply them itself.' (Ibid., p. 191.) Although the debate was renewed almost every year, the situation did not improve essentially.

[3] *Report 1924*, p. 39.

[4] See *Report 1923*, p. 31.

[5] See ibid., p. 79.

[6] See *Report 1932*, p. 91.

[7] 'Report on Public Health in the Cameroons Province for 1922', *Report 1922*, p. 54.

1923.[1] No case has yet been reported or come under observation in any of the areas where a medical officer is stationed during 1923. Tsetse flies are known to be present and it is probable that sleeping sickness occurs.

1924.[2] In view of the fact that the Cameroons is in close proximity to sleeping sickness areas and that infection can easily be carried along trade routes, it is rather extraordinary that in spite of the prevalence of tsetse-flies in the Province only one case was definitely diagnosed as trypanosomiasis.

1925.[3] There have been only three cases of this disease, all being reported from Tiko. The patients were in the employ of one of the plantations at that place. In one the diagnosis was doubtful, and he is still under observation; in the remaining two, the trypanosomes quickly disappeared from the blood under treatment by Bayer 205, and the men have found work in a non-tsetse area.

Both *Glossina Palpalis* and *G. Fusca* have been identified at Tiko, and there have been three or four cases of trypanosomiasis infection reported in horses. The place is visited frequently by the Medical Officer, Victoria, and blood films from any suspicious cases of illness are taken for examination.

In the Mamfe Division, although *Glossina Palpalis* is common, no case of sleeping sickness has been reported, and the Medical Officer in charge thinks it probable that none exists. Ikom and Duala seem to be on the main trade route from Mamfe, and if the disease was introduced, it would probably be from these places.

In the Bamenda Division, there was no case of Trypanosomiasis reported. On the whole it seems improbable that the disease exists to any great extent in the Cameroon province, as the mortality of untreated cases is so great that it would be impossible to conceal it.

Both in this and previous years in most of the cases of trypanosomiasis which have occurred, the infection has been traced to Fernando Po.

1926.[4] Trypanosomiasis is only reported from the Victoria Division, and both cases, one European and one African, came from Tiko. They were treated with Bayer 205 and made good recoveries.

Glossina palpalis, *techinoides*, and *fusca* are reported from Tiko, but it is unlikely that trypanosomiasis can exist to any great extent, as the mortality would bring the disease to notice. If it does exist, it must be in the chronic and mild form which is found at Eket (Calabar Province) and which does not appear to interfere to any material extent with the pursuit of ordinary vocations. No cases are reported from Bamenda, Mamfe, and Kumba Divisions. *Glossina palpalis* is reported to be very common in the Mamfe Division.

1927.[5] There were nine cases of trypanosomiasis treated in Victoria.

[1] 'Medical Report on Mandated Territory of British Cameroons', *Report 1923*, p. 79.
[2] *Report 1924*, p. 40.
[3] *Report 1925*, pp. 76–7.
[4] *Report 1926*, p. 79.
[5] *Report 1927*, p. 73.

This disease is not reported away from the coast, the cases seen came mostly from Tiko. Two of these cases died and the rest are reported cured.

1928.[1] This disease is confined to the Tiko area of the Victoria Division. During the year three Europeans and six Africans were treated at Victoria for the disease.[2] A specialist Government medical officer arrived in January, 1929, to investigate.

1929.[3] Forty-two cases of trypanosomiasis were reported from hospital centres, seven of these being European. A specialist Government Medical Officer made an examination of the Tiko area near Victoria early in the year and 67 cases in addition to those previously mentioned were diagnosed and treated.[4] At the close of the year a Medical Officer experienced in sleeping sickness work was proceeding to Buea whence he will visit the infected areas. Arrangements have been made to issue Tryparsamide free of cost to the Planters' Union doctor.

1930.[5] The only portion of the Mandated Territory known to be infected is the southern part about Tiko and Victoria where a chronic form of the disease carried by *Glossina palpalis* occurs. The Medical Officer, Buea, has devoted most of his time to sleeping sickness work on the plantations of the Tiko plain and in the villages of the Mungo River District.

The infected area consists of low-lying country, all practically at sea level, with mangrove swamps intersected by tidal creeks on the coast, and, further inland, forest country with thick undergrowth and numerous rivers, streams, and swamps. The majority of native villages are on the banks of the creeks and of the Mungo River, and the inhabitants are mostly engaged in the fishing industry. The villages are very inaccessible except by water. In the forest country there is a fair quantity of small game, bush buck, duiker, etc., very many monkeys and a few elephants. In the villages pigs and goats abound. Horses are kept on certain of the plantations; some have been infected with trypanosomiasis and have recovered under treatment, others have died. Prophylactic treatment of horses every three months seems to have the effect of keeping them in good health.

The nature of some of the plantations, with shady cocoa trees and streams, and of the forest country generally, would appear to offer excellent environment for the tsetse fly, but *Glossina palpalis*, though widely spread over the whole area, has been found in scanty numbers

[1] *Report 1928*, p. 92.

[2] These figures, like those for 1927, evidently refer only to Victoria. The total number of cases treated was 12 and the number of deaths in hospitals 4 (see *Report 1928*, pp. 93–4).

[3] *Report 1929*, p. 88.

[4] See also Nigeria, *Annual Medical Report 1929*, p. 16: 'In the Buea–Victoria area of the Mandated Territory of the Cameroons there is some evidence of spread of infection, seven cases in Europeans and 118 African cases being reported during the year.' See furthermore ibid., Appendices, p. 47.

[5] *Report 1930*, pp. 93–5.

only, except on and near the creeks where it is very numerous. *Glossina fusca* has also been found to be fairly numerous in and near the forest country round the plantations. Other common biting insects found in the area are *Anopheles Gambiae*, *Culex Fatigans*, *Culicoides*, and *Tabanidae*.

All natives living on the plantations in the infected area have been examined, and the percentage of infection varies from 1·7 to 12·3, the average being 2·82. 3,730 persons living in native villages have been examined and the percentage of infection is 3·8. Cases have been found in 19 out of the 20 native villages examined; with the exception of two, all these places are on or near the creeks or on the Mungo River. The principal villages examined are as under:—

	No. of persons examined	*Cases*	*Percentage infected*
Missellele . .	209	11	5·2
Mungo . .	160	7	4·3
Missaka . .	200	5	2·5
Njopongo . .	298	9	3
Mondoni . .	87	5	5·7
Ebonji (2) . .	222	20	8·9

Twenty-seven cases were treated from Tiko (Duala and Bakweri), including Ndongo, where there are 396 adult males. In Tiko New Town 19 cases were found.

At Mukota, which is purely a fishing village on an island in the Moewe Sea, 6 cases were found among 27 persons examined. The advisability of moving this village is under consideration.

The total number of persons examined from the infected area is 6,988; among these, 234 cases were found which gives a percentage of infection of 3·3. In addition 1,350 persons have been examined from Victoria but no cases were found. A few Europeans have been examined after having been bitten by tsetse flies, but no cases have been found.

All cases diagnosed have received courses of treatment either with tryparsamide alone or with various preparations of Bayer (205, 4002, 4004); 55 cases are still under treatment at the close of the year. 27 patients gave up attending for treatment before receiving a fair course. 14 patients have shown no improvement, and of these 7 died. 5 out of 25 patients seen again after receiving a course of treatment have either relapsed or been freshly infected 2 to 4 months after the end of the course; one of these died.

A letter has been addressed to the managers of the plantations in the infected area advising as to clearing and draining operations, examination of new labour, and treatment of all cases of sleeping sickness found on the plantations. The Native Authorities at Tiko have been advised as to the clearing of forest and scrub round villages.

1931.[1] The Medical Officer, Buea, has continued the sleeping sickness

[1] *Report 1931*, pp. 78–9.

work in the Tiko plain and Mungo River District which was described in the 1930 Report. The establishment of a Native Administration dispensary at Tiko has facilitated the task of examining the general population of the District. Market days are held twice a week in the town and all people who come for the purpose of buying or selling wares are instructed through the Native Courts to attend the dispensary for examination before returning to their villages. After being seen each person is given a note showing the date on which the examination has taken place, and he is then allowed to proceed home. Instructions are also given to Headmen in the surrounding villages to bring their people along on certain days. All cases found to be suffering from enlarged neck glands or other clinical signs of the disease are detained and their blood gland fluid is subjected to microscopical examination. Arrangements are made for positive cases to attend twice weekly for suitable treatments. However, many of these villages will have to be visited as it is impossible to say how many people have neglected to attend.

No evidence exists of extension of the disease beyond the southern portion of the country. Four cases were diagnosed at Kumba and two cases at Mamfe but these do not appear to have been infected locally. The Medical Officer posted to Buea for sleeping sickness work reports infection rates as follows, as determined by work carried out in 1931:—

Plantations.

Plantation	*Persons examined*	*No. of cases*	*Percentage infected*
Guatemala Co., Likomba . .	831	5	0·60
African Fruit Co. . . .	900	12	1·33
Holtfoth	250	1	0·4
Ombe	75	—	—
Totals	2,056	18	0·87

Re-examination and treatment at the Missellele plantation and some of the smaller plantations where work was carried out towards the end of 1930 is being begun in January, 1932.

Of the seven Europeans who were stated in the 1929 Report to be suffering from trypanosomiasis, five are apparently cured, and the authorities have lost sight of the other two.

General Population. Tiko having been taken as a centre from which to work, 1,536 persons were examined and 44 cases were discovered—an infection rate of 2·86 per cent. Re-examination of 40 cases treated in 1930 showed apparent cure in 20, small palpable glands in 15, of which four showed trypanosomes, and relapse in five, none of whom had received a full course of treatment. Tryparsamide and Bayer 205 have been used for treatment. The Medical Officer stationed at Victoria has given treatment to 94 cases diagnosed at the hospital at Victoria.

1932.[1] The incidence of this disease appears to be decreasing as more

[1] *Report 1932*, p. 91.

areas come under cultivation. Thus in two plantations employing over 900 labourers only six cases occurred. There does however appear to have been an extension of the disease at Bimbia near Victoria, where one European case occurred and 72 African patients were treated. At Buea hospital and the Tiko dispensary 104 cases received treatment and 11 cases were treated at Mamfe.

At the 22nd Session of the Commission, M. Ruppel made enquiries regarding the danger of the spread of this disease. There is no sign of any spread outside the Victoria-Tiko area. There has in fact been a definite improvement at Tiko, which is probably due to systematic treatment of all known cases, together with the large amount of bush clearing associated with the rapid extension of banana cultivation.

1933.[1] It is intended that a unit of the Tsetse Investigation section of the Medical Department should be detailed in 1934 to make a survey in the neighbourhood of Tiko, Victoria Division, where sleeping sickness is now considered to be endemic. In 1933, 190 cases (of which 17 were fatal) were reported in the Victoria-Tiko area, 7 at Mamfe and 4 at Kumba.

1934.[2] It was not found possible during the year to detail a unit of the Tsetse Investigation section to make a survey in the neighbourhood of Tiko, Victoria Division; but arrangements were complete for this survey to be undertaken in January, 1935. There were 156 cases with 12 deaths reported in the Victoria-Tiko area; 11 from Kumba Division with no deaths, and two cases with no deaths from Bamenda.

1935.[3] Between January and June, a unit of the Tsetse Investigation Section made a survey in the neighbourhood of Tiko, Victoria Division; the area surveyed was 350 square miles in extent and included seven plantations and twenty-one villages, the latter situated on the banks of the Mungo River. Men, women, and children to the number of 8,758 were examined, 1,150 were found to be infected and 919 came under treatment. The percentage of those infected to the number examined was 13·13. The Medical Officer in charge of the unit reports that advanced cases of sleeping sickness were rarely seen; he further reports that the main infection was found along the course of the Mungo River and that the fly was scarce in the plantations; he adds that during frequent travelling through the plantations covering a period of four months he saw only one tsetse fly. Two dispensary attendants were left in the area to continue curative work under the supervision of the Medical Officer, Victoria.

1936.[4] Sleeping sickness work continued, more particularly in the Tiko area, where two dressers were employed in carrying out blood and gland examination and in giving treatment. In Tiko and Victoria alone 242 and 72 cases respectively were treated for this disease. In order to assist in anti-sleeping sickness work, a sanitary inspector with special qualifications was sent to Tiko after receiving a course of training with the sleeping sickness survey teams. Steps were also taken to limit the

[1] *Report 1933*, pp. 76–7.
[2] *Report 1934*, pp. 97–8.
[3] *Report 1935*, p. 100.
[4] *Report 1936*, p. 117.

emigration of plantation labourers infected with the malady from the Cameroons to Nigerian ports.

1937.[1] There is evidence that the incidence of trypanosomiasis is decreasing at Tiko and on the plantations in the Victoria Division, though the disease is thought to be gaining ground at Kumba. Sleeping sickness personnel are stationed at Tiko and 147 new cases were treated as compared with 242 cases in 1936.

Sleeping-sickness in British Cameroons seems then to be confined so far to the southern part of Cameroons Province. But there cannot be the least doubt that prior to the arrival of the specialist Government medical officer in 1929 the Administration grossly underestimated the incidence of the disease. The examination of 8,758 persons in 1935, which showed that 1,150 of them were infected, proves furthermore that the annual records of cases treated comprise only a small proportion of those actually in need of treatment. But to what extent sleeping-sickness has gained ground in the course of time, it is impossible to tell. At the meeting of 5 November 1930 of the Permanent Mandates Commission M. Orts noted that to judge from the 1929 report 'sleeping-sickness spread very rapidly'.[2] At the meeting of 30 October 1934 Count de Penha Garcia again claimed that 'there had been a considerable increase in sleeping-sickness'.[3] But the Administration, at least at that time, did not share this view:

> In regard to the increase in these diseases [sleeping sickness, leprosy, and smallpox] shown by the statistics, it must be remembered that the number of cases brought to light each year by the natives on account of their increasing sense and confidence and the improvement of communications, is growing rapidly year by year. No organized survey of the diseases of the country is possible and an increase in cases treated does not necessarily imply a spread of the disease. In the views of Medical Officers there is no noticeable spread of leprosy, smallpox or sleeping sickness among the native population.[4]

It may well be, however, that the Administration changed its opinion after having seen the result of the investigation made in 1935 and that before long it will start to fight seriously the spread of sleeping-sickness.[5]

[1] *Report 1937*, p. 96.
[2] *Minutes*, 19th Session, p. 34.
[3] Ibid., 26th Session, p. 28.
[4] *Report 1934*, p. 99.
[5] An apparently rather futile attempt at ascertaining the incidence of sleeping-sickness in the Adamawa Districts was described in the 1937 report to the League: 'Preliminary sleeping sickness surveys were carried out in the northern area by a medical officer, no endemic foci being found; this officer

To judge from the reports to the League, respiratory diseases are the most important cause of death among the natives. The devastating effects of pneumonia in the labour camps have been shown above. I shall quote here statements referring to the population in general:

1922. Cameroons Province. A large number of cases of acute bronchopneumonia occurs at the 'change of season' from the dry to the wet, and vice versa; the natives themselves attribute this to the effects of the influenza epidemic of 1918. It is probable that the infection of that epidemic will linger for some time, especially in the areas of overcrowding and heaviest rainfall.[1]

Tuberculosis.—The number of reported cases is small; this disease is not a serious factor in the death-rate at present.[2]

1923.[3] Tuberculosis.—Buea and Kumba report records 25 cases with 3 deaths, and 5 cases are recorded in Mamfe. Victoria and Bamenda record no cases. There is no evidence as to what the death-rate may be and no statistics by which increase or decrease may be indicated. It is probably

had unfortunately to be recalled before he could undertake similar investigations in the southern area' (p. 97).

It may be mentioned in this connexion that the knowledge of the incidence of leprosy is likewise utterly inadequate. The 1937 report states in this respect as to the Cameroons Province: 'Leprosy is widespread, particularly in the Bamenda and Mamfe Divisions, but no detailed surveys have yet been undertaken' (p. 95).

In discussing this report in the Permanent Mandates Commission, Count de Penha Garcia stressed the necessity of a fuller knowledge of the spread of leprosy and sleeping sickness but did not get a sympathetic answer from the accredited representative of the mandatory Power.

'Count de Penha Garcia . . . The report contained no figures relating to the incidence of leprosy, a common scourge in Africa. He hoped that some figures could be included in the next report.

'Mr. Firth said that this would involve a good deal of guesswork, but an attempt to give figures could certainly be made.

'Count de Penha Garcia regretted that the sleeping-sickness survey had been abandoned (page 97, paragraph 295, of the report). Was there any prospect of its being resumed, and what was the position with regard to [this] plague?

'Mr. Firth replied that the sleeping-sickness survey had been abandoned because the disease was not so prevalent in the territory as elsewhere—for instance, in Northern Nigeria. A native team was still at work at Tiko in connection with it.

'In reply to a further question, he added that the Nigerian Sleeping-sickness Ordinance of January 1937 [which makes provision for compulsory treatment if necessary] only applied to the northern sections of the Cameroons territory.' (*Minutes*, 35th Session, 2 Nov. 1938, p. 151.)

The Commission thereupon adopted the following Observation to be included in its report to the Council of the League of Nations:

'It would like to find fuller information in the next report as to the incidence of leprosy and sleeping sickness.' (Ibid., p. 206.)

[1] *Report 1922*, p. 46.

[2] 'Report on Public Health in the Cameroons Province for 1922', ibid., p. 54.

[3] 'Medical Report on Mandated Territory of British Cameroons', *Report 1923*, p. 79.

much more prevalent than is shown by the cases recorded. Total cases, 30. Total deaths, 5.

1924.[1] Cameroons Province. Eighty-eight cases of tuberculosis have been notified with a mortality of six per cent. There is, however, reason to believe that these figures do not reveal the correct incidence and that the disease is much more prevalent. The disease being insidious in its onset it does not occur to the native that European aid is necessary in the early stages and cases are therefore seen in an advanced condition. Native nurses and dressers may treat it as bronchitis and pleurisy. Even when a Medical Officer attends the case the progress is so slow that the patient becomes doubtful of the future beneficial effects of treatment and ceases to attend the hospital.

1925. Cameroons Province. Tuberculosis.—Sixty-one cases recorded, with seven deaths. At Mamfe no cases are recorded, though the Medical Officer states that, should the disease gain a footing, the local conditions would in every way favour its propagation. At Victoria and Buea the 27 cases recorded have all been pulmonary. This type of case as a rule comes to the hospital in the last stages of the disease, and dies there. If in the earlier stages, the patient generally leaves the hospital after two or three weeks' treatment, either because the symptoms are relieved and he regards himself as cured, or because, being unrelieved, he regards the treatment as useless: in either case, owing to the dark, dirty and unventilated huts in which they live, such persons become a dangerous focus of infection to the community. The question of compulsory segregation is a very difficult one, but may have to be considered in the future.[2]

Morbidity and Mortality.—With the exception of malaria in children, the diseases causing the greatest morbidity and mortality are not tropical diseases, but rather respiratory diseases (bronchitis, broncho-pneumonia, lobar pneumonia), chronic rheumatism or fibrositis and venereal disease. The wet climate, absence of clothing, especially in the high country, and deficiencies of diet are doubtless strong predisposing causes in the first two groups.[3]

1926. Cameroons Province. Tuberculosis.—There is an increase in the number of pulmonary cases reported—93 cases with 7 deaths, as against 61 cases with 7 deaths in 1925. Eleven cases of general tuberculosis are reported from Kumba. The Medical Officer, Mamfe, only reports one definite case of pulmonary tuberculosis, but he is of the opinion that a fulminating pulmonary type with scanty sputum and an active course exists in the Division. It is not easy to convince Africans that the most important method of treatment is rest, generous diet, and hygienic surroundings, in view of the dramatic recoveries they see from yaws and relapsing fever after treatment with N.A.B. and Stovarsol. The poor physique of the natives due to the insufficient diet of coco-yams and plantains renders them liable to infection, and their dark unventilated

[1] *Report 1924*, p. 41.
[2] *Report 1925*, p. 77.
[3] Ibid., p. 79.

huts favour the spread of the disease. Sanitary supervision and encouragement of the farming of more varied food-stuffs are being extended and will help to control the disease.[1]

Pneumonia, respiratory diseases generally, and malaria, especially in children, cause the greatest number of deaths.[2]

1927. Cameroons Province. Pneumonia is the most frequently reported cause of deaths among the African population.[3]

Tuberculosis.—The number of cases treated[4] does not give a reliable idea of the incidence as the natives do not seek treatment readily for this disease. The pulmonary form is the most common and this is no doubt at any rate partly due to the atmospheric humidity, inadequate housing of the people, the insufficiency and poor quality of their food, and their unhygienic habits. Efforts are made to bring about improvement in sanitary and general conditions by giving lectures and demonstrations, but real improvement in the physique of the people will only come when, by introducing new crops and improving the present crops and live stock, a more adequate food supply is assured.[5]

1928. Cameroons Province. Bronchitis, in the rainy season, which is a heavy one in all the Southern Cameroons, covers a large number of attendances, while pneumonia is noticeable at the beginning of the dry season.[6]

Pulmonary tuberculosis is reported to be increasing in Victoria and the low-lying areas, but it is seldom seen in the higher districts. A total of 87 male and 39 female cases were treated during the year.[7]

Northern Cameroons. Throughout the Adamawa Districts pneumonia has been reported as prevalent.[8]

1929. Cameroons Province. Chronic rheumatism and bronchitis are the two commonest diseases; 3,513 cases of the former and 3,433 cases of the latter were treated. . . . Bronchitis is common throughout the year, with a slight increase from January to March.[9]

1931. Cameroons Province. Amongst the African population no serious epidemic diseases occurred except the outbreak of yellow fever in Mamfe Division. This outbreak was complicated by influenza which caused a mortality in part of the Division which has been estimated at 3 per 1,000 of the population of the area affected.[10]

[1] *Report 1926*, p. 79.
[2] Ibid., p. 81.
[3] *Report 1927*, p. 69.
[4] 61 with 7 deaths; pneumonia 192 treated, 8 deaths (see ibid., p. 75).
[5] Ibid., p. 73.
[6] *Report 1928*, pp. 91–2.
[7] Ibid., p. 92. Deaths in hospitals and dispensaries, 6. Bronchitis and pneumonia 2,900 male and 1,309 female cases. Deaths in hospitals and dispensaries: broncho-pneumonia 13, lobar-pneumonia 23. See ibid., pp. 93–4.
[8] Ibid., p. 96.
[9] *Report 1929*, p. 88.
[10] *Report 1931*, p. 76. See also *Census of Nigeria*, 1931, vol. vi, *Medical Census, Southern Provinces*, p. 24 : 'During the investigation in the Cameroons forest area a widespread epidemic of influenza broke out. It involved practically the whole of the Keaka and Ekwe tribes and the adjacent part of the

1934. Northern Cameroons, Adamawa Districts. An outbreak of influenza occurred in Madagali District in the northern area in January this year, the older people being most affected.[1]

1935. Cameroons Province. At the twenty-eighth Session of the Permanent Mandates Commission, Count de Penha Garcia asked whether tuberculosis was prevalent in the Cameroons under British mandate as in most African Territories.[2] In this connection the Medical Officer, Bamenda, writes 'the number of cases encountered at Bamenda hospital was small, but this is probably a low indication of the prevalence of the disease throughout the district, though not many cases are seen by the Medical Officer, when touring'. The Medical Officer, Kumba, writes 'tuberculosis is not common in this Division; in all only ten cases were met with during the year'. The Medical Officer, Mamfe, writes 'having regard to the prevalence of respiratory complaints and subject to the ordinary factors affecting a proper diagnosis one is inclined to favour the view that tuberculosis is not uncommon'. The total number of cases of tuberculosis reported to have received treatment in the whole of British Cameroons during 1935 was sixty-five; this figure is insignificant and obviously conveys no true picture of the incidence of the complaint. It would appear that the complaint is not uncommon in the territory, but that it is not present in any unusual degree.[3]

Northern Cameroons, Adamawa Districts. The incidence of tuberculosis appears to be negligible . . . Kentu area. No cases of tuberculosis have so far been found or reported to the dispensary at Takum.[4]

1936. Cameroons Province. Tuberculosis would not appear to be a grave public health problem in the Cameroons at present. There is definite evidence of an increase in bovine tuberculosis in the cattle coming into Nigeria from the Cameroons under French Mandate and this suggests concurrent increase in human infections.[5]

1937. Cameroons Province. Tuberculosis is not prevalent in the Cameroons; the number of cases reported to have received treatment were two at Bamenda and two at Banso.[6]

The report on the Medical Census in the Southern Provinces of Nigeria (including the Cameroons) gives the following appraisal of general mortality:

The life of the native is such that only the fittest survive, and many are

Banyangi. . . . Whole villages were prostrated and according to figures given by the chiefs, the mortality was, approximately, 40 per 1,000. All agreed that the symptoms were similar to those of the 1918 pandemic, though the mortality was not so great. The cases seen outside Mamfe were definitely catarrhal influenza.'

[1] *Report 1934*, p. 102.

[2] See *Minutes*, 28th Session (31 Oct. 1935), p. 175.

[3] *Report 1935*, pp. 100–1.

[4] Ibid., p. 105.

[5] *Report 1936*, pp. 117–18.

[6] *Report 1937*, p. 96. But the morbidity and mortality statistics for the plantations (pp. 63–4) show 9 in-patients and 2 deaths.

injured in the fight against disease. From birth he is assailed by epidemic and endemic disease, and unless he succeeds in building up immunity with speed his ultimate fate is certain. It is clear that his immunity to most infections is high and one is repeatedly amazed at his recovery from serious pyogenic infection.

That the conditions are adverse is evidenced by the heavy mortality which is known to exist and by the shorter span of life. A minimum estimate of the death rate is about 30 per thousand and a more probable figure is in the neighbourhood of 40 per thousand.[1]

The report on the Medical Census does not give a separate figure for the Cameroons. But the 1931 report to the League states that according to this Census the death-rate both in the forest and the hill region was 'from 40 to 50 per 1,000'.[2] It should be borne in mind, however, that the Medical Census did not provide adequate data on which to base an estimate of the death-rate.

VII. Population Growth

The 1925 report to the League states that the statistics of population are not sufficiently exhaustive to enable final conclusions to be formed regarding the increase or decrease of the population of the Cameroons Province or any of its divisions. 'But if exact data are lacking, in the opinion of those natives and others best qualified to judge, the Bakweri tribe in the Victoria Division, which more than any other is affected by wage labour, is on the decline.'[3] The statement about the statistics of population was correct for 1925 and still holds true to-day. But the 'opinion of those natives and others best qualified to judge' about the Bakweri was of doubtful value. When M. Rappard on 5 November 1928 asked the Accredited Representative of the British Government, Mr. Arnett, whether it was his impression that the population of British Cameroons 'was increasing normally', Mr. Arnett said that he would 'have some difficulty in replying' to this question. The Chief of the Bakweri tribe in the Victoria District had recently spoken to him of his tribe as a dying race. 'Nevertheless, Mr. Arnett thought that the change which was slowly taking place, owing to the fact that the native races had now overcome the worst impacts of European civilisation, would tend to arrest any tendency to depopulation. It would, however, be difficult to make any definite statement one way or the other for another

[1] *Census of Nigeria*, 1931, vol. vi, p. 16. The report emphasizes the unhealthy condition of the people in the Cameroons forest as compared with the neighbouring hill region; see also Perham (1933), pp. 429–30.

[2] *Report 1931*, p. 77.

[3] *Report 1925*, p. 91.

thirty years.'[1] The Administration of the Territory, however, was of the opinion that such a statement could be made in a few months:

The re-assessment of this tribe is in progress but has not been completed. It should be finished early in 1929, and at the close accurate population figures will be available and it will be possible to make comparisons and form a conception of the demographic progress or retrogression of these people. Monsieur Rappard's question will be borne in mind and each re-assessment and, of course, each census will give opportunity to make comparisons in demographic statistics. At present it can be said that there is no reason to suppose that the general population is not developing on normal lines, and from recent signs it is possible that too pessimistic a view has been taken of the Bakweri.[2]

But the Accredited Representative of the British Government in the Permanent Mandates Commission was again sceptical:

Mr. Hunt hoped that the statement in the report as to an accurate census would not raise expectations unduly. He had already seen some of the figures and doubted if they would be reliable as an index of the increase or decrease in the Bakweri tribe.[3]

Nevertheless, the Administration, on the basis of 'the new census', came to the conclusion that it was 'safe to assert that in the Bakweri villages of the Buea and Victoria Districts there has been no decrease, and further, that in the almost purely Bakweri group of the Bonjongo villages, there has been a slight increase. . . . The one exception to these remarks is the small Bimbia group of villages. Chief Manga Williams's remark . . . that he belonged to a dying race is certainly true of these villages . . .'[4]

As a matter of fact, the available statistics do not allow a judgement about the population trend among the Bakweri.[5] This tribe

[1] Permanent Mandates Commission, *Minutes*, 14th Session, p. 157.
[2] *Report 1928*, p. 106.
[3] *Minutes*, 16th Session (13 Nov. 1929), p. 96.
[4] *Report 1929*, p. 104.
[5] There is, on the other hand, no doubt that the close contact with natives of other tribes and particularly with Europeans has exercised a disintegrating effect on the Bakweri. See, for example, *Report 1925*, p. 94:

'To return to the Bakweri tribe, there is no doubt that their relegation to reserves has to a large extent made them lose interest in life, as is demonstrated by the delapidated state of their houses, and their neglect of most sanitary measures in spite of years of culture contact with Europeans. Even if the land allotted to them appears large enough for their needs, it is invariably not fertile, for the best land has been apportioned to aliens. Nor is it surprising that interest in life has been lost when they have seen their native organisation and institutions ruthlessly broken up to make way for foreign ideas and enterprise. While then it is not argued that the Bakweris would have cultivated the land in as scientific a manner and to such quick profit as it has been by European capitalists, there is little doubt that they would have been healthier

'forms the major part of the population of Victoria Division'.[1] According to the censuses the number of adult males in the Division, excluding the plantation labourers who come from other Divisions, increased from 8,618 in 1927 to 13,665 in 1931 and then decreased to 8,638 in 1935.[2] It is obvious that these figures do not represent the actual conditions.[3]

Inasmuch as the opinions of the Administration about population increase or decrease were based on changes in the annual census returns they carry little weight. This is true not only of the Victoria Division; many examples for other districts have been given in Chapter II (pages 228–49). It may suffice to recall here some comments on population trends in the Northern Cameroons. When the 1925 assessment returns for the Dikwa Emirate showed a population of 177,796 as against 185,551 in 1924, it was stated that 'the decrease in the aggregate population of Dikwa is mainly due to the epidemic of relapsing fever'. It may well be, of course, that the population of the Dikwa Emirate was reduced considerably by the epidemic, but the results of later censuses showed that the returns for both 1924 and 1925 had been very defective. The returns for 1932–5 were most erratic: they showed 198,417, 191,977, 185,481, and 198,940 inhabitants. In commenting upon the increase in 1935, the Administration stated that 'an important factor was the return of former emigrants'. But none of the previous reports had mentioned any emigration, and the 'increase' was very much larger for adult females than for adult males. When the 1934 census for the Adamawa Districts showed a population increase of 307, which owing to an arithmetical error appeared in the official table as a decrease of 5,405, this 'decrease' was attributed to temporary emigration.

and happier people if there had been no large alienation of land but a policy of promoting production by the native himself on his own land, as has been followed with such excellent results in the Gold Coast. The development would have been slower, but it would have been surer, and it would have been possible to have maintained the frame-work of the native system of government and preserved for the people that racial pride and self-respect which they have now to a large extent lost.'

[1] *Report 1929*, p. 11. See also *Report 1924*, p. 17: 'One tribal area, that of the Bakweri, forms roughly three-quarters of the Division exclusive of plantations.'

[2] See p. 227 above.

[3] This apparently was also the opinion of the representative of the Government when the 1935 report was discussed in the Permanent Mandates Commission. See *Minutes*, 30th Session (30 Oct. 1936), p. 68:

'M. Rappard asked whether the accredited representative thought the population in the division was increasing, was stationary, or varied?

'Mr. Firth thought it was increasing slightly, at a normal rate.'

But had he any evidence to corroborate this belief?

CONCLUSION

NORTHERN CAMEROONS, with something like 400,000 native and ten European inhabitants, is demographically a *terra incognita*. To judge from the scanty data available about epidemics, mortality would appear to be high, but the chances for population growth are perhaps better than in former times, since internal wars and slave raids no longer occur, while the country so far apparently has not suffered essentially from the fatal impacts of European civilization.

For Cameroons Province, with likewise about 400,000 native and with 400 European inhabitants, the available demographic data are much more comprehensive, but they are rather untrustworthy. The Mandatory Power apparently has the somewhat self-contradictory opinion that fertility has decreased, that mortality is high, but that the population is increasing. Actually there is no conclusive evidence that fertility is particularly low. Mortality very likely is high. Whether the population is increasing or not, it is impossible to tell.

There is not the least doubt that mortality among the people on plantations, who constitute about 5 per cent. of the total population of Cameroons Province, is much lower than in pre-War times. It may well be, furthermore, that the Administration's claim that 'the standard of health in the plantation camps is higher than in the villages of the ordinary African population' is justified. But it is quite possible that the demographic conditions of the population in the villages of the ordinary African population in British Cameroons is worse now than it was before the arrival of the Europeans. European 'civilization' has penetrated into many of these villages either directly or through the intermediary of native migrants, and the indispensable palliative, medical attendance, has been sadly defective. According to the most recent official report there were in the Province three medical practitioners employed by the plantation companies and five Government Medical Officers, of whom three were employed likewise in part by the plantations. The conception that none but British Medical Officers could be usefully employed outside the plantations and that the revenue of the Territory could not afford an increase of their number prevented any real progress. It was only in 1935 that this lack of imagination was overcome. On 31 October the Accredited Representative of the British Government, Mr. Findlay, stated in the Permanent Mandates Commission:

> It is . . . recognised that the financial resources of the West African dependencies (including the mandated territories) will never be sufficient to enable the medical needs of these extensive territories to be fully met

by the appointment of European doctors; for this reason, as well as to meet the natural aspirations of educated Africans to take their place in the Government Medical Services, arrangements are being made for the training of African doctors, and His Majesty's Government is satisfied that (although the process will necessarily be gradual) it is by this means that the medical needs of the populations of these territories can be provided for most adequately and most economically.[1]

The African medical students will receive five years' training and after passing an examination will have to spend three more years as medical assistants. Then, on passing a further examination, they may be given a diploma which entitles them to practise medicine, surgery, and midwifery. It is a long way before this new departure will bear fruit. But it is a hopeful beginning.

The problem of ascertaining the population trends in the Mandated Territory will have to be solved in a similar way. Unless the help of the natives is enlisted in an adequate manner for taking population censuses freed from tax purposes, there is no hope of ever obtaining a true picture of the demographic situation.

[1] *Minutes*, 28th Session, p. 165.

PART IV
GERMAN TOGOLAND

CHAPTER I

WHITE POPULATION

I. Collection and Publication of Statistics

On 5 July 1884, about thirty years after the establishment of the first German trading posts, Togoland was placed under German protection.[1] Civil registration of non-natives was introduced as in the Cameroons on 1 July 1886.[2] The number of whites was first reported for 1888–9, and more or less detailed statistics of the white population, including as a rule vital statistics, were published at least once in each subsequent year until 1914. From 1904 onwards, the tables, on the whole, were prepared according to the circular ordinance of 22 July 1903;[3] but table V (details by nationality) apparently was not published for 1910, the arrivals and departures were not published for 1906, and the statements requested in Art. 4, par. 2 (occupation of Government officials) were not always given.

The population and vital statistics are to be found in the following publications:

1888–9. *Deutsches Kolonialblatt*, 15 Sept. 1890, p. 234.
1890. *Deutsches Kolonialblatt*, 1 Aug. 1890, p. 152.
31 Dec. 1890. *Deutsches Kolonialblatt*, 15 June 1891, p. 264.
31 Dec. 1891. *Denkschrift Togo* (1 Jan. 1891–30 June 1892), p. 1.
31 Dec. 1892. *Deutsches Kolonialblatt*, 1 Mar. 1893, p. 114.
30 June 1893. *Denkschriften Schutzgebiete* (1892/3), p. 712.
31 Dec. 1893. *Deutsches Kolonialblatt*, 15 Mar. 1894, p. 148.
30 June 1894. *Denkschrift Togo* (1893/4), p. 1.
31 Dec. 1894. *Deutsches Kolonialblatt*, 1 May 1895, p. 226.
30 June 1895. *Denkschrift Schutzgebiete 1894/5*, p. 1.
31 Dec. 1895. *Deutsches Kolonialblatt*, 15 Apr. 1896, p. 220.
30 June 1896. *Denkschrift Schutzgebiete 1895/6*, p. 1.
31 Dec. 1896. *Deutsches Kolonialblatt*, 1 June 1897, p. 320.
30 June 1897. *Denkschrift Schutzgebiete 1896/7*, pp. 2, 4.
31 Dec. 1897. *Deutsches Kolonialblatt*, 1 Apr. 1898, p. 175.
30 June 1898. *Denkschrift Schutzgebiete 1897/8*, pp. 2–3, 6.
31 Dec. 1898. *Deutsches Kolonialblatt*, 15 Mar. 1899, p. 200.
30 June 1899. *Denkschrift Schutzgebiete 1898/9*, pp. 2–3.
31 Dec. 1899. *Deutsches Kolonialblatt*, 1 June 1900, pp. 415–16.
30 June 1900. *Denkschrift Schutzgebiete 1899/1900*, pp. 3–5.
31 Dec. 1900. *Deutsches Kolonialblatt*, 1 Mar. 1901, p. 150.

[1] See Full (1935), pp. 4, 18.
[2] See p. 3 above.
[3] See pp. 4–5 above.

30 June 1901. *Denkschrift Schutzgebiete 1900/1*, pp. 47–8; *Anlagen*, pp. 160–2.
31 Mar. 1902. *Denkschrift Schutzgebiete 1901/2*, p. 55; *Anlagen*, pp. 172–3, 321.
31 Mar. 1903. *Denkschrift Schutzgebiete 1902/3*, p. 33; *Anlagen*, pp. 114–15.
1 Jan. 1904. *Denkschrift Schutzgebiete 1903/4*, pp. 34–5, 225–8, 363–4; *Deutsches Kolonialblatt*, 15 Aug. 1904, pp. 537–42.
1 Jan. 1905. *Denkschrift Schutzgebiete 1904/5*, pp. 58–9, *Anlagen*, pp. 198–201; *Deutsches Kolonialblatt*, 1 Sept. 1905, pp. 534–40.
1 Jan. 1906. *Denkschrift Schutzgebiete 1905/6*, pp. 53, 254–7.
1 Jan. 1907. *Denkschrift Schutzgebiete 1906/7*, part D, pp. 10–11, 14, 45–8.
1 Jan. 1908. *Denkschrift Schutzgebiete 1907/8*, part D, pp. 7–8, 12, 55–8.
1 Jan. 1909. *Denkschrift Schutzgebiete 1908/9*, part D, pp. 8, 10, 63–6.
1 Jan. 1910. *Die deutschen Schutzgebiete 1909/10, Berichtsteil*, pp. 95, 97; *Statistischer Teil*, pp. 12–13.
1 Jan. 1911. *Die deutschen Schutzgebiete 1910/11, Berichtsteil*, pp. 85–6, 88; *Statistischer Teil*, pp. 14–17.
1 Jan. 1912. *Die deutschen Schutzgebiete 1911/12, Berichtsteil*, pp. 88–90; *Statistischer Teil*, pp. 16–19.
1 Jan. 1913. *Die deutschen Schutzgebiete 1912/13, Berichtsteil*, pp. 104–6; *Statistischer Teil*, pp. 18–21.

I have summarized the results in Tables 1–7. In studying these tables the reader should keep in mind the following points:

1. All population data apparently exclude persons temporarily present or temporarily absent, but the mortality figures sometimes include the deaths of strangers.

2. The statistics concerning nationality are very defective from 1908 onwards. According to the records for 1 January 1907 the non-Germans consisted of 13 Austrians, Hungarians, Swiss, Dutch, and Americans, and 2 persons of 'another nationality'. According to the records for 1 January 1908, they consisted of 14 Austrians, Hungarians, Swiss, Dutch, and North Americans, and 15 persons of 'another or no nationality'. But it would be a mistake to assume that the number of non-Germans had actually doubled in the course of 1907. Of the 41 clergymen and missionaries enumerated on 1 January 1907, 39 were reported as Germans, 1 as Swiss, and 1 as Dutch. Of the 42 clergymen and missionaries enumerated on 1 January 1908, 27 were reported as Germans, 1 as Swiss, 1 as Dutch, and 13 of 'another or no nationality'. It is evident that about a dozen clergymen and missionaries who in 1907 had been reported as Germans were reported in 1908 as of 'another or no nationality'. The report on the German

Protectorates for 1911/12 states: 'According to nationality there were 316 Germans, 5 Austrians, 2 Swiss, and 3 Dutch as well as 1 French, and 1 American. The rest [17] are mostly persons without nationality.'[1] The report for 1912/13 goes even a step farther: 'According to nationality there were 320 Germans, 4 Austrians, 3 Swiss, 1 Dutch, and 1 English. The rest [39] were persons without any nationality.'[2] Of the 39 persons without any nationality, 26 were reported as (male) clergymen and missionaries and 13 as spinsters or widows attached to missions (*Missions-Angehörige*).[3]

3. As in the Cameroons,[4] the statistics of occupation (at least from 1904 on) are rather statistics of social status.

II. Composition of the Population

The white population increased from 30 in 1888–9 to 368 on 1 January 1913. The growth was, on the whole, gradual. The large increases in 1906, 1908, and 1909, followed by decreases in 1907, 1910, and 1911, were mainly due to fluctuations in the employment of white supervising personnel on railroad construction.[5] The vast majority of the whites were Germans. Prior to 1908, the foreigners recorded in the Protectorate never exceeded 15. In later years they may have been slightly more numerous, but the statistics are too defective to permit a final judgement.

Most whites were adult males. In the first 10 years the women in the Protectorate probably never exceeded 6, and the enumeration at the end of 1896 was the first to record a child. By 1 January 1913 the number of women had reached 66. There were, at that time, not more than 2 children in the Protectorate, but there had been 7 in some former years.

Most white men were bachelors (or widowers). As late as 1 January 1906 there were in the Protectorate only 26 married men, of whom 16 (6 officials, 9 missionaries, 1 other) were accompanied by their wives, while 10 had left their wives behind. On 1 January 1913 the married

[1] *Die deutschen Schutzgebiete 1911/12*, p. 88.

[2] Ibid., 1912/13, p. 104.

[3] August Full, a long-time German colonial official who had been vice-Governor of the Cameroons until the Germans were driven out of the Protectorate in 1916, was therefore absolutely mistaken when he stated in his 50 years' survey of Togoland (1935), p. 59, that those 39 persons were 'mainly Levantines and South Americans of a skin colour which made it still possible to count them as whites'.

[4] See p. 7 above.

[5] See *Denkschrift Schutzgebiete 1906/7*, part D, p. 10; ibid., *1907/8*, part D, p. 7; ibid. *1908/9*, part D, p. 8; *Die deutschen Schutzgebiete 1909/10*, p. 95; ibid., *1910/11*, pp. 85–6; ibid., *1911/12*, p. 88.

TABLE 1

White Population by Nationality, German Togoland, 1888–1913

Date	*Germans*	*Austrians**	*Dutch*	*English*	*French*	*Swiss*	*Americans*	*Other†*	*Total*
1888–9‡	*25*	—	—	*1*	*4*	—	—	—	*30*
1890	28	—	—	1	5	1	—	—	35
31 Dec. 1890	30	—	—	1	3	1	—	—	35
31 Dec. 1891	40	—	—	2	6	1	—	1	50
31 Dec. 1892	51	—	—	2	6	—	—	—	59
30 June 1893	49	—	—	2	5	—	—	—	56
31 Dec. 1893§	63	—	—	4	5	—	—	—	72
30 June 1894	63	—	—	4	6	—	—	—	73
31 Dec. 1894	74	—	—	4	10	—	—	—	88
30 June 1895	79	—	—	3	6	—	—	—	88
31 Dec. 1895	81	2	2	2	7	2	—	—	96
30 June 1896	81	—	—	2	6	—	—	—	89
31 Dec. 1896‖	83	—	2	2	4	—	—	—	91
30 June 1897	102	—	—	2	3	—	—	—	107
31 Dec. 1897¶	102	—	1	4	2	1	—	—	110
30 June 1898	101	2	1	4	—	3	—	1	112
31 Dec. 1898	101	2	1	4	—	4	—	1	113
30 June 1899	107	2	—	3	2	3	—	1	118
31 Dec. 1899	112	3	1	2	—	4	—	2	124
30 June 1900	104	2	—	3	—	4	—	1	114
31 Dec. 1900	127	—	1	2	—	4	—	1	135
30 June 1901	126	1	1	2	—	5	1	1	137
31 Mar. 1902	149	2	1	2	—	3	1	1	159
31 Mar. 1903	155	5	1	2	—	4	1	—	168
1 Jan. 1904	179	—	—	3	—	4	3	—	189
1 Jan. 1905	216	1	—	2	—	3	1	1	224
1 Jan. 1906	232	—	1	—	—	4	6	—	243
1 Jan. 1907	273	5	1	—	—	5	2	2	288
1 Jan. 1908	239	5	2	—	—	5	2	15	268
1 Jan. 1909	300	5	8	—	—	1	1	15	330
1 Jan. 1910	337	4	2	—	—	6	1	22	372
1 Jan. 1911	327	4	2	—	1	3	1	25	363
1 Jan. 1912	316	5	3	—	1	2	1	17	345
1 Jan. 1913	320	4	1	1	—	3	—	39	368

* From 1907 to 1911 'Austrians and Hungarians'.

† 1891: Swede; 30 June 1898–30 June 1899: Luxemburgian; 31 Dec. 1899: 1 Dane, 1 Luxemburgian; 30 June 1900: Dane; 31 Dec. 1900, 30 June 1901: Luxemburgian; 1902: Turk; 1905: Italian; 1908–13: Other or without nationality.

‡ Average.

§ I have entered as German one woman whose nationality is not stated.

‖ I have entered as German one child whose nationality is not stated.

¶ The nationality of the women is not given. I have entered 15 as German and 1 as English.

TABLE 2

White Men, Women, and Children, German Togoland, 1891–1913

Date	*Men*	*Women*	*Children*	*Total*
31 Dec. 1891	45	5	—	50
31 Dec. 1892	56	3	—	59
30 June 1893	54	2	—	56
31 Dec. 1893	67	5	—	72
30 June 1894	67	6	—	73
31 Dec. 1894	77	11	—	88
30 June 1895	79	9	—	88
31 Dec. 1895	83	13	—	96
30 June 1896	77	12	—	89
31 Dec. 1896	78	12	1	91
30 June 1897	91	14	2	107
31 Dec. 1897	94	16	—	110
30 June 1898	94	17	1	112
31 Dec. 1898	93	18	2	113
30 June 1899	101	17	—	118
31 Dec. 1899	105	19	—	124
30 June 1900	95	18	1	114
30 June 1901	117	19	1	137
31 Mar. 1902	136	21	2	159
31 Mar. 1903	148	20	—	168
1 Jan. 1904	160	25	4	189
1 Jan. 1905	189	31	4	224
1 Jan. 1906	197	39	7	243
1 Jan. 1907	241	40	7	288
1 Jan. 1908	213	50	5	268
1 Jan. 1909	272	51	7	330
1 Jan. 1910	306	59	7	372
1 Jan. 1911	301	58	4	363
1 Jan. 1912	282	61	2	345
1 Jan. 1913	300	66	2	368

men numbered 55, of whom 36 (15 officials, 12 missionaries, 9 other) dwelt with their wives. Contrary to the experience of most other African dependencies, the wives of residents constituted sometimes only a minority of the women living in the Protectorate. This was due to the comparatively large number of unmarried women attached to the missions. But in the last years of the German administration the number of wives, also in Togoland, exceeded the number of spinsters (and widows). The fact that the 36 couples living in 1913 in the Protectorate had only 2 children there indicates that most of the children were left in Germany.

Between 1893 and 1913 the number of officials (including the police[1]) increased from 17 to 94, the number of missionaries (including

[1] There were in Togoland no army troops (*Schutztruppe*) as in other German Protectorates, but merely police troops (*Polizeitruppe*), which included a few whites (since 1907: 9; see *Statistisches Jahrbuch für das Deutsche Reich*, 1908–15).

TABLE 3

White Adult Population by Sex and Marital Condition, German Togoland, 1904–13

Date 1 Jan.	*Bachelors, widowers*	*Spinsters, widows*	*Men married to*	
			Resident white women	*Absent white women*
1904	142	15	11*	7
1905	156	15	16	17
1906	171	23	16	10
1907	205	23	18†	18
1908	176	26	24	13
1909	222	28	23	27
1910	251	28	31	24
1911	231	28	28	42
1912	227	28	33	22
1913	245	30	36	19

* Including one man married to a mulatto.
† Including one man married according to English law to a native woman.

clergymen) from 13 to 76, and the number of merchants (including inn-keepers, transportation agents, &c.) from 24 to 66. The comparatively small rise in the number of white men employed in commerce was apparently due to an increasing employment of natives.[1] Until the end of 1896 all white men were reported as either officials, missionaries, or merchants. On 31 December 1896, 3 men were reported as 'planters', and the number of colonists ('settlers, planters, farmers, gardeners, &c.') remained all the time very small, the maximum being 10 (on 1 January 1906). From 1897 to 1903 practically all white men were reported as either officials, missionaries, merchants, or colonists.[2] On 1 January 1904, 3 men were reported as engineers, and 13 as workers, and their numbers increased to 32 and 20 respectively by 1 January 1905. From 1 January 1906 on, a varying number of men were reported as having still another occupation or as being without any occupation at all.[3]

[1] This is the official explanation of the decrease in 1911; see *Die deutschen Schutzgebiete 1911/12*, p. 88.

[2] At the first enumerations of 1897 and 1898 the group 'colonists' included 'explorers'. On 31 Dec. 1897, 2 men were recorded as assistants, 1 as photographer, 1 as forest employee, and 2 as explorers. At the first enumeration of 1899, 2 men were recorded as explorers.

[3] It should be noted, however, that this increase in the variety of economic status was probably due in part to changes in the statistical classification. On 31 Mar. 1902, 9, and on 31 Mar. 1903, 10 'officials' of a private bridge-building firm were included in the number of officials. On the other hand, the engineers

TABLE 4

White Adult Males by Occupation, German Togoland, 1893–1913

Date	Officials	Missionaries	Merchants	Colonists	Mariners	Engineers	Workers	Physicians	Others and without occupation	Total
30 June 1893	17	13	24	—	—	—	—	—	—	54
31 Dec. 1893	19	22	26	—	—	—	—	—	—	67
30 June 1894	17	19	31	—	—	—	—	—	—	67
31 Dec. 1894	20	23	34	—	—	—	—	—	—	77
30 June 1895	23	28	28	—	—	—	—	—	—	79
31 Dec. 1895	22	27	34	—	—	—	—	—	—	83
30 June 1896	28	23	26	—	—	—	—	—	—	77
31 Dec. 1896	26	22	27	3	—	—	—	—	—	78
30 June 1897	25	32	27	7	—	—	—	—	—	91
31 Dec. 1897	31	27	27	3	—	3	—	—	3	94
30 June 1898	35	27	25	7	—	—	—	—	—	94
31 Dec. 1898	41	23	27	2	—	—	—	—	—	93
30 June 1899	47	18	33	1	—	—	—	—	2	101
31 Dec. 1899	44	26	31	4	—	—	—	—	—	105
30 June 1900	44	19	29	3	—	—	—	—	—	95
30 June 1901	46	29	36	6	—	—	—	—	—	117
31 Mar. 1902	65	31	35	5	—	—	—	—	—	136
31 Mar. 1903	70	37	35	6	—	—	—	—	—	148
1 Jan. 1904	62	32	44	6	—	3	13	—	—	160
1 Jan. 1905	63	26	44	4	—	32	20	—	—	189
1 Jan. 1906	64	43	45	10	1	11	20	—	3	197
1 Jan. 1907	76	41	54	6	2	31	11	—	20	241
1 Jan. 1908	63	42	51	5	—	11	18	1	22	213
1 Jan. 1909	77	52	55	6	1	32	30	1	18	272
1 Jan. 1910	92	60	55	5	1	53	14	2	24	306
1 Jan. 1911	87	66	64	5	1	17	29	1	31	301
1 Jan. 1912	94	56	61	6	4	12	25	—	24	282
1 Jan. 1913	94	76	66	8	2	26	9	—	19	300

and workers employed on 1 Jan. 1904 and 1905 by two railroad construction firms were recorded as engineers and workers respectively.

The officials included, on 1 Jan. 1905, 8 engineers, &c., and 2 physicians; on 1 Jan. 1906, 7 engineers, &c., and 3 physicians; on 1 Jan. 1907, 8 engineers, &c., 3 colonists, and 3 physicians; on 1 Jan. 1911, 11 engineers, &c., and 6 physicians; on 1 Jan. 1912, 7 engineers, &c., and 6 physicians; on 1 Jan. 1913, 8 engineers, &c., and 6 physicians. The workers in Government service who were counted as workers numbered 2 on 1 Jan. 1905 and 1907, and 4 on 1 Jan. 1906.

The number of whites working on plantations or in industrial and commercial enterprises on 1 Jan. 1901 to 1909 was 40, 43, 51, 55, 89, 96, 62, 67, and 95 respectively. (See *Denkschrift Schutzgebiete 1900/1, Anlagen*, p. 189; *1901/2, Anlagen*, p. 197; *1902/3, Anlagen*, pp. 144–5; *1903/4*, pp. 256–7; *1904/5, Anlagen*, pp. 234–5; *1905/6, Anlagen*, pp. 290–2; *1906/7*, part D, pp. 107–9; *1907/8*, part D, pp. 102–4; *1908/9*, part D, pp. 97–9.)

TABLE 5

White Adult Females by Social Status, German Togoland, 1894–1913

Date	Wives of			Spinsters and widows			
	Officials	*Missionaries*	*Others*	*Missions*	*Teachers*	*Nurses*	*Others*
30 June 1894	2	3	1	—	—	—	—
30 June 1897	4	5	1	4	—	—	—
30 June 1898	4	6	2	5	—	—	—
31 Dec. 1898	1	13	2	*	*	2	—
30 June 1899	—	6	1	5	3	2	—
31 Dec. 1899	1	14	2	*	*	2	—
30 June 1900	—	6	1	5	3	3	—
30 June 1901		8			9	2	—
31 Mar. 1902		7			11	3	—
31 Mar. 1903		6			11	3	—
1 Jan. 1904	2	7	1	10	1	4	—
1 Jan. 1905	6	7	3	11	2	2	—
1 Jan. 1906	6	9	1	15	5	3	—
1 Jan. 1907	6	8	3	18	2	3	—
1 Jan. 1908	6	7	11	21	2	2	1
1 Jan. 1909	4	9	10	24	—	4	—
1 Jan. 1910	8	11	10	24	—	4	2
1 Jan. 1911	11	10	9	24	—	4	—
1 Jan. 1912	11	11	11	24	—	4	—
1 Jan. 1913	15	12	9	26	—	4	—

* Included in wives of missionaries.

TABLE 6

White Population of Lome, 1890–1913

Date	Lome	*Rest of Protectorate*	Date	Lome	*Rest of Protectorate*
31 Dec. 1890	7	28	31 Dec. 1899	50	74
31 Dec. 1891	8	42	30 June 1900	43	71
31 Dec. 1892	21	38	31 Dec. 1900	51	84
30 June 1893	18	38	30 June 1901	56	81
31 Dec. 1893	22	50	31 Mar. 1902	71	88
30 June 1894	20	53	31 Mar. 1903	81	87
31 Dec. 1894	24	64	1 Jan. 1904	96	93
30 June 1895	25	63	1 Jan. 1905	95	129
31 Dec. 1895	25	71	1 Jan. 1906	125	118
30 June 1896	19	70	1 Jan. 1907	145	143
31 Dec. 1896	22	69	1 Jan. 1908	139	129
30 June 1897	42	65	1 Jan. 1909	175	155
31 Dec. 1897	43	67	1 Jan. 1910	196	176
30 June 1898	51	61	1 Jan. 1911	192	171
31 Dec. 1898	49	64	1 Jan. 1912	192	153
30 June 1899	52	66	1 Jan. 1913	186	182

While the missionaries constituted between 14 and 35 per cent. of the white men, the wives of missionaries and the unmarried females attached to the missions constituted, in all years for which data are available, the majority of the white women. In some years the rest of the women consisted exclusively of wives of other residents or of nurses, while in other years there were in addition a few unmarried teachers in the Protectorate.

On 30 June 1897 Lome, three months after having become the capital of the Protectorate, had a white population of 42. This number increased to 196 by 1 January 1910 and was slightly less thereafter. Of the total white population, from 38 to 56 per cent. lived in the capital.

III. Population Movements

Until the end of 1912 only 14 marriages among Europeans and hardly more than 45 births to Europeans occurred in the Protectorate. Mortality in most years was high, and in some years excessive. There were two severe epidemics of yellow fever in 1905–6,[1] and blackwater fever claimed one or more victims practically every year.[2]

The number of arrivals and departures was very high. In 1907–12 about one-half of those present at the beginning of each year left the Protectorate in the course of that year.

Table 7

White Population Movements, German Togoland, 1893–1912

Year	*Marriages*	*Births*	*Deaths*	*Year*	*Marriages*	*Births*	*Deaths*	*Arrivals*	*Departures*
1893–4	—	1	4	1903	—	4	6	39	28
1894–5	—	—	2	1904	—	3	3	100	52
1895–6	—	—	16	1905	—	5	8	61	39
1896–7	—	2	8	1906	1	2	17	..	..
1897–8.	—	1	10	1907	2	4	6	119	137
1898–9	—	2	7	1908	—	5	10	171	104
1899–1900	—	1	9	1909	—	2	2	221	179
1900–1	1	2	7	1910	3	5	8	192	198
1901–2	2	1	7	1911	3	1	5	196	203
1902–3	1	1	6	1912	1	2	9	219	189

[1] The official statements about the number of fatal cases are contradictory. According to the table in *Denkschrift Schutzgebiete 1906/7*, part D, p. 48, 4 persons died in each of the years 1905 and 1906. But according to *Medizinal-Berichte 1904/5*, pp. 128–9, *1906/7*, pp. 136–7, there occurred 7 deaths in 1905, 5 in 1906, and 1 in 1907. In *Denkschrift 1905/6*, p. 54, it is suggested that the accumulation of deaths in 1896 may have been due to yellow fever.

[2] The number of deaths was apparently as follows:

1896–7 .	1901–2	1905	1909
1898–9 .	1902–3	1906	1910
1899–1900	1903.	1907	1911
1900–1 .	1904.	1908	1912

CHAPTER II

COLOURED POPULATION

I. Collection and Publication of General Statistics

Prior to the issue of the 1902–3 general instructions for ascertaining the coloured population in the German Protectorates,[1] the collection of population data was effected in Togoland in a haphazard fashion, and contrary to the experience of most other Protectorates, conditions there did not improve essentially during the last ten years of the German régime. Thus the available material consists merely of censuses for small areas and more or less inadequate estimates for larger areas.

The first estimate for any section was apparently made a few years after the establishment of the Protectorate. The report for 1894–5 states:[2]

> In one part of the western Togo territory a station officer, quite a number of years ago, made an estimate of the number of huts and inhabitants in the localities visited by him, which has not been published so far. The results of this estimate, brought together in the following table, will to-day, it is true, differ still more from the correct figures than at the time of the estimate since the average yearly population increase may well be put at 6 per cent. However, they give after all an approximate picture of the density of population and are, therefore, considered from this viewpoint, not without value or interest.

Then followed a 'Table of the approximate number of inhabitants in the localities of the western Togo territory so far visited', which listed 72 localities and gave in round figures the number of huts in 69 (total 16,760) and the number of inhabitants in 70 (total 40,060).

Another 'estimate of the black population of the coast', evidently made in 1891, showed for various localities the number of inhabitants (total 56,786), and in addition the number of adults and of children in Lome (1,100 and 418) and in Bagida (170 and 98).[3]

The report for 1893–4 stated: 'Owing to the lack of the necessary personnel, censuses could not yet be carried out.'[4] The next report again pointed out that it was 'not yet feasible to collect trustworthy

[1] See pp. 18–19 above.
[2] *Denkschrift Schutzgebiete 1894/5*, p. 3.
[3] See *Deutsches Kolonialblatt*, 1 Mar. 1892, p. 143; *Denkschrift Togo*, 1891/2, p. 1.
[4] Ibid., 1893/4, p. 508.

statistical material about the size of the native population'.[1] But it did give data as to the coloured population of the two largest localities which at the same time were the two most important trade centres on the coast:

The native population of Little-Popo is estimated at 2,643 souls, who are distributed over 454 inhabited houses and huts. Including the localities of Degbenu, Badji, and Adjido situated in the immediate neighbourhood, the total number of inhabitants will not be put too high at 8,000 souls.[2]

The number of inhabitants of Lome amounts to 2,084 souls, namely, apart from the 21 whites already mentioned,[3] 885 males, 722 females, and 456 children of both sexes under 10 years of age.[4]

These estimates, however, were revised in the next report:[5]

As to the number of native inhabitants it is probably mostly underestimated, since in passing through a locality it is difficult to judge how great a number of inhabitants are housed on the premises following closely upon each other. Therefore, the population figures given in the preceding annual report are very likely fixed somewhat too low and will come nearer the truth if put for Little-Popo at about 5,000 and for Lome at about 4,000.

The report for 1896–7 gave for Little-Popo 1,252 huts with 6,574 inhabitants (1,714 men, 2,252 women, 1,287 boys, and 1,321 girls).[6] It mentioned also the town of Mangu with 'about 9,000 inhabitants'.[7]

The report for 1897–8 gave a very low figure as the number of permanent inhabitants for Lome, although it emphasized 'the surprisingly rapid increase in the extent' of the town.

Lome has at present 130 houses and over 900 huts, while the population census taken recently showed 51 Europeans, including 14 officials, and 2,300 permanently resident natives. The number of people temporarily present, especially on the so-called great market-days occurring regularly with intervals of four days in between, may be estimated at 7,000 in round figures.[8]

The report mentioned furthermore that as a consequence of the agreement of 23 July 1897, between Germany and France, the Mono Triangle comprising about 40,000 natives had been incorporated into the Eastern District of the Protectorate.[9] It finally gave an estimate of the native population of the Krete-Kratschi District, which

[1] *Denkschrift Schutzgebiete 1894/5*, pp. 1–2.
[2] Ibid., p. 2.
[3] There were actually listed (p. 1) 21 Germans, 2 French, and 2 English.
[4] Ibid., p. 3.
[5] Ibid. *1895/6*, p. 3.
[6] See ibid. *1896/7*, p. 4.
[7] See ibid., p. 31.
[8] Ibid. *1897/8*, p. 3. According to ibid., p. 2, the 51 Europeans included 21 officials.
[9] See ibid., pp. 4, 26.

apparently was based on the assumption that there were about 2½ persons per hut, and arrived at a total of 41,800 inhabitants.[1]

The two following annual reports contained, in the special reports on some districts, more detailed statements about the collection of population statistics.

Lome District

1898–9.[2] The town of Lome is, of course, in a special position as regards the composition of the population. What may be called a 'native' population does not exist, because the town was founded only recently and hardly a single adult negro in Lome was actually born there. The majority have moved here from other localities of the Togo territory or from neighbouring colonies.

1899–1900.[3] At the population census taken in Lome the number of inhabitants was stated to be 3,054, of whom 939 were men, 950 women, and 1,165 children. Of these 939 men 425 originate from German territory, 308 from English territory, 95 from French territory, and 111 from Liberia.... The number of houses amounts to 429. The number of huts is 959.

Little-Popo District

1899–1900.[4] Little-Popo, the main locality of the District, has—including the separately situated quarters of Adjido and Badji—about 750 inhabited negro huts, on the basis of which the number of inhabitants may be estimated at about 4,000.

Misahöhe and Kpandu Station

1898–9.[5] Trustworthy statistics about the natives cannot be secured. The number of inhabitants can hardly be estimated approximately since, remote from the main roads, hidden in the bush, and often far from the main localities, there lie many farm villages which are seldom or never entered by whites.[6]

Atakpame Station

1899–1900.[7] In proportion to the large area of the District the population must be called small since in the north as well as in the south and in the east of the District there are still many wholly uninhabited square

[1] See *Denkschrift Schutzgebiete 1897/8*, p. 33.
[2] Ibid. *1898/9*, p. 27.
[3] Ibid. *1899/1900*, p. 30.
[4] Ibid., p. 33.
[5] Ibid. *1898/9*, p. 46.
[6] *Deutsches Kolonialblatt*, 1 Apr. 1901, pp. 238–41, contains an extract from a report of the chief district officer in Misahöhe, in which he states that 'in part by the Government, in part by the missions, regular population censuses have been taken in the year under consideration'. He then summarizes the results available for each region and concludes: 'On the basis of the enumerations taken as tests the total population of the District is to be estimated at not less than 150,000.'
[7] *Denkschrift Schutzgebiete 1899/1900*, p. 42.

kilometres. The most densely settled areas are probably Akposso and Atakpame. Trustworthy statistical data about the population cannot yet be provided since the natives still live too much scattered in large and small farm villages, very small and isolated hunting and farm huts, which, remote as they are from any larger locality, have never been entered by the white man. Estimates made even with the greatest care will probably not be even approximately correct.

Sokodé and Basari Station

1898–9.[1] In view of its manifold other tasks the station could prepare only an approximate statement as to the density of population. The data about the Tim (Tschautscho) territory will probably be the least inaccurate, next in order will come Basari with Motiva (Konkomba, Panpona), and finally Kabure, Loso (Luse), and Difale.

The procedure consisted in counting the number of inhabited huts in a number of villages. In the other villages the number of huts was estimated from points permitting a wide view over the land. In Basari and Konkomba, and the Kabure–Loso–Difale regions the estimate had to be a still cruder one on account of the custom prevailing there of having the buildings scattered.

By repeatedly asking the proprietors of certain groups of huts how many men, women, and children lived on their property the average ratio of about one or two souls per hut was obtained. The area of the station district was ascertained summarily from the most recent official map.

The results thus obtained were as follows:[2]

Territory	*Area sq. km.*	*Inhabitants*	*Inhabitants per sq. km.*
Tschautscho (Tim lands) . .	11,500	130,000	11
Basari with Konkomba . .	5,000	55,000	11
Kabure	3,000	25,000	30
Loso		35,000	
Difale		30,000	
Total	19,500	275,000	14

1899–1900.[3] In the report for the preceding year the population-figure was estimated . . . at 275,000 inhabitants.

We may note in this connexion that the population of Kabure especially has been underestimated considerably.

In territories as densely settled as Kabure and Loso it is particularly difficult to give even an approximately correct population-figure. An enumeration of the huts is out of the question since they are scattered

[1] Ibid. *1898/9*, pp. 63–4.

[2] The report gives in addition (p. 65) a list of the 18 main localities with the estimated number of their huts.

[3] Ibid. *1899/1900*, p. 55.

by groups over the whole region. Each family lives by itself on a farm which, depending on the number of heads in the family, comprises from 20 to 100 huts; often several of these farms are combined and form small localities. On a two days' trip through Kabure it should be possible to count from any point of the route from 20 to 80 farms.

After several marches through Kabure, which left time for only a short stop there, the station head estimates the number of inhabitants in Kabure as follows: . . .[1] Total, 138,000 inhabitants.

It is to be noted in this connexion that an underestimate has hardly occurred: the total population of Kabure proper probably lies between 130,000 and 200,000 inhabitants. If Kabure is estimated as having 150,000 inhabitants, the total population in the Sokodé-Basari District amounts to about 400,000 inhabitants.[2]

From 1900–1 onwards, the annual reports no longer contained any special reports for the various districts. The beginning of the nineteenth century, therefore, marks a turning-point in the presentation of the population data for natives. Hermann characterized the change as follows:[3]

To judge from the data in the official annual reports the systematic study starts at the moment when a coherent presentation of the topics to be reported on takes the place of the reports of the individual districts and stations. Already before that date the white-books contained a fairly considerable amount of data; but these provided mostly information of a rather geographical character such as could be obtained by the observers on their exploring or administrative journeys. The annual report for 1899–1900 thus contains estimates of the number of inhabitants of several regions and towns of the Sokode-Bassari District which the station head had prepared on several marches through the country. But with the next annual report begins the work planned with a view to attaining the above-mentioned goal. In this work the individual districts were at first free to decide upon the method to be applied, and the introduction of taxation of the natives furnished the initial basis.

The 1900–1 report was then the first to combine all the available data on the native population in the Protectorate. It said:[4]

A more accurate ascertaining of the native population of the Protectorate is not yet possible under the prevailing conditions. Enumerations and estimates have been made for some localities and districts of the Protectorate which yielded the following results:

[1] The data are given separately for each of the 7 regions.

[2] The report gives in addition an estimate of the number of inhabitants for the 8 largest towns of the district. Later the total of 400,000 was again reduced considerably.

[3] Hermann (1914), p. 187.

[4] *Denkschrift Schutzgebiete 1900/1*, pp. 47–8.

Town of Lome	1,487 men, 1,056 women, 1,011 children, together 3,554 inhabitants.
Little-Popo District, result of the enumeration in 29 larger localities	31,400 inhabitants, ratio of the male to the female population about 1 : 1·2.
Misahöhe District, enumeration, at which the family elders brought for each family member, according to the sex, 1 maize grain or 1 small stone	41,332 male, 44,829 female persons, total number: 86,161.
Basari-Sokodé District, estimate	400,000 inhabitants.
Mangu-Yendi District	325,000 inhabitants.

From the Districts of Atakpame and Kete-Kratschi no data whatever are available.

The annual reports for 1901–2 and 1902–3 passed over the collection of statistics in silence. But in the 1903–4 report, for the first time, population-figures were given for each District. This report stated:[1]

An accurate enumeration of the native population has been effected so far only in the town of Lome. The number of inhabitants here amounted to 3,942. Further an enumeration has taken place in the Misahöhe District, which yielded 85,070 inhabitants, and one in the Kete-Kratschi District, which yielded 39,320 inhabitants. But since a great number of natives, out of fear, still evade the enumeration, the real number doubtless is considerably larger. As for the rest only estimates based on a partial counting of the huts have been made.

An article in the official *Deutsches Kolonialblatt*, after having mentioned that the population of the Misahöhe District is estimated by the District head at 90,000 or 100,000, gives the results of the estimates in the other districts, 'made mostly on the basis of a partial enumeration of the huts', as follows:[2]

Lome	34,000 or 36,000
Little-Popo . . .	about 56,000
Atakpame . . .	92,000 or 93,000
Sokode	about 360,000
Mangu	about 300,000

The estimate for Sokode, which is based on the inquiries effected for a series of years by the District head Dr. Kersting, is probably the most trustworthy, while in the Lome and Little-Popo Districts, owing to the frequent changes of District heads, only occasional inquiries could be effected.

The 1904–5 report contained the following statements:[3]

The number of the native population in the town of Lome has increased from 3,942 in the preceding year to 5,784.

[1] Ibid. *1903/4*, p. 34.
[2] See *Deutsches Kolonialblatt*, 15 Aug. 1904, p. 539.
[3] *Denkschrift Schutzgebiete 1904/5*, p. 58.

The number of inhabitants in the town of Anecho[1] amounted to 2,604.

In the other parts of the Protectorate no new enumerations were effected this year.

For the first time inquiries were made about the number of half-castes living in the Protectorate. It amounted to 63 (23 males, 40 females).

From 1905–6 onwards the annual reports show the enumerated coloured population in the town of Lome, subdivided into men, women, and children; the estimated total population in the other 7 administrative districts; and the number of half-castes in each administrative district. The results are summarized in Tables 8, 9, and 10, and will be discussed in the next section. At this stage I shall give the main official comments on the collecting of the data.

1905–6.[2] An enumeration of the natives took place only in the town of Lome. . . . For the rest only more or less certain estimates are available, based in part on enumeration of the huts.[3]

1906–7.[4] According to the enumeration of 1 January 1907, the coloured population in Lome . . . In the other districts an estimate of the native population is made only at intervals of several years. Partly, as in the Misahöhe District, an attempt to enumerate the population is also made. . . .

The number of half-castes amounted to 126 as against 71 in the preceding year. The higher figure is probably due to a more accurate enumeration.

1907–8.[5] An annual individual enumeration of the coloured people takes place only in Lome. . . .

In the rural districts an annual individual enumeration of the natives cannot be effected. One has to resort to estimates which, depending on the methods used, are more or less trustworthy. In the Mangu-Jendi District an enumeration was made of those huts which the natives use for sleeping[6] and, through enumeration of the natives by name, the number of heads per hut was ascertained in a number of localities. In 1,550 localities with 23,879 detached holdings, 81,354 huts were counted. The ascertained number of heads per hut varies between 2 and 3 inhabitants, according to the customs and habits of the tribes concerned. In this manner a coloured population of 224,552 souls was obtained for the Mangu-Jendi District

[1] Formerly Little-Popo. The name of the town was changed in 1905 at the request of the missions; see Hassert (1910), p. 200.

[2] *Denkschrift Schutzgebiete 1905/6*, p. 53.

[3] The estimates differed in part enormously from those of 1903–4. The figure for Lome-Land was raised from 34,000 or 36,000 to 75,000, that for Atakpame was reduced from 92,000 or 93,000 to 40,000.

[4] Ibid. *1906/7*, part D, p. 11.

[5] Ibid. *1907/8*, part D, pp. 8–9.

[6] See Mellin (1908), p. 62: 'Contrary to former enumerations only those huts were counted which the natives used for sleeping; the huts used for meeting, for living, and for economic purposes were not taken into account.'

while up to now, on the basis of former estimates, the population was put at 300,000 in round figures. . . .[1]

In the Sokode-Bassari District in 1907 an accurate enumeration of the population and the huts was effected in Sansugu. It yielded 2,031 persons and 1,462 huts. The correctness of the assumption previously made that in this part of the District about 1·5 heads should be counted per hut in coherent localities was thus confirmed. In the other villages rather more than 1·5 heads are to be counted per hut because these localities, especially on account of the cattle, are still changed occasionally and the natives therefore content themselves with a smaller number of huts. Such accurate inquiries, however, could not yet be made in the total District. The estimates yielded the following figures:

Tschaudjo	about	12,000	huts with about		135,000	inhabitants
Bassari	„	4,200	„	„	35,000	„
Dagomba	„	2,400	„	„	7,000	„
Transkara territory	„	2,500[2]	„	„	160,000	„
					337,000	inhabitants.

The estimated figures for the Transkara territory are the most unreliable, since the inhabitants do not live here in compact villages but are scattered over the country on farms. The population figure of 360,000, assumed so far for the whole District, will then have to be retained for the time being.[3]

For the Krete-Kratschi District a new estimate again yielded a total of 40,000 inhabitants. From the other Districts new estimates are not available.

1908–9.[4] The enumeration of the native population in the town of Lome at the beginning of the year 1909 . . . In addition, an enumeration of the permanent coloured population was effected in the Kete-Kratschi District. It yielded 22,447 inhabitants; there are, however, doubts as to the trustworthiness of the enumeration since the persons (coloured) entrusted with the enumeration could not be checked sufficiently. In the Misahöhe and Anecho Districts the inhabitants were also enumerated in some regions. The result of these partial enumerations in conjunction with the data about the taxable population of the Districts permitted a fairly accurate statement of the total population which showed for the Anecho District altogether 100,000 souls (as against the 61,000 of the last estimate), of whom 3,692 lived in the town of Anecho itself, and for the Misahöhe District 108,000 (100,000) souls. The new estimate made in a similar manner in the District of Lome-Land [rural district] confirmed the former assumption of 75,000 souls; in Atakpame it showed 46,000 (40,000) souls. In this District a not inconsiderable immigration, or perhaps return of emigrants,

[1] In 1900–1 the population had been estimated at 325,000. A new estimate in 1905–6 put it at 250,000, and a third estimate in 1906–7 at 300,000.

[2] Passarge (1910), p. 60, rightly suggests that this is a misprint.

[3] In 1898–9 the population had been estimated at 275,000, in 1899–1900 at 400,000, in 1905–6 at 360,000.

[4] *Denkschrift Schutzgebiete 1908/9*, part D, pp. 8–9.

from the neighbouring French territory could be noticed. In the Mangu-Jendi and Sokode-Bassari Districts a new estimate was not effected.

1909–10.[1] On the basis of the figures obtained at the time of the tax collection and on the assumption that out of every five inhabitants one is subject to taxation, a population of 117,500 souls (former estimate 75,000) was ascertained in Lome-Land. For the Anecho District the formerly assumed figure of 100,000 souls will probably likewise prove to be too low rather than too high.

The same is true of the Misahöhe District. The population here, then, may be put at 125,000 or 130,000 (108,000) souls.

The number of inhabitants of the Atakpame District will have to be put, according to the amount of taxes collected, at 58,500 (46,000) souls; it should be taken into account, however, that in the course of the year under consideration the Kebu region with 4,600 souls was transferred from the Kete-Kratschi District to the Atakpame District.

The population of the Kete-Kratschi District is put therefore at only 18,796 souls. The figure is based for the greatest part on estimates. In the Sokode-Bassari District a general population census was taken except for the regions of Difale, Ssola (West), and Tamberma. It yielded 254,616 inhabitants for 210 localities with 25,951 holdings and 115,542 sleeping-cabins. To this should be added the inhabitants of the three regions not yet covered; their number is estimated at 20,000. The total population of the District thus amounts to 274,616 souls,[2] of whom 10,516, i.e. about 4 per cent., are Moslems.

In the Mangu-Jendi District only the populations of the towns of Mangu with 4,855 and Jendi with 2,856 souls were enumerated. Otherwise the former estimate of 224,500 for the total population of the District was maintained.

1910–11.[3] Accurate figures for the native population of the Protectorate are likewise not yet available for 1910. The conclusions from the number of men subject to taxation as to the total population give only approximate values and are moreover possible only where somewhat complete tax rolls have been established, i.e. in the southern districts. But even here the result is uncertain, since in spite of the keenest efforts we have not yet succeeded in ascertaining correctly the ratio of the number of men taxed to the total population. The ratio in the southernmost regions is about 4 and gradually increases towards the north to over 6.

Test checks by European officials have shown that the figures given in the preceding report for the Sokode District which were obtained on the basis of an enumeration made by coloured people were on an average too low by 12 or 15 per cent.[4] The population of the District may, therefore, in

[1] *Die deutschen Schutzgebiete 1909/10*, part D, p. 96.
[2] Former estimate 360,000.
[3] *Die deutschen Schutzgebiete 1910/11, Berichtsteil*, p. 86.
[4] These test checks covered 19,310 persons (9,645 males, 9,665 females); see *Amtsblatt für das Schutzgebiet Togo*, 9 Sept. 1911, p. 327.

conformity with the former estimates, be put at at least 300,000 souls. For the Mangu District the old 1907–8 estimate of 225,000 souls will likewise come nearest to the true figure.

In the other Districts conclusions based on the number of men subject to taxation are possible within the limitations stated above.

The increase in the figures for the southern Districts, as compared with the former statements, is doubtless due not only to closer enumeration but also to a considerable population increase caused by immigration and excess of births thanks to the better hygienic conditions.

1911–12.[1] Essential changes in the numbers of the native rural population did not occur. A new enumeration took place only in the Atakpame District. It yielded 61,920 as against the former estimate of 80,000 souls. There are, however, doubts as to its trustworthiness, since the enumeration was made by coloured people and tests by white officials could not be effected owing to lack of time. The enumeration is to constitute the basis for a new enumeration intended to take place in 1912.

1912–13.[2] No essential changes occurred in the numbers of the native population. New estimates were made only in the Lome-Land and Anecho Districts. In Lome-Land the vaccination of the population in the entire District, started by the vaccination physician, offered an opportunity for counting the huts and the natives in a large part of the District. This showed that on an average 4·4 inhabitants have to be reckoned for one person subject to taxation. By applying this ratio also to that part of the District in which an enumeration could not yet be effected, a population of 136,400 inhabitants was calculated for the whole District, a figure which exceeds the former estimates—119,000—not inconsiderably. In the Anecho District the population was ascertained on the basis of the tax rolls by multiplying the number of persons taxed by a coefficient which according to the local conditions varies between 4 and 4·5. The coefficient itself was ascertained through enumerations in various localities. The population figure computed by means of this procedure showed 123,237 native inhabitants while the population formerly had been estimated at 112,000.

The statistics of the coloured population for 1905–6 to 1912–13 are to be found in the following publications:

Denkschrift Schutzgebiete 1905/6, pp. 62, 257.
Denkschrift Schutzgebiete 1906/7, part D, pp. 11, 48.
Denkschrift Schutzgebiete 1907/8, part D, pp. 8–9, 58.
Denkschrift Schutzgebiete 1908/9, part D, pp. 8–9, 66.
Die deutschen Schutzgebiete 1909/10, Berichtsteil, pp. 95–6.
Die deutschen Schutzgebiete 1910/11, Berichtsteil, pp. 86–7; *Statistischer Teil*, p. 37.

[1] *Die deutschen Schutzgebiete 1911/12, Berichtsteil*, p. 88.
[2] Ibid. *1912/13, Berichtsteil*, p. 105.

Die deutschen Schutzgebiete 1911/12, Berichtsteil, pp. 88–9; *Statistischer Teil*, p. 39.

Die deutschen Schutzgebiete 1912/13, Berichtsteil, pp. 105–6; *Statistischer Teil*, p. 45.

II. Total Numbers

Ten years after the establishment of the German Protectorate the native population was estimated to be 2,000,000 or 2,500,000[1] and the figure of 2,500,000 still appears in the 1904 Statistical Yearbook for the German Empire.[2] In the meantime, however, the annual report on the German Protectorates for 1901–2 had stated: 'The native population can be estimated with approximate certainty to be 900,000 persons.'[3] This estimate appears surprisingly low, not only in view of the much higher estimates in the official German statistics, but also in view of the estimates made a year before, which for an area comprising about four-fifths or five-sixths of the whole population had arrived at a total of 846,115. Nor did the administration adhere to the low figure of 900,000. When in 1903–4 for the first time estimates covering every district had been made, arriving at a total of 970,332 or 988,262, the report for that year, ignoring the estimate of 900,000, stated:[4]

> Though the results [of the estimates for the various districts] are still quite uncertain, it is safe by now to state that the population figure of Togoland has hitherto been overestimated considerably. It can hardly exceed 1½ millions.

The figure of 1,500,000, then, appears also in the Statistical Yearbooks for the German Empire of 1905 and 1906.[5] But in 1906 the administration of the Protectorate had already reverted, to all intents, to their estimate of 1901–2. After having given figures for each District they stated: 'The sum of these figures, about 920,000, justifies the assumption of a total population of 1,000,000. The population, then, does not reach the figure of 1½ millions given as an estimate in the annual report of 1903/4.'[6]

The next report raised some of the estimates and concluded: 'The total coloured population, then, numbers 981,917, or 1,000,000 souls in round figures.'[7]

[1] See Hermann (1914), p. 189. The statement of Fitzner (1896), p. 30, that the density of population is given as 40 per square kilometre, would indicate an even greater population. Fidel (1918), p. 57, gives 2,500,000 for 1894.

[2] *Statistisches Jahrbuch für das Deutsche Reich 1904*, p. 268.

[3] *Denkschrift Schutzgebiete 1901/2*, p. 55.

[4] Ibid. *1903/4*, p. 34.

[5] See *Statistisches Jahrbuch für das Deutsche Reich 1905*, p. 313; *1906*, p. 339.

[6] *Denkschrift Schutzgebiete 1905/6*, p. 53.

[7] Ibid. *1906/7*, part D, p. 11.

The 1907–8 report led to a total of only 906,885 for the various districts. 'Since special movements within the native population did not occur, the total number of natives can again be put at 1 million.'[1]

The 1908–9 report arrived at a total of 942,483 for the various districts; 'however, the further extension of an accurate enumeration would probably again confirm the former estimate of 1 million.'[2]

The subsequent reports merely gave the total for the various districts which for 1909–10 to 1912–13 amounted to 931,327, 1,003,770, 1,003,090, and 1,031,715, respectively.

TABLE 8

Coloured Population in German Togoland, 1905–6 to 1912–13

Districts	*1905–6*	*1906–7*	*1907–8*	*1908–9*	*1909–10*	*1910–11*	*1911–12*	*1912–13*
Lome-Town*	6,227	5,917	6,333	6,484	7,415	7,770	7,090	7,078
Lome-Land	75,000†	75,000	75,000	75,000†	117,500	119,000	119,000	136,400‖
Anecho	61,000	61,000	61,000	100,000†	100,000	112,000†	112,000	123,237‖
Misahöhe	85,000	100,000†	100,000	108,000†	130,000	140,000†	140,000	140,000
Atakpame	40,000†	40,000	40,000	46,000†	58,500†	80,000†	80,000	80,000
Kete-Kratschi	40,000	40,000	40,000†	22,447‡	18,796†	20,000	20,000	20,000
Sokode-Bassari	360,000	360,000	360,000	360,000	274,616§	300,000	300,000	300,000
Mangu-Jendi	250,000†	300,000†	224,552†	224,552	224,500	225,000	225,000	225,000
Total	917,227	981,917	906,885	942,483	931,327	1,003,770	1,003,090	1,031,715

* New enumeration in each year.
† New estimate.
‡ 'New enumeration (untrustworthy).'
§ Partly enumeration, partly estimate.
‖ New enumerations and estimates.

It appears that while the total population had been grossly overestimated, particularly in the 1890's, the administration of the Protectorate considered its 1901–2 estimate of 900,000 as somewhat too low and from 1906 on was inclined to put the total at about 1,000,000.[3] The fluctuations from year to year were due mainly to revised estimates. They resulted on the whole in raising the estimates for the Southern Districts and in reducing them for the Northern Districts:

Lome-Land	1903–4	35,000	1912–13	136,400
Anecho	1903–4	56,000	1912–13	123,237
Misahöhe	1903–4	85,070	1912–13	140,000
Atakpame	1905–6	40,000	1912–13	80,000
Kete-Kratschi	1897–8	41,800	1912–13	20,000
Sokode-Bassari	1899–1900	400,000	1912–13	300,000
Mangu-Jendi	1900–1	325,000	1912–13	225,000

[1] Ibid. *1907/8*, part D, p. 9.
[2] Ibid. *1908/9*, part D, p. 9.
[3] However, the last German Governor of Togoland, Duke Adolf Friedrich zu Mecklenburg, has been reported to have stated that the natives numbered 1,500,000 (see Jacob, 1938, pp. 237–8), and this figure has been accepted by various writers after the Germans had left the colony; see Lewin (1915), pp. 258–9, Harris (1917), p. 30, Schlettwein (1930), p. 9, Jacob (1934), p. 84.

It is obvious that these figures do not permit the drawing of any conclusions as to population growth and decline or as to changes in population density. The earlier figures indicated a fairly even density in the south and the north with a sparsely settled central area. The recent figures show a very great density in the Southern Districts (Lome-Land, 97 inhabitants per square mile; Anecho 118), a rather low density in some of the Central Districts (Misahöhe 38; Atakpame 14; Kete-Kratschi 3), and a fair density in the Northern Districts (Sokode-Bassari 36; Mangu-Jendi 27). According to the estimates for 1912–13, the Southern Districts comprised about 7 per cent. of the area and 26 per cent. of the population, the Central Districts about 44 per cent. of the area and 23 per cent. of the population, and the Northern Districts about 49 per cent. of the area and 51 per cent. of the population. The average density per square mile for the Protectorate (33,700 square miles) was about 30 persons.

The only District for which trustworthy figures are available is Lome-Town. The coloured population was given as 2,063 in 1895; 2,300 (residents) in 1898; 3,054 in 1900; 3,554 in 1901; 3,942 in 1904; 5,784 in 1905; and 6,227 in 1906. From 1907 on, at least, a regular enumeration was taken in January of each year, and some of the reports comment on the changes in the number of people.

1907. According to the enumeration of 1 January 1907, the coloured population in Lome amounted to 5,917[1] (6,227), of whom 2,029 were men, including 213 (194) commercial assistants, 173 (407) artisans, and 15 (15) teachers. The number of women was 2,146, that of children 1,742. The decrease as compared with the preceding year is due to the fact that in consequence of a new delimitation of the boundaries of the Lome-Town District the locality of Amutive was not included here. The decrease of the artisans is due to the fact that they found employment partly at railroad construction, partly in the expanding localities in the interior (Noepe, Assahun, Misahöhe, Atakpame).

1908. [The] individual enumeration of the coloured people in Lome . . . yielded in January 1908 a permanent population of 2,035 men, 2,085 women, 1,755 children, and 28 half-castes. There were in addition 430 strangers who stayed only temporarily in Lome, so that the total population present in January 1908 in Lome numbered 6,333 as against 5,917 in the preceding year.

1909. The enumeration of the native population in the town of Lome at the beginning of the year 1909 yielded 6,484[2] souls as against 6,333 in the preceding year. Of these, 2,183 (2,250) were men, 2,218 (2,300) women, and 2,083 (1,783) children.

[1] Including 51 half-castes.

[2] Including 48 half-castes.

1910. The enumeration of the native population of the Town of Lome, including 585 strangers present, yielded altogether 7,415 persons (as against 6,484 in the preceding year), of whom 2,241 (2,183) were men, 2,528 (2,218) women, 2,575 (2,083) children, and in addition 71 mulattoes.[1]

1911. In the Lome-Town District 7,770 persons were enumerated (as against 7,415 in the preceding year). Of these, 2,269 (2,241) were men, 2,874 (2,580) women, and 2,529 (2,575) children.[2]

1912. At the beginning of the year 1912, 7,090 souls were enumerated in the Lome-Town District as against 7,770 souls in the preceding year. Of these, 2,227 (2,269) were men, 2,280 (2,874) women, and 2,535 (2,529) children.[3] The striking decrease in the adult female population by more than 20 per cent. is only an apparent one and is due to the extraordinarily high price level at the beginning of the year 1912. The women concerned are traders who turned their backs on Lome because, owing to the high prices, no business could be done, and who carried on their trade in wandering from one trade centre to the other in the interior where they had furthermore the advantage of cheaper living conditions.

1913. The enumeration of the native population in the Lome-Town District effected as in the preceding years at the beginning of the year 1913 yielded 7,078 native residents and 570 native strangers (i.e. not permanently residing in Lome) as against 7,090 residents and 660 strangers in the year before. Of the residents 2,210 (2,227) were men, 2,215 (2,180) women, and 2,524 (2,535) children. It appears therefrom that the considerable population loss which occurred in 1911 and which has persisted to this day (in 1911, 7,700 souls were counted) is now, as then, essentially due to a reduction in the numbers of the adult female population which at the beginning of the year 1911 still amounted to 2,874.

TABLE 9

Coloured Population in Town of Lome, January 1906–13

Sex and age	*1906**	*1907**	*1908**	*1909**	*1910†*	*1911†*	*1912‡*	*1913†*
Men .	2,721	2,029	2,250	2,183	2,241	2,269	2,227	2,210
Women .	1,886	2,146	2,300	2,218	2,528	2,874	2,180	2,215
Children	1,620	1,742	1,783	2,083	2,575	2,529	2,535	2,524

* Including half-castes. † Excluding half-castes. ‡ Total does not agree with items.

[1] It should be noted, however, that the figures in parenthesis, referring to men, women, and children in 1909, included the half-castes.

[2] There were in addition 98 half-castes.

[3] The figures for 1912 are very confused. The sum of the numbers of men, women, and children is 7,042, and including 98 half-castes, 7,140 (instead of 7,090). On the other hand, the 1912–13 report (p. 105) states that the figure of 2,280 for women was due to a slip of the pen and should read 2,180 (which would reduce the total to 7,040).

Some of the official comments on the changes in population are by no means convincing.

1. The population decrease from 6,227 on 1 January 1906 to 5,917 on 1 January 1907 is attributed to a change of boundaries which excluded the locality of Amutive from the Town District. This explanation can hardly be reconciled with the fact that while the number of men decreased by 25 per cent., the number of women increased by 14 per cent., and the number of children by 8 per cent.

2. The decrease in the official total from 7,770 on 1 January 1911 to 7,090 on 1 January 1912 is attributed to the departure of numerous female traders. But it is obvious from the official analysis that the 1911 figure of 7,770 included the strangers (1910 : 585) while the 1912 figure of 7,090 excluded the 660 strangers. It rather seems, therefore, that the total population did not diminish at all between 1911 and 1913.

The number of recorded half-castes increased from 63 in 1905 to 71 in 1906, and 126 in 1907. The increase from 1906 to 1907 was probably due to 'a more accurate enumeration'. The number of recorded half-castes then decreased to 93 in 1908, but increased to 156 in 1909 and to 180 in 1910. In Lome-Town alone the number increased from 48 in 1909 to 71 in 1910.

This surprisingly large increase is probably due, on the one hand, to the immigration of adults from the neighbouring colonies, and, on the other hand, to the fact that an ever increasing number of mothers of half-caste children settle with their children in the capital of the Protectorate, where sooner than elsewhere an opportunity is offered to them of satisfying their claims to a higher standard of life.[1]

During 1910 the total number of half-castes further increased to 243.

The number of half-castes increased again quite considerably in the year under consideration. Although the increase can be attributed in part to the presence of Europeans employed in the construction of the Lome-Agbonu railroad and may therefore be considered an exception it nevertheless deserves attention. The time is no longer distant when the number of half-castes will equal the number of Europeans, or will even exceed it.[2]

But this expectation was not fulfilled. The total number of half-castes was 240 in 1912 and 263 in 1913 (while the Europeans numbered 345 and 368 respectively).

[1] *Die deutschen Schutzgebiete 1909/10, Berichtsteil*, p. 96.
[2] Ibid. *1910/11, Berichtsteil*, p. 87.

TABLE 10

Half-castes in German Togoland, 1907–13

Districts	*1907*	*1908*	*1909*	*1910*	*1911*	*1912*	*1913*
Lome-Town .	51	28	48	71	98*	98*	133†
Lome-Land .	2	2	2	3	7	2	—
Anecho . .	53	43	82	82‡	90	89	78
Misahöhe . .	8	9	10	10‡	29	29	28
Atakpame .	1	3	5	5‡	11	14	14
Kete-Kratschi .	3	1	—	—	1	1	1
Sokode-Bassari .	5	4	4	4‡	3	2	5
Mangu-Jendi .	3	3	5	5	4	5	4
Total . .	126	93	156	180	243	240	263§

* 'This figure includes the half-castes of European, Portuguese, or unknown origin as well as their children of fair complexion. The number of permanently resident children of Europeans in Lome was 52' (1912: 54).

† 'This figure includes the half-castes of European, Portuguese, and unknown origin. The number of descendants of a European man and a native woman (mulattoes) residing in Lome amounted to 86.'

‡ 'Figures of the year 1909; no new enumeration took place in 1910.'

§ 'This figure comprises the half-castes of European, Portuguese, and unknown origin. Of mulattoes proper (descendants of European men and coloured women) there are only 215.'

The total number of resident Moslems in the Protectorate hardly exceeded 14,000.[1]

III. POPULATION GROWTH, FERTILITY, AND MORTALITY

1. *Introduction*

The official reports on the German Protectorate tell hardly anything about the trend of the native population, absolutely nothing about fertility, and very little about mortality. The 1894–5 report, speaking of Western Togoland, says that 'the average yearly population increase may well be put at six per cent.',[2] but does not give any evidence to support this startling statement. The 1896–7 report relates that in spite of numerous deaths caused by a malaria epidemic 'a decrease in the native population was not noticeable'.[3] The 1900–1 report states that 'in some Districts, particularly in Misahöhe and Atakpame, smallpox and other diseases caused a decline in the population'.[4] The 1910–11 report finally says that 'the

[1] See ibid., p. 84. *Denkschrift Schutzgebiete 1894/5*, p. 3.

[3] Ibid. *1896/7*, p. 2.

[4] Ibid. *1900/1*, p. 48. The report mentions at the same place a considerable emigration from the Misahöhe District to the Gold Coast owing to the high wages prevailing there and also to the fact that 'the negro there is not recruited for road construction work as in the German Protectorate. . . . Missionaries

increase in the figures for the southern Districts, as compared with the former statements, is doubtless due not only to closer enumeration but also to a considerable population increase caused by immigration and excess of births thanks to the better hygienic conditions.'[1]

Hermann, contrasting the statements in the reports for 1900–1 and 1910–11, says:[2]

On the whole some points indicate after all that the population of the Protectorate has increased in the last twelve years, a result to which not only peace and security in the country have contributed but above all the hygienic efforts of the administration of the Protectorate.

Some British and French writers, on the other hand, claimed that there had been a progressive destruction of the native population.

In 1894 the official figures of the population of Togoland were 2,500,000 natives and the European population 56. In 1913, that is twenty years later, the native population was given as 1,500,000. When every allowance has been made for normal discrepancies, these figures emphatically confirm unofficial reports that since German occupation in the early eighties there has been a progressive destruction of the native people.[3]

Indeed, the Germans carried out, in peace times, in their overseas possessions the barbarous destruction of the tribes which they exploited cruelly: the seizure of the land, forced labour, the flogging set up as method of government (not to speak of the monstrous crimes of unscrupulous officials who imprint upon the German name an indelible blot), and the innumerable revolts provoked by their odious brutalities were drowned in blood . . . Do you want figures and facts? According to the German colonial reports themselves the population of Togoland decreased between 1894 and 1913 from 2,500,000 to about 1,000,000.[4]

But these writers evidently overlooked the fact that the figure of 2,500,000 was a mere guess, and that as early a report as the one for 1901–2 had estimated the total population at only 900,000.

As shown in the preceding section, all population figures for the Protectorate as a whole are utterly inadequate. In this respect pre-war Togoland does not differ from most other tropical African territories. But unfortunately the defective general population data have hardly been supplemented at all by special local investigations. The only notable exception is the inquiry made immediately before

who have lived for many years in the Misahöhe District claim to have observed a not inconsiderable population decrease; the region of Avatime, for example, is said to have suffered a population decline of about 1,000 heads in the course of four years'.

[1] *Die deutschen Schutzgebiete 1910/11, Berichtsteil*, p. 86.
[2] Hermann (1914), p. 191.
[3] Harris (1917), p. 30.
[4] Fidel (1918), p. 57.

the World War by the Government medical officer Dr. Rodenwaldt which will be discussed in the following pages. According to an Order of the Governor of 20 October 1909 'each death was to be notified immediately to the local administrative authority' in those localities or parts of localities which would be designated by public notice, and a notice of the same date announced that the Order was to take effect from 1 January 1910 on in the towns of Lome, Anecho, and Palime,[1] but apparently the results have never been compiled. No attempt was made anywhere to register births. And yet Rodenwaldt emphasizes that it would have been easy to get complete birth records.

It is really difficult to understand why in the Protectorates, above all in as excellently organized a Protectorate as Togoland, the question of birth registration has not yet been considered. Suggestions for the introduction of civil registration have not been lacking; but so far only records of marriages have been asked for because this question interests the justiciaries in the first place. The necessity and the advantages of birth statistics are not so evident at once, and yet they far exceed in importance other registration records. It suffices to recall the many questions of medical statistics and of forensic medicine, which owing to the lack of knowledge of the age of the persons involved are insoluble for the time being and for a long time to come, or the many difficulties which, owing to the lack of complete population lists, hinder an all-inclusive vaccination or an all-inclusive examination of the population in case of diseases, such as sleeping sickness. One thing is certain: a safe judgment about the question discussed here [the population decline of the Akpossos] depends immediately on the introduction of registration records.

The difficulty does not appear to be too great. Already to-day the Districts of Togoland dispose of very accurately kept tax-rolls, in which the taxable men are entered, mostly with an additional statement of their fathers' names.[2] It is also quite certain that each man in the District has to appear at least once a year at the District office, or at the place officially fixed for paying his tax or for performing work instead of cash payment. It is only a question of time and writing material to ask the men to state at that moment, by sex, the children born within their family circle in the course of the last year and to hand them a certificate for the children so notified. In view of the great respect of the negro for everything written or printed it is to be supposed that they will carefully keep these documents just like the tax papers and the vaccination certificates.

All that is needed is to state and record that to N.N., son of N.N. (these data are already in the tax rolls), a male or female child named N.N. was borne in the year . . . by his wife named N.N.

[1] See *Deutsches Kolonialblatt*, 15 Dec. 1909, pp. 1121–2.

[2] A table showing the taxable men in each District is to be found in *Die deutschen Schutzgebiete 1912/13, Statistischer Teil*, p. 409.

It should further be considered whether on this occasion the notification of the deceased children should also be requested.

I am not able to see any essential difficulties in keeping such comparatively primitive registration lists; in any case they are far outweighed by the great gain to be derived from the observation of the masses of people who are entrusted to us. I want to express the opinion that not only our successors in the administration of the Protectorates but also the coloured population itself may not unjustifiably reproach us later with having neglected something essential.[1]

2. *Dr. Rodenwaldt's Inquiry in the Atakpame District*

The main object of Dr. Rodenwaldt's inquiry was to prove the population decline among the Akpossos. This tribe at first had opposed strongly the German conquerors but was quickly subdued. The 1898–9 report praises their peacefulness and docility,[2] and the next report states that as labourers they are far superior to the other natives of the District.[3] Rodenwaldt himself begins his analysis by stating that the recent population decline is 'in complete contrast to the indubitable amelioration of the political and economic conditions of the Akposso tribe, and that the pacification of the country is thus accompanied not at all by a growth of the race but even by its decay . . .'[4] He was careful to ascertain conditions also in other areas of the Atakpame District. His inquiry thus covers the following groups of people:

1. Fourteen Akposso villages in the plains with 797 women and 1,060 men. The majority of these villages had been settled only in the course of the last few years. Ruins of the original settlements in the mountains are still to be seen.
2. Ten Akposso villages in the mountains with 498 women and 737 men. These villages are old settlements.
3. Four Fong villages with 175 women. The villages, inhabited by Ewes, are situated on the great road leading from the coast to Atakpame, and therefore were the first to experience European influences. While they have had economic advantages from the increase in trade, the massing of people in the markets has led to a great deal of prostitution.
4. The village Kunjowu in the Kebu region with 204 women. The people here live by themselves far from all roads and under the same economic conditions as the Akpossos who are their immediate neighbours. Like the Akpossos they have not been exposed to the impact of European civilization.

[1] Rodenwaldt (1914), p. 151.
[2] See *Denkschrift Schutzgebiete 1898/9*, p. 51.
[3] See ibid. *1899/1900*, p. 46.
[4] Rodenwaldt (1914), p. 146.

5. The penal settlement of Chra with 27 women. The male and female criminals come from all tribes of the Protectorate.
6. Fifty-five women questioned in the polyclinic of the Government medical officer in Atakpame. The majority of the women had consulted the physician about chronic ailments, particularly abdominal complaints.
7. Twenty-one wives of soldiers living in the military camp of the District.

The facts ascertained for each woman were:

Is she under 21, 21 to 30, 31 to 40, or older?

How many boys and girls has she borne? If she never had a child and is over 31, has the husband had children from another woman?

How many abortions has she had? (Not asked in one area.)

Is she now pregnant? (Asked only in some areas.)

How many boys and girls are living? have died?

How many of the living children are under 1, between 1 and 5, between 5 and 10, over 10?

How many of the deceased children died under 1, between 1 and 5, between 5 and 10, over 10?

The majority of the hearings were made by the physician himself, some by a European dresser whose trustworthiness was beyond all doubt and whose material, as shown by checking, was to be considered quite accurate. The reliability of the observations, in the sense that actually all individuals of the localities concerned were brought along, was guaranteed by the fact that for the majority of the localities the journey took place in the presence of the District Officer who with the help of his police powers saw to it that all appeared without exception. Only for some localities which lay far from the route and the inhabitants of which had to come some distance on foot, were some of the very old women probably not presented. . . . The women were requested to appear on principle together with their children at the examination, and this could mostly be done without difficulties. Only in the few cases where children had married into other localities did the presentation not take place. . . .[1]

The data as to the age of mothers and children are based on estimates. . . . Naturally the data about the age reached by the deceased children are less trustworthy.[2]

The results of the inquiry may be summarized as follows:

Sterility. The percentage of women who never had a child was 36 in the Akposso villages in the plains, 26 in the Akposso villages in the mountains, 19 in the Ewe villages, and 3 in the Kebu village. The 27 wives in the penal settlement had all had at least 1 child.

[1] Although Rodenwaldt does not mention it, it may be assumed that most women in the polyclinic did not present their children.

[2] Rodenwaldt (1914), pp. 146–7.

Considering only the wives aged 31 or more, the percentages were 27 in the Akposso villages in the plains, 12 in the Akposso villages in the mountains, 7 in the Ewe villages, and 0 in the Kebu village. Rodenwaldt makes the following comment on sterility:

It is highly improbable that a negress of Togoland under natural conditions voluntarily forgoes the blessing of having children; I am therefore of the opinion that deliberate abortions do not occur in the territory concerned[1] and I believe, though, to be sure, I cannot prove it, that in the case of *impotentia generandi* of the husband the woman will sooner or later endeavour to have offspring by another man. I would therefore assume that the majority of the childless women over 20 listed in the tables are actually sterile.[2]

Women over 31 with only one child. Of the women over 31 who were not childless the percentage of women with one child was 43 in the Akposso villages in the plains, 27 in the Akposso villages in the mountains, 18 in the Ewe villages, and 3 in the Kebu village. Rodenwaldt's comment reads as follows:

A very important figure is that of the women over 30 years with only one child. Only those women have been entered here who in fact had given birth to a child but once. This figure was included because of the polyclinical experiences made in all the sanitary offices of the Protectorate that a very large fraction of the women fall sick during their first childbed and as a result of inflammatory processes in the pelvis retain deformations which cause deplacements of the womb and thus in most cases lead to sterility.[3]

Abortions. The number of abortions per 100 women was 5 in the Akposso villages in the plains, 10 in the Akposso villages in the mountains, 34 in the Ewe villages, and 3 in the Kebu village. Rodenwaldt attributes the comparatively high figure in the Ewe villages to 'venereal diseases or depraved morals'.[4] Of the 21 soldiers' wives only 1 recorded an abortion, though 'according to well-founded information furnished by the District Officer it is likely that for economic reasons, which it would take me too long to discuss here, abortion is practised among the soldiers' wives'.[5]

[1] Schlettwein (1930), pp. 53, 113, on the other hand, emphasizes the desire of the husband to have children. 'Among all tribes of Togoland it is considered an advantage to have numerous children. A large number of children means prestige and influence in the community, means wealth and an easy life for the father of the family. . . . Abortion is naturally comparatively rare, since the possession of children is considered an advantage.'

[2] Rodenwaldt (1914), p. 147. It should be noted that the missionary Spieth (1906), pp. 217–18, in his description of the Ho tribe likewise emphasized that in spite of a general desire to have children the number of births was very small.

[3] Rodenwaldt (1914), p. 147. See also his report in *Medizinal-Berichte 1910/11*, p. 493. [4] Rodenwaldt (1914), p. 149. [5] Ibid., p. 150.

TABLE 11

Fertility and Child Mortality in the Atakpame District

	Akpossos		*Ewes*	*Kebus*	*Penal Settlement*	*Polyclinic*	*Soldiers' wives*
	Plains	*Mountains*					
Women under 21	81	71	8	21	2	1	1
„ 21 to 30	361	237	46	103	12	30	10
„ 31 to 40	262	131	53	59	12	18	7
„ 41 and over	93	59	68	21	1	6	3
Total	797	498	175	204	27	55	21
Sterile under 21	54	44	8	3	—	—	—
„ 21 to 30	135	64	18	4	—	3	1
„ 31 to 40	78	14	3	—	—	—	1
„ 41 and over	17	8	5	—	—	—	—
Total	284	130	34	7	—	3	2
Women 31 and over with one child	112	45	20	2	—	7	1
Abortions	40	52	59	6	..	20	1
Births	988	748	342	516	101*	144	54
Deceased children:							
Under 1 year	241	320	73	85	9	74	26
1 to 5 years	20	16	19	15	3	7	4
5 to 9 years	14	8	2	12	—	1	2
10 years and more	20	12	9	19	—	2	—
Total	295	356	103	131	12†	84	32
Living children:							
Under 1 year	121	75	27	73	10	8	4
1 to 5 years	150	72	33	105	21	10	9
5 to 9 years	114	63	31	74	19	13	5
10 years and more	308	182	148	133	12	29	4
Total	693	392	239	385	62‡	60	22

* Including 27 not born in the settlement. † Excluding 23 not born in the settlement.
‡ Excluding 4 not born in the settlement.

Births per woman. The average number of births per woman was 1·24 in the Akposso villages in the plains, 1·50 in the Akposso villages in the mountains, 1·95 in the Ewe villages, 2·53 in the Kebu village, 3·7 in the penal settlement, 2·6 in the polyclinic, and 2·6 for the soldiers' wives.

Rodenwaldt ascertained for some Akposso villages a much higher fertility among the women over 40 than among those from 31 to 40. For all the Akposso villages combined he found 1·7 births per woman of 31 to 40 and 2·3 births per woman over 41.[1] He concludes therefrom:

The older group thus still replaced itself almost adequately, and it must furthermore be taken into account that, as mentioned above, in some cases certainly not all the old women appeared at the examination, and that among the women of the first group who were entered as 40 years of age perhaps some were after all older while certainly only old women were

[1] The figure for the women under 31 was apparently 1·1.

entered in the second group. But it is just the women around 40 years, that is the women who started their sexual life about two decades ago, who show an adequate production of children while among the younger ones those with few children or none constitute the majority.[1]

He points out that fertility in the Ewe villages, while being considerably higher than in the Akposso villages, is far from ensuring replacement and attributes this mainly to early sterility caused by prostitution. He considers fertility in the Kebu village satisfactory, but still much higher in the penal settlement.

Every traveller who comes by rail from Lome to Atakpame is struck at the station of the settlement by the enormous abundance of children in Chra; this is a fact which is known among Europeans all over the Protectorate. This universal observation is interesting and instructive inasmuch as ... the production of children even here is by no means abnormally high. That it attracts here so very much attention proves only that at all other points of the Protectorate the number of children must be below the norm, which probably is in fact true.[2]

Rodenwaldt finds fertility among the women questioned in the polyclinic and in the soldiers' camp less unfavourable than might have been expected. He concludes:

Whatever population groups are compared with each other, the comparison is then always unfavourable to the Akpossos. ...

The birth-rate [among the Akpossos] is so low that even if all children survived, the parents would not reproduce themselves. ...

It appears furthermore that an exceedingly high percentage of women remain childless, and that a likewise very high percentage give birth to only one child. ...

The figures indicate that the population decline is still in full swing and that the production of children was probably larger among the earlier generations.

It appears from the tables prepared for the purpose of comparison, which were obtained in other localities and under other conditions, that even where according to all appearance the production of children seems to be particularly large, conditions are such that they hardly guarantee the maintenance of the population.[3]

Child mortality. The number of deceased infants per 100 births was 24 in the Akposso villages in the plains, 43 in the Akposso villages in

[1] Rodenwaldt (1914), pp. 148–9.

[2] Ibid., p. 150. What is much more interesting and instructive is that the Europeans in the Protectorate got their impression of a great prolificness of the women in the penal settlement from the presence of a large number of children at the railway station. Even if all the 66 children of the settlement, including the 10 infants, rushed to the station whenever a train stopped, this sight could hardly be a correct gauge for the measurement of fertility in the settlement.

[3] Ibid., pp. 150–1.

the mountains, 21 in the Ewe villages, 16 in the Kebu village, and 51 for the mothers questioned in the polyclinic. But the low figures for deaths of children between the ages of 1 and 10 years seem to indicate that numerous children deceased after the first year of life were recorded as dead under 1.[1] The number of children deceased under 10 per 100 births was 28 in the Akposso villages in the plains, 46 in the Akposso villages in the mountains, 27 in the Ewe villages, 22 in the Kebu village, and 57 for the mothers questioned in the polyclinic. The average number of children surviving (including those over 10) per 100 women was 0·87 in the Akposso villages in the plains, 0·79 in the Akposso villages in the mountains, 1·37 in the Ewe villages, and 1·89 in the Kebu village.

Rodenwaldt thinks that the main reasons for the recent population decline of the Akpossos are framboesia, syphilis, gonorrhoea, and too early marriages. He does not consider child mortality to be one of the causes, since he does not think that it was lower in former times. He does not think that a reduction of child mortality could change the population trends among the Akpossos, since with them fertility is anyway far too low, but he believes that replacement might be ensured among the other tribes if child mortality were reduced there.

3. *General Mortality*

When Dr. Rodenwaldt was Government medical officer of the Anecho District he expressed in an official report his general impressions of the health conditions, as they appeared to him.

Considering the pathology of the coloured population as a whole it must be said that of the diseases we observe in Europe few are missing here. Adequate morbidity statistics which would be comparable with European statistics are not obtainable for the time being, primarily because we have as yet no civil registration data, and, therefore, must resort to estimates as to the age of the people. In so far as it is possible for a physician to have a judgment about his patients in the absence of statistical data I must share the opinion of those tropical hygienists who take the view that there is no such thing as a healthy primitive race, that these peoples are relatively much more frail and unhealthy than European peoples, that above all they are by no means adapted to their own climate in such an ideal manner as is often assumed when the possibility or impossibility of the adaptation of the European peoples to tropical regions is discussed.[2]

[1] This suspicion is strengthened by the fact that obviously many living children who were over 1 year old were recorded as being under 1. This seems to me to be the only plausible explanation for the very small number of children entered as 1 to 4 years old.

[2] *Medizinal-Berichte 1910/11*, p. 499. A similar statement is to be found in the 1898/9 report on the Protectorate (p. 81): 'Over and over again it was to be

Spieth[1] and Calvert[2] report that infant mortality was very high. Spieth attributes it mainly to 'the carelessness of the mothers as well as the absurd habits in dealing with children'.

Small-pox at times claimed many victims among the natives. In 1899 the District Officer of Sokode-Bassari reported:[3]

> Small-pox very likely is endemic in the territory but is probably also occasionally imported. It appears irregularly at intervals of from two to six years. . . . Small-pox proper, *tscharipaua*, is considered the most devastating disease of the country and is said to lay waste whole villages.[4]

According to the 1900–1 report a small-pox epidemic prevailed particularly in the Misahöhe and Atakpame Districts.[5] The 1901–2 report states that 'small-pox which has been imported from the French and English territories is raging among the natives in almost all districts'.[6] The 1902–3 report again complains about the prevalence of small-pox. 'Although thousands of natives have been vaccinated it will still take many years before the devastating epidemic will have vanished from the country.'[7] At the same time Külz reported that 'a chief station officer who has been active for many years in one and the same District (and who at the same time is a physician) estimates the losses in his District of about 400,000 inhabitants at at least 1,000 deaths per year. If we apply this rate which is put too low rather than too high to the whole Protectorate there would be a yearly loss of about 5,000 persons from small-pox'.[8] The 1903–4 report states:[9]

> Small-pox in the year under consideration appeared again at the coast as well as in the interior at various places and probably claimed numerous victims. In view of the prevailing conditions it is not possible to give here more accurate figures about the losses thus incurred.

Külz, who from 12 August to 5 December 1904 travelled through the eastern part of the Protectorate, relates that 'among the localities newly infected there was the village of Tschambi in the Sokode District with formerly about 2,000 inhabitants of whom 600 died from

observed that the blacks, especially those of the coast, are also affected by climatic conditions just the same as the whites.'

[1] See Spieth (1906), p. 218. [2] See Calvert (1918), p. 69.

[3] *Denkschrift Schutzgebiete 1898/9*, p. 67.

[4] See also ibid. *1899/1900*, pp. 56–7: 'According to statements of the natives, three years ago, small-pox worked havoc in Tschautscho and Basari; it is said that in Paratau 100 persons died. This disease seems to have been imported by Hausa traders.'

[5] See *Denkschrift Schutzgebiete 1900/1*, p. 48, *Anlagen*, p. 163.

[6] Ibid. *1901/2*, p. 55; see also ibid., *Anlagen*, pp. 317, 319–20.

[7] Ibid. *1902/3*, p. 34; see also ibid., *Anlagen*, pp. 249–50.

[8] Külz (1903), p. 560. [9] *Denkschrift Schutzgebiete 1903/4*, p. 364.

smallpox!' He questioned the chiefs of 60 villages having about 10,000 inhabitants and found that in 42 villages 186 inhabitants had died from small-pox in the course of the last two years. 'If we count 60,000 or 65,000 heads for the whole District this would mean a yearly total loss of about 600 persons, that is, nearly 1 per cent. of the population dies yearly from small-pox!'[1]

From the reports for 1904–5 to 1909–10 it would appear that small-pox was less prevalent in all those years, but the report for 1910–11 stated that it had again become more frequent and that in spite of the large number of vaccinations in this and the preceding years 'small-pox is probably still the most dangerous disease for the natives, more dangerous and more devastating than sleeping-sickness, cerebrospinal meningitis, and leprosy'.[2] The situation became more serious still in the summer of 1911 all over the Protectorate,[3] and the Colonial Office thereupon sent Dr. Paschen from the Inoculation Institute in Hamburg to study the situation on the spot. He arrived in the Protectorate early in 1912 and in his report emphasized the terrifying losses suffered in the Protectorate during the previous four years. He stated in particular that in the Lome-Land District whole villages had died out and that the District Officer 'put the deaths from small-pox between 1 May and 1 September 1911 at 8,000[4] (among a total population of 119,000). In the following year the deaths from small-pox in the Sokode District (population 300,000) numbered at least 4,000 according to the investigations of the District Officer.[5] It is obvious then that under the German régime small-pox was a very important factor in determining population trends.

The other main prominent diseases were malaria,[6] dysentery, and leprosy.[7] Cerebrospinal meningitis claimed numerous victims in 1906–8.[8]

[1] Külz (1905), pp. 248–9. It is probably on the basis of this not too well-founded statement that Ruge (1912), p. 8, contended that 'still in 1903 about 1 per cent. of the population of Togoland succumbed to small-pox'. See also Steudel (1924), p. 154: 'Professor Külz computed on his inoculation journeys on the basis of thorough questionings of intelligent village elders that formerly on an average 1 per cent. of the population died from small-pox each year in Togoland.'

[2] *Die deutschen Schutzgebiete 1910/11*, p. 88.

[3] See ibid. *1911/12*, p. 90.

[4] Paschen (1912), p. 7; see also ibid., p. 30.

[5] See *Die deutschen Schutzgebiete 1912/13*, p. 107.

[6] A particularly severe epidemic of malaria occurred in 1896 (see *Denkschrift Schutzgebiete 1895/6*, pp. 2, 16–17).

[7] The official medical reports state repeatedly that leprosy was the most important infectious disease in Togoland. See, for example, *Medizinal-Berichte 1904/5*, p. 118; *1906/7*, p. 138.

[8] Meningitis had hardly been noticed by the authorities of the Protectorate

Sleeping-sickness was noticed for the first time in 1895.[1] The Government medical officer, Dr. Hintze, reported in 1904:

From the middle of the 1890's, in the Boëm and Tapá regions at the Western frontier of the Protectorate sporadic cases of sleeping-sickness appeared, which increased in numbers in the course of the last few years.

The disease was apparently confined to two foci separated from each other by a several days' journey and consisting of a few villages. After a slow increase (from 1896) the epidemic reached its peak in the years 1902–3 and thereafter declined rapidly. As far as could be ascertained the number of fatal cases did not amount to more than about 110 or 120; thus here the disease has evidently not reached the extent which has been reported from the east of the continent, particularly from Uganda.

Of the 10 cases still surviving in September 1903, one-half succumbed to their sufferings before the end of the year; 5 were isolated in January 1904 on a mountain fit for this purpose. In all of them *Trypanosoma Ugand.* was ascertained. On 1 April only one patient was still alive.[2]

The last patient died shortly thereafter,[3] and Dr. Krüger reported that the disease could be considered as extinguished.[4]

The 1906–7 report stated: 'Sleeping-sickness appears only very sporadically. It is said that some cases have occurred in the Mangu-Jendi District.'[5] No cases were observed in 1907–8. But in the second

before 1906. But early that year an epidemic was imported from the Gold Coast into the Sansanne-Mangu District and there caused at least 500 deaths. The plague subsided in the course of April. In the following year it appeared in February in the Sokode District; 200 or 300 cases proved fatal. It appeared again in the same District in 1908 and caused approximately 300 deaths (among a total population of 350,000). In 1909 only about a dozen deaths were ascertained in the Protectorate, and apparently not more in subsequent years. (See *Denkschrift Schutzgebiete 1905/6*, p. 54; ibid. *1906/7*, part D, p. 14; ibid. *1907/8*, part D, p. 13; ibid. *1908/9*, part D, pp. 10–11; *Die deutschen Schutzgebiete 1909/10*, p. 98; *Medizinal-Berichte 1907/8*, p. 300. See also Jaffé, 1908, pp. 120–4.)

[1] See *Medizinal-Berichte 1908/9*, p. 293.

[2] Ibid. *1903/4*, pp. 171–2; see also Krüger (1904), p. 479.

[3] See *Medizinal-Berichte 1904/5*, p. 118. For further details see ibid. *1908/9*, pp. 292–3; *Denkschrift Schutzgebiete 1903/4*, pp. 35, 364–5; *1904/5*, p. 59; *1908/9*, part D, p. 11. It is very fortunate from a scientific point of view that the German Administration and the German medical officers reported so fully this first experience of fighting sleeping-sickness in Togoland, and it is much to be regretted how little these documents are known to-day. See, for example, Selwyn-Clarke (1934), p. 100: 'In the same year [1903] a sleeping sickness camp was established by the German Imperial Government in Togoland where the disease was found to be widespread. History relates that all the cases admitted to the camp died.' All that actually happened was that Dr. Krüger had the good sense to isolate the 5 (hopelessly sick) persons of whom he could get hold.

[4] See also *Denkschrift Schutzgebiete 1905/6*, p. 54: 'New cases of sleeping-sickness have not been observed.'

[5] Ibid. *1906/7*, part D, p. 14.

half of 1908 it was ascertained that the disease had spread considerably in the Misahöhe District.[1] Other cases were discovered in the Kete-Kratschi District, and by the end of March 1909 the total number of cases ascertained in both districts was 164.[2] In 1909–10, 98 more cases were ascertained.[3] The total number of patients brought into the sleeping-sickness camp prior to 1 April 1913 was 568.[4] On 31 March 1913 the patients in the sleeping-sickness camp numbered 86. In addition 341 persons who formerly suffered from sleeping-sickness were under observation.[5]

Thus the Germans apparently succeeded in checking the spread of sleeping-sickness in the Protectorate.

4. *Mortality of Labourers*

Free labour for wages was rare under the German régime. Most of the work done by the natives for the Administration and for European firms was forced labour. The situation may be illustrated by some quotations from the annual reports:

1897–8.[6] Kete-Kratschi District. We have succeeded in enrolling for carrier and labour services the native population which by nature is averse to any kind of work. True enough, without an explicit order, carriers seldom come forward voluntarily. The people have not yet correctly recognized the value of money, since they have too few needs.

The point in question then is to pull the natives out of their apathy as regards needs which are confined to some yams for food, small, extremely poor, round living-huts, and so far only scanty clothes. A beginning was made by conducting the first native Kratschi people to the coast where they had an opportunity of somewhat enlarging their horizon.

1898–9. Sokodé and Basari Stations. The station orders for gratuitous labour service whomever it needs in its labour force. People are now accustomed to consider this as a compensation for the activities of the station and, on the whole, obey willingly, since the demands are not great.[7]

Within the territory of the station everything is transported free of charge by the natives. If the carriers are taken along or sent on for journeys of several days they receive food.[8]

1900–1. In the interior the Protectorate is pacified. The natives proved

[1] See ibid. *1907/8*, part D, p. 13. See also v. d. Hellen (1909), pp. 8–9.

[2] See *Denkschrift Schutzgebiete 1908/9*, part D, p. 11. See also part A, p. 7; Zupitza (1909), pp. 225–7.

[3] See *Die deutschen Schutzgebiete 1909/10*, p. 98. See also Zupitza (1910), pp. 402–3. See furthermore *Medizinal-Berichte 1908/9*, pp. 294–6, 304–13; *Amtsblatt für das Schutzgebiet Togo*, 27 Jan. 1912, pp. 25–6, 7 Sept. 1912, pp. 275–6.

[4] See Steudel (1924), p. 45.

[5] See *Die deutschen Schutzgebiete 1912/13*, p. 107. See also pp. 464–7 below.

[6] *Denkschrift Schutzgebiete 1897/8*, p. 38.

[7] Ibid. *1898/9*, p. 71.

[8] Ibid., p. 72.

to be almost everywhere willing to carry out the road construction imposed upon them. Only some villages situated close to the English frontier in the Misahöhe District made difficulties about providing labourers for the construction of roads. An expedition of about five weeks thus became necessary. Only in one case, however, in Agotime, the use of arms could not be avoided: 14 natives were killed and 3 wounded. This intervention did not fail to be effective. From then on the people from Agotime came obediently and willingly to the road labour . . .[1]

A private undertaking at which an especially large number of natives was employed was the construction of the Lome–Agbonu railroad. The work began on 7 September 1908 with 200 labourers. In order to ensure a uniform progress of the work the Administration agreed to put permanently at the disposal of the firm about 2,000 labourers. The firm appointed a physician and a dresser. The Government appointed an officer as permanent labour commissioner.[2] Health conditions at first were fairly good. In the year ending 30 September 1909 the average number of forced labourers provided by the Government was nearly 2,000, of whom 45 died. But from November 1909 on mortality became terrific. In the year ending 30 September 1910 the average number of forced labourers was 2,477 and the number of deaths 255. Mortality remained very high in the last quarter of 1910 (average number of labourers 2,184, deaths 62). It subsided only in the first quarter of 1911 at the end of which the work was terminated (average number of labourers, 1,331, deaths 9).[3]

The medical report for 1910–11 stated:[4]

The native labourers, numbering at the beginning between 2,700 and 3,000,[5] suffered from intestinal sickness, especially from dysentery, which was attributed by the physicians to strong concentration of the labourers and the consequent defective provisioning with food and water. . . . There occurred 212 deaths.

The annual report for the Protectorate described the situation as follows:[6]

The numerous cases of deaths which occurred on the track particularly

[1] *Denkschrift Schutzgebiete 1900/1*, p. 46; see also ibid., p. 51. According to the detailed report of Trierenberg (1914), pp. 176–7, 18 natives were killed and 3 wounded.

[2] See *Denkschrift Schutzgebiete 1908/9*, part D, pp. 13, 18–19.

[3] See *Amtsblatt für das Schutzgebiet Togo*, 1909, pp. 7, 45–6, 71, 101, 116–17, 153–4, 210–11, 247, 287, 333–4, 358, 378; 1910, pp. 32, 66, 149, 178, 199, 265–6, 330–1, 498, 571, 617; 1911, pp. 55–6, 80, 114, 184, 192, 207–8.

[4] *Medizinal-Berichte 1910/11*, p. 486.

[5] These figures include the voluntary labourers, for whom no death figures are available.

[6] *Die deutschen Schutzgebiete 1910/11*, p. 83.

towards the end of the railroad construction among the forced labourers furnished from the Sokode and Mangu Districts—of all forced labourers furnished for the railroad construction, altogether 366 or 3·39 per cent.[1] died—made the population of the Northern districts very suspicious of protracted contract labour in the south of the Protectorate and even led in the Mangu District to the emigration of about 500 persons into English territory.

CONCLUSION

WHETHER the native population of Togoland increased or decreased under the German régime, it is impossible to tell. The little evidence there is seems to indicate that, in some areas at least, fertility was low. Health conditions on the whole seem to have been rather unfavourable. Mortality evidently was high. The natives suffered from the usual diseases prevalent both in Europe and in tropical territories. Moreover, they succumbed in large numbers to small-pox.

[1] According to the periodical reports in *Amtsblatt für das Schutzgebiet Togo*, the total number of deaths was 373. The mortality rate of 3·39 per cent. was obtained by relating the total number of deaths to the total number of forced labourers furnished by the Government (10,800). This rate is meaningless, since the labourers were recruited normally for six months, while many of them had to be discharged before the expiration of their contracts.

PART V

FRENCH TOGOLAND

INTRODUCTION

THE PRE-MANDATE PERIOD (1914–21)

GERMAN TOGOLAND was conquered by French and British troops in the course of the first three weeks of the World War. A convention was concluded by the Governors of Dahomey and of the Gold Coast on 30 August 1914 and approved by the two Governments concerned, according to which the Districts of Anecho, Atakpame, and Sokode, and most of the District of Sansanne-Mango were to be administered by the French, while the Districts of Lome-Town, Lome-Land, Misahöhe, and Kete-Kratchi as well as the subdivision of Yendi, which was detached from Sansanne-Mango, were allocated to the British.[1] Through the Treaty of Versailles (28 June 1919) Germany renounced all her rights to the Protectorate, and a new agreement was concluded on 10 July 1919 between France and England, according to which the French administration was extended to Lome-Town, nearly all of the Lome-Land District, the Kluto (Misahöhe) District except the Ho and Kpandu regions, and the east of the Kete-Kratchi District, while France ceded to Great Britain the administration of the Sansougou canton in the west of the Sokode District, and the Province of Konkomba as well as the western canton of the Tchokossis in the Sansanne-Mango District.[2] The change took place on 1 October 1920.[3] The French zone thereafter comprised about 20,000 square miles[4] and the British zone about 13,000 square miles.[5] A decree of 23 March 1921 conferred administrative and financial autonomy on the Togoland Territory occupied by France.[6] The mandated system was established on 20 July 1922.

[1] See Besnard (1919), p. 415. See also 'Organisation des Territoires occupés de l'Ancien Togo', *Journal Officiel du Togo*, 1 Oct. 1920, p. 2.

[2] See Angoulvant (1920), pp. 663–4; Delafosse (1931), pp. 347–8. The Franco-British Declaration of 10 July 1919 is reprinted in *Report Togoland 1920–1*, pp. 23–6.

[3] See *Rapport annuel 1921*, p. 67.

[4] The area is usually given as 52,000 sq. km. (20,000 sq. m.); see, for example, 'Rapport sur l'administration du Togo de la conquête au 1er juillet 1921' (p. 9870); *Statistisches Jahrbuch für das Deutsche Reich 1937*, p. 309*; *Statistical Year-Book of the League of Nations 1937/8*, p. 17. But some authorities give higher figures, for example, *Annuaire Statistique de l'Afrique Occidentale Française 1934–6*, p. 141: 53,000 sq. km.; Girault, vol. i (1927), p. 330: 54,390 sq. km. (21,000 sq. m.); Uhlig (1934), p. 118: 56,000 sq. km.; *Bulletin de l'agence générale des colonies*, Jan. 1921, Supplement, p. 136: 56,717 sq. km.; Gerig (1930), p. 107: 22,000 sq. m. Dr. Abbatucci (1926), p. 149, gives erroneously 70,000 sq. km.

[5] See pp. 488–9 below. Buell (1928), strange to say, states repeatedly (vol. ii, pp. 280, 361) that nine-tenths of Togoland were turned over to the French.

[6] This decree 'fixing the powers of the Commissioner of the French Republic in Togoland' is reprinted in *Rapport annuel 1922*, pp. 206–7.

CHAPTER I

CENSUS STATISTICS

I. Coloured Population

1. *Census-taking*

The methods used in census-taking have been described as follows in the reports of the French government to the Council of the League of Nations.

1922.[1] In fact, no census by names was effected until 1922, and the enumeration of the population has been worked out according to the information furnished by the village and family chiefs. In 1922 the administrators were invited to proceed regularly with censuses by names in the regions visited by them in the course of their tours. These operations are necessarily lengthy; it is to be hoped that they will be completed by the end of the year 1923.

1923.[2] Censuses by names have been effected in all the Districts, but, with the exception of the Kluto-Palime and Anecho Districts,[3] they are far from being completed. The population density, especially in the north, renders these operations in fact very lengthy. The figures . . ., therefore, are still approximate for more than half of the total.

1924.[4] We pointed out last year that the statements concerning the size of the population were 'still approximate for more than half of the total'. For the last year, however, the censuses by names show great progress. The inhabitants of the Kluto and Anecho Districts are now counted completely. In the rest of the Territory the population enumerated by names on 31 December 1924 was distributed as follows:

District of Lome . . .	62,625
District of Atakpame . .	33,933
District of Mango . . .	65,502
District of Sokode . . .	12,905[5]

Only a sizing up (by lump sum and not by names) had been effected so far in the latter District which is particularly spacious and densely populated; this furnishes an explanation for the trifling proportion of inhabitants enumerated by names.

The checking of the population by names will doubtless be completed in

[1] *Rapport annuel 1922*, pp. 45–6.
[2] Ibid. *1923*, p. 82–3.
[3] These Districts comprised only one-sixth of the total population of the Territory.
[4] Ibid. *1924*, p. 101.
[5] The enumerated population of the Territory would then have amounted, after all, to only a little over 40 per cent. of the total population of the Territory.

1926 in the Lome, Atakpame, and Sansanne-Mango Districts but not for three or four years in Sokode. Owing to the conditions under which they are effected in those countries these tasks indeed require much time and patience.

Depending on the importance of the Districts and the density of the population the censuses have been effected so far either wholly by the administrative officers, as in Kluto, Atakpame, and Sansanne-Mango, or by native agents of the Administration checked by the officials on their tours. Each village chief is notified in advance and at the appointed day musters the inhabitants on the village square, in the shade of the trees. The families are grouped separately and are presented by their chief. Frequently discussions arise about obviously incorrect statements; one must then proceed to a close questioning of the respondent in order to induce him to state the exact composition of his family. The natives generally feel in fact loath to provide this information, either out of a natural indifference, or out of premeditation in order to avoid the payment of the head tax. It is easy to imagine the slowness with which the census advances under such conditions.

1925.[1] Setting aside the Anecho and Kluto Districts, the inhabitants of which have been counted completely since 1924, the population enumerated by names attained the following figures on 31 December 1925:

District of Lome . . .	107,446
District of Atakpame . .	64,156
District of Sokode . . .	68,643
District of Mango . . .	76,081
Total	316,326
Against	174,965 in 1924

In the Anecho and Kluto Districts the registers of the census by names are verified as the Administrator or his deputy passes through the villages. The roll is called of the names of all the natives already enumerated. Each family chief announces the members who died or those who definitely left the village owing to a marriage or for any other reason; he then presents the children born since the last census, the newly married wives, and finally the persons omitted at the preceding censuses.

The last report explained the manner in which the enumeration is effected in the groups not yet covered by a census; the same methods were used in 1925.

By 31 December 1925 about 60 per cent. of the total population had been enumerated by names. The census area was expanded in the following years,[2] and when in 1929 the first census by names in

[1] Ibid. *1925*, p. 75.

[2] In a circular letter of 11 March 1927 to the Commanders of the Districts and the medical officers, chiefs of the sanitary subdivisions (reprinted in *Rapport annuel 1927*, p. 158), the Commissioner of the Republic summarized the situation as follows:

'While at present we are fairly well informed about the size of the population

the Sokode District had been completed,[1] the census area covered the whole Territory.

2. *Publication of Census Results*

The tables published in the annual reports to the League of Nations convey the following information on the coloured population:[2]

1921. For each District: French citizens, French protected or administered subjects, Foreign subjects. French protected or administered subjects by races in the (combined) Sokode and Sansanne-Mango Districts.

1922–5. For each District: French citizens, French protected or administered subjects,[3] Foreign subjects. French protected or administered subjects[3] by races in the Atakpame District and in the (combined) Sokode and Sansanne-Mango Districts.

1926. For each District: French citizens, Total coloured persons. Coloured persons by races in the Atakpame District and in the (combined) Sokode and Sansanne-Mango Districts.

1927–9. Total French citizens. For each District: Coloured persons, excluding French citizens. Coloured persons, excluding French citizens, by races in the Atakpame District and in the (combined) Sokode and Sansanne-Mango Districts.

1930. For each District: Total coloured persons. Coloured persons by races in the Atakpame District, the Sokode District, and the Sansanne-Mango District.

1931. For each District: Coloured men, women, boys, and girls. Coloured

in the Districts of Kluto, Anecho, and Atakpame where the complete enumeration, after having been carried out once, is regularly revised each year in the course of the tours of the administrative personnel, the same is by no means true of the Lome District where one single superficial census, not yet verified, has been taken, or of the Mango District which in this respect lags very much behind. Finally, the circumscription of Sokode, which comprises three-sevenths of the population of the Territory, is far from being completely enumerated in spite of the activity displayed along these lines which I take pleasure in acknowledging.'

After having pointed out the inherent inadequacy of a first census he went on:

'This implies that the censuses are never terminated and that even in Lower-Togoland the checking of the population must continue to be permanently exercised. Concerning the Lome District, the demographic situation of which is not yet sufficiently clarified, I desire that a new complete enumeration be undertaken, beginning with the chief town.

'In Upper-Togoland serious measures must be taken in Sansanne-Mango to make up for lost time. In the Sokode District the same efforts as in the past shall be continued.'

[1] See *Rapport annuel 1929*, p. 88.

[2] See ibid. *1921*, p. 70; *1922*, p. 45; *1923*, p. 82; *1924*, p. 100; *1925*, p. 74; *1926*, p. 70; *1927*, p. 62; *1928*, p. 69; *1929*, p. 87; *1930*, p. 86; *1931*, p. 84; *1932*, p. 62; *1933*, p. 66; *1934*, pp. 81–2, 84; *1935*, p. 84; *1936*, p. 86; *1937*, p. 108.

[3] From 1923 on 'Subjects, protected under French mandate'.

persons by races in the Atakpame District, the Sokode District, and the Sansanne-Mango District.

1932–4. For each District: Coloured men, women, boys, and girls. Coloured persons by races with indication of the Districts where they are to be found.

1935. For each District: Coloured men, women, and children. Coloured persons by races with indication of the Districts where they are to be found.

1936–7. For each District: Coloured men, women, and children.

3. *Completeness and Accuracy of Censuses*

The population figures for 1921 and 1922 compiled from 'the information furnished by the village and family chiefs' showed enormous differences for most Districts. Thus the official figure for Lome increased from 99,204 to 129,532, while that for Anecho decreased from 112,020 to 91,786, and that for Kluto from 42,982 to 35,910. At the same time the total increased from 698,130 to 730,544. The 1921 report does not contain any comment. The 1922 report stated that the figures 'do not make claim to a rigorous precision'.[1]

The figures for 1923, leading to a total of 761,944, were based still to a small extent only on actual enumerations. The report for that year adds:[2]

However, the precise enumerations already effected, and the samples taken unexpectedly in certain groups permit henceforth an evaluation which comes nearer the truth. The investigations made lead to the following observations.

The populations of the Lome and Atakpame Districts have hardly changed as compared with the year 1922, and the figures of 127,700 and 71,000 are practically the same as those for the preceding year.

Everywhere else, on the contrary, an increase will be noted. It is particularly large in the Sokode District where it exceeds 26,000 souls.[3] It attains 3,852 in Anecho and 5,262 in Kluto-Palime.[4]

One must consider these changes merely as the result of a less inaccurate evaluation and not as a real population increase or decrease. The very exact data which we have for the Kluto District where the census by names is completely terminated permit us, however, to show for several years, by a comparison with the last German census, a serious immigration movement to which we shall come back later.[5] We have in fact enumerated

[1] Ibid. *1922*, p. 45.

[2] Ibid. *1923*, p. 83.

[3] This is a mistake; the figure increased from 271,454 to 292,718 or by 21,264.

[4] This is a mistake; the figure increased from 35,910 to 37,588 or by 1,978.

[5] See ibid., p. 85, where it is stated that natives from Quittsh (Gold Coast)

in that region 37,588 inhabitants in 1923 as against 32,326[1] in 1922 and 27,404 found in 1913 by the Germans.

The 1924 figures showed a decrease of 17,625, or 14 per cent., for the Lome District and slight increases in the Anecho, Kluto, and Sokode Districts.

The differences ascertained in the afore-mentioned four Districts do not result from a verified excess of births over deaths or contrariwise from a mortality superior to natality, but from a closer control of the population by names. The enumerations effected in the course of the past year in the Lome District have led in particular to the conclusion that the evaluations effected in 1921[2] were far from corresponding to the truth; hence the reduction on paper of the former figure of 127,700 to 110,000. In the Kluto District, however, the ascertained increase is due to a certain extent to the immigration of natives coming from the Gold Coast or British Togoland.[3]

For 1925 the figures for most Districts and also for the Territory as a whole were practically the same as for 1924.

The censuses effected in the course of the past year, which are continued at present, have in fact not caused any considerable change in the statistics established a year ago. The difference which exists, as against 1924, for the figures given for the Sansanne-Mango and the Sokode Districts is due to the retransfer to the latter District of 11,374 Konkombas who formerly belonged to the Sansanne-Mango District.[4]

The figures for 1926 showed in particular a decline of about 13,000, or 12 per cent., for the Lome District and an increase by about 9,500, or 8 per cent., for the Mango District, while the total remained nearly unchanged. The 1926 report stated:[5]

The censuses continue according to the conditions explained in the reports of the preceding years; but they will furnish trustworthy results only after having been repeated several times for the same groups. Indeed account must be taken of the fact that many natives move from one canton to another and thus escape the enumerator and that a good number of others conceal part of their family under various pretexts or in order to pay less taxes.

One must therefore be prepared to find for a long time yet, and from one year to another, differences in the population figures which an un-

have immigrated and 'a certain number of natives who had followed the English into the English zone when we took possession [of the District] have returned to their country'.

[1] Should read 35,910.
[2] Should read 1922.
[3] *Rapport annuel 1924*, p. 101.
[4] Ibid. *1925*, pp. 74–5.
[5] Ibid. *1926*, pp. 70–1.

sophisticated reader would not be able to account for. These anomalies will appear more especially in the Districts where the census by names has hardly been completed, as in Lome, and in those where it still remains very incomplete, as in Sokode and Sansanne-Mango. Running away is indeed inevitable at the first enumeration. A better proof of this fact could not be afforded than by the recounting of the population done in certain villages of the Sokode District in the course of October 1926. In one village alone, that of Peida, there has been ascertained an increase of 277 persons, or 13 per cent., who had escaped the enumeration of the preceding year yielding 2,118 inhabitants. In Bassari a similar operation has permitted the ascertaining in two villages of a proportion of 6 per cent. of natives not covered by the census of 1925. The census by names, therefore, when first operated, cannot claim to be more than a mere pointer.[1]

For 1927 the figures showed a slight increase in all Districts except Atakpame where there was a negligible decrease.

The increases result from more methodical censuses effected in the centre itself of the native groups, which thus permit the exercise of a closer control of the composition of the families.

The decrease is caused by the extreme mobility of the inhabitants of the Akposso region who have continued to leave their village periodically in order to cultivate the fields. At the preceding censuses no account was taken of the number of natives who had left under such conditions.[2]

For 1928 exactly the same figures were given as for 1927.

The censuses have been continued in all the Districts under the conditions explained already in the preceding reports. They cover, however, each year only a small part of the population. Since moreover it happens frequently that whole families move elsewhere within the Districts and thus change the demographic situation of a region in a positive or negative sense without the total population figure being affected thereby, it seemed that there was no point in taking account in each report of these partial enumerations and that it was proper to collect the results obtained during two or three years before revising the statistics.[3]

The 1929 figures showed an increase of about 10,000, or 10 per cent., in the Anecho District and a decrease of about 30,000, or 10 per cent., in the Sokode District. The total was much lower than in

[1] See also the circular letter of 11 March 1927 to the Commanders of the Districts and the medical officers, chiefs of the sanitary subdivisions:

'We know by experience how far in these countries the results of a first census are from the truth. It is a well-known fact that several consecutive enumerations are necessary in the same group in order to get to know its true demographic situation. Recently this has again been found to be so in the Sokode District. This phenomenon in fact is not surprising if one knows the repugnance of the natives to be enumerated, a repugnance which is instinctive with the backward, and deliberate with those who are more advanced.'

[2] *Rapport annuel 1927*, p. 63.

[3] Ibid. *1928*, p. 69.

any year since 1922. For Sokode, where the first census by names had been completed in 1929, the report stated:[1]

The results obtained apparently allow us to conclude that the evaluations furnished before had been over-estimated. The total population figure of this District amounts in fact to 269,393 inhabitants instead of 299,760, the figure given so far, or 30,367 fewer persons. But in view of the difficulties of all kinds to which the population censuses run counter in these countries and of which the various preceding reports have given a brief account one must anticipate that the statistics to come will still record strange fluctuations. The results obtained, however, enable us to foresee that at least in the Sokode District these fluctuations will be in the direction of an increase. A total growth of 13,248 inhabitants is revealed by the censuses in the Anecho, Kluto, Atakpame, and Mango Districts.

The comment on the 1930 figures ran as follows:[2]

In the Anecho District it was possible to bring the general census started last year to a successful end; it showed an excess of 9,000 persons over the last figure. In the Atakpame District the partial censuses raise the total by 2,561 persons. In the Sokode District there was likewise a slight increase by 6,286 persons, which had been foreseen last year. In the Mango District the total is slightly inferior, but the censuses there are not yet completed, and it is to be foreseen that the final total will approach if not exceed the figure of 135,000 persons.[3]

In the Lome District the completed censuses have yielded a total population of 86,015 inhabitants. The preceding evaluations had been over-estimates since they indicated a total of a little over 100,000 persons.[4]

The total for 1930 was lower than in any year since 1921, and it is interesting to note that by 1930, when one or more censuses by names had been completed in every District, the population figures for most Districts, after having oscillated a great deal in the meantime, were again nearly the same as those derived in 1921 or 1922 from the information furnished by the village and family chiefs.

Lome . .	(1921)	99,204	(1930)	86,015
Anecho . .	(1921)	112,020	(1930)	117,202
Kluto . .	(1921)	42,982	(1930)	41,596
Atakpame .	(1922)	72,000	(1930)	76,395
Sokode . .	(1921)	266,428	(1930)	275,679*
Mango . .	(1922)	129,862	(1930)	128,693*

* In 1925, 11,374 Konkombas who formerly belonged to the Mango District were transferred to the Sokode District.

[1] *Rapport annuel 1929*, p. 88.,
[2] Ibid. *1930*, pp. 86–7.
[3] In fact the population figure which had dropped from 135,404 in 1929 to 128,693 in 1930 declined still further and fell in 1934 to 116,598.
[4] However, the 1931 figure was 99,094.

There was a considerable decrease in the Lome District, but the 1930 figure for this District, to judge from subsequent enumerations, was far too low. There was no decrease in the Mango District, although its area had been reduced, but the 1930 figure for this District was, to judge from subsequent enumerations, far too high.

The total for the Territory increased gradually from 725,580 in 1930 to 762,947 in 1935. The reports for 1931–5 contain no comment whatsoever on the population changes. By an Order of 4 September 1935 the administrative subdivision of the Territory was altered completely.[1] The Lome and Anecho Districts and the southern part of the Kluto District were fused into a Southern District, the northern part of the Kluto District and the Atakpame District into a Central District, and the Sokode and Sansanne-Mango Districts into a Northern District. The population figures for 1936 were published according to the new subdivision; a comparison with the 1935 figures is therefore difficult. All that can be said is that in the area covered by the Southern and Central Districts combined the population decreased from 358,951 to 350,686, in the area covered by the Northern District from 403,996 to 384,920, and in the total Territory from 762,947 to 735,606. The 1936 report gave the following comment:[2]

> The figure for the native population indicates a diminution of about 27,000 inhabitants as compared with the figure appearing in the preceding report. The regression is, however, only apparent since the evaluations of the preceding years had not been based on data so precise as in 1936 when a general enumeration was effected by names wherever this was possible. The regression is due to the fact that a certain number of natives had been included wrongly in the preceding censuses, since these Togolanders had left their country of origin some years ago.
>
> These absent persons have been struck off the lists.
>
> The amelioration of the economic situation and the development of social work have put an end to this emigration and a fair number of returns has already been recorded.

By an Order of 7 June 1937[3] the Northern District was again subdivided, and the Sokode and the Mango Districts were restored as such. The population figures for 1937 were published according to the new subdivision.[4] They showed an increase in the Southern

[1] The Order is reprinted in ibid. *1935*, p. 122. For further details see ibid., pp. 122–3, and ibid. *1936*, pp. 123–8.

[2] Ibid., p. 86.

[3] Reprinted in ibid. *1937*, p. 144; see also ibid., p. 12.

[4] But the map in ibid., p. 55, still shows the old subdivision. The map, p. 582 below, shows the new subdivision.

District from 232,494 to 243,317, in the Central District from 118,192 to 123,076, in the Sokode and Mango Districts from 384,920 to 396,967, and in the whole Territory from 735,606 to 763,360. The total population had reached again the level of 1934 and 1935. The 1937 report gave the following comment:[1]

The figure for the native population indicates an increase of nearly 30,000 inhabitants which we consider of special interest. This increase seems due on the one hand to the return of numerous natives who had emigrated some years ago towards the Gold Coast and Dahomey, on the other hand to more and more accurate enumerations.

TABLE 1

Coloured Population by Political Status, French Togoland, 1921–30

Status	*Lome*	*Anecho*	*Palime-Kluto*	*Atakpame*	*Sokode*	*Mango*	*Total*
				1921			
French citizens. .	3	—	—	—	—	—	3
French subjects .	98,284	112,000	41,982	63,039	263,885	113,321	692,511
Foreign subjects .	917	20	1,000	136	2,543	1,000	5,616
				1922			
French citizens. .	3	—	—	—	—	—	3
French subjects .	127,729	91,786	35,910	71,000	271,454	129,862	727,741
Foreign subjects .	1,800	—	—	1,000	—	—	2,800
				1923			
French citizens. .	3	—	—	2	—	—	5
French subjects .	127,700	95,638	36,673	71,203	292,718	134,657	758,589
Foreign subjects .	1,935	—	915	500	—	—	3,350
				1924			
French citizens. .	3	—	—	2	—	—	5
French subjects .	110,000	97,231	38,270	71,000	293,815	134,000	744,316
Foreign subjects .	2,010	—	420	393	—	—	2,823
				1925			
French citizens. .	3	1	—	1	—	—	5
French subjects .	110,000	97,200	38,270	71,000	305,189	122,626	744,285
Foreign subjects .	2,020	—	430	390	—	—	2,840
				1926			
French citizens. .	5	—	—	—	—	—	5
Others . . .	99,089	98,117	40,811	72,872	299,373	132,161	742,423
				1927 and 1928			
Total* . . .	101,578	98,474	41,374	72,829	299,760	133,131	747,146
				1929			
French citizens. .	...	...	...	...	...	...	9
Others . . .	101,578	108,222	41,596	73,834	269,393	135,404	730,027
				1930			
Total . . .	86,015	117,202	41,596	76,395	275,679	128,693	725,580

* No French citizens.

[1] *Rapport annuel 1937*, p. 108.

TABLE 2

Coloured Population by Sex and Age, French Togoland, 1931–7

Age and sex	*Lome*	*Anecho*	*Palime-Kluto*	*Atakpame*	*Sokode*	*Mango*	*Total*
				1931			
Men	29,009	39,432	11,835	24,031	91,131	37,926	233,364
Women	31,233	37,625	13,480	24,060	81,673	35,314	223,385
Boys	19,128	21,315	9,678	14,099	50,276	26,497	140,993
Girls	19,724	24,031	9,086	14,614	55,115	28,840	151,410
Total	99,094	122,403	44,079	76,804	278,195	128,577	749,152
				1932			
Men	27,618	40,066	12,059	24,739	90,509	37,926	232,917
Women	29,652	38,067	13,704	24,016	81,218	35,314	221,971
Boys	18,923	22,764	9,746	13,650	50,916	26,497	142,496
Girls	18,914	25,964	9,317	14,481	56,095	28,840	153,611
Total	95,107	126,861	44,826	76,886	278,738	128,577	750,995
				1933			
Men	27,512	40,671	12,162	25,104	91,582	36,700	233,731
Women	29,318	38,332	13,736	24,247	83,367	33,896	222,896
Boys	18,816	23,422	9,671	13,937	52,708	24,921	143,475
Girls	19,201	26,394	9,387	14,752	56,847	26,617	153,198
Total	94,847	128,819	44,956	78,040	284,504	122,134	753,300
				1934			
Men	26,213	39,875	12,125	24,610	87,562	34,912	225,297
Women	28,811	39,962	13,764	24,190	83,020	31,448	221,195
Boys	20,263	29,020	9,766	13,550	56,578	24,077	153,254
Girls	21,093	30,851	9,417	14,650	60,238	26,161	162,410
Total	96,380	139,708	45,072	77,000	287,398	116,598	762,156
				1935			
Men	26,213	39,432	12,125	24,610	87,562	34,912	224,854
Women	28,811	39,428	13,764	24,190	83,020	31,448	220,661
Children	41,356	61,639	19,183	28,200	116,816	50,238	317,432
Total	96,380	140,499	45,072	77,000	287,398	116,598	762,947
				1936			
Men	64,740		35,451		110,300		210,491
Women	67,814		35,648		108,750		212,212
Children	99,940		47,093		165,870		312,903
Total	232,494		118,192		384,920		735,606
				1937			
Men	66,759		36,867		78,910	33,671	216,207
Women	71,420		36,800		78,648	32,654	219,522
Children	105,138		49,409		116,742	56,342	327,631
Total	243,317		123,076		274,300	122,667	763,360

The statement that the enumerations have become more accurate would seem to be corroborated by the fact that the official figure for children increased between 1931 and 1937 by as much as 35,228, or 12 per cent. External migrations should have affected in the first place the number of men. This number decreased in fact between 1931 and 1937 by 17,157, or 7·4 per cent., while the number of women declined only by 3,863, or 1·7 per cent.

The figure ascertained for the coloured population of the Territory under French mandate varied from 698,130 in 1921 to 763,360 in 1937. It is very likely that, of the 1,031,715 natives ascertained at the last census of German Togoland, three-quarters lived in the Territory which is now under French mandate.[1] It might then seem that the population at present in this Territory is about the same as before the World War, and that it has not changed under the French régime. But both the German and the French figures are so uncertain that it seems unsafe to draw any final conclusions.

There was no large town in the Territory.

French Togoland possesses, so to speak, no large agglomerations; the most important population centres are, in the south: Vogan, 7,500 inhabitants; Lome, 5,100; and in the north: Bafilo, 7,580 and Mango, 5,500.[2]

According to the German authorities the total number of resident Moslems in the Protectorate hardly exceeded 14,000. The 1924 report of the French Government estimated the number of resident Moslems in the French zone alone at 15,000, and the number of temporarily present Moslem tradesmen and hawkers from other territories at 5,000.[3] The 1930 report states that the (resident) Moslems number '14,000 or 15,000 at the utmost' and that they live mostly in the Northern Districts, namely about 7,000 in the Mango District and 5,000 in the Sokode District.[4]

[1] On the basis of the last German statistics the pre-War coloured population in the area now under French mandate was computed by Angoulvant (1920), pp. 668–70, 672, 675–6, at 824,000, and in 'Rapport sur l'administration du Togo de la conquête au 1er juillet 1921', p. 9870, at 797,715. But in both cases the proportion of the population allocated to the area under British mandate was obviously understated.

[2] *Rapport annuel 1924*, p. 101. The official *Guide de la colonisation au Togo* (1924), pp. 32, 35, gives for Lome 6,444 inhabitants (including 160 Europeans and 9 Syrians), and for Bassari 'about 9,000'. Chazelas (1931), pp. 185–6, gives for Lome 6,599 inhabitants (including 301 Europeans and 23 Syrians), and for Bassari 9,000. Martens and Karstedt (1932), pp. 711, 719, give for Lome 6,400 inhabitants (including 400 Europeans), for Anecho 3,000, for Atakpame 2,000, and for Bassari 9,000.

[3] See *Rapport annuel 1924*, p. 20.

[4] See ibid. *1930*, p. 27. According to *Annuaire Statistique de l'Afrique Occidentale Française 1934–6*, p. 141, the distribution of the natives by religion was at the end of 1935: 64,000 Catholics, 19,000 Protestants, 20,000

4. *Density of Population*

The total area of the Territory under French mandate is about 20,000 square miles. The average number of inhabitants per square mile, according to the census of 1 July 1937, was about 37. Since the area of the various districts is not given in the French official publications, I shall reproduce here merely two statements on population density contained in the annual reports to the League, the first dealing with the general facts and the second containing, in addition, the description of an interesting experiment made by the Administration with a view to alleviating the population density in one district by inducing people to move into a sparsely settled region.

1924.[1] The population proves to be distributed rather unevenly over the area of the Territory. The average density per square kilometre and for each District is as follows: Lome: 27; Anecho: 33; Kluto-Palime: 12; Atakpame: 4; Sokode: 14; Sansanne-Mango: 12.

The same inequality is found also within the circumscriptions. In the Kluto District, for example, the eastern and south-eastern parts contain hardly 5 inhabitants per square kilometre. The density rises, on the other hand, to 21 in the north-east and in the centre. The former region is arid and deprived of water in the dry season; the second, on the contrary, enjoys a humid and deep soil with an exuberant vegetation. The abundance of population appears here as a function of the fertility of the soil and of the ensuing easy living-conditions.

In the north, the average density varies much according to the ethnical groups which are there still sharply marked. It rises, for example, to 60 for the Kabrese-Lossos and 25 for the Lambas and Tambermas, and declines to 5 and 7 respectively for the Cotocoli and Konkomba tribes.

The plains are found to be very little inhabited . . . In a general way the population is found to be aggregated in the mountains or in their immediate neighbourhood; it is evident that the people in this way sought security.

The Kabrese and Lossos, well entrenched on the heights and sheltered behind a large river, did not have to endure the hostility of their neighbours; therefore with them an increase in population was possible. It was different with the other tribes where formerly a state of war was habitual; hence their weak density. . . .

1929.[2] Togoland, as indeed all colonies of the West African Coast, is composed of three zones arranged in layers from the south to the north which differ very sharply not only from the orographical and climatic

Moslems, and 660,000 Animists. The number of Moslems in the Northern Districts is sometimes much exaggerated, and sometimes grossly understated. Maroix (1938), p. 13, says: 'The Moslems, about 50,000, are concentrated in the north, in the Sokode and Sansanne-Mango regions.' M. Besson, on the other hand, said on 16 June 1938 in the Permanent Mandates Commission that 'there were no Moslems in the north' (*Minutes*, 34th Session, p. 125).

[1] *Rapport annuel 1924*, p. 101. [2] Ibid. *1929*, pp. 156–7.

viewpoint but also and above all from the demographical viewpoint. The first, in the south, along the coast, is properly populated and developed. The third, on the borders of the Sudan, is still more populated, here and there even overpopulated, but its development has hardly begun for want of rapid and cheap communications to the sea. Finally, between these two on the whole quite interesting regions, a last zone, about 200 kilometres wide, is nearly uninhabited in spite of the quality of the soil which is eminently suitable for the cultivation of vegetables as well as of cotton.

In the northern zone one region is particularly remarkable, it is the Kabrese country situated in the north-eastern corner of the Territory, close to the frontier of Dahomey, where a very prolific and industrious race of agriculturists comprising more than 180,000 persons lives in an entirely primitive manner and confined within a narrow territory. The average density attains 60 inhabitants per square kilometre. It rises to 200 in the canton of Sondina—enormous figures for primitive people whose work has only a very poor yield. Probably one would have to look to historical causes in order to find the reasons for this dense agglomeration of people in such a limited space.

For a long time past the rather poor soil has been exhausted and the native works hard to eke out a bare existence while less than 100 kilometres southwards there extends a vast region which stays sterile for want of hands and which contains vast grounds suitable for the culture of all vegetable products: maize, millet, yam, pea-nut, and of export products: cotton, kapok, karite. A movement of emigration had taken shape for a long time towards the southern Districts, the neighbouring English colony, or Dahomey. Every year several thousands of Kabrese left their country and went to enlist for work for several months outside the Territory.

The French administration soon saw the benefit which it could derive from these emigration movements by canalizing them and organizing them so as to employ in Togoland this excess labour. It proposed to the Kabrese chiefs to send some families into the insufficiently populated southern Districts with a view to permanent establishment.

The first proposals in this direction made in 1922 had no success, and it was only in 1924, after the construction of a road, that the Commissioner of the Republic, having gone to the spot, succeeded after long negotiations in convincing certain natives of the advantages which they would derive from their establishment on the new lands which were offered to them.

In the course of the years 1925–9, 16 villages were then created in the Atakpame District and 17 in the Sokode District with a total population of 4,560 (2,056 men, 1,379 women, and 1,125 children).

5. *Sex and Age*

Until 1931 the reports to the League contained only sample studies of the composition of the population by sex and age,[1] but for 1931–4

[1] According to a manuscript table in the French Ministry of the Colonies,

the census results were published for each District, distinguishing between men, women, boys, and girls. It appears that in these years the ratio of females to 100 males oscillated between 99·7 (1933) and 101·3 (1934), the ratio of women to 100 men between 95·3 (1932) and 98·2 (1934), and the ratio of girls to 100 boys between 106·0 (1934) and 107·8 (1932). Contrary to the experience of other African territories there would then seem to have been an excess of males among the adults and an excess of females among the children. The reasons are twofold. While in the statistics of other African territories the number of females under 15 is unduly low because all married women, however young they may be, are counted as adults, in French Togoland the number of female children is said to be unduly high, because all girls who are not yet married are counted as children.[1] Moreover, numerous men who had left the country were still included among those present. When, at the census of 1 July 1936, the absent persons were struck off the lists the ratio of women to 100 men rose to 100·8. In 1937 it was 101·5.

The ratio of children to 100 women was rather high. It amounted in the years 1931–7 to 130·9, 133·4, 133·1, 142·7, 143·9, 147·4, and 149·2 respectively. In 1937 it was 147·2 in the Southern District, 134·3 in the Central District, 148·4 in the Sokode District, and 172·5 in the Mango District.

II. White Population

Censuses of the non-native population were taken on 1 July 1921, 1926, 1931, and 1936. The results were published in the annual reports on the Mandated Territory, which contain also figures for each intercensal year. The information thus given was as follows:[2]

1921. For each District: French men, women, and children; Syrian men, women, and children; Other foreign men, women, and children.

there were in the Territory on 1 July 1926, 214,030 men, 226,415 women, and 301,988 children. The ratio of women to men differs considerably from the data published for later years.

[1] See *Rapport annuel 1929*, p. 88. See also ibid. *1930*, p. 93.

[2] See ibid. *1921*, p. 70; *1922*, p. 45; *1923*, p. 82; *1924*, p. 100; *1925*, p. 74; *1926*, p. 70; *1927*, p. 62; *1928*, p. 69; *1929*, p. 87; *1930*, p. 86; *1931*, p. 84; *1932*, pp. 61–2; *1933*, p. 66; *1934*, pp. 81–2; *1935*, p. 84; *1936*, p. 86; *1937*, p. 108. It may be noted that the confusion in terminology appearing in the official tables on the censuses of French Togoland is appalling. *Recensement de la population des colonies françaises 1921* gives, on p. 44, the 'European population' (210), subdivided into 'French' (153) and 'Foreigners' (57), but on p. 45, the 'Europeans' (156), subdivided into 'French, Europeans, and assimilated' (153) and 'French natives' (3), and in addition 'Foreign subjects and Syrians' (57). The annual report to the League of Nations, 1921, p. 70, distinguishes for the same year 'Europeans and assimilated' (153), 'Syrians' (22), and 'Foreigners' (35). The annual reports for 1922–6 and 1930–7 distinguish

1922–37. For each District: European men, women, and children; Syrian men, women, and children.

1931. European men by occupation.

15 September 1933: Europeans by nationality (only percentages).

1934. Lome District: European men, women, boys, and girls, by nationality; Syrian men, women, boys, and girls.

Tables 3, 4, and 5 show the main results.

TABLE 3

Europeans (and Assimilated), French Togoland, 1921–35

Year	*Lome*	*Anecho*	*Palime-Klouto*	*Atakpame*	*Sokode*	*Mango*	*Total*	*Men*	*Women*	*Children*
1921	137	15	8	18	6	4	188	143	41	4
1922	180	12	21	18	4	6	241	176	56	9
1923	181	13	18	17	8	8	245	176	48	21
1924	201	10	28	15	9	5	268	175	70	23
1925	226	26	27	26	14	7	326	219	80	27
1926	238	20	17	30	18	8	331	223	75	33
1927	304	26	39	45	25	9	448	289	114	45
1928	344	24	48	29	30	8	483	314	127	42
1929	323	25	43	44	35	7	477	306	118	53
1930	320	28	44	130	33	8	563	347	142	74
1931	342	37	51	121*	25	12	588	359	153	76
1932	359	28	39	118†	30	11	585	344	156	85
1933	303	25	30	47	32	11	448	238	134	76
1934	285	23	32	35	28	15	418	233	132	53
1935	283	29	28‡	35	28	15	418‡	233	133	56

* Including 70 in the Circumscription of the New Works.
† Including 72 in the Circumscription of the New Works.
‡ Total does not agree with sum of men, women, and children.

The total number of Europeans increased from 188 in 1921 to 588 in 1931[1] and declined thereafter to 383 in 1937. The decrease in

correctly 'Europeans and assimilated' (or simply 'Europeans'), and 'Syrians' (or 'Lebanese'). The reports for 1927 and 1928 do so likewise at one place but at another place include the 'Syrians' in the 'Europeans and assimilated'. The 1929 report at one place distinguishes 'Europeans and assimilated' and 'Syrians', but at another place includes not only the 'Syrians' but even the 'French native citizens' in the 'Europeans and assimilated'.

[1] The very large increase of Europeans (and assimilated) from 477 in 1929 to 563 in 1930 was discussed on 9 Nov. 1931 in the Permanent Mandates Commission (see *Minutes*, 21st Session, p. 168):

'M. Ruppel noted that there had been an increase of 20 per cent. in one year alone in the number of Europeans and persons assimilated to Europeans.

'M. Besson explained that the increase was due to the arrival in the territory of a number of Syrian merchants and European railway specialists.'

This explanation was not correct. The Europeans and assimilated did not

TABLE 4

Syrians, French Togoland, 1921–35

Year	*Lome*	*Anecho*	*Palime-Kluto*	*Atakpame*	*Sokode*	*Mango*	*Total*	*Men*	*Women*	*Children*
1921	22	—	—	—	—	—	22	12	5	5
1922	22	—	—	—	—	—	22	13	5	4
1923	16	1	1	1	—	—	19	10	6	3
1924	23	—	1	1	—	—	25	15	6	4
1925	32	1	—	1	—	—	34	20	10	4
1926	41	3	3	2	—	—	49	23	15	11
1927	35	2	7	5	—	—	49	22	18	9
1928	42	4	10	6	—	—	62	26	19	17
1929	34	5	11	10	—	—	60	22	19	19
1930	38	5	12	6	—	—	61	23	13	25
1931	38	2	7	11	—	—	58	24	10	24
1932	42	4	7	19	—	—	72	28	15	29
1933	26	3	7	27	—	—	63	18	19	26
1934	36	3	4	6	6	—	55	17	15	23
1935	36	3	4	6	6	—	55	16	15	24

TABLE 5

Europeans (and Assimilated) and Lebanese, French Togoland, 1 July 1936 and 1937

	Europeans				*Lebanese*			
Districts	*Men*	*Women*	*Children*	*Total*	*Men*	*Women*	*Children*	*Total*
				1936				
South .	150	97	53	300	15	13	9	37
Centre .	33	19	5	57	2	2	3	7
North .	30	9	4	43	1	1	4	6
Total .	213	125	62	400	18	16	16	50
				1937				
South .	139	94	60	293	20	13	7	40
Centre .	29	17	6	52	2	1	3	6
Sokode .	19	3	2	24	1	1	4	6
Mango .	10	3	1	14	—	—	—	—
Total .	197	117	69	383	23	15	14	52

include the Syrians (who incidentally had increased only from 60 to 61), and the greater part of the increase in the European population was due to an increase in the number of women and children.

recent years was largely due to a reduction in the personnel of the Administration. The European personnel had increased from 81 in 1922 to 247 in 1930.[1] It was slightly less in 1931–3[2] and was severely cut in 1934 when it dropped to 193. Still the economies thus introduced did not seem sufficient. From 1 January 1935 the Lieutenant-Governor of Dahomey became Commissioner of the Republic for Togoland, and the direction of part of the services in Togoland was entrusted to officials stationed in Dahomey.[3] Moreover, the number of Districts was reduced from 6 to 3. The European personnel of the Administration, then, declined to 149 in 1935. With a view to effecting further economies the Governor-General of French West Africa was substituted as Commissioner of the Republic for Togoland from 15 October 1936,[4] and it is to be assumed that the European personnel was reduced still further.[5] But no figures have been published since 1935.

The decline in recent years was much larger for males than for females. From 1936 to 1937, however, the number of women not attached to the Catholic mission dropped considerably.[6] According

[1] 1922: 81; 1923: 95; 1926–30: 162, 206, 207, 225, and 247 (see *Rapport annuel 1922*, p. 69; *1923*, pp. 114–15; *1928*, p. 109; *1929*, p. 137; *1930*, p. 140). The increase in the civilian personnel was actually larger still, since the figures for 1922 and 1923 included part of the troops. The European troops numbered approximately 35 in 1921 and 1922, and 9 in 1923 (see ibid. *1921*, p. 11; *1922*, p. 16; *1923*, p. 30). From 1925 on, there were no longer any troops in the Territory.

[2] 239, 224, and 233 respectively (see ibid. *1932*, p. 11; *1934*, p. 10).

[3] See Decree of 23 Nov. 1934 in ibid., pp. 119–20; see also ibid. *1935*, pp. 11–12. An Order of 17 May 1935 (reprinted in ibid. *1935*, pp. 118–20) provided that the Commissioner of the Republic should be represented in Lome by a 'Superior Administrator'.

[4] See Decree of 19 Sept. 1936 in *Rapport annuel 1936*, pp. 128–30; see also ibid., pp. 11–12. By a decree of 20 July 1937 (reprinted in ibid. *1937*, p. 145) the Governor-General of French West Africa became 'High Commissioner of Togoland', and the Superior Administrator became Commissioner of the Republic.

[5] In a speech made in the Economic and Financial Council of Togoland on 12 Nov. 1937, the Commissioner of the French Republic said: 'Few colonies endowed with autonomous budgets of something like 50,000,000 francs can pride themselves on having so small a personnel for a population of 800,000' (*Journal officiel du Togo*, 1 Dec. 1937, p. 556). In 1938, however, several posts of heads of departments again ceased to be common to the mandated territory and the neighbouring French colony. According to a statement made by M. Besson on 15 June 1938 in the Permanent Mandates Commission (see *Minutes*, 34th Session, p. 108), there were then only two heads of common departments left: the director of the Public Health Services, and the chief veterinary surgeon.

[6] The European members of the Catholic Mission numbered in 1922–37: 30, 27, 32, 40 (including 11 sisters), 48 (17), 53 (19), 38 (11), about 46 (about 15), 40, 54 (21), 58 (19), 56 (23), 57 (21), 64 (25), 49 (8), and 69 (22) respectively. Until 1930, the staff of the Protestant Mission apparently never comprised

to the census of 1931 the distribution of the European men by occupation was as follows: Administration, 198; Banking, 7; Industry, 16; Commerce, 43; Transportation, 16; Navigation, 4; Missionaries, 36; Others, 39.

According to the censuses of 1921, 1926, and 1931, the French numbered 153, 284, and 525 respectively and the foreign Europeans (and assimilated) 35, 42, and 63 respectively.[1] For 15 September 1933 the distribution by nationalities was apparently as follows: 398 French, 15 Italians, 14 Swiss, 8 English, 6 Dutch, 5 Greeks, 2 Germans.[2]

The number of Syrians varied from 1921 to 1937 between 19 (1923) and 72 (1932). In 1937 it amounted to 52. In some years (1930–5) the number of children among the Syrian population was rather large.

more than one European member. From 1930 to 1937 they numbered 9, 8 (including 5 females), 6 (4), 5 (3), 4 (3), 4 (2), 4 (2), and 5 (3) respectively. See *Rapport annuel 1922*, p. 10; *1923*, p. 17; *1924*, p. 20; *1926*, p. 14; *1927*, p. 17; *1928*, p. 20; *1929*, p. 23; *1930*, p. 26; *1931*, p. 83; *1932*, p. 61; *1933*, p. 65; *1934*, p. 81; *1935*, p. 84; *1936*, p. 85; *1937*, p. 107.

[1] See ibid. *1921*, p. 70; *Recensement* (France) *1926*, vol. i, part i, p. 114; ibid. *1931*, vol. i, part i, p. 113. Martial and Beaudiment (1938), p. 41, give for 1931 as French born in France, 519 (1930: 491); French assimilated Europeans, 16 (23); Foreign Europeans, 62 (49). *Bulletin de la statistique générale 1937–8*, p. 253, gives for 12 Mar. 1936, 336 French and 41 Foreign Europeans (and assimilated).

[2] According to Chazelas (1931), p. 233, the distribution on 1 Jan. 1930 had been as follows: 435 French, 22 Swiss, 11 Italians, 9 Germans, 8 English, 7 Dutch, 2 Brazilians, 1 Greek, 1 Russian, 1 Turk.

CHAPTER II

BIRTH AND DEATH REGISTRATION

I. Coloured Population

The first annual report of the French Administration, in discussing natality and mortality, stated:[1]

> It is difficult to furnish at present data thereupon since the natives have long ago ceased to comply with the provisions of the German Order of 20 October 1909 which prescribed the compulsory declaration of births and deaths and the necessity of handing out burial permits.
>
> These prescriptions have been reproduced in the Order ... of 17 November 1921 and have been singled out for mention by the chief officers of the circumscriptions in their palavers.

The assumption of the French Administration that the German Order of 20 October 1909 prescribed the compulsory declaration of births and deaths was not altogether correct. The German Order prescribed nothing about births and provided merely that each death was to be notified in those localities explicitly designated by public notice. The only public notice issued in this connexion covered the towns of Lome, Anecho, and Palime, which comprised about 1 per cent. of the population of the Territory, and it is doubtful whether the Order was ever thoroughly enforced. The French Order of 17 November 1921 'concerning the compulsory declarations of the births and deaths and concerning burials' contained the following provisions for the notification of births and deaths:[2]

> Article 1. In the urban centres of Lome, Anecho, Atakpame, and Palime declarations of births and deaths are compulsory, in conformity with the provisions of the above-mentioned local Order.[3] They must be made to the administrative authority and to the medical officer simultaneously.
>
> The declarations must be made by the nearest relatives and, in the absence of such, by the persons who were witnesses.

In case of infringements of this Order the disciplinary punishments provided in an Order of 12 August 1921[4] were to be applied: a maximum imprisonment of 15 days or a maximum fine of 100 francs, or both in grave cases.

[1] *Rapport annuel 1921*, p. 71.
[2] The Order is reprinted ibid., pp. 103–4.
[3] Order of 20 Oct. 1909.
[4] Reprinted ibid., pp. 113–14.

The 1922 report complained that 'the carelessness of the natives is such that very few have conformed to this obligation. The chiefs have received formal orders to prevent similar conditions in 1923'.[1] Although the Order did not directly involve the chiefs, it seems in fact that the Administration requested that the chiefs of other localities also should notify the births and deaths occurring in the area for which they were responsible. The proceedings of the session of the Council of Notables of the Kluto-Palime District, held on 6 September 1922, contain the following passage:

The chief of Agome-Pogi . . . complains of being obliged to pay the tax of those of his men who have left the village.

The Administrator Coez[2] answers him that this concerns the people who leave periodically for the Gold Coast to enlist there for a certain time as labourers and who, in order not to pay the emigration tax,[3] omit to notify the Administration of their departure. If they fail to do so it is up to the chief to make this declaration, but he never fulfils this obligation, just as, in a general way, he does not take the trouble to declare the deaths and the births occurring in the village.

The Commissioner of the Republic. I state once more that the chiefs forget that their role does not consist in lounging comfortably on their couches. A real chief who deserves the name must be the intermediary between his men and the Administrator. He reports to the latter everything that concerns the village: births, deaths, arrivals, departures; the sanitary situation; the condition of the crops.

The knowledge of the deaths enables the Administrator both to modify the tax rolls and to verify the sanitary situation so as to advise the medical officer if the mortality seems to him to be too high.

The declaration of the births is no less useful from the sanitary point of view and in order to know whether the population is increasing or decreasing. This information is of immense importance since the children are the wealth of to-morrow and the principal factor in the prosperity of the country.

For these reasons I consider it of the utmost importance that the chiefs acquire the habit of declaring regularly at the post the deaths and the births occurring in the village. If certain chiefs do not fulfil their duty the Administrator will point them out to me and I shall not hesitate to replace them by men who are more active, more faithful, and more intelligent.[4]

But the 1923 report had to state again:[5]

To be sure, the declaration of births and deaths has been rendered compulsory in the urban centres by the Order of 17 November 1921, but

[1] Ibid. *1922*, p. 46; see also ibid., p. 30.

[2] Commander of the Kluto-Palime District.

[3] An Order of 23 Nov. 1920 provided that every native who left Togoland with a view to staying more than three months in another territory had to pay a tax of 12·50 francs. See ibid., p. 178.

[4] Ibid., p. 166.

[5] Ibid. *1923*, p. 43.

here as in many other African countries the natives show a complete indifference or even downright ill will in applying this measure. Superstition has much to do with the repugnance of the blacks to declare the deaths and the births as well as the age of their children.

In the meantime a circular had been issued on 20 November 1923 by the Commissioner of the Republic to the District Commanders with instructions for a gradual enforcement of the Order of 1921:

An Order dated 17 November 1921 rendered obligatory the declaration of births and deaths in the urban centres of Lome, Anecho, Atakpame, and Palime. After I had had the opportunity to ascertain a year ago that the above provisions had remained a dead letter, I invited you on different occasions, especially at the sessions of the councils of notables, to see that they be strictly applied.

The importance of this measure, the only means of collecting precise data on natality and mortality, will certainly not have escaped you. Its strict application has moreover been announced in the last report to the League of Nations (p. 46), and each post must be provided by now with a native civil status register on the model used in French West Africa.

I certainly do not conceal from myself the difficulties which the Administrators of the four southern Districts must encounter every day in overcoming the antipathy or the repugnance which the persons under their administration habitually show against fulfilling the formalities prescribed by the Order afore-mentioned.

This generally happens with the application of new measures in this country. At the very first they run counter to the sluggishness of the masses. Then, a more enlightened minority complies with them, eventually taking along with them the community, which thus finally yields to administrative pressure.

With regard to the declarations of civil status the essential thing for the present is, therefore, that in each centre the élite complies with the regulations in force; the masses will not be long in following its example. Now this native middle class is easy to determine in Togoland; in order to know its principal members it suffices to refer to the lists of tax-payers put in the higher categories.[1] These people evidently represent the well-to-do and influential classes of the population.

With a view to the enforcement of the Order of 17 November 1921, I consequently cannot possibly urge you too much to concentrate your efforts and your control on the particularly advanced groups. No doubt, these natives most of whom are faithful and loyal will obediently follow your advice. It will afterwards be much less difficult for you to persuade the masses.

The moment, it seems to me, has not yet come to extend the application of the Order of 17 November 1921 to the Sokode and Sansanne-Mango

[1] In 1929 only 3,049 out of 204,137 taxables paid a higher than the ordinary tax; see *Rapport annuel 1929*, p. 62.

Districts. It is, however, indispensable that a civil status register be kept at the chief town of these circumscriptions. It will serve for the inscription of declarations of the agents of the Administration, and the tax-payers in the higher categories—who besides are there in very small numbers—must be invited to come and declare the births and deaths that have occurred in their families.

In order to allow me to inform the League of Nations I shall be obliged if the commanders of the Districts of Lome, Anecho, Atakpame, and Palime would indicate carefully in their yearly reports, which must reach the chief town on the first of December, the results which will have been obtained by the application of the afore-mentioned Order of 17 November 1921.[1]

As was to be foreseen, the immediate effect of this circular was practically nil. The 1924 report stated:[2]

The repugnance shown by the black man against having the births and deaths occurring in his family registered explains that the civil registers at the administrative posts remain absolutely incomplete. It will still take long years to make the native understand the necessity of this formality.

'With a view to accustoming the natives to it and in order to try to obtain a more precise idea of the extent of natality and mortality the native schoolmasters in the villages were charged with the keeping of a civil register.'[3] This possibility for the natives of having births and deaths registered in their villages was created by a 'circular letter to the District Commanders concerning the functions to be performed by the schoolmasters serving in the rural agglomerations', which was issued on 20 November 1924 by the Commissioner of the Republic.[4] After having pointed out that the native schoolmasters in the rural agglomerations should, apart from their role as teachers and educators, inform the Administrator about the country and the people entrusted to his administration, it went on:

In the second place there would be a great advantage if the people under our protection became accustomed to the village schoolmaster's fulfilling somehow the function of the secretary to the mayoralty or the clerk of the Justice of the Peace in our French countryside.

The first point concerns more particularly the native civil registration which so far does not exist. By circular letter No. 1573 of 20 November 1923 the keeping of a civil register has been prescribed for each post. It appears to me likewise timely that, outside the administrative centres and in the agglomerations provided with a schoolmaster, an embryo civil registration be constituted the organization of which will improve in

[1] *Journal officiel du Togo*, 1 Dec. 1923, p. 396.
[2] *Rapport annuel 1924*, pp. 101–2.
[3] Ibid., p. 102; see also ibid., p. 27.
[4] Reprinted ibid., p. 172.

proportion as the evolution of the natives will make them better realize its necessity. Accordingly, in the localities where there is a government school, the schoolmaster will have to be provided with a special register in which he shall record the declarations of marriages, births, and deaths which the heads of families will be obliged to make to him.

I do not conceal from myself that these prescriptions at the beginning will run counter to the traditional heedlessness of the people under our protection in the matter of civil registration, but they will gradually get accustomed to conform to it if the persuasion displayed in order to induce them to do so is sufficiently patient and pertinacious.

By the end of 1924 native civil registration was then to be effected under three rules: (1) the Order of 17 November 1921 which in the urban centres of four Districts requested the natives concerned to declare births and deaths to the administrative authority and to the medical officer; (2) an order to each chief to declare regularly at the administrative post the births and deaths occurring in his village; (3) the circular letter of 20 November 1924 to the District Commanders requesting the keeping of a civil register of births, marriages, and deaths by the village schoolmasters.[1]

These rules were moreover supplemented by an Order of 30 September 1926 'publishing the Record of Native Customary Law'.[2] This record[3] was applicable in the Districts of Lome, Anecho, Kluto, and Atakpame to the non-Moslem natives of Togoland not enjoying European or assimilated status, who had not formally declared that they wished to have their differences regulated before the French tribunal under the authority of French law. The Preliminary Title, 'concerning the Community' (*Collectivité*), contained among others the following provisions:

Chapter I. DEFINITION OF THE COMMUNITY

Article 1. The Community is a group of persons connected by ties of blood or of interest and claiming a common author.

Chapter XI. POWERS OF THE CHIEF OF THE COMMUNITY

Article 14. The Chief of the Community shall keep a book, known as the Community Book, in accordance with the official pattern, for the entry within two months, unless prevented by irresistible force, of all civil status acts (birth, marriage, death, divorce) relating to each of the members of

[1] The government village schools at that time numbered only 13 in the whole Territory. See *Rapport annuel 1924*, p. 22.

[2] Reprinted in ibid. *1926*, p. 135.

[3] Reprinted ibid., pp. 136–49; English translation in *The Gold Coast Review*, vol. iii, 1927, pp. 122–42.

the community. Children shall always be inscribed in the book of the community to which their father belongs.

Article 15. The Commissioner of the Republic shall determine by Order the size and arrangement of the Community Book and the form of the entries therein. The Community Books shall be marked and initialed by the District Commander or his delegate. Chiefs of Communities are bound to produce their books to him. On this occasion the Commander shall cause to be copied into the duplicate books kept at his head-quarters all new entries made by the Chiefs of Communities in the course of the year.

Article 16. If he is illiterate the Chief of the Community shall, for the keeping of the book, avail himself of the assistance of one of the following native officers nearest to him: instructor, despatch clerk or interpreter, medical assistant, Customs Officer, Agricultural Monitor.

Article 17. The Chief of a Community is responsible for the proper keeping and for the preservation of the Community Book.

Article 18. Rectifications of entries in the book can only be made by the President of the Sub-divisional Tribunal by an order or by a judgement, according as the mis-statement to be rectified is a simple error or a fraudulent entry.

The First Book 'concerning Persons' started as follows:

TITLE I. CONCERNING CIVIL STATUS ACTS

Chapter I. CONCERNING THE BIRTH ACT

Article 19. Within one month at the utmost, except when irresistible force prevents, every birth shall be entered in the Community Book by the Chief of the Community, with the names and forenames of the father and mother of the child, and the day and place where the birth took place.

Article 20. Every child shall be declared

(1) under the usual forename of the father;
(2) under the family name of the father;
(3) under its own forename or forenames.

A child whose father is not known shall be declared under the names and forenames of its mother. These entries and declarations do not dispense with the necessity for the declarations of births which are required in the urban centres, as prescribed in the Order of 17 November 1921.

Chapter II. CONCERNING THE MARRIAGE ACT

Article 21. Within one month at the utmost, unless prevented by irresistible force, the marriage shall be entered in the books of the two communities to which the two parties to the marriage belong, with the names and forenames and the domicile of the parties, and the day and place of marriage.

Chapter III. CONCERNING THE DEATH ACT

Article 22. Within one month at the utmost, unless prevented by irresistible force, the death shall be entered in the Community Book by

the Chief of the Community, with the names and forenames of the deceased, and the day and place of death.

A note of the death must be entered in the margin of the entry of birth, if it exists, of the person concerned. These entries and declarations do not dispense with the necessity for the declarations of deaths which are required in the urban centres, as prescribed in the Order of 17 November 1921.

Chapter IV. Concerning Divorce

Article 23. A note of the divorce must be entered in the margin of the entry of the marriage annulled.

According to a circular issued on 7 October 1926 by the Commissioner of the Republic to the District Commanders,[1] this Record of Native Customary Law was to have 'legal force in the Territory only after having been approved by the central power and made the object of a decree'. This was not done. In a circular of 22 May 1931 to the District Commanders of Lome, Anecho, Kluto, and Atakpame,[2] the Commissioner of the Republic stated:

This record of Native Customary Law, to my great regret, did not receive the approval which I had solicited from the metropolitan power, and as such never possessed the obligatory character which I desired to give to it, but it has remained during these last five years the guide and counsellor of the native jurisdictions, and I do not doubt that you have made the best use of it.

A new 'Order making compulsory the keeping of civil registers by the schoolmasters or monitors in the rural agglomerations where a government school functions' was issued on 12 July 1928.[3] It contained the following provisions:

Article 1. In the rural agglomerations where a government school functions, the schoolmaster or monitor in charge of this school is charged with keeping a special civil status register.[4]

Article 2. Upon this register are inscribed the declarations of births, marriages, and deaths.

[1] Reprinted in *Rapport annuel 1926*, p. 149.

[2] Published in *Journal officiel du Togo*, 1 June 1931, p. 307.

[3] Published ibid., 16 July 1928, p. 444.

[4] An Order of 28 June 1928 'fixing the general organization of the official education in Togoland' (*Journal officiel du Togo*, 16 Aug. 1928, pp. 493–501) provided:

'Article 52. . . . Outside the class hours the masters are authorized to keep registers of civil status. They may fulfil other functions (interpreter, census agent, &c.) only exceptionally and after authorization by the Commissioner of the Republic.'

These declarations are compulsorily made:

(1) for births and deaths by the family head concerned or his representative;

(2) for marriages by husband and wife.

Article 3. The declarations of births and marriages must be made within five days after the event.

The declarations of deaths must be made as soon as death has been ascertained.

Article 4. Disciplinary penalties may be pronounced for non-observance of the preceding provisions.

Finally, an 'Order organizing the civil status of persons subject to native custom' was issued on 31 July 1933.[1] It prescribed compulsory registration of births, deaths, and marriages for

(1) the inhabitants of the urban centres which are the chief towns of administrative circumscriptions of the Territory;

(2) irrespective of their place of domicile:

(*a*) the officers, employees, or agents of the Administration and their descendants;

(*b*) the superior chiefs of cantons, villages, quarters, families, &c., as well as their ascendants, spouses, and descendants;

(*c*) the members of the consultative councils and of the native tribunals, as well as their ascendants, spouses, and descendants;

(*d*) the spouse and the descendants of every person who has been already the object of a declaration.

The Order states further that the prescriptions are optional for all other persons and will moreover be 'progressively applied as determined by Order of the Commissioner of the Republic in proportion to the evolutionary progress of the native communities'.[2]

This Order, which came into force on 1 January 1934, repealed the Orders of 17 November 1921 and 12 July 1928 in so far as they

[1] Reprinted in *Rapport annuel 1933*, pp. 151–3.

[2] In a circular of 23 Jan. 1937 to the District Commanders (reprinted ibid. *1937*, p. 143) the Superior Administrator of Togoland said:

'I should wish to see the native civil status registers kept regularly at least in the rural centres susceptible of becoming cantonal chief towns according to the organization provided by Order of 6 May 1936. The chiefs could request the assistance of the schoolmasters and monitors serving in the region.

'I ask you to send me your proposals on this subject because I should wish to see functioning, from next 1 April on, the civil status in the centres which may serve as backbone for the contemplated cantonal organization. This attempt at putting into practice one of the essential functions of the future chiefs will be full of valuable lessons for the final organization of the native Administration.'

(The Order of 6 May 1936, reprinted ibid. *1936*, pp. 119–23, stated with regard to the cantonal chief that he may be charged 'with centralizing and transmitting to the chief of circumscription all information relating to the establishment of native civil status acts'.)

contradicted the new Order. I shall not reproduce here its rather detailed provisions because, from a demographic point of view, it is not particularly interesting, since even in the chief towns its prescriptions are compulsory only for the inhabitants subject to native custom.[1]

The number of registered births and deaths has been published in the annual reports only for the District of Atakpame 1925, 1927, and 1928, the District of Anecho 1927 and 1928, and the town of Palime 1927 and 1929.[2] Table 6 shows the results.[3]

TABLE 6

Registered Births and Deaths, French Togoland, 1925–8

Area	*Year*	*Inhabitants*	*Births*	*Birth-rate*	*Deaths*	*Death-rate*
Atakpame District.	1925	72,000	2,604	36·2	1,804	25·1
	1927	72,829	3,633	49·9	1,765	24·2
	1928	72,829	3,558	48·9	1,768	24·3
Anecho District .	1927	98,474	3,909	39·7	3,186	32·3
	1928	89,110	5,183	58·2	3,553	39·8
Palime, town .	1927	..	..	25·7	..	7·3
	1929	8,290	224	27·0	144	17·4

In the District of Atakpame the birth-rate rose from 36·2 in 1925 to 49·9 in 1927. The 1927 report gave the following explanation:[4]

For several years more one must be prepared to find similar differences from one year to another; the truth must lie between the two figures in the neighbourhood of 420 per 10,000, a rate superior to the best rates of civilized nations.

It is hard to understand why the number of births registered in 1927 should have been larger than the number of births that actually occurred in that year. In 1928 the birth-rate (48·9) was nearly as high as in 1927.

[1] The discussion at the meeting of 6 Nov. 1934 of the Permanent Mandates Commission (see *Minutes*, 26th Session, p. 113) indicates that there was not a clear understanding of the limited scope of the order:

'Lord Lugard drew the accredited representative's attention to a decree providing, *inter alia*, for the registration of births, marriages and deaths in the interior of the territory (p. 151 of the report). Did the mandatory Power expect to be able to apply this decree?

'M. Besson replied that the purpose of the authorities in issuing the Decree of July 31st, 1933, referred to by Lord Lugard, was to organise a register of births, marriages and deaths for persons subject to local custom. The decree was a general one and applied to the whole of the territory.'

[2] See *Rapport annuel 1926*, pp. 72–3; *1927*, p. 65; *1928*, pp. 72–3; *1929*, p. 91; Mercier (1926), pp. 22, 24; Bunle (1932), p. 143.

[3] I give this table with all reserve because the reports do not always make it clear whether the figures were actually derived from the civil registers.

[4] *Rapport annuel 1927*, p. 65.

The comment on the results in the town of Palime (1927) reads as follows:[1]

For the Kluto District we obtain for the town of Palime a birth-rate of 256·6 per 10,000, and a death-rate of 73·3 per 10,000. These rates are obtained by a perusal of the entries in the civil registers and must therefore both be raised slightly as the natives do not submit readily to the formalities of the civil status. Since, however, these modifications must not affect the rate of increase we may consider this rate accurate; it is 183·3 per 10,000, which is a very favourable rate of increase. Moreover the rate of increase which is shown by the censuses regularly taken from 1922 on in the District is 190 per 10,000, a figure very close to the one obtained for Palime; the two figures support each other.

No doubt, only a small proportion of the deaths had been registered in Palime, and probably also some births had not been recorded. But there is not the least justification for assuming that the omissions were equally numerous for both events, and that therefore the rate of increase was as ascertained from the registrations. As to the rate of increase derived from the censuses for the Kluto District, it would not prove anything for the natural increase in the town of Palime even if it were the result of an excess of births over deaths. But the comments on the censuses taken in Kluto state explicitly[2] that the increase in the official population figures was due in part to immigration from the Gold Coast and British Togoland, and in part to closer enumeration.

In the District of Anecho the official birth-rate rose from 39·7 in 1927 to 58·2 in 1928, and the official death-rate from 32·3 to 39·8. The 1928 report points out the rise but does not attempt to explain it. As a matter of fact the rise was due in part to an understatement of the population. The annual reports give for 1927 and 1928 a population of 98,474, and for 1929 a population of 108,222. In computing the birth- and death-rates the population was put for 1927 at 98,474 and for 1928—for unknown reasons—at 89,110.

From 1929 onwards the annual reports passed the registration statistics over in silence.

II. White Population

Registration of births and deaths was made compulsory by extending the regulations in force in French West Africa to French Togoland. However, no statistics of births have been published for the white population.[3] Mortality statistics have been published for the years

[1] Ibid., p. 65.

[2] See pp. 403–4 above.

[3] The only reference to births in the reports to the League is to be found in

1930–6. For prior years only very scanty data are available. In 1927, 9 Europeans and 3 Syrians were affected by yellow fever (10 in the town of Lome, 1 in the town of Anecho, and 1 in Nuatja, about 60 miles north of Lome). Of the 12 cases 8 proved fatal.[1] For 1930–7 the total number of deaths among Europeans is given as 3, 3, 5, 6, 3, 3, 1, and 0 respectively. These figures would indicate a very low mortality for this period.

the 1930 report, p. 57, where it is stated that 3 European women on the railway construction yards were delivered of children. The European women there numbered 19 on 1 Oct. 1930. According to the (unpublished) *Medical Report 1937* (*Service de Santé, Rapport annuel 1937, partie médicale*, p. 217), 12 births were recorded in the Southern District, which counted 94 European women.

[1] See *Rapport annuel 1927*, pp. 34–5. In 1922 one European had died from yellow fever. In 1931 there were 2 cases among Europeans of whom 1 died, and in 1933, 3 cases which all proved fatal. See ibid. *1922*, p. 27; *1931*, p. 101; *1933*, pp. 79, 82; Biraud (1935), pp. 106–7.

CHAPTER III

SPECIAL INVESTIGATIONS

I. Introduction

The French administration, at a very early date, seems to have asked the medical officers to collect information on fertility and mortality. Thus the 1922 report to the League of Nations states that 'the medical officer of Anecho, in carrying out the inquiry into natality and infant mortality prescribed for the whole of the Territory, questioned at random 56 women who acknowledged having had 51 miscarriages, and out of 326 children to have lost 175'.[1]

The 1923 report relates in a similar manner the results of an inquiry in the town of Lome where 158 'old women' who consulted the medical officer were questioned about the number of their pregnancies (1,176), their abortions (310), their live-born children (866), and their children still living (440).[2] The 1924 report made an attempt to analyse the 'soundings' taken by the administrative and the medical officers in each District, but did so in a most slipshod manner.[3] For two Districts no figures at all were given. For the other four Districts the number of women questioned was mentioned only in a few cases. Often the number of live-born was not given but only the rate per woman or per 100 inhabitants. Moreover, some of the results were obviously wrong. The report thus states for the Palime District:

> Infant mortality there is not higher than that recorded in certain European countries; among 440 children born in the last five years there occurred only 30 deaths and of these 13 under 2 years; the total infant mortality of the five years was thus 6·8 per 100, and that of the children under 2 years 2·9 per 100.

It goes without saying that these figures indicate a mortality much lower than that observed in any European country, and that only a negligible fraction of the deaths which occurred among those 440 children in Palime had been reported.

In the following year the inquiries were to be put on a more solid basis. On 30 December 1924 the French minister of colonies had issued 'Instructions relating to the development of the services of preventive medicine, hygiene, and assistance in the colonies',[4] which provided, among other things, the creation in each colony of a bureau

[1] *Rapport annuel 1922*, p. 30.
[2] See ibid. *1923*, p. 43.
[3] See ibid. *1924*, pp. 52–3.
[4] Published in *Bulletin officiel du Ministère des Colonies 1924*, pp. 2010–20.

of hygiene and demography attached to the Direction of the Health Service and charged in particular with the task of centralizing all statistics on natality and mortality, and of studying the appropriate measures to ensure the numerical increase and the physiological improvement of the native population. Referring to these instructions the minister in a circular of 23 May 1925, 'concerning the functioning of the service of information and of demographic statistics in the colonies',[1] said:

I have the honour to beg you to give all the pertinent directions in order to put this service of demographic information into operation without delay so that it will be in a position to prepare, as early as the end of this year, a balance-sheet as accurate as possible by regions and by races of the native populations with a statement by sex of the births and the deaths. Those temporarily absent shall be mentioned, as a reminder, in their country of origin (sharpshooters and labourers) and shall appear in the statistics of the regions or the groups where they are entered for the time being.

I do not conceal from myself the difficulties of such a piece of work, but it is the indispensable corollary to the functioning of the medical assistance and will alone permit the following up of the results obtained and the direction of the efforts to be made.

These statistics shall be prepared in each circumscription by the administrative authorities helped by the information which the medical officers will have been able to collect on the spot in the course of their tours. . . .

The annual demographic balance-sheet will have to be transmitted to me each year at the same time as the general reports on public health and on native medical assistance; it shall be accompanied by an account of the different causes which may have had an influence upon the variations or of the measures which may have been taken as a consequence thereof.

Thereupon the Commissioner of the Republic in French Togoland issued on 26 September 1925 the following 'circular to the District Commanders and the medical officers, chiefs of the sanitary subdivisions, about the preparation of demographic statistics:[2]

By circular dated last 25[3] May of which you will find attached a copy, the Minister of Colonies prescribed the annual preparation of extremely precise demographic statistics which should permit the establishment at the end of each year of the 'balance-sheet' of the population of the Territory.

The interest attached to giving accurate information to the Department about the variations within the different native groups, and in particular about the natality, the proportion of still-births, and the general mortality

[1] Reprinted in *Rapport annuel 1925*, pp. 187–8.
[2] Reprinted ibid., pp. 186–7.
[3] Should read '23'.

will not have escaped your notice. While there is indeed no doubt that with our medical officers and our staff of dressers we afford already salutary help to the people under our protection the only means of judging the efficacy of our medical assistance work is to collect figures that allow a comparison.

I have, therefore, the honour to beg you to add to your annual report a demographic table conformable to the attached model (No. 1) which answers to the instructions of the afore-mentioned ministerial circular letter.

The Administrators of Lome, Anecho, Palime, and Atakpame will no doubt be able to furnish the information concerning these centres where the declarations of births and deaths have been rendered compulsory since 1921 by an Order of 17 November.

The censuses by names which have been regularly taken throughout the whole Territory from 1921 on[1] will, moreover, permit you to mention the figure of the total population of the District and separate figures for each race and region.

On the other hand, both in consideration of the material impossibility for the Administration of undertaking every year a complete census of the natives and owing to the carelessness or repugnance of the population, which on the whole is still rather primitive, and even of many more advanced individuals, to have the births or the deaths registered, I am quite aware that it will be much less easy for you to provide precise data by age and sex, about the natality and mortality in 1924 and in 1925. Such statistics presuppose a civil status service which the present evolution of the races of Togo does not permit us to establish profitably in this country.

It is important, however, that each of you should furnish with regard to the fluctuations of the population of his District precise data elucidating the demographic situation of the whole of the tribes of the circumscription and the Territory. This object must, it seems to me, be attained by means of soundings effected each year for a sufficiently large part of the population: about one-tenth of the inhabitants in each District.

I should therefore be obliged to you for kindly effecting henceforth these operations for the current year by proceeding in the following manner:

(1) Divide the District into geographical sections and select in each section an important agglomeration or a group.
(2) Enumerate by names the adult population, men and women, of the localities or tribes thus determined.
(3) State for each woman:
The number of confinements;
The number of still-born children;
The number and the age of the deceased children;
The number and the age of the living children.

[1] This is a mistake. No census by names was started before 1922, and at the date of the issue of this circular letter only about one-half of the population of the Territory had been enumerated by names.

These operations will make it possible to prepare tables according to the attached model (No. 2) of which a numerical abstract by localities shall each quarter[1] accompany your periodical reports and will be transmitted by me to the Health Service.

It is most probable that the results thus obtained will give an exact idea of the average demographic situation of the whole of Togoland, provided, to be sure, that the sounding-points are properly distributed over each District. The sites selected must be entered on a sketch which you shall send me before 15 October next.

I remind you finally that the monitors and schoolmasters stationed in the rural agglomerations were invited by a circular letter of 20 November last to record in a special register the births and deaths which occurred in the locality where they are employed. The information collected by these agents will no doubt be a useful complement to your own statistics.

The medical officers, chiefs of the sanitary subdivisions, shall, moreover, give you their co-operation and that of their personnel and shall add to your observations those which they will have an opportunity to make in the course of their journeys.

I ask you to bestow your entire care on and devote the greatest zeal to the work which you shall undertake and the achievement of which I shall scrutinize with particular attention.

The two models attached to the circular letter appear on pp. 433–4.

The statistical documents thus prepared in the various Districts were to be collected and preserved in a Demographic Bureau which 'under the control of the Director of Public Health files the statistics, exploits them, and can give all useful directions for subsequent research'.[2] The Order of 14 August 1926, creating this Bureau,[3] provided:

Article 1. There is herewith created at Atakpame[4] a bureau of demography charged with the centralization of the studies relating to demographic questions.

Article 2. This bureau, attached to the Direction of the Health Service, shall centralize all the statistics concerning natality, mortality, and the development of the population.

It shall prepare every quarter a report stating the observations derived from the examination of the demographic statistics submitted to it.

To judge from the results published in the annual reports to the

[1] By circular of 11 Mar. 1927 the Commissioner of the Republic requested the Commanders and the medical officers to 'send hereafter to the capital on the 15th of each month, and no longer quarterly, the numerical results of the census or sounding work effected in your District in the preceding month'.

[2] *Rapport annuel 1926*, p. 71.

[3] Reprinted ibid., p. 161.

[4] By Order of 31 Aug. 1926 (see ibid., p. 161), the words 'in the Territory' were substituted for 'at Atakpame'.

Year 925 DEMOG PHIC STATIST OF THE STRICT OF

Model No. 1, Circular No. 1009 of 26.9.25.

Localities, groups, or tribes		Number of births in 1925		Total births	Number of deaths in 1925								Total deaths		Temporarily absent*		Remarks
					Male sex				Female sex								
Name	Number of inhabitants 31 Dec. 1924	Male sex	Female sex		Infants from 0 to 1 year	Children from 1 to 15 years	Adults from 15 to 60 years	Old men from 60 years on	Infants from 0 to 1 year	Children from 1 to 15 years	Adults from 15 to 60 years	Old women from 60 years on		Number of inhabitants 31 December 1925	Militia Guard	Labourers	

* To mention as a reminder; must not be comprised in the general total. Must appear in the statistics of the regions or the groups where they reside temporarily.

District of..... .....

Village.....

YEAR 1925. NOMINAL CENSUS

Chief..... .....

Model No. 2. In execution of Circular No. 1009 of 26.9.25.

Names		Approximate age	Number of confinements	Number of still-born children	Number and age of deceased children			Number of children living*		Remarks
Men	Women				0 to 1 year	1 year to 15 years	Over 15 years	Under 15 years	Over 15 years	

* Enter in these two columns the motherless children opposite the name of the father. Children having lost both parents should appear in the same columns at the end of the census for each village.

Children over 15 years should also be recorded by name under the heading Men and Women, and should be included amongst the adults in the general total.

League the officers in charge of the soundings paid scanty attention to the models prescribed by the Commissioner of the Republic. There is hardly any trace of their having worried about the number of inhabitants at the beginning or the end of the year, the sex of the children born, the age-composition of the deceased adults, or the age-composition of the living children. But they evidently provided the Demographic Bureau with a vast mass of material, which, if tabulated by an expert, would convey a most instructive picture of demographic conditions in French Togoland since 1924. As matters stand, the sometimes very lengthy surveys incorporated in the annual reports prove to be of doubtful value, and they even deteriorated in the course of time. They contain mostly percentages and averages without any indication of the underlying basic figures. The 1935 report gives no basic figures, no word of comment, but merely the table reproduced on p. 436.

It may well be, of course, that according to these soundings the percentage of sterile women varied from 0 to 35, the percentage of still-born from 0·5 to 16, the percentage of children dying under 1 from 4 to 38, and the percentage of children deceased between 1 and 15 years from 2 to 23. But without a knowledge of the size of the soundings these percentages are rather meaningless; they tell us practically nothing about the actual frequency of sterility, still-births, or children's deaths in the various sections of the Territory. It is, therefore, hardly to be regretted that the 1936 and 1937 reports pass over in silence the soundings taken in these years.

The earlier reports, to be sure, were more ambitious and contained in particular some interesting observations by the officers responsible for the soundings. I shall refer to some of their conclusions in subsequent sections of this chapter. At this place I shall merely point out some of the more serious defects from which these earlier surveys suffer:

1. Many figures are erroneous, owing to a slip of the pen or to arithmetical errors.[1] Wherever only percentages or averages are

[1] To quote a few examples: The 1925 report says (p. 43) that in 9 villages of the Palime District 750 out of 1,444 newly-born survived the age of 15 years; '594 died before having themselves reached the age of reproduction: this means an infant mortality of 55·7 per cent.' (Even if one substitutes 694 for 594, the total child mortality up to 15 years would not exceed 48 per cent.) The 1925 birth-rate for the Atakpame District is given in the 1926 report, p. 72, as 286·6 per 10,000, and in the 1927 report, p. 65, as 361·6 per 10,000 (the 1926 report assumed 2,064 births, the 1927 report 2,604). The 1926 report relates (p. 74) that 290 women over 45 years had had 840 confinements or 3·21 on an average, and comments at great length on this average of 3·21, although the absolute figures indicate an average of 2·90 births. The 1927 report shows (p. 67) that 556 women over 45 years had had 2,471 confinements, i.e. an average of 4·4,

TABLE 7

*Results of Soundings, French Togoland, 1935**

(Percentages)

District	*Region*	*Males*	*0–14 years*	*Sterility*	*Deaths of children*			
					Still-born	*0–1 years*	*1–15 years*	*Total*
Lome	Lagune	51·1	47·9	1·3	1·4	19	2·9	23·3
	Tsévié	48·2	41·1	3·2	7	21	10·9	38·9
	Savanes	49	36·7	5·5	1·1	15·3	13	29·4
Anecho	Lagune	49·3	41·9	3·9	8·2	10·6	3·9	22·7
	Ouatchi	49·7	42·9	3·9	12	24	13	49
	Mono	51·9	34	8·7	3	31	10	44
	Savanes	52	38	15·7	11	38	3·5	52·5
Palime	Kluto N.W.	..	..	..	2·5	17	6	25·5
	Kpélé	49·1	37·3	17	1·9	21·5	8	31·4
	Agou	48·9	42·4	9	1	25	6	32
	Palime S.W.	..	..	..	5	27	11	43
Atakpame	Nuatja	48	38·4	18·5	1·6	15	20	36·6
	Atakpame	55	32	30·7	1	25	12	38
	Djama	60	28	29	2	25	20	47
	Woudou	51	29·3	19	2	34·8	12	48·8
	Kpessi	51·1	30·9	35	2	13	15	30
	Adele-Akebou	47	48	6·2	7	7	3	17
	Akposso	57	30	29	1	21	16	38
Sokode	Kotokolis	55	37	2·4	16	4	2	22
	Bassaris	50	40	5	2	15·5	11	28·5
	Konkombas	53·2	37·9	8·9	0·5	7	6	13·5
	Kabrese-Lossos	49·9	40·1	2	7	16	9	32
Mango	Gourmas	51	39	4	3	25	11	39
	Mossis	52	43	4·5	1	14	2	17
	Mobas	51·9	47	3·4	1	26	4	31
	Barbas	55	32	3	2·5	18	16·5	37
	Tchokossis	41	34	0·4	7	15	7	29
	Konkombas	52	43·5	—	3·5	15	5·5	24
	Lambas	51	40	1·5	12	8	11	31
	Tambermas	52	33	1·6	4	18	23	45

* See *Rapport annuel 1935*, pp. 85–6.

given in the reports, the risk of being deceived is then particularly great.

2. The terminology is often very loose. Referring to the numerical importance of miscarriages, the 1925 report rightly emphasizes that 'the number of pregnancies (*grossesses*) must not be confounded with the number of confinements (*accouchements*)'.[1] Yet such a confusion is noticeable throughout the reports,[2] and 'the genital capacity rate'

but the average given is 4·6, because, through a slip of the pen, the divisor was taken to be 536.

[1] *Rapport annuel 1925*, p. 42.

[2] See, for example, ibid. *1930*, p. 89, for Anecho: '1,806 femmes de plus de

means sometimes the average number of pregnancies and sometimes the average number of confinements per woman over 45 years.

Moreover, some of the terms used are apt to convey a wrong meaning. By 'nuptiality rate' is generally understood the frequency of marriages. But in the surveys on the soundings *taux de nuptialité* means either the proportion of husbands having one, two, &c. wives or the average number of wives per husband. The confusion so created is the greater, as if the latter figure is high it is safe to assume that the nuptiality of men is low.

3. The basic material in many cases is too meagre. In 1925 the Chief of the Sanitary Subdivision of Atakpame[1] contrasts the mountainous regions having a high birth-rate (23 per 1,000) and a low death-rate (17) with the plains having a low birth-rate (13) and a high death-rate (46). But his inquiry in the plains was confined to one village with 304 inhabitants on 31 December 1924 and 294 inhabitants on 31 December 1925 and 4 births and 14 deaths in 1925. His comment reads:

> In the plains, the village of Ekle shows a very strong decrease caused by an excess of deaths and a particularly low birth-rate (4 births for 304 inhabitants). It is evident that the situation in this village is exceptional; it proves the usefulness of the soundings since they led to the discovery of a village the population of which declines, a decline which one will actively strive to check.[2]

The 1925 soundings in this Sanitary Subdivision had revealed furthermore that in 5 villages 134 women over 45 had had 349 confinements in the course of their lives. At a lecture delivered in Atakpame, Surgeon-Major Mercier, chief of the demographic bureau of Togoland, stated:[3]

> This genital capacity of the Togoland woman (349 : 134 = 2·6 confinements) is low and does not agree with the birth-rate for 1924[4] given by the census, i.e. 361 per 10,000. It is extremely probable that this average of 2·6 confinements per woman of over 45 is inaccurate and too low.

Quite apart from the fact that the confinements of the women over 45 occurred among an older generation than the confinements in

45 ans ont eu 9,036 grossesses, il reste actuellement 5,040 enfants vivants. Les moyennes sont de 5 accouchements et 2·7 enfants vivants par femme.' See also ibid., p. 92, for Atakpame. In Table 9, which summarizes the results of the soundings on fertility, I have tried to distinguish between pregnancies and confinements, but I am afraid I failed in a number of cases.

[1] He is described in the report as having become a specialist in demographic research.

[2] *Rapport annuel 1925*, p. 42. See also ibid. *1927*, p. 64: 'The village of Ekle has already been pointed out as having a population of the regressive type.'

[3] Mercier (1926), p. 27.

[4] Should read 1925.

1925, it is not permissible to consider the fertility of 134 women as the fertility 'of the Togoland woman'.

4. In many cases the basic material is evidently erroneous. In 1925 the Chief of the Sanitary Subdivision of Atakpame found in the village of M'Poti in the Adele region that of 148 live-born children 6 had died under 1, and 5 between 1 and 15. It is obvious that the women questioned had understated the number of their deceased children. But the medical officer believed the figures to be exact and explained them by the fact 'that this population, isolated in the mountains, has rarely intercourse with other tribes and that the great majority are free from syphilis'.[1]

5. In many cases the medical officers had not the faintest knowledge of the most elementary principles to be followed in interpreting birth and death figures or of natality or mortality in Europe. In 1925 the Chief of the Sanitary Subdivision of Atakpame, after having shown that there were in the village of Agbodrafo 14 bachelors, 81 husbands, 112 wives, and 184 children, stated:[2]

> Let us study the old households: 15 women of over 45 years are married to 11 men, that is in all 26 adults. They have borne 72 children of whom 62 are living. Of these 62, 20 have not reached the age of 15 years; one must allow for a further wastage; the infant mortality of this village is 25 per cent.; the wastage will amount to about 5; there will remain therefore 57 children. Fifty-seven children of 15 years will replace, therefore, 26 parents; hence a population in the process of a notable increase: over 100 per cent. per generation.

He then gives a table showing that 100 adults bring up in the space of a generation in Ekle 101·97 children, in Agbodrafo 215·37 children, and in Tchakpo 171·43 children. The whole argument is, of course, entirely wrong. It may suffice to mention that of the 57 children a considerable number will die before having attained the age of their parents (who are all old).

He finds that in the town of Lome, with about 8,000 inhabitants, 149 deaths of persons over 20 were ascertained in 1925. He *assumes* that actually twice as many died. This, it seems, would indicate a death-rate of 37 per 1,000 which, compared with the standards of European cities, seems enormous. But he concludes: 'we arrive at a death-rate of 3 per cent. or 30 per 1,000, a rate which is about the death-rate of our European cities'.

He finally constructs a life table based on the total number of deliveries, still-births, and children deceased under 15 of the women questioned in 5 villages, and the age-distribution of those deceased in

[1] *Rapport annuel 1925*, p. 42. [2] Ibid.

1925 in 3 of these villages. He derives from the same data the average number of years lived by those born (24½ years) and by those who have reached 15 years (31·8 years), and concludes:

The information collected in other regions of the District is almost identical. Thus, for example, in the village of M'Poti with 169 adults, an adult having attained 15 years would attain on an average 33 years and 6 months. In the same village, which has in addition 79 children of 0 to 15 years, or altogether 248 inhabitants, the life of a native taken at his birth would be on an average 25 years and 3 months.[1]

Another example of rash judgement is to be found in the 1928 survey. According to the soundings in the Anecho District, 9·6 per cent. of the children born were still-born, and 20·8 per cent. died in the first year of life. These results are accompanied by the comment that doubtless 'a considerable part of the still-born should be transferred to the deaths of 0 to 1 year;[2] the rate of still-born should thus be reduced to between 3 and 4 per cent., which is already a very large percentage'.[3] Three or four is by no means a large percentage of still-born, and if too many still-born have been recorded this may have been due just as much to the counting of miscarriages as still-births.

An idea by which the authors of the demographic section of the annual reports are virtually obsessed is that the proportion of children indicates whether a population is of the 'progressive, stationary, or regressive type'. When in 1927 a very high proportion of children was ascertained in the Nuatja canton it was stated that this must be a mistake 'if one considers that according to the information formerly collected it seems that the population of this canton is of the stationary type; in this case the proportion ought not to exceed 32 per cent.'[4] Having shown that in the Sundina canton the proportion of children under 15 was 35·6 per cent. for males and 40·1 per cent. for females, the same report stated: 'The female population seems of the markedly progressive type while the male population is only of the slightly progressive type.' The report finally established the following scale of percentages:

Age-groups	*Progressive type*	*Stationary type*	*Regressive type*
0–14 years	40	33	20
15–49 years	50	50	50
over 49 years	10	17	30
	100	100	100

[1] Ibid., p. 44.
[2] The same suggestion is made also in the surveys of other years.
[3] *Rapport annuel 1928*, p. 74.
[4] Ibid. *1927*, p. 64.

The report thereupon came to the conclusion 'that the whole of the population of Togoland seems to be of the slightly progressive type' and discussed in a similar manner the various regions of the Territory.[1] A considerable part of the surveys in the subsequent reports is devoted to such a classification of the various regions. The 1933 report even went a step farther by giving a map of the Territory[2] showing the regions according to the following scale:

Type	*Children per cent. of total population*
Regressive	Less than 30
Stationary	30–4
Slightly progressive	35–9
Progressive	40–4
Very progressive	More than 45

As explained in the Introduction to this volume, hardly any conclusions should be drawn as to population trends from the proportion of children even if the figures themselves are accurate. But they are by no means so in the case of Togoland. At his lecture in Atakpame, Dr. Mercier submitted the following table showing the results obtained at the soundings taken in 1925:

TABLE 8

*Population of Adele and part of Nuatja by Age in 1925**

Years of age	*Adele*		*Nuatja*		*Years of age*	*Adele*		*Nuatja*	
	Male	*Female*	*Male*	*Female*		*Male*	*Female*	*Male*	*Female*
0–4	174	184	165	196	40–44	115	109	72	86
5–9	155	167	121	115	45–49	52	52	56	33
10–14	321†	178	39	31	50–54	45	46	56	25
15–19	77	69	59	83	55–59	30	28	37	16
20–24	95	65	93	105	60–64	31	53	20	16
25–29	99	90	368	273	65–	53	31	12	23
30–34	109	150	183	176	Total	1,329	1,339	1,436	1,299
35–39	73	117	155	121		2,668		2,735	

* See Mercier (1926), p. 16. † Should read 221.

These figures should not be accepted as they stand. Some adjustment is necessary. Owing to the absence of official registration they are based not on facts, but on an estimate. In taking a census it is quite useless to ask a native his age. Experience has shown that in the vast majority of cases—in the bush in every case—the father of a child will know the age of his child up to three years. After that he is vague.

Therefore the census officer is obliged to estimate the age of the native before him. And in this respect an examination of the census-returns

[1] See *Rapport annuel 1927*, pp. 64–5.
[2] See ibid. *1933*, p. 69.

allows a student of psychology to make discoveries which reward him for the dryness of the figures with which he is dealing. A young census officer over-estimates ages; in proportion as he grows older his estimates become more accurate.

Thus in the Adele the age of 42 seemed to the census officer the fateful age; in the Nuatja 27 recurs constantly.

We judge with our European eyes accustomed to deducing the age of people from an examination of their features only; puberty, especially in the case of women, takes place much earlier than in our countries; while old age, owing to the conditions of existence, shows itself in different ways from ours; finally, and more especially, the native rarely presents himself with his whole family for the census and the census officer is obliged to rely on his own judgement; for all these reasons the exact age of the native in the middle years of life remains an unknown quantity. . . .

If we take up again our table (first under the rubric 'men') what do we find?

Our statistics can very well be compared because they deal with similar figures: 1,329 on the one hand, 1,426 on the other.

From 0 to 4 and from 5 to 9 the statistics for the Nuatja and the Adele agree with each other, and give figures which seem perfectly reasonable. But from 10 to 50 no further comparison is possible; thus the Adele has 221 boys from 10 to 14, Nuatja has only 39. From 25 to 29: Adele 99, Nuatja 368; and this, I repeat, with an almost identical total population.

Such figures should be a sign of morbid disturbances still well within living memory. But we find no evidence of any such calamity.[1]

6. In many cases the data obtained were suppressed although they may well have been accurate. This is perhaps the worst feature of the surveys of the soundings. Thus the 1928 report contains the following analysis of the soundings on sterility:[2]

Districts	*Number of women over 45 years*	*Number of sterile women*	*Per cent.*
Anecho .	75	7	9·6
Kluto .	407	73	17·8
Sokode .	1,550	68	4·3
Total	2,032	148	

that is for the whole Territory a coefficient of sterility of

$$\frac{148 \times 100}{2{,}032} = 6{\cdot}9 \text{ per cent.}$$

It must be raised slightly because in the north the sterile women for various reasons do not wish to admit their sterility; we have therefore

[1] Mercier (1926), pp. 17–19.

[2] *Rapport annuel 1928*, p. 75.

eliminated the figures furnished for Mango, which were evidently too low.[1] This coefficient ought to oscillate around 10 per cent.[2]

7. In many cases, figures which for one reason or another do not seem plausible to the investigator are not suppressed downright but are discredited arbitrarily. Thus the 1930 report says about the soundings in the Lome District:[3]

Genital capacity rate. The inquiry covered 1,601 women of over 45 years. It is the first time that such soundings were effected in the Lome District. The averages obtained:

7·9 pregnancies per woman,
5·3 living children per woman,

are somewhat high in comparison with the other Districts. It is probable that they must be slightly reduced though to a level still slightly higher than those of the Anecho District.[4]

According to the statements of the women questioned in the same year in the District of Anecho 33·9 per cent. of their children had been still-born or had died before reaching the age of 15, while 5·3 per cent. had died at a higher age. The report stated:[5]

Taking the high figure of deaths over 15 years (5·3 per cent.), it seems probable that some of these deaths must be transferred to the group 0 to 15 years and that the percentage of this group must be raised slightly to about 35 per cent.

Evidently the only reason why the Demographic Bureau considered the percentage of 5·3 too high was that it was lower in the

[1] However, in 1930 the very low sterility rates in Mango were accepted as correct: 'They are very likely the result of the rarity of syphilis in the Mango District' (*Rapport annuel 1930*, p. 97). The soundings of 1932 again aroused suspicion. The sterility rates ascertained in the Mango District were given as follows (ibid. *1932*, p. 67):

'Tchokossis	2·42 per cent.
Mobas	1·98 „ „
Dje	0·01 „ „
Natchakous	0·01 „ „
Peulhs	0·01 „ „

'These last three rates, which are too low, are due to too small a number of women being questioned among these races.' It is hard to see how the last three rates could possibly have been derived from a too limited material since a proportion of 0·01 per cent. presupposes something like 10,000 units. But, as a matter of fact, only 698 wives had been questioned in the whole District.

[2] The conclusion that the rate in the Territory ought to oscillate around 10 per cent. was evidently derived from the fact that at the soundings made in various regions of the Territory in 1927, 61 out of 556 women questioned, or 11 per cent., had been recorded as sterile (see ibid. *1927*, p. 67).

[3] Ibid. *1930*, p. 88.

[4] 5·0 and 2·7 respectively, see ibid., p. 89.

[5] Ibid.

other Districts. But it is, of course, quite possible that in the other Districts the women may not have stated in full the deaths of their adult offspring. This, in fact, seems to have been the case in the Subdivision of Sokode and in the District of Mango, where only 0·4 and 0·5 per cent. of the deceased offspring were recorded as over 15 years old.[1] In any case, the percentage of 5·3 in itself is not so high as to arouse suspicion.

Over and over again rates found at the soundings are considered as representing the truth if they resemble the rates found for the 'standard-million' in Europe and are considered as untrustworthy if they differ considerably from European rates. When, for example, the soundings in the Anecho District showed in 1930 a birth-rate of 50·4 and a death-rate of 39·0, the report stated that these rates are 'very high in comparison with those of the standard-million, and it is most likely that they must be slightly reduced'.[2] In the Subdivision of Bassari with a birth-rate of 420 per 10,000, a death-rate of 173 per 10,000, and an excess rate of 247 per 10,000, 'of these three rates only the death-rate seems near the truth. It is a little higher than the rate of the standard million (155 per 10,000). . . . The birth-rate appears to us too high; it is not in keeping with the rates of genital capacity, sterility, and fertility. It must be reduced to about 300'.[3]

It should be noted, moreover, that the surveys reveal some intrinsic defects of the kind of soundings effected by no means only in French Togoland. If the natives are asked for the number of births and deaths which occurred in their family in the course of the last year, they seem inclined to overstate the figures 'owing to the great difficulty which the native experiences in placing an event in point

[1] See ibid., pp. 92, 96.

[2] Ibid., p. 89.

[3] Ibid., pp. 93–4. It may be mentioned incidentally that the Demographic Bureau, in appraising the results of the soundings of 1930, was utterly inconsistent. Because in the Subdivision of Bassari 812 women of all ages stated to have had 1,632 deliveries (fertility rate 2) and 212 women over 45 years (of whom 25 or 12 per cent. declared to have been sterile) showed an average of 3·2 pregnancies (genital capacity 3·2), it was thought that the birth-rate of 42·0 ought to be not more than about 30·0. But when the soundings among the Mobas in the Mango District showed a birth-rate of 62·0 for 1930, this birth-rate was accepted because the genital capacity rate was 4.89 (and the fertility rate 2·9). It is evident that if the genital capacity and the fertility rates constitute a gauge for judging the birth-rate, a birth-rate of 42 in the Subdivision of Bassari corresponded very closely to a birth-rate of 62 for the Mobas. Naturally, however, the birth-rate of a given year has not necessarily any relation to the deliveries stretching over a whole generation in the past. But over and over again the birth-rates found at the soundings are raised or reduced if in the opinion of the Demographic Bureau they do not agree with the 'genital capacity rates'.

of time'.[1] If, on the other hand, women, especially older women, are asked for the total number of their pregnancies they are inclined to understate the figure. This tendency is well illustrated by a comment on the average number of 3·21 confinements ascertained for women over 45 years in the District of Atakpame in 1926:

> The average of 3·21 confinements . . . expresses the genital capacity of the woman having completed her genital life; it is not very high. It is such on account of certain failings of memory which are quite frequent and quite excusable with the old native women.
>
> All those who conduct similar inquiries in a primitive society, in somewhat isolated villages, know the bewilderment of an old woman who is asked for her age or the number of confinements she has had. Yet she is full of goodwill, counts on her fingers, questions the neighbours, blunders, and starts all over again, because this is a matter of which she thinks very seldom, and finally the figure obtained is only approximate.
>
> A miscarriage which has laid up the patient only a few hours is so quickly forgotten.[2] And a still-born child, when the very next day one starts again the customary round of work, what a fleeting recollection! One therefore must consider this figure of 3·21 as too low: it will certainly be raised in the future with the more complete mental evolution of the people.[3]

It may be mentioned finally that the Permanent Mandates Commission repeatedly expressed its doubts as to the value of the Togoland soundings. In discussing the 1925 report, it is true, M. Rappard 'congratulated the mandatory Power on the effort which it had made to secure demographic data in spite of the almost entire impossibility of obtaining exact statistics'.[4] But the discussion of the 1927 report proved to be less friendly:

> M. Rappard said that he might have refrained from making any observation, if the exactness of the statistics in question had equalled the amount of detail given. He felt, however, that he must speak on a question of method. This chapter gave most varied and minute details on the movement of the population in the most remote districts. If, as was stated in the report and as was quite natural, it had not been possible to undertake a demographic census, and it had been necessary to be content with approximations, it would seem to be impossible to give, as had been given, comparative tables of the population almost to a unit.

[1] *Rapport annuel 1927*, p. 65. See also ibid. *1928*, p. 73; *1930*, p. 87.

[2] This reference to miscarriages seems out of place, since the figure of 3·21 included only confinements.

[3] Ibid. *1926*, p. 74. See also ibid. *1927*, p. 67: 'Rate of genital capacity. . . . The general average is 4·6 confinements per woman; this figure is considerably superior to that obtained last year, which was 3·21. The inquiries covered this year more developed populations, and therefore the omissions have been less numerous.'

[4] *Minutes*, 9th Session (15 June 1926), p. 91.

M. Duchêne replied that this was information which was evidently not of absolute exactitude but which was none the less worthy of being presented to the Commission.

M. Rappard said that the expert statistician had done marvels, but that it could hardly be believed that it was possible to give such complete statistics, not only for births, deaths and marriages, but also for questions such as the rate of genital capacity or the rate of sterility. He asked that as much information should be given as the documentation allowed, but not more. In the present case he ventured to say that the information was really too complete.

M. Duchêne said that he had thought that the development of this chapter on demographic information would attract the notice of the Mandates Commission.

This information was rather elastic and had been obtained from observations that had been made in each district, observations that were indispensable and normal, even if it were only for the purpose of estimating the fiscal capacity of the population.

The Chairman recalled that the Mandates Commission had placed its confidence in the mandatory Power. In order to retain this confidence it was necessary that it should believe that it was presented with information founded on fact. The very excess of this documentation, however, might give rise to some slight anxiety which might extend itself to the remainder of the report.

M. Duchêne replied that this information was as sound as the circumstances permitted. In all the territories submitted to French authority, in Europe and outside of Europe, vast censuses had been undertaken, in which everyone had endeavoured, according to his means, to give as complete information as possible. The Administration presented its statistical tables with all the necessary reservations, but it believed that it was thus presenting a piece of sincere work which was as exact as circumstances had permitted. Substantial and voluminous work had not been done for the sake of doing it, and the unusual bulk of this chapter was due to the exceptional circumstances constituted by this census.[1]

Four years later, the conclusiveness of the results was again discussed:

M. Rappard congratulated the mandatory Power on the careful way in which the statistics concerning births, deaths, etc., had been drawn up. Up to the present, however, it was not possible to base any certain conclusions on statistics which, however carefully prepared, were only fragmentary.

M. Besson recalled that these statistics had been prepared at the request of the Commission, and that there was no doubt that they would serve as the bases of demographic work to be done in the future. These studies had been followed very closely by the medical corps in charge of the work.[2]

[1] Ibid., 13th Session (18 June 1928), p. 78.
[2] Ibid., 22nd Session (22 Nov. 1932), p. 193.

After another year, M. Rappard raised the same issue:

M. Rappard thanked the mandatory Power for the very full information given on demographic statistics in the report. That information was of very great value from a sociological standpoint. He wondered, however, whether it was really requisite, in view of the expenditure involved, to supply in an administrative report certain necessarily fragmentary data which were of speculative rather than of practical interest.

M. Besson admitted the justice of M. Rappard's observation, which would be borne in mind when the next report was prepared.[1]

The 1935 report, as has been mentioned, contained only percentages and rates. The obscure headings in the tables of the report were criticized by M. Rappard.

M. Rappard observed (page 84 of the report) that the population was gradually increasing. With regard to the tables showing the 'Quantitative evolution of the population', there was on page 85 a 'qualitative evaluation' which contained curious and somewhat mysterious statements. Did the figures in the column entitled 'Age Group: 0–14' signify that the percentages given showed the number of the population under fourteen years of age? It was, in general, difficult to see to what the various ratios given referred. To what did the 'sterility rate' which ranged from 1·3 to 35% refer? There were references in those tables which were not to be found in the statistical year-books of the most civilized countries.

M. Besson understood that the percentages referred to the total population figure. He would try to have the point cleared up.

M. Manceron observed that the sterility rate was particularly high in the Atakpamé district (up to 35%) (page 85 of the report).

M. Besson said that Atakpamé was the most densely inhabited district in the territory.

Mlle Dannevig asked how far the tables given were the result of detailed studies and thus trustworthy.

M. Besson replied that they had the value of an effort.[2]

II. Fertility in General

The French Administration at first was apparently of the opinion that fertility was declining in Togoland. The 1922 report considered this decline as an incontrovertible fact and gave as reasons for the low fertility then prevailing:

Certainly alcohol and syphilis as well as the disorders produced in the case of women by chronic or acute blennorrhagical accidents . . . are the principal factors in the rarefication of natality and in the frequency of miscarriages.[3]

[1] *Minutes*, 24th Session (26 Oct. 1933), pp. 58–9.
[2] Ibid., 30th Session (31 Oct. 1936), p. 83.
[3] *Rapport annuel 1922*, p. 30.

No data were given to support this opinion, and the only figures appearing in the report would seem to indicate that at least in Anecho fertility until recently was very high: 56 women questioned declared that they had had 326 children (apart from 51 miscarriages); and since these women were chosen 'at random', they probably were not all past child-bearing age. Moreover, the report says at another place[1] that 'fertility is remarkably high'. In any case the subsequent reports emphasize the high fertility of the women in French Togoland. Thus the 1923 report says:

> The medical officers are unanimous in declaring that the races of Togoland are prolific. The women have numerous pregnancies . . .[2]
>
> Natality is high; the women who have had more than five children are numerous . . .
>
> We may add that the desire of having numerous children is general and so strong that sterility of the wife constitutes, if not a cause for divorce, at least a reason for profound discord in the household. . . .
>
> It is considered a great honour to have many children. They are moreover an item of wealth and a force, since they later cultivate the fields, the product of which will belong to the family chief, and since they will ensure the tranquillity and the peace of the parents in their old age.[3]

The 1924 report stated that 'the censuses show that in general natality is rather high'.[4] It suggested, however, that the more civilized natives had fewer children.

> The observations collected seem to indicate that a tendency to restrict the offspring manifests itself among the more developed natives of the urban centres. One finds in the families of this category less numerous children than among the more unsophisticated people. In any case this observation is limited to a negligible minority since the enormous mass of the population, particularly on the land, continue to aim at a numerous issue.[5]

On the other hand, the 1926 report shows that in the Kluto District in a section with a well-to-do population 2,299 women had had 4,709 confinements, i.e. 2·0 on an average, while in a section with a poor population 2,503 women had had only 3,150 confinements or 1·3 on an average.[6] But since the age-composition of the women questioned may have differed considerably, these results seem to be less conclusive than the Chief of the Demographic Bureau apparently believed.

Table 9 shows the number of pregnancies or of confinements

[1] See ibid., p. 46.
[2] Ibid. *1923*, p. 43.
[3] Ibid., p. 83. See also ibid. *1924*, p. 48; *1927*, p. 33; *1931*, p. 184.
[4] Ibid. *1924*, p. 101.
[5] Ibid., p. 102.
[6] See ibid. *1926*, p. 73.

(live- and still-born) for women over 45 years questioned at various soundings.[1] It appears that only in a few cases was a high fertility ascertained and in numerous cases a rather low fertility. But, owing perhaps in part to the fact that the authors of the surveys did not always realize that a figure of 4 or 5 pregnancies for a woman past child-bearing age by no means indicates a high fertility, the annual reports on the whole express the opinion that fertility in French Togoland is rather high. Thus the 1924 report stated:

> In the Sansanne-Mango District, births are very numerous, the natives love to have many children, and sterility is often a cause of divorce. In the canton of Bogou 70 woman of mature age have had 227 living children, or a rate of 3·24 children per women. In Gando the live-born children average 3·45 per woman. Among the Konkombas 31 women have had 160 children . . .[2] The races of Togoland are prolific . . .[3]

When the 1930 soundings among the Kabrese-Lossos revealed an average of 5·3 pregnancies per woman over 45 years of age the report for that year stated: 'The Kabrese-Lossos group presents itself as a particularly prolific race.'[4] For the whole of Togoland the report distinguished three zones:

> A coastal zone comprising the Districts of Anecho, Lome, and Kluto; that is the ethnical group of Ehoués, Minas, and Ouatchis. These populations appear particularly prolific . . .
>
> The central zone covers the whole District of Atakpame and part of the District of Sokode (Subdivisions of Sokode and Bassari); the populations are clearly less prolific than those of the South . . .
>
> The Northern zone comprises the Kabrese-Lossos group and the various populations of the Mango District. . . . A great prolificness of the people as a whole . . .[5]

It seems, however, that the Kabrese are more prolific than other races. For 1,399 women over 45, questioned in 1932, a 'genital capacity rate' of 6·0 was ascertained.

This latter figure, referring to the Kabrese and based upon a compara-

[1] I have included only those soundings for which the number of women has been stated.

[2] *Rapport annuel 1924*, p. 52.

[3] Ibid., p. 53. In answering the questions put by the Permanent Mandates Commission, the French Government also stated repeatedly that 'the races of Togoland are prolific', and that 'natality is high'. See ibid. *1923*, p. 130; *1924*, pp. 146, 148; *1925*, pp. 129, 132; *1926*, pp. 110, 113; *1927*, pp. 96, 99; *1929*, p. 147.

[4] Ibid. *1930*, pp. 95–6. As stated above, the inquiry in the Lome District had shown an average of 7·9 pregnancies per woman over 45 years. But this figure had been rejected as too high, and the report states that 'the population of the Lome District presents itself as fairly prolific'.

[5] Ibid., p. 97.

TABLE 9

*Total Fertility of Women over 45, French Togoland, 1923–34**

Year	District	Tribe or locality	Women questioned	Sterile women	Pregnancies	Births	Per woman: Pregnancies	Per woman: Births
1923	Lome	Lome, Town	158	..	1,176	866†	7·4	5·5‡
1924	Sansanne-Mango	Bogou, Canton	70	..	..	227‡	..	3·2‡
	Sokode	Cotocolis, Bassaris	100	3	549	531	5·5	5·3
	Kluto	Palime, Town	100	..	388	318	3·9	3·2
1925	Atakpame	Agbodrafo, Village	15	..	..	72	..	4·8
		Tchakpo, Village	7	..	..	32	..	4·6
1926	Atakpame	..	290	..	840	..	2·9	..
1927	Various	10 villages	556	61	..	2,471	..	4·4
1928	Anecho	..	75	7	..	302	..	4·0
	Kluto	..	407	73	..	1,304	..	3·2
	Sokode	..	1,550	68	..	7,751	..	5·0
	Mango	..	455	..	..	2,332	..	5·1
1929	Anecho	..	228	33	657	..	2·9	..
	Atakpame	..	632	81	2,581	..	4·1	..
	Sokode	Sokode, Subdivision	1,091	340	1,501	..	1·4	..
		Bassari, Subdivision	85	11	297	..	3·5	..
		Lama-Kara, Subdivision	1,849	89	7,820	..	4·2	..
	Mango	..	1,064	17	5,286	..	5·0	..
1930	Lome	..	1,601	..	..	..	(7·9)	..
	Anecho	..	1,806	195	9,036	..	5·0	..
	Kluto	..	272	(22)	1,219	..	4·5	..
	Atakpame	..	124	(14)	..	558	..	4·5
	Sokode	Sokode, Subdivision§	692	123	1,422	..	2·1	..
		Bassari, Subdivision‖	212	(26)	..	..	(3·2)	..
		Lama-Kara, Subdivis.¶	832	(25)	..	..	(5·3)	..
1931	Lome	Agbatofe, Canton	142	(11)	..	..	(4·9)	..
	Kluto	Agou Tafie, Canton	93	(3)	403	..	4·3	..
1932	Lome	Awe region	153	(8)	..	..	..	(4·2)
		Agoueve region	361	(11)	..	..	..	(4·5)
	Kluto	..	436	(94)	1,226	..	2·8	..
	Sokode	Kotokolis	395	(56)	..	..	(2·2)	..
		Bassaris	116	(8)	..	..	(4·0)	..
		Konkombas	58	(8)	..	..	(6·5)	..
		Kabrese	1,399	(21)	..	..	(6·0)	..
1934	Lome	..	702	37	..	3,456	..	4·9
	Anecho	..	281	18	..	1,303	..	4·6
	Atakpame	..	1,372	385	..	5,306	..	3·9
	Sokode	Bapure, Canton	67	..	247	..	3·7	..

* See *Rapport annuel 1923*, p. 43; *1924*, pp. 52–3; *1925*, p. 42; *1926*, p. 74; *1927*, p. 67; *1928*, p. 75; *1929*, p. 95; *1930*, pp. 88–95; *1931*, pp. 85–7; *1932*, pp. 63–7; *1934*, pp. 82–4. The figures in parenthesis for sterile women have been computed from the percentages given in the annual reports. The averages in parenthesis (last two columns) have been taken from the annual reports.

† 310 miscarriages and still-born, 866 live-born. ‡ Live-born only. Cotocolis.

‖ Bassaris, Konkombas. ¶ Kabrese-Lossos.

tively large number of observations, is the highest in the Territory . . . We have to deal here, therefore, with an excessively fertile race, and it has been possible to compute that every Kabrese woman had a child every 30 months for a fertility period of about 17 years (de Marqueissac). In comparing the number of children from 0 to 1 year with that of the women from 15 to 45 years it has been found that 100 Kabrese women have given birth to 34 children in a year.[1]

It should be noted finally that Governor Montagné, in opening the session of the Economic and Financial Council of Togoland, stated on 12 November 1937: 'There is another factor in determining population growth which is more important than the reduction of mortality: it is the increase of the birth-rate.'[2]

[1] Ibid. *1932*, pp. 66–7.

[2] *Journal officiel du Togo*, 1 Dec. 1937, p. 559.

The reports for 1922–5 contain some data on miscarriages; the rates varied considerably at the various soundings and do not permit the drawing of any conclusions. The later reports pass this topic over in silence.

The frequency of still-births was at first considered as a very serious matter. The 1921 report stated that 'to increase the number of births by diminishing the number of still-births' was a task which had attracted the particular attention of the French Administration. Syphilis was regarded as one of the main causes of still-births.[1] The 1925 report was the first to give figures of still-births. The women questioned in 5 villages of the Atakpame District stated that they had had 705 live-born and 90 still-born children.[2] This high proportion of still-births was accepted as accurate and when the soundings of 1926 showed a proportion of only 5·7 per cent. still-births this result was considered to be erroneous.

One must expect such changes in the figures for several years more, in proportion as the documents accumulate. It is certain that the number of still-born is low and will rise again at the expense of the number of deaths between 0 and 1 year.[3]

But the more comprehensive soundings of the following years yielded still lower proportions of still-births.[4]

Year	*Total confinements of women over 45*	*Still-births*	*Per cent.*
1926	21,534	1,223	5·7
1927	70,488	3,236	4·6
1928	45,371	1,842	4·1
1929	91,612	4,348	4·7

Yet the Administration persisted in the belief that still-births were actually very frequent in French Togoland.[5]

III. Polygamy and Fertility

The French Administration viewed polygamy as an evil and considered it in particular as detrimental to fertility. Unlike the Administration of the Cameroons it did not change its opinion in the course of time. The 1921 report explained the origin of polygamy.

Polygamy is the general rule in the whole area of the Territory. The custom authorizes the native to have as many wives as his means permit.

[1] See *Rapport annuel 1921*, p. 51; see also ibid. *1923*, p. 42.
[2] See ibid. *1925*, p. 42.
[3] Ibid. *1926*, p. 73.
[4] See ibid., p. 73; *1927*, p. 66; *1928*, p. 75; 'Notes on Vital Statistics' (1932), p. 133.
[5] See *Rapport annuel 1931*, pp. 185–7.

He takes several wives because he reckons to have thus a larger number of children. From the first appearances of maternity the wife ceases to have intercourse with her husband and will resume it only after finishing the suckling of the child which lasts from 18 months to two years. To these two reasons, the desire of having numerous children and the over-long enforced continence on the part of the husband, must be attributed the origin of the custom authorizing polygamy.[1]

The 1922 report emphasized the dire effect of polygamy on fertility:

There is no doubt that polygamy constitutes in every respect a damnable custom; particularly is it pernicious from the point of view of natality. It is in fact a common observation that the women bear fewer children the more of them belong to one and the same individual. Unfortunately this custom is so deeply rooted in the native habits that at the risk of provoking a real turmoil in the society with which we have to deal we must not think of suppressing it radically; we, therefore, have confined ourselves so far to giving advice to the people under our protection. We may perhaps, however, arrive at restricting polygamy by subjecting native marriage to an administrative regulation which so far is completely lacking. This question will be studied in 1923.

In any case civilization appears to us to be the sole really effective factor with which to fight against this regrettable practice; therefore, we must not conceal from ourselves that many years still will pass before polygamy disappears from the Black Continent.[2]

But the Orders regulating the native marriages[3] did not interfere in the least with polygamy.[4] They took this custom for granted.

As has been already explained in the preceding reports, polygamy is a practice so inherent in the customs of the people under our protection that it would have been futile and dangerous to try to fight it by purely administrative measures. Therefore, the new marriage regulation has confined itself in this matter to recording the custom. It is permissible, however, to hope that the consent of the woman having been rendered obligatory will result in certain cases in hindering one and the same man from taking an excessive number of wives.

[1] Ibid. *1921*, p. 71.

[2] Ibid. *1922*, p. 46.

[3] Reprinted in ibid. *1924*, pp. 227–9.

[4] It may be noted, however, that these Orders interfered with another custom which was considered by the authorities likewise a cause of reduction in fertility: the betrothal of girls in early childhood or even before birth. The circular 'relating to the regulation of native marriage' issued on 4 Feb. 1924 by the Commissioner of the Republic (reprinted ibid., pp. 226–7) stated: 'It happens indeed frequently that a little girl of tender age is promised to an adult man, but he has become almost an old man when the union can finally be consummated and the children will necessarily be few.' According to the Orders of 17 Nov. 1924 the duration of the betrothals must not exceed 5 years, except for the Konkombas where it may be extended to 15 years.

In Togoland, except for 3 or 4 big chiefs who, especially in the north, have 20 or 30 wives, the maximum number of wives of one man is in general 5, and the average slightly exceeds 2.[1]

Though the Orders regulating the native marriages were issued only on 17 November 1924, the report for 1925, in conformity with the general practice of French bureaucracy, already noted an effect upon the spread of polygamy.

The question of nuptiality and of polygamy has been expounded at length in the preceding reports; it could hardly change in the space of one year.

However, the Administrators point out that the regulation of native marriage, established by the Order of 17 November 1924 . . ., contributes in a certain measure, through the consent of the woman having been rendered obligatory, to the diminution of polygamy, the young woman often preferring to marry a young man rather than a mature man already married.

At the same time, the report adds another reason why it would be imprudent to proclaim the suppression of polygamy: 'this practice would no doubt reappear under another form, as is actually observed among the Protestants and Catholics.'

The most convinced among them marry indeed only one legitimate wife but take several concubines; yet the fate of the latter is more unhappy than that of the wives who are married to a polygamous man and whose rights are strictly fixed by custom.[2]

The Administration had assumed so far that polygamy was the 'general rule' and that one husband had on an average 'slightly over two' wives. This, of course, was a delusion. The first numerical inquiry into this subject was made in 1926. It showed that 67 per cent. of the husbands had but 1 wife, 22 per cent. 2, 7·5 per cent. 3, 3 per cent. 4, and 0·5 per cent. 5.[3] This would indicate that only one-third of the husbands were polygamous and that one husband had on an average 1·48 wives. The soundings effected in 1927–34 yielded similar results. The monogamous husbands constituted the majority practically everywhere, and the average number of wives was practically everywhere below two.

That in a country with no surplus of adult females a considerable minority of the husbands had two or more wives resulted, of course,

[1] *Rapport annuel 1924*, p. 103. At soundings made in 1929 there were found in the Sokode District two homes with 10 wives, two homes with 13 wives, and one home each with 16, 26, 30, 34, and 56 wives. 'Such homes are rare in the southern Districts' (ibid. *1932*, p. 63).

[2] Ibid. *1925*, pp. 75–6.

[3] See ibid. *1926*, p. 74.

in a large number of men remaining bachelors. The survey on the soundings effected in 1932 contains some data on the proportion of bachelors among the adults over 20 years.[1]

District	*Tribe or canton*	*Wives per husband*	*Bachelors per cent.*
Kluto	..	1·34	15·2
Atakpame	Djama	1·53	24
	Adele	1·25	20
Sokode	Kotokolis	1·28	27
	Bassaris	1·35	18·2
	Konkombas	1·40	31
	Kabrese	1·40	14·9

The incidence of polygamy and some of its implications were discussed repeatedly in the Permanent Mandates Commission. The question was raised for the first time on 2 July 1929:[2]

M. Rappard . . . Polygamy was current in Togoland. If, however, there were fewer men than women, and if 100 men married 151 women (he was taking these figures from page 76 of the report), would not an unfortunate situation arise, leading to collusive arrangements or to disputes between the households ?

M. Franceschi replied that formerly certain natives of Togoland took a large number of wives and used them as workers in order to enrich themselves. At present, however, the women were beginning to be emancipated and to be aware of their right to the money which they earned. This type of emancipation did not fit in very well with polygamy.

On 25 June 1930 M. Rappard called attention to the fact that on p. 64 of the 1929 report it was said that the families in Togoland were mostly polygamous. 'From the statistics given on page 96, however, that did not appear to be the case.'[3]

M. Bonnecarrère then stated that for three years the Administration of the territory had prepared demographical statistics, but too much should not be expected from those statistics. For the moment, the doctors who collected them could only take soundings in certain villages. In fifteen or twenty years the information would be more precise, and the exact number of households with one or two wives would be known.

M. Orts observed that according to the census, the results of which were given on page 88 of the report, the proportion of men was much greater than that of women. If polygamy existed, however, this must surely give rise to social difficulties.

[1] See ibid. *1932*, pp. 65–7.

[2] *Minutes*, 15th Session, pp. 38–9.

[3] According to these statistics 64·9 per cent. of the husbands were monogamous.

Mlle Dannevig was also surprised that polygamy existed in the territory when there were fewer women than men.

M. Bonnecarrère repeated that the whole question depended on which district was in question. He pointed out also that many of the men were bachelors.[1]

Three years later the question was raised again:

Mlle Dannevig, referring to page 62 and the following pages of the report, noted that, owing to the existence of polygamy, many men probably could not marry, unless of course there was a considerably higher proportion of women than men. She suggested that that might create a very difficult situation for unmarried natives and might explain the complaints of immorality among the women.

M. Besson replied that the question was really one of polygamy in general. Though polygamy was gradually tending to disappear, it was impossible to take measures to remedy the existing situation.[2]

According to soundings made in the Mango District a quite exceptional situation would seem to have prevailed among the Konkombas. The 1933 report showed that only 21·6 per cent. of the husbands had 1 wife, 20·5 per cent. 2, 9 per cent. 3, 11·4 per cent. 4, and 37·5 per cent. 5 or more wives. The Permanent Mandates Commission was rightly surprised by these results.

M. Rappard . . . It would be seen from page 72 of the report that the Komkomba tribe, where men and women were in equal numbers, was very polygamous. Might this conclusion not be due to the fact that the enquiry had not been made in the same way in the case of the Komkomba tribe as in that of other tribes?

M. Besson explained that the problem of polygamy had an ethnological and an economic aspect. If polygamy were widespread in any area it might, more or less, be inferred that the country was rich, and if the contrary were the case that it was poor. Though he could not be absolutely positive, he believed that the Komkomba must on the whole be wealthy, as they had many wives. Nevertheless, in Togoland, as elsewhere, the French Government hoped, by developing the mentality of the population, to lead it to adopt the system of monogamous marriages so far as that was desirable.

Count de Penha Garcia would like the mandatory Power to state in its next report whether the conclusions regarding polygamy in the Komkomba tribe, as revealed by the 1933 report, were absolutely reliable or whether, on the contrary, they were accounted for by the method of enquiry employed.[3]

But the Administration never answered this question, and it is

[1] *Minutes*, 18th Session, p. 94.
[2] Ibid., 24th Session (26 Oct. 1933), p. 57.
[3] Ibid., 26th Session (6 Nov. 1934), p. 117.

safe to assume that the results of the soundings did not convey a true picture of the incidence of polygamy among the Konkombas.

On the basis of the soundings effected in 1930 and 1931 the annual reports for those years discussed the effect of polygamy on fertility. I shall first reproduce the pertinent figures:[1]

Year	*District*	*Tribe or canton*	*Pregnancies per woman over 45*	*Monogamous husbands per cent.*	*Wives per husband*
1930	Lome	...	7·9	64·2	1·50
	Anecho	..	5·0	57	1·40
	Kluto	..	4·5	69·3	1·39
	Atakpame	..	4·5*	64·4	1·49
	Sokode	Kotokolis	2·1	75·6	1·33
		Bassaris, Konkombas	3·2	72·8	1·35
		Kabrese-Lossos	5·3	61·3	1·68
	Mango	Mobas	4·9	56·7	1·58
		Lambas	3·9	60·7	1·47
		Mossis	3·5	56·8	1·67
		Boussances	4	70·8	1·35
1931	Lome	Agbatofe canton	4·9	56·8	1·57
	Anecho	Lagoon region	4·8	64·1	1·46
		Upper Mono region	4·1	75·0	1·32
	Kluto	Agou Tafie canton	4·3	67·4	1·42
	Atakpame	Akposso South	4·6	58	1·59
		Nuatja	4·6	64	1·48
	Sokode	Kotokolis	2·1	75·2	1·51†
		Bassaris	3·4	68·7	1·41
		Konkombas	3	61·1	1·48
		Kabrese-Lossos	4·7	68	1·38

* Confinements. † Should probably read 1·31.

These figures do not show a strong correlation between the incidence of polygamy and fertility. They would indicate, at best, that fertility is rather higher where polygamy is more prevalent. But the reports show a great bias in favour of a correlation between polygamy and low fertility.

In Kluto (1930) polygamy was rather rare and fertility moderately high. The report thereupon stated:[2]

> . . . it seems that this District is the one where polygamy is the least prevalent. An interesting finding considering that it is also the District where the population is of the most definitely progressive type. It may be added that it is one of those which show the best rate of increase.

In the Agbatofe canton (1931) polygamy was rather frequent and fertility comparatively high. But the report, judging from the proportion of children among the total population, declared the canton

[1] See *Rapport annuel 1930*, pp. 88–97; *1931*, pp. 85–9.
[2] Ibid. *1930*, p. 91.

in the Lome District to be 'of the regressive type'. Referring to the frequency of polygamy it stated: 'One may see therein one of the decisive causes of the population type of this canton.'[1]

For the Kotokolis the 1930 report showed a very low proportion of polygamous homes and at the same time a remarkably low fertility. Referring to the data about polygamy the report states:[2]

These rates are the lowest observed in Togoland.

There seems to be no ground for supposing that this is the reason for the low natality.

In fact, in spite of the lowness of the nuptiality rates, it is probable that no more than anywhere else does the adult spinster exist in the Kotokoli country. It seems, therefore, that syphilis is to be blamed.

IV. Mortality of Children

The French Administration has been all the time of the opinion that child mortality was high. Unfortunately the terminology in the reports to the League is sometimes so vague in this respect that it is difficult to say whether the authors, when they were speaking of infants, had actually in mind the very young children (those under one year, or sucklings, i.e. children under 18 or 24 months) or whether they were thinking of all children under 4 years, or of all children under 15, or of the total offspring whether young or adult.

The consequences of this confusion may be illustrated by one example. The 1928 report, in a section called 'Specific infant mortality rates', showed that 16,773 women had stated that they had had 45,371 children, of whom 1,842 were still-born, 9,576 had died at age 0–1, 3,837 at ages 1–15, and 1,315 at over 15.[3] Infant mortality computed by relating the number of deaths under 1 to the number of live-born was then 22 per cent. But by relating the total number of children lost (including still-born) to the total number of births the 'infant mortality rate' appeared to be 37 per cent. This gave rise to the following discussion in the Permanent Mandates Commission.

M. Kastl asked whether there were any special reasons why infant mortality should amount to 37 per cent.

M. Duchêne said that this alarming rate of mortality was due more particularly to syphilis. It was not surprising, moreover, if the care of the child in infancy was not yet well developed in the native families.[4]

[1] *Rapport annuel 1931*, p. 85.

[2] Ibid. *1930*, p. 93.

[3] See ibid. *1928*, p. 75.

[4] *Minutes*, 15th Session (2 July 1929), p. 38. The same misunderstanding occurred in 1935. When the 1934 report, in the section 'Infant mortality rates', had shown (p. 83) that according to the statements of the women

1922.[1] As regards the child, the disastrous habit of giving to the suckling a too 'precocious' and too abundant food and the lack of discrimination . . . are the origin of that gastro-enteric which mows down every year a considerable number of children at a tender age.

We can at present estimate infant mortality between birth and the fourth year at more than 50 per cent. Only recently the medical officer of Anecho . . . questioned at random 56 women who acknowledged . . . they had lost 175 out of 326 children.[2]

The amount of infant mortality must be attributed to the negligence shown by the parents towards their children, which shocks so painfully the European who comes to Africa for the first time.

1923. Bad hygiene and insufficient food kill off a large number of children at a low age, chiefly in the less civilized regions of Togoland. At the consultation in Lome 158 old women questioned declared they had had 1,176 pregnancies; of these 1,176 pregnancies 310 resulted in miscarriages, and of 866 live-born children there remain at present not more than 440, i.e. the wastage was 62·6 per 100.[3]

Natality is high . . . , but infant mortality, which according to the observations collected exceeds 50 per 100 with certain tribes, unfortunately counterbalances this remarkable fertility. The mother, however, shows a real tenderness for her children and looks after them with the greatest devotion during the entire period of suckling which lasts from eighteen months to two years. Even the most rudimentary notions of hygiene are unfortunately unknown to her. Moreover, as soon as a male child is weaned and old enough to walk he is separated from his mother; he is entrusted to one of his father's brothers who is charged with his upbringing. The reason of this custom, according to the natives, is that if the child stayed with his mother he would be spoiled and would become lazy. With certain tribes even the daughters are entrusted to a sister of the father. Deprived of the maternal care the child then does not worry at all about cleanliness, while playing it rolls itself in the dust and the dirt, and overstuffs itself with food which only the stomachs of adults can support. If in addition to this defective hygiene of the body one considers the lodgings which often are cramped, low, smoky, dirty, and therefore, unhealthy, one will know the main reasons for the considerable mortality noted among the little black children.[4]

questioned in the Anecho District they had lost 34 per cent. of their offspring, M. Manceron said that he had 'been struck by the high rate for infant mortality, the figures at Anecho representing more than a third of the births' (*Minutes*, 28th Session, 21 Oct. 1935, p. 66).

[1] *Rapport annuel 1922*, p. 30.

[2] See p. 429 above. These figures, of course, do not tell anything about the incidence of mortality among children under four years, since the 151 surviving 'children' were in part sucklings and, on the other hand, were in part adults.

[3] *Rapport annuel 1923*, p. 43. The proportion of adults among the surviving 'children' was in this case, of course, particularly large since only old women had been questioned.

[4] Ibid., p. 83.

1924. The frequency of still-births and infant mortality are great in all parts of Togoland. . . . The mortality of the young children has its source either in a defective dietetic hygiene or in the lack of clothes protecting against chills, or, finally, in heredo-syphilis and malaria, which are all causes we can fight effectively.[1]

The 1924 report, in addition, gave for various districts the proportion of children whom the women questioned by the medical officers stated they had lost. The conclusion reached was that infant mortality was particularly great in Upper and Central Togoland (Districts of Sansanne-Mango, Sokode, and Atakpame) but that it was decidedly less in Lower Togoland (Districts of Palime, Lome, and Anecho) 'in spite of venereal diseases and, in certain regions, malaria and parasitism, owing to the higher degree of civilization of the natives, their higher standard of comfort, and less ignorance of child hygiene'.[2]

The conclusions in this and all subsequent reports concerning the mortality of children are, however, possibly erroneous because they are based on the statements of women of varying ages. It is obvious that the children borne by older women have been exposed to death for a longer period than the children borne by younger women. It is much to be regretted that the classification of the deceased children by age has not been given separately for the mothers over 45 years. For the 'deaths under one year' the error, to be sure, is not great though some of the infants still living at the date of questioning may have died after that before reaching the age of one year. But the data themselves are far too inaccurate to permit any final conclusions about the size or trend of infant mortality. The officers who made the inquiries evidently often failed to question the women in terms which they could understand. Thus the soundings of 1927 showed that the ratio of deaths under 1 to still-births was 145 : 1 in the Anecho District, and 1·3 : 1 in the Sokode District. In one canton of the Kluto District 20·7 per cent. of the children born were recorded as still-born and 6·8 per cent. as deceased under 1, while in another canton the percentages were 0·8 and 19·2 respectively.[3] Nor does it help much to throw together still-births and deaths under 1 and to compute the ratio of their sum to the total number of births, because the deaths under 1 include a more or less considerable number of deaths of children over 1.[4] All that can be said is that the

[1] *Rapport annuel 1924*, p. 48. See also ibid. *1925*, p. 42, and particularly ibid. *1931*, pp. 187–9, where alcoholism is mentioned as an important factor increasing infant mortality.

[2] Ibid. *1924*, p. 53.

[3] See ibid. *1927*, p. 66.

[4] According to Mercier (1926), pp. 23–4, the number of live-births in the

soundings indicate for the whole of Togoland a ratio of slightly more than 200 deaths under 1 per 1,000 live-born and that, therefore, there is no evidence of a particularly high infant mortality in the Mandated Territory as a whole.[1]

The administrative efforts in the field of child welfare work started in 1923. In that year a system of cash bonuses was introduced which were granted 'to the mothers of large families and to those who give the best care to their babies'.[2] The 1925 report states that at the beginning of December 1925 1,500 francs were devoted to this purpose,[3] but none of the later reports mentions this practice. In the meantime, however, another institution had been established which was to supplement by prophylactic measures the therapeutic activities of the official medical service: the *Œuvre du Berceau*, created in 1924 by 'the European ladies of Togoland' under the leadership of Mme Bonnecarrère, the wife of the Commissioner of the Republic.[4] The number of consultations at the various branches of the *Œuvre* increased gradually from 1,083 in 1924 to 40,884 in 1932.[5] But after Mme Bonnecarrère had left the Territory no further progress seems to have been made. The 1933 report says very briefly: 'The *Œuvre du Berceau* remains an excellent instrument of propaganda.'[6] For 1934 the number of consultations is given as 'over 39,000'.[7] No figures are communicated for 1935, 1936, or 1937.

V. General Mortality of Adults

The Administration, from the outset, viewed the health conditions of the adults with great optimism. The opinion of the authorities

Atakpame District in 1925 was 2,604, and the number of recorded deaths of children from 0 to 1 year 1,430. This would indicate an infant mortality of 55 per cent., but he thinks that 'a certain number of the deaths from 0 to 1 must be placed under the heading still-births and a certain number in the class 1–15'.

[1] In order to illustrate the wrong conceptions of infant mortality in French Togoland, it may be mentioned that M. Bonnecarrère, Commissioner of the Republic in the Territory from 1922 to 1931, after having explained the welfare work for infants which he had instituted, stated in the Permanent Mandates Commission on 25 June 1930 that 'he attached great importance to the care of children, which was one of the best means of remedying infant mortality, one of the principal causes of depopulation in Africa. Out of six births in Africa, indeed, at least four or five deaths occurred during the first year. The improvement of this situation was one of the most important problems to be solved in Africa'. (*Minutes*, 18th Session, p. 99.)

[2] *Rapport annuel 1924*, p. 48.

[3] See ibid. *1925*, p. 38.

[4] See ibid. *1924*, pp. 44, 48–9, 184–5. The activity of this institution in 1924–30 has been described by Mme Bonnecarrère, ibid. *1931*, pp. 190–3.

[5] See ibid. *1931*, p. 191; *1932*, p. 82.

[6] Ibid. *1933*, p. 82.

[7] Ibid. *1934*, p. 100.

at the time when the mandate was conferred on France may be summarized as follows:

Some of the most devastating diseases have disappeared for good.

The propagation of the terrible epidemic diseases, such as small-pox, plague, and typhoid fever, is no longer to be feared in this country, in view of the protective measures which the hygienic services have taken in all the Districts, and particularly in the capital.[1]

The greatest scourge in the Territory is syphilis. But the results obtained in the fight against this disease have been very favourable; they have exceeded all our hopes, and we can reckon with a 'progressive attenuation'.[2] The natives 'thanks to the fundamental toughness of their physical constitution recover quickly and fully under the influence of treatments sanctioned by modern therapeutics'.[3]

Malaria is not widespread. It prevails mainly among the children in some rural regions not yet affected by European hygiene.

Malaria is one of the least prevalent diseases in Togoland, at least in the regions where it has been possible for hygiene to penetrate. In Lome malaria is extremely rare.

Unfortunately in the villages situated on the banks of the rivers and the borders of swamps, such as there are in the intermediate territory, and also in those villages where lack of water forces the people to keep their reserves from one season to another in jars covered not at all or only partially, mosquitos abound and children affected with malaria and having enlarged spleens are numerous.[4]

'Leprosy spreads all over the country. Lepers are found in all regions, fortunately in small numbers.'[5]

'Tuberculosis is rare in Togoland.'[6]

Sleeping-sickness is practically extinct.[7]

If one watches along the roads of the interior as well as at the sea-coast those long processions of men and women of great stature, with projecting muscles, wide chests, clear shining skin, who carry heavy loads gaily, with elegance and without apparent effort, one has the eager desire to maintain or to improve still further the beauty and physical strength of the race.[8]

But in the course of time the Administration realized that it had underestimated the importance of most diseases.

[1] *Rapport annuel 1922*, p. 27.
[2] See ibid. *1921*, p. 51; *1922*, p. 25.
[3] Ibid. *1923*, p. 37.
[4] Ibid. *1922*, pp. 28–9.
[5] Ibid., p. 29.
[6] Ibid., p. 28.
[7] See pp. 464–6 below.
[8] *Rapport annuel 1923*, p. 37.

Syphilis. The reports for 1924, 1925, and 1926, while emphasizing the results obtained in healing individual cases, no longer asserted that syphilis was on the decline.[1] The subsequent reports took a much more serious view. It may suffice to quote the report for 1927:[2]

It is proper to point out in particular the extreme frequency of venereal diseases which show no tendency whatsoever to decline.

Malaria. The prevalence of malaria, not only in certain rural districts, was recognized in the 1924 report:

Malaria assumes, in general, less severe forms in Togoland than in other African countries, above all in the urban centres where the hygienic services function satisfactorily . . . Yet, this affection is extremely frequent everywhere in Togoland, it can be said that there is not a single native not affected by it; most black children have an enlargement of the spleen which disappears towards the fifth year.

Unfortunately too much quinine is needed to generalize its preventive distribution to the whole native population, since a calculation proves that at least 60,000 kilogrammes of quinine of a total value of about 30 million francs would be necessary each year for Togoland.[3]

While the 1922 report had stated that 'in Lome malaria is extremely rare', the 1925 report said: 'In Lome the medical officer declares that nearly all the children are infected with malaria . . .'[4]

Subsequent reports likewise emphasized the enormous spread of the disease. The 1926 report said: 'Contrary to the early opinions it seems beyond doubt that malaria occupies an important place in the nosology of the Territory.'[5] The 1929 report stated: 'Malaria exists everywhere; the splenitic index for the whole of the Territory varies between 60 and 80 per cent.'[6]

Tournier, who is of the opinion that in Togoland 'no inhabitant escapes malaria', expresses the following view about mortality:

Malaria seems to us to be an important cause of mortality among children rather than among adults. Since the native does not easily submit to the formalities of civil status it is rather difficult to supply on this point figures having more than a very relative value. We give them, therefore, only with due reserve. The burial permits granted this year by the medical officers of Lome show in fact that out of 221 registered deaths, 23 or 11·5 per cent. (if 21 accidents are deducted) are due directly to malaria. But apart from these cases where malaria is the direct cause, it seems to us

[1] See ibid. *1924*, pp. 51–2; *1925*, p. 40; *1926*, p. 33.
[2] Ibid. *1927*, p. 36.
[3] Ibid. *1924*, p. 50.
[4] Ibid. *1925*, p. 39.
[5] Ibid. *1926*, p. 33.
[6] Ibid. *1929*, p. 47. See also Farinaud (1935), p. 927: 'Recent data show that this endemic disease which at first was believed to be localized in the south of the country affects the entire area with an about equal intensity.'

very probable that malaria quite often may have been acting indirectly by favouring the development of an intercurrent affection of a body somewhat enfeebled by numerous bouts of malaria fever or by the dyshepatic disorders (especially insufficiency) brought about by this fever.[1]

Leprosy. The 1924 report also showed a change in the opinion of the Administration on the incidence of leprosy.

The enumeration of the lepers is not yet terminated; the figure of 1,500 mentioned in the preceding reports[2] seems too low; according to the inquiry made this year the number of sick may be put at 3,000 or 4,000 for the whole Territory. The medical officer of the Palime District, which appears to be the most infected region of the Territory, estimates that there are 400 lepers in this circumscription alone, or a ratio of 1 leper per 100 inhabitants.[3]

Until then, however, the Administration thought that the rise in the number of cases known was due to more efficient tracking down of the lepers. When, on 18 June 1928, M. Kastl suggested in the Permanent Mandates Commission that 'cases of leprosy were slightly on the increase', M. Duchêne replied: 'No special recrudescence of leprosy had been noted. This disease had existed in Togoland for a long time . . .'[4] Yet the 1928 report stated:

It may be pointed out that leprosy appears to have increased considerably during recent years; many more lepers are seen at the consultations, and the tours made by the medical officers in the villages of the interior of the Districts reveal nearly everywhere a number of lepers much above that which the former enumerations had yielded.[5]

According to the 1929 report the increase did not continue.

The investigations concerning the frequency of leprosy carried out in 1929 have proved that while this affection has undergone a certain recrudescence during these last years it appears to be at this moment about stationary as to its diffusion. The last enumerations fix the number of lepers distributed in the Territory at the approximate figure of about 2,500, which represents a proportion of about 0·3 per cent. of the total population.[6]

The actual proportion of lepers, however, was much higher.

It is hardly possible to furnish exact statistics of the number of lepers. In a country like India which has been administered for such a long time by a western power the great leprologist Muir estimates the number of lepers to be five times in excess of the official enumeration.

[1] Tournier (1934), p. 389.
[2] See *Rapport annuel 1923*, p. 41.
[3] Ibid. *1924*, p. 51.
[4] *Minutes*, 13th Session, p. 75.
[5] *Rapport annuel 1928*, p. 43.
[6] Ibid. *1929*, p. 47. A 'serious enumeration' made in 1925 had yielded 2,340 lepers (see ibid. *1925*, p. 40).

It is the north of the country, the Mango District, which is the most infected; then comes the Sokode District. In the south there is not much leprosy. The number of lepers may be estimated approximately as follows: . . . Total 6,200.[1]

But actually the number of lepers was much higher still. The 1937 report stated that the total number of lepers actually recognized as such in the Territory was 12,055. 'It is certain that the real number of lepers is very much greater.'[2]

It is obvious, then, that the percentage of lepers is several times as high for the Territory as a whole as it had been estimated in 1924 for the most infected region.

Tuberculosis. The 1930 report was the first to mention a slight spread of tuberculosis: 'Limited to the Coast, it tends to penetrate into the interior where, however, it is still rather rare.'[3] But the 1931 report conveyed a more gloomy picture: 'Tuberculosis exists in the whole country and the tubercular persons found there show that the affection is of much longer standing than is claimed.'[4] The 1932 report still said that 'being probably imported long ago it develops virtually in the same manner as in Europe',[5] but the 1933 report stated that 'on the whole, tuberculosis appears to be more severe among the natives of Togo than among the whites'.[6]

Sleeping-sickness. The enormous spread of this disease will be discussed in the following section.

It would then seem that the state of health has been by no means satisfactory in the Territory, and it is surprising that the annual reports over and over again assert the contrary. The introductory sentences to the chapter 'Public Health', in so far as they contained a general judgement, read as follows:

1929.[7] A very felicitous statement of a general order must mark the beginning of this chapter: health conditions of the Territory have been

[1] Ibid. *1930*, p. 51.

[2] Ibid. *1937*, p. 122. See also *Service de Santé, Rapport annuel 1937, partie médicale*, p. 12: 'As in the preceding years the major part of the new leprosy cases were tracked down in the Lama-Kara Subdivision by the trypanosomiasis prospecting teams which examine nearly all the inhabitants of the prospected villages. . . . In the other Districts the number of new cases recorded . . . is too low because only those are seen who are examined when suffering from another disease or those cases still rarer of persons who, affected only by leprosy, take the trouble to go to the consultation.'

How much the incidence of leprosy in French Togoland is underestimated in some quarters can be inferred from the fact that, in a paper read on 19 Dec. 1937, Médecin-Général Dr. Passa stated that the lepers numbered 'about 1,000'.

[3] *Rapport annuel 1930*, p. 50.

[4] Ibid. *1931*, p. 105.

[5] Ibid. *1932*, p. 83.

[6] Ibid. *1933*, p. 83.

[7] Ibid. *1929*, p. 40.

particularly satisfactory during the entire year 1929, among the European as well as among the native population . . .

1930.[1] The health conditions of the Territory have been excellent in the course of the year 1930.

1931.[2] In spite of the unfavourable atmospheric conditions health conditions were remarkably good.

1933.[3] In the course of the past year health conditions have been satisfactory on the whole.

1934.[4] Health conditions in the year 1934 have been good.

1935.[5] Health conditions have been good in 1935.

1936.[6] Health conditions remained satisfactory in 1936.

1937.[7] In general, health conditions have been good in the course of the year 1937.

It was in vain then that Count de Penha Garcia, in discussing the 1934 report in the Permanent Mandates Commission, suggested 'that it was somewhat optimistic to say that the health of the territory had been satisfactory in 1934',[8] and that in discussing the reports for 1935, 1936, and 1937 he expressed his doubts as to the justification of the good opinion of the Administration concerning health conditions, even more strongly.[9]

But the real test, adequate mortality statistics upon which to base a final conclusion, is not available for any section of the Territory.

VI. Mortality from Sleeping-sickness

Until the end of 1926 the incidence of sleeping-sickness was considered negligible by the French Administration. The reports for 1921–5 related:

1921.[10] Sleeping-sickness remains isolated in Togoland in the Palime District, where it is the object of special supervision. Nine cases of this affliction have been discovered, isolated, and treated at the sanitary station of Palime. . . . A tour undertaken in September 1921 on the banks of the Shio has permitted the identification along this river of sites of tsetse. But no case of sleeping-sickness has been reported or identified in this region in spite of several bacteriological examinations made among the natives who were carriers of suspicious adenopathies.

1922.[11] Sleeping-sickness, to which the attention of the Germans was directed particularly in 1913–14 and which was to justify on their part

[1] *Rapport annuel 1930*, p. 46.
[2] Ibid. *1931*, p. 101.
[3] Ibid. *1933*, p. 79.
[4] Ibid. *1934*, p. 93.
[5] Ibid. *1935*, p. 95.
[6] Ibid. *1936*, p. 95.
[7] Ibid. *1937*, p. 119.
[8] *Minutes*, 28th Session (21 Oct. 1935), p. 65.
[9] See ibid., 30th Session (31 Oct. 1936), p. 74; ibid., 33rd Session (15 Nov. 1937), p. 116; ibid., 34th Session (16 June 1938), p. 126.
[10] *Rapport annuel 1921*, p. 45.
[11] Ibid. *1922*, p. 28.

in 1915 the sending of an important mission to Togoland, does not seem to constitute a danger, at least not in the zone administered by France. On this subject the Chief of the Health Service writes as follows:

'Our predecessors were much concerned with the question of trypanosomiasis in Togoland. In consequence of the reports of various medical officers who after meticulous searches and the examination of numerous natives (25,000 in 1908) found in the colony, and particularly in the Misahöhe District, a certain number of sleeping-sickness cases, the Germans had created the establishment of Kluto intended for the isolation of the patients. They had, moreover, planned a genuine research expedition and inscribed on their budget a rather large sum for the maintenance of a numerous personnel and the complete set of implements of a laboratory specially equipped for the study of sleeping-sickness.

'Since our arrival in the zone where sleeping-sickness was considered by the Germans a real danger we have made great efforts to collect precise data about the frequency of this disease. The report of the medical officer of the post of Palime has furnished us with information complete enough to permit us to assert that human trypanosomiasis in Togoland, and particularly in the Misahöhe District (now Kluto District), presents neither as to morbid density nor as to the degree of contagiousness nor again as to the rate of mortality the danger which some German specialists were concerned to attach to it. They no doubt acted in perfectly good faith but apparently exaggerated its importance.

'In spite of the most patient searches effected with methods of administrative coercion which are not our way of colonizing, the various medical officers who busied themselves under the German administration with trypanosomiasis, sifting with a fine sieve the totality of the inhabitants, were not able to find at the end of the second quarter of 1914 in the whole area of Togoland more than 342 persons suffering from sleeping-sickness, and of these 52 were in treatment in the isolation centre of Kluto.

'There were counted in the sanatorium 44 new-comers during the year 1913 and 39 during the first half of 1914. It may appear exaggerated to apply the epithet "social scourge" to a disease which affects only so small a number of victims.

'The evidence obtained settles the question, and as we know from the studies of the Germans that trypanosomiasis has not developed any further, though its appearance in Togoland dates from 1850, one must not attribute to this malady an unjustified importance and not concentrate against it a part of the medical forces of the colony whilst other diseases, for example syphilis, prove to be infinitely more terrible. . . .

'The situation of the Kluto District with regard to trypanosomiasis will certainly not be found in the other Districts entrusted to our administration, since the 83 persons who entered the isolation centre of Kluto in 1913 and 1914 all come from the Misahöhe District (now Kluto District); but with regard to syphilis we may consider that this grave malady rages everywhere with intensity and it is against this disease that we must

above all fight. Yet far be from us the idea of neglecting the sleeping-sickness in Togoland, however mild relatively it may be, and we owe to the natives prophylactic measures at least equal in their results to those from which they profited, voluntarily or not, during the time of the German occupation. For this purpose the Order of 12 August 1921 demands from the chiefs the declaration of all cases of sleeping-sickness as well as of those which seem linked up with this affliction. The treatment is then started and the isolation immediately effected. . . .'

1923.[1] Sleeping-sickness prevails very little in Togoland. The patient searches of our medical officers have revealed only a few cases concentrated in the Kluto District in an extremely restricted region bordering on the English Gold Coast. The chief medical officer of the medical post of Palime announces that after having made a tour in September 1923 he has only about ten patients undergoing treatment in the isolation centre of Kluto who besides are in a fair way to recovery, and points out that the natives know this malady quite well even at its beginning and understand the necessity of taking care of the sick as soon as possible. Tsetse are found in the valleys of the Kluto District and on the banks of the Mono river. The slight extension of the disease is largely due to the wealth of the country, to the proper nutrition of the natives who, well fed, resist better the infection.

1924.[2] As has been reported already, trypanosomiasis exists in Togoland only in an extremely restricted part of the Kluto-Palime District bordering on the English Gold Coast, and moreover there are only a trifling number of sick persons there. The enumeration of the cases has been made carefully this year by the Administrator and the medical officer of Palime and has led to the discovery of only 26 sick persons scattered in the villages surrounding the Agou mountain. The 26 patients have been treated in the dispensary of Palime with atoxyl injections and are now all in a fair way to recovery.

1925.[3] To the 26 patients discovered by the medical officer of the District in 1924, no new case has been added in 1925.

The 1927 report, however, related:[4]

It was in the last days of December 1926 that an epidemic focus of human trypanosomiasis was discovered in Togoland.

The disease had been known of old in the Territory and seems to have appeared for the first time about 1850. But until lately it had the form of a comparatively mild endemicity. From 1908 to 1914 the Germans had prospected Togoland to the full, and this long effort had not permitted the discovery of more than 342 sick persons, distributed exclusively in the Kluto District. A centre for isolation and treatment had been established in Kluto which was provided with all the necessary personnel and material, and it seemed indeed that this small endemic centre ought to be rapidly

[1] *Rapport annuel 1923*, p. 41.
[2] Ibid. *1924*, p. 51.
[3] Ibid. *1925*, p. 41.
[4] Ibid. *1927*, p. 35.

subdued. This is besides what happened; and though the War had interrupted the efforts of the Germans and did not fail to cause great perturbations in the organization of the fight, the focus of Kluto has followed a constantly regressive course, and in 1926 there were in the Kluto District not more than some twenty persons suffering from sleeping-sickness.

Now, in December 1926, at the very moment when it seemed that the disease ought to become entirely extinct in Togoland, the medical officer of Sokode discovered in that region a focus of trypanosomiasis of a truly epidemic character. As early as January 1927 the methodical inquiries began and the services of tracing and treatment were completely organized. They functioned regularly and thoroughly throughout the year, and at the end of the year the infected sector seemed to be approximately delimited.

This sector is situated in the north-eastern region of the Sokode District and borders upon Dahomey, where the disease also rages. The axis of the sector is the Bina river . . . The sleeping-sickness area seems to comprise a territory of about 30 kilometres length and 20 kilometres width.

The epidemic nucleus is the Lama-Tessi; it is there that are found the villages where morbidity is densest. However, the latest searches effected at the very end of the year suggest that by the intermediary of the Peundjia river the disease would spread towards the Kabrese cantons of the south, in the direction of the Kara. It is in this region that the tracking team is now prospecting.

The service of the campaign against trypanosomiasis has been placed under the direction of the European medical officer of the Sokode District . . . The personnel is divided into two teams: one search team tracks down the sick; the other, the treatment team, sterilizes them. . . .[1]

These figures express the importance of the epidemic focus: altogether, 1,713 cases spread over an area of about 600 square kilometres.

It is as yet too early to verify the sterilization of the germ-carriers; these are investigations which must follow after the focus has been definitely circumscribed and atoxylated completely. But the chiefs of the region say already that many less die and that there are many fewer sick persons. Everything permits the hope that the fight against trypanosomiasis, organized as it is methodically and with perseverance, will completely subdue the Kabrese focus provided that in Dahomey, where the focus overflows, the fight is pursued effectively. With this purpose in view, the Administration of the Territory has got into touch with the Governor of that colony.

New prospections are proceeding at the end of the year in the Kluto District in order to arrive at an exact census of the cases which may still exist in the region.

For the two following years the reports to the League state:

1928.[2] The delimitation of the epidemic focus of trypanosomiasis in

[1] The report here summarized the work accomplished by the tracking team (see Table 10).

[2] Ibid. *1928*, pp. 43–4.

the Sokode District, started in 1927, was terminated at the beginning of 1928. Roughly the sector has the form of a vast rectangle, about 50 kilometres long and 30 kilometres wide. . . . The geographical centre of the sector which at the same time constitutes the nucleus of the epidemic focus is the very populated canton of Lama-Tessi. . . .[1]

The preceding short summary shows that the fight against sleeping-sickness is carried on with the greatest activity. At the end of the year, the focus being now completely delimited and it having been possible to allot a European doctor exclusively to this service, the question arises of establishing in Pagouda a complete and definite centre of prophylaxy and treatment, provided in a permanent manner with all the necessary personnel and material. It is indeed important to rid Togoland as soon as possible of this epidemic focus.

During the entire year 1928 meticulous investigations were carried on in the Kluto District in order to find out whether there were still persons suffering from sleeping-sickness. Only two sick persons were discovered; they were immediately subjected to treatment. The old German focus of trypanosomiasis in the Kluto District thus seems to be now completely extinct.

1929.[2] Sleeping-sickness was in 1929 the object of new, particularly extended and meticulous searches, and the fight against this endemo-epidemic was waged with redoubled energy and tenacity. It is important to consider separately in this respect:

(1) The Lama-Kara region (Sokode District) where since the beginning of 1927 there exists an epidemic focus in course of development;

(2) The other regions of the Territory where new trackings systematically pursued have recently disclosed pretty well everywhere the existence of the disease in the state of slight endemicity.

(1) The Epidemic Focus of the Lama-Kara Subdivision.

As early as the beginning of the year a third tracking down of this epidemic zone was undertaken with a view to reaching the elements of the population which may have been overlooked at the two preceding trackings and to determine, on the other hand, the degree of regression or extension of the disease as compared with the evidence recorded in 1927 and 1928. These new prospections showed immediately that, far from regressing, the disease continued in full epidemic development. . . .[3]

But it is proper to add that while this focus has continued to expand both as to the degree of intensity of the disease and the number of sick, the searches of 1929 have shown that it has not extended its area and that it has kept all the time within the same territorial limits as in 1928. Henceforth, considering that the inhabitants of the infected region belong to a particularly vigorous and prolific race, that these natives are in general well fed, that the epidemic focus of trypanosomiasis which has developed

[1] The report then summarized the situation on 31 Dec. 1928 (see Table 10).
[2] *Rapport annuel 1929*, pp. 48–50.
[3] Here followed a summary of the situation on 31 Dec. 1929 (see Table 10).

in their country is not very extensive and that in any case it is very clearly circumscribed, that the region lends itself especially well to the application of ambulatory prophylactic measures with the utmost chance of efficacy, that administrative activity supports and accompanies continually the medical activity, and that all the fighting means—personnel, equipment, and medicaments—are near at hand, it is permissible to consider this focus of sleeping-sickness not too pessimistically, and, on the contrary, to hope that with the necessary perseverance and time it will be possible to subdue it.[1]

(2) Other Regions of the Territory.

In view of the clearly progressive pace presented by the sleeping-sickness focus of the Lama-Kara Subdivision it was proper to investigate with care whether the disease might not exist in other regions of the Territory. As early as the beginning of the year soundings, therefore, were effected over the whole area of the country. The Districts of Lome and Anecho were found unscathed. In the Atakpame District 14 infected persons were discovered among the natives who had emigrated from the Lama-Kara Subdivision while not a single case of the disease could be cited among the autochthonous population. Twelve infected persons were discovered in the Kluto District; about 30 were traced in the Mango region. Finally, in the Sokode District itself, 31 infected persons were counted in the Bafilo canton, in the Kotokoli country, while about 40 were found in the villages recently built on the road from Sokode to Atakpame by natives coming from the Lama-Kara Subdivision. It results from these findings that, contrary to the assertions formerly made, except for the coastal region where the disease seems unknown, trypanosomiasis actually exists all over Togoland. The very small number of cases ascertained outside the Lama Kara region indicates that outside this region the disease shows the characteristics of a slight endemicity only; but since the tsetse exists in the whole Territory the scattered endemic cases risk becoming one day, under the influence of various causes, the starting-point of new epidemic foci.

The 1930 report was much less explicit. It said that 'leprosy and trypanosomiasis are the only two diseases which the health service has not yet mastered', but that 'it really seems that we are on the

[1] At the discussion of the 1929 report in the Permanent Mandates Commission, M. Bonnecarrère, Commissioner of the French Republic in Togoland, likewise expressed a rather optimistic view:

'Two or three years ago a centre of trypanosomiasis was discovered. This is not exceptional in Africa. Local outbreaks of this disease occur spasmodically and disappear later. Thus during the German occupation before the war, a centre of trypanosomiasis existed which has, so to speak, disappeared. I sincerely hope that, when we have marked out the limits of the area ravaged by the disease, we shall succeed in repressing this scourge and shall finally cause this centre to disappear. We have already made good progress. My hope is all the stronger, since the race that has been attacked is prolific and very resistant.' (*Minutes*, 18th Session, 25 June 1930, p. 84.)

way to exorcise entirely the scourge of trypanosomiasis and that one can be assured of its comparatively near disappearance'.[1]

Trypanosomiasis is the object of a special service in the north-eastern part of the country, where it is epidemic. The rest of the Territory is protected against this epidemic focus by the sanitary observation-post of Lama-Kara situated at the only crossing-point of this river. All travellers are examined there . . .[2]

Of the 12,099[3] travellers thus examined 109 were diagnosed as suffering from trypanosomiasis. Apart from that, 50,493 persons were examined microscopically by the prospecting team in the contamination focus, as against 11,410 in 1929. The number of injections given was smaller than in 1929.

The systematic treatment of the population (8,458 atoxyl injections and 43,507 tryparsamide injections) apparently reduces the epidemic focus where the new cases are diminishing as yet slowly but with absolute certainty. The cases of trypanosomiasis observed in the other parts of the country are very rare (about 100).[4]

The 1931 report merely states that there were 1,658 new cases of trypanosomiasis in 1931[5] and refers the reader to a study made by the Chief of the Health Service, Dr. Millous.[6] An abstract of this study was published by the Ministry of the Colonies.[7] It appears that in 1931 out of 15,372 travellers examined at the observation-post of Lama-Kara 132 were diagnosed as suffering from trypanosomiasis and were prevented from going farther. In the prophylactic sector the examination of 60,263 persons led to the discovery of 1,507 new cases. Outside this focus, 129 new cases had been observed (75 in the Sokode District, 39 in the Mango District, 12 in the Atakpame District, and one case each in the Lome District, the Palime District, and the Circumscription of the New Works).

Millous advocates the transplanting of the infected villages, having been able to realize the good effects, from the point of view of sleeping-sickness, of the removal of Kabrese villages effected at first for economic purposes and not as a prophylactic measure.

The Kabrese, hard-working and very prolific, after having abandoned the low sections of the Binah basin, had proceeded to the rocky zones where

[1] *Rapport annuel 1930*, p. 46.
[2] Ibid., p. 51.
[3] According to Lefèvre (1932), p. 375: 12,846.
[4] *Rapport annuel 1930*, p. 54.
[5] See ibid. *1931*, p. 101.
[6] The report states, p. 105, that 'two studies made by Médecin-Lieutenant-colonel Millous, Chief of the Health Service of Togoland, one on trypanosomiasis, the other on leprosy . . . have been published in view of their importance at the end of the annexes, page 181', and a 'Study on leprosy and sleeping-sickness' by Millous is indeed to be found on pp. 181–4, but it deals exclusively with leprosy.
[7] See Marque (1933), pp. 203–6.

the number of tsetse was much less considerable. But the area of cultivable lands was very small, and they were soon compelled to go elsewhere for work. Attracted by the rich Gold Coast, they crossed the frontier, and it was in this situation that M. Bonnecarrère, Commissioner of the Republic in Togoland, had the idea of turning to account this inclination to emigrate and to direct the Kabrese towards uninhabited yet cultivable regions of the territory placed under our mandate.[1]

The transplanting was effected in the following manner: houses and planting for one year were prepared beforehand on the new lands, and it was only when all was ready that the population to be transferred was started on the move, being subjected beforehand to a careful inspection at the observation-post in Lama-Kara.[2]

Sleeping-sickness, which seems to flourish so easily in the Binah valley, has not spread in these new villages.

It has even become extinct, since it may be taken for granted that a few persons suffering from trypanosomiasis had slipped through the meshes of the net of the search. The various prospections which have been effected have disclosed but 12 cases.[3] One had thus, without wishing it, practised prophylaxis, and even of the best kind, since the extinction of trypanosomiasis appears to be tied up henceforth much more with agronomic action than with purely medical action.

The 1932 report states:[4]

In the prophylactic sector of trypanosomiasis the operations of inquiry, extended and conducted with the co-operation of Dahomey in the course

[1] M. Bonnecarrère himself, at the meeting of the Permanent Mandates Commission of 25 June 1930, had given the following account (*Minutes*, 18th Session, pp. 84–5):

'First of all, I noticed that in the north-east of Togoland there was a very dense population whose conditions of life were very difficult. I refer to the Cabrais district, which is occupied by a very prolific and industrious population that works extremely hard and cultivates an exhausted soil. The natives of these parts had come to the point that they could no longer supply themselves with food. Although I am no doctor, I may say that, if sleeping-sickness has appeared in this exhausted region contrary to all expectations, it is precisely because this population was very dense and lived in a territory which had become so sterile that the natives had not sufficient physical resistance and became very receptive ground for trypanosomiasis.

'In 1922, therefore, I advised these peoples to come and settle down in the central district of Togo which is and has always been an unpopulated region, though there is no reason that it should remain so, since the soil is rich (I have been able to assure myself of this fact by having it analysed) and because there are many new water-courses.

'My first aim, therefore, was to relieve the Cabrais region of its congestion.'

[2] Dr. Millous apparently overlooked the fact that the bulk of the movement took place before the creation of the observation post in Lama-Kara.

[3] Infinitely more cases, however, were discovered in the following year. The danger of the emigration from the infected Kabrese region seems to have been overlooked completely by the French Administration, when it started the emigration scheme for the Kabrese.

[4] *Rapport annuel 1932*, p. 79.

of the last quarter, have made it possible to establish precisely the degree of infection of the Kabrese-Losso country. These soundings effected in the Mango District have led to the discovery of a focus of trypanosomiasis in the neighbourhood of the English frontier: sporadic cases were found in the immigrants' villages in the Atakpame District.

The report contains furthermore a comprehensive study on trypanosomiasis by Lieutenant-Colonel Dr. Lefèvre, Chief of the Health Service of Togoland, and Commandant Dr. de Marqueissac, Chief of the Prophylactic Sector.[1]

TABLE 10

*Sleeping-sickness in the Prophylactic Sector of the Sokode District, 1927–33**

Year	*Natives examined*	*Natives submitted to microscopic examination*	*New cases tracked*	*Injections*	*Deaths*
1927	72,821	12,821	1,713	10,037	178
1928	98,585	6,897	864	21,313	
1929	145,760	11,410	2,922	63,772	283
1930	..	62,592	..	51,965	..
1931	60,263	44,679	1,658	64,166	..
1932	..	97,697	3,755	72,976	224
1933	60,754	..	3,926	209,934	..

* See *Rapport annuel 1927*, p. 35; *1928*, p. 43; *1929*, pp. 50, 152; *1930*, pp. 51–54; *1932*, pp. 161–6; *1933*, p. 85; Marque (1933), pp. 204–5; Ledentu (1935), p. 632.

I can give only a very brief abstract of this study.

Prophylactic Sector

The Prophylactic Sector comprises the Subdivision of Lama-Kara and the Cantons of Bafilo, Soudou, and Koumonde attached to it by Order dated 8 December 1932. The Sector occupies an important part of the Sokode District situated in the north-eastern region of Togoland between the 9th and 10th degrees of northern latitude, the first eastern meridian constituting the western frontier of the country. In the east runs the frontier of Dahomey (Djougou District). This Subdivision covers an area of approximately 2,880 square kilometres.

The region is crossed by four main rivers: the Pahelou, the Binah, the Karah, of which one tributary, the Poudjah—the axis of sleeping-sickness—has its source in the very heart of the Kabrese country.

The region is inhabited by two main races, which are strong and hard-working, the Kabrese and the Lossos. The mean population density is 60 inhabitants per square kilometre; in certain cantons it exceeds 95.[2]

[1] *Rapport annuel 1932*, pp. 158–66.

[2] Ibid., p. 158.

In 1932 a third team was attached to the unit for the enumeration of the natives to be examined. The number of travellers examined at the Lama-Kara observation-post was 12,742, of whom 177 were diagnosed as infected with trypanosomiasis. However, the discovery of a focus in Bafilo showed that the post of Lama-Kara was insufficient to prevent the contamination of the region, and it was planned to move the observation-post to Bafilo.[1]

On 1 January 1932 the situation of sleeping-sickness was as follows:

(*a*) One focus where the disease may be considered in an epidemic state, 16·7 per cent. of the inhabitants being bearers of the trypanosomiasis slip. Nine cantons supply this focus . . . enumerated population, 47,805 inhabitants.

(*b*) one focus where the disease must be considered in an endemic state: 16 cantons, 95,206 enumerated inhabitants. 363 bearers of the slip, or 0·3 per cent.[2]

In the epidemic sector the proportion of new cases ascertained in a number of villages inspected twice by the same team within 20 months was 5·7 per cent. of all persons examined at the first inspection and 2·6 per cent. at the second. The authors conclude therefrom that 'sleeping-sickness seems actually to be kept under control in the epidemic sector'.[3]

In the endemic sector 404 new cases were discovered (number of persons visited by the medical officer, 74,896; number of persons examined microscopically, 35,467).[4]

Sleeping-sickness outside the Epidemic Sector

Except in the Mango District nearly all sick persons [discovered in 1931] were emigrants of the Kabrese or Losso race who already presented clinical signs of the disease.

Since this situation deserved special attention sounding inquiries were effected this year in the suspected regions. Its results are shown hereafter.

Palime District. Of the old German focus only 26 cases were found in 1921 on the French side of the frontier; the Wora-Wora centre, which was the most infected, having become English. From 1921 on, all the annual reports point out that trypanosomiasis persists in a mild and light endemic form. In 1930 two new cases were discovered, in 1931 only one case, in 1932 no case.

Lome District. Six sporadic cases have been discovered in Lome . . .

Mango District. Out of 38 sick persons discovered last year, 31 came from British Togoland, 7 from Lokpano and Dokpongou, cantons bordering on that colony. There occurred 3 deaths.

[1] See ibid., p. 159.
[2] Ibid., pp. 159–160.
[3] Ibid., p. 160.
[4] See ibid., p. 161.

These facts induced us to ask the medical officer of the District to make his investigations first in the frontier zone.[1]

The result of these investigations carried out in December were most unfavourable. Of the 2,145 inhabitants of 11 localities 101 were found to be infected with trypanosomiasis. The authors declare that it would be premature to assert that these villages have been infected only recently and think rather that 'trypanosomiasis in this region has prevailed for a long time in an endemic state'. Moreover, 'the medical officer of the District, during a tour, discovered several serious clinical cases of sleeping-sickness (15 sick)' in the Paio region, nearly 70 kilometres from the prospected frontier zone. 'Thus two foci, very remote from each other, have been discovered this year.'[2]

Finally, inquiries were made in a number of villages inhabited by immigrated Kabrese. In the South Kara region of the Sokode District 60 out of 2,174 inhabitants examined microscopically were found to be infected and in the Bassari regions of the Atakpame District 52 out of 1,609.

Summary

I. The total number of infected persons, identified by microscopic examinations and being bearers of slips, amounts on 31 December 1928 for the whole of Togoland to 8,319, of whom

8,013 are in the Prophylactic Sector (plus some immigrants' villages in the Sokode District);

115 in the Mango District;

185 in the immigrants' villages in the Atakpame District;

6 sporadic cases in Lome.

II. Except for the Mango District where simple soundings suggest the existence of an epidemic focus, the true zone of serious infection is in the Lama-Kara Subdivision.

III. In the Prophylactic Sector, the operations of inquiry have been considerably extended this year, thanks to the reinforcement of the service and thanks to the closer co-operation, in the last quarter, with Dahomey. The following figures will give an idea of the progress of the inquiries since the creation of the Sector.

Number of suspected natives examined by the microscopists:[3]

1927	*1928*	*1929*	*1930*	*1931*	*1932*
13,125	6,897	11,115	38,409	44,679	97,697

IV. The figure of 3,755 new cases, tracked down in 1932, which at first sight is surprising and may lead to an unfavourable prognosis, is, then, the

[1] *Rapport annuel 1932*, p. 162. [2] Ibid., p. 163.

[3] The preceding annual reports, however, gave the following figures: 1927, 12,046; 1929, 11,410; 1930, 62,592 including 12,099 at the observation post.

result of a more extended prospection and not of an increase in the virulence of the scourge which for the present is belied by the following facts:

(1) The non-advance of the general percentage of new cases (3·8 per cent. as against 4 per cent. last year);

(2) The reduction by nearly one-half of this percentage in the villages controlled twice by the same team in the course of the last 20 months;

(3) The index of mortality from sleeping-sickness (2·5 per cent.) which scarcely exceeds the general mortality index.

V. The presence of 185 infected persons in the 38 immigrants' villages in the Atakpame District (4·7 per cent.) is a fact which must claim our serious attention. It calls for a very special watch on these villages in order to avoid the dissemination of the trypanic virus in a region where the tsetse are numerous.[1]

The 1933 report summarized the situation in the prophylactic sector as follows:

I. 3,926 new cases of infection were tracked down in 1933. The known number of infected persons in the sector is 12,327 as against 8,073 in 1932.

II. Two facts explain in part this increase:

(1) The inquiries covered this year almost only the epidemic sector; they were made with a still more rigorous scientific control (lumbar puncture);

(2) The musterings prepared by an officer of the administration permitted the presentation to the medical officers of a very large proportion of the inhabitants (92 per cent.). Over 12,000 individuals who had escaped the former inquiries were thus included.

III. Taking into account these considerations it is wrong to infer a general and absolute increase of sleeping-sickness in the whole of the sector. But in 5 cantons of the epidemic sector it is undeniable that the disease is growing.

IV. Our chemico-prophylactic efforts were considerable this year, and a reduction of the indices no doubt must be expected next year. But this method is insufficient by itself and we must supplement it by agronomic prophylaxis.

The situation outside the sector is described as follows:

(*a*) In the Mango District—the small focus common to British and French Togoland, which we had pointed out last year—the inquiries and treatments of the sick were carried on. Altogether 338 sick persons were tracked down . . .

The focus appears at present well delimited; it comprises the north-western region of the Mango District. The density of the cases increases as one descends southward and approaches the English frontier and attains its maximum in the south-western region of Bogou. The data furnished by the English sanitary authorities agree with ours as regards the morbidity indices.

[1] Ibid., pp. 164–5.

(*b*) The inquiry in the Kabrese immigrants' villages which extend over 250 kilometres between Sokode and Nuatja has been terminated. It revealed the presence of 336 infected persons out of an examined population of 8,842 individuals.[1]

Dr. Ledentu, in a study published by the Ministry of the Colonies, throws some additional light on the situation in 1933. The report to the League stated that the disease is growing in 5 of the 8 cantons of the epidemic sector, in which two investigations had been carried out in the same manner. Dr. Ledentu supplements this statement by the important information that the 5 cantons comprised 33,874 inhabitants while the other 3 cantons had only 4,469. 'It seems, therefore, that contrary to what was permitted to be hoped last year, trypanosomiasis is actually progressing in the epidemic zone. The same observation was made in the endemic zone . . .' The Kotokoli region 'is likewise much more affected than was formerly thought'.[2]

It was possible to establish that the immigration centre of Nuatja has infected the autochthonous villages of the region.

It would be dangerous, therefore, to favour the Kabrese immigration below Atakpame; it must be limited to the practically uninhabited zones of the Sokode District.[3]

The reports to the League for 1934, 1935, 1936, and 1937 contain mainly tables and very few comments. Table 11 summarizes the results for the prophylactic sector. The number of new cases discovered by the prospecting teams diminished from 3,926 in 1933 to 3,078 in 1934, but rose to 11,778 in 1935 and 15,093 in 1936! In 1937 it dropped to 1,883. The number of new cases discovered by the permanent dispensaries in Pagouda and Lama-Kara was 441, 338, 223, 141, and 187 respectively. The total number of deceased persons infected with sleeping-sickness was 497 in 1934, 308 in 1935, 538 in 1936, and 357 in 1937 (including 11, 8, 37, and 46 cases in the hypnosery of Pagouda). The number of persons known as sick (including those dead and disappeared) increased from 12,099 on 31 December 1934 to 24,100 on 31 December 1935, and to 31,878 on 31 December 1936.[4] Excluding those who died or had disappeared the number of sick at the end of 1937 was 31,378.[5]

In the villages of Kabrese immigration only 4 new cases were discovered in 1934, but 466 in 1935, 117 in 1936, and 291 in 1937. In the Mango District 493 new cases were discovered in 1935, and 851 in 1936.[6]

[1] *Rapport annuel 1933*, p. 85. [2] Ledentu (1935), p. 633. [3] Ibid., p. 635.
[4] See *Rapport annuel 1934*, p. 99; *1935*, p. 101; *1936*, p. 101.
[5] See ibid. *1937*, p. 126.
[6] See ibid. *1934*, p. 100; *1935*, p. 102; *1936*, p. 103; 1937, p. 126.

TABLE 11

*Sleeping-sickness in the Prophylactic Sector of the Sokode District, 1934–7**

Year	Enumerated population	People seen by doctors	Old patients examined	New cases found	Injections	Deaths from	
						Sleeping-sickness	Intercurrent diseases
1934	117,993	99,332	9,562	3,078	144,976	362	124
1935	85,491	73,257	1,462	11,778	224,788	232	68
1936	96,349	88,480	12,700	15,093	449,067	309	192
1937	89,453	86,370	12,178	1,883	570,158	180	131

* See *Rapport annuel 1934*, p. 97; *1935*, p. 100; *1936*, p. 100; *1937*, pp. 124–5.

Some important comments on the situation in 1934 and 1935 are to be found in the studies by Drs. Ledentu and Peltier published by the Ministry of the Colonies.[1] The study for 1934 deals only with the prophylactic sector. It reaches the conclusion that the results of the campaign against sleeping-sickness 'do not correspond everywhere to the hopes which one had been entitled to nourish'[2] and that they 'remain little encouraging'.[3] The study for 1935 is much more comprehensive and deals with the whole Territory. A few passages may be quoted:

In Togoland the recrudescence ascertained last year on the banks of the Binah has extended towards the east, transforming into an epidemic zone certain cantons situated between the Binah and the Pahelou and reaching the Mango region. In the south of the Territory the villages of Kabrese immigration in the Atakpame District are likewise the seat of a rather violent epidemicity.[4]

The following table[5] gives an account of the prophylactic service and of the results obtained. It reveals a very distinct increase of trypanosomiasis, in the sector where the index of new contaminations rises from 1 per cent. in 1932 to 18·8 per cent., as well as in the Mango District situated between the sector and the Gold Coast, and in the Atakpame District where the villages of Kabrese immigration are located.

Altogether 74,926 persons have been examined, of whom 13,430 have been recognized as sick (1,259 old and 12,171 new cases). To this must be added 493 sick persons tracked down in the Mango region (without a

[1] A brief survey of conditions in 1932–5 is also given by Deutschman (1936), pp. 204–5.

[2] Ledentu and Peltier (1936), p. 579.

[3] Ibid., p. 562.

[4] Ledentu and Peltier (1937), p. 834.

[5] This table gives details about the inquiries in the prophylactic sector and in the Atakpame District.

statement of the number of people examined). If one remembers that the inquiries of 1934 had yielded 12,203 patients (after deduction of Niamtougou which has been re-examined this year), one arrives for the medically explored regions of Togoland at a total of 26,226 persons suffering from sleeping-sickness. This figure can be considered only as a minimum, it indicates that trypanosomiasis rages in an epidemic state in the greater part of Togoland.

If this recrudescence seems possibly not surprising in the regions of immigration which were subject only to the supervision of the District medical officer who lacks sufficiently powerful means of action, it is more difficult to understand it in the zone of the sector where the means of treatment were amply provided and used judiciously. The reason, no doubt, must be looked for in the absence of a serious agronomic prophylaxis and in the unceasing migration of natives who escape every supervision in spite of the obligation—more theoretical than real—to have a passport.

As a secondary cause of the greater number of sick persons may finally be noted the scientific strictness with which the inquiry has been effected . . . Thus this considerable increase may be, in part at least, the result not only of a sudden exacerbation of the virulence of the disease but also of a more minute enumeration.[1]

Inquiry in the Subdivision of Atakpame. . . . It is difficult to say whether the immigration pursued for some years is alone responsible for the contamination of this region since apparently trypanosomiasis existed there already at the time of the German occupation (Sodo, Nuatja); in any case it is certain that the numerous relations between the villages of immigration and the autochthonous villages facilitate the diffusion of the disease and intensify it through a continuous exchange of the virus. All the harmful conditions are also combined (water course, forestal galleries, tsetse) to favour its extension.[2]

By the end of 1936 the situation was as follows: In the prophylactic sector in the District of Sokode with about 100,000 inhabitants nearly one-third had been recorded as infected with sleeping-sickness. Several thousand more cases had been discovered in the rest of the Territory. A proportion of 4 or 5 per cent. infected persons for the whole area was not so very disquieting. But what was alarming was that only in the year 1936 were one-half of the sick discovered. The conclusion, therefore, was inescapable that either the disease was spreading very rapidly or that the inquiries effected prior to 1936 had been quite inadequate.[3]

[1] Ledentu and Peltier (1937), pp. 854–5. [2] Ibid., p. 860.

[3] It should be noted that in some quarters the dangerous character of the situation does not yet seem to be recognized. See Maroix (1938), p. 105: 'The organization of the medical assistance and the fight against sleeping-sickness by tracking down the infected persons in their localities and treating them as a

The *Medical Report* for the year 1936 came to the following conclusion:

The present situation is the outcome of the policy of the past years: the evasions of treatment, the lack of agronomic prophylaxis, and the free emigration of the sick have led to an extremely grave state of affairs.

The actual sector remains the great focus of trypanosomiasis, but there are numerous other foci of growing importance.

It is indispensable to take immediately the measures destined to check the march of the disease: the carrying into effect of agronomic prophylaxis, the extension of the fight to all the centres touched, and the supervision of the emigrants must be effected at once.

As soon as the administrative action functions completely, in joint working with the medical action, and in all the territories affected, jointly also with the neighbouring colony, the disease will be stabilized. And in the following years the fall of the indices will start. Every delaying of this work permits the formation of new masses of patients who will render the task greater, more painful, longer, and more onerous.[1]

The financial means for this new action were provided in the budget for 1938. The 'Special section for the fight against endemo-epidemic and social diseases' contained the following 'General Considerations':

Among the numerous and important questions relating to public health which the authorities of the Territory must face the most terrifying is undoubtedly that of sleeping-sickness.

The problem is important, for the future of an entire race is at stake.

In spite of all efforts, and they have been very real, from 1931 onwards, this terrible disease remains alarming. The number of sick persons tracked down and treated has increased considerably in the course of the year 1936—32,000 instead of 24,000 in 1935.

It should not be concluded from these figures that the work effected has been sterile, for the increase in the number of patients is due to the fact that the search methods are more advanced and that certain regions which had not been prospected before were prospected in the course of the last year. On the contrary, the results are quite encouraging since in several cantons the morbidity rate has declined perceptibly and since the work of agronomic prophylaxis, undertaken from the beginning of 1937 on, showed a very distinct improvement in the regions where it was carried out.

matter of official routine has furnished excellent results. The fight against the other diseases is just as intense . . .'

On the other hand, when it was pointed out on 15 Nov. 1937 in the Permanent Mandates Commission that morbidity from sleeping-sickness 'continued to increase to an alarming extent', the representative of the French Government, M. Besson, while declaring 'that the Administration had done all that was humanly possible', added: 'Certain results had been obtained; but, admittedly, they were not very impressive as yet.' (*Minutes*, 33rd Session, p. 117.)

[1] *Service de Santé, Rapport médical 1936, partie médicale*, p. 142.

But it would be delusive to aspire to the throttling of the disease by means of localized and discontinuous efforts.

The realization of a programme covering a long period imposes itself. Every partial and sporadic effort will be vain and will be effected to no purpose. It is necessary not only to care for the sick, but also to protect from infection and reinfection the unscathed populations and the cured natives.[1]

The budget provided for the fight against sleeping-sickness the sum of 3,500,000 francs as against 1,315,000 francs in 1937.[2]

The Order 'creating the service of prophylaxis and treatment of trypanosomiasis in the territory of Togoland placed under the mandate of France'[3] was issued by Governor Montagné on 9 June 1938. This service was placed under the direction of a military doctor of the health corps of the colonial troops.

In the meantime, the inquiries effected in 1937 had led to the discovery of many fewer new cases in the prophylactic sector than in the preceding year. The *Medical Report* for 1937 contained the following comment:

The results obtained in 1937 permit the conclusion that a quite distinct decline in new morbidity has occurred.

A great number of sick persons are still being treated. Let us suppose that the indices of new morbidity remain low for two more years. This number will then, and only then, decrease in a large measure.

The old foci are still active (North Binah: Massedena, Pouda, Sola, Boufale, Passare). The inquiries in these regions were made annually or nearly annually.

Other regions must be supervised very closely: the whole South Kara region as well as the Bafilo cantons where much remains to be done from the point of view of agronomic prophylaxis.[4]

It remains to be seen what will be the results of the new campaign started in 1938.

[1] Togo, *Budget local 1938*, p. xvi.

[2] See ibid., p. xvii. See also the speech made by Governor Montagné, Commissioner of the French Republic, on 12 Nov. 1937, at the opening of the session of the Economic and Financial Council of Togoland:

'. . . I will tell you that one of the cardinal preoccupations of M. Marius Moutet, Minister of the Colonies, was his intense concern with the painful problems of the salvage of the race and the still further reinforcement of the medical assistance and the fight against trypanosomiasis by asking and obtaining from Parliament a new subvention of 3,500,000 francs for 1938 which will permit the creation of

4 prospecting teams,
12 treating teams,
1 control team.'

(*Journal officiel du Togo*, 1 Dec. 1937, p. 559.)

[3] Ibid., 16 June 1938, p. 361.

[4] *Service de Santé, Rapport médical 1937, partie médicale*, p. 192.

VII. Population Growth

The Administration at first was of the opinion that in spite of the disappearance from the country of the epidemic affections (such as small-pox), the slave-trade, and the wars, the population did not increase.[1] 'The fertility of the women is remarkable, but the incidence of still-births and infant mortality is so great that they endanger in a certain measure the future of the race.'[2] In the demographic chapter of the 1924 report, it was still said that there was no proof of an excess of births over deaths. 'The censuses show that in general natality is rather high and the population no doubt would increase rapidly in the absence of a considerable infant mortality.'[3] But in the health chapter of the same report it was concluded from various soundings that the population was rather increasing.

Soundings effected on all the points of Togoland by the Administrators and the medical officers permit us to assert that the number of births is equal or even superior to that of deaths in the greatest part of the Territory. We have to deal here with sturdy and prolific black races; these populations will increase considerably from the day when the problems of syphilis and malaria will be solved just as that of small-pox has been.[4]

The 1925 report went a step farther by stating that even the censuses proved that there was an excess of births over deaths.

Is the population increasing or decreasing? The observations collected in the course of the censuses indicate in general a more or less considerable increase, the rate of which, however, can be determined only after several successive censuses.[5]

The soundings made in the following years confirmed this opinion.[6]

It should be remembered, however, that neither the censuses nor the soundings were of a nature to permit of any final conclusions as to the population increase. In order to illustrate the arguments on which the Administration more and more based its opinions I shall quote the concluding paragraph of the demographic chapter of the 1933 report:[7]

The map of repartition of the age-group 0–14 years,[8] which is actually

[1] See *Rapport annuel 1922*, p. 30.
[2] Ibid., p. 46. The report, at another place (p. 30), said that the population did not increase, owing to the decrease of natality and the high infant mortality.
[3] Ibid. *1924*, p. 101.
[4] Ibid., p. 52.
[5] Ibid. *1925*, p. 75.
[6] See, for example, ibid. *1926*, p. 74; *1927*, p. 67; *1929*, p. 96.
[7] Ibid. *1933*, p. 71. The more recent reports did not discuss population growth.
[8] The map showed for the various regions the proportion of children among the total population.

an index of the rapidity of the population increase, shows that outside the central part (three-fifths) of the Atakpame District—a District where the population is the least dense of the whole Territory and generally of the stationary type—all the rest of Togoland (95 per cent.) is of the progressive type: slightly progressive in the southern half of the Mango District, in the southern half of the Sokode District, and in the northern parts of the Lome and Anecho Districts; clearly progressive in northern Mango, in northern Sokode, in the Palime District, and in the southern two-thirds of the Lome and Anecho Districts (all of them regions where the population is very dense); and very progressive in the mountain zone of Kluto and in north-western Atakpame. These are all findings which it is pleasant to make and which offer auspicious prospects for the future of the natives of Togo.

CONCLUSION

WHETHER the population has increased or decreased in the course of the last twenty years, it is impossible to say. The birth data are too scanty to permit a judgement as to fertility. Health conditions apparently are unfavourable but so they were under the German régime. The only marked change for the worse is the spread of sleeping-sickness. There is a consensus of opinion that the incidence of this disease was negligible before the World War. It now constitutes a serious danger for the future of the native population.

PART VI
BRITISH TOGOLAND

CHAPTER I

ADMINISTRATIVE DIVISIONS

I. Constitution of Divisions

'In accordance with the provisions of the Mandate granted to Great Britain and dated 20th July, 1922, the territory is administered as an integral part of the Gold Coast.'[1] That part of Togoland assigned to British authority by the 1919 Agreement with France[2] was subdivided at first into four Districts, viz. Ho, Kpandu, Kete-Kratchi, and Yendi.[3] In 1920 Kpandu was attached to Ho as sub-district.[4]

> That part of Togoland assigned to British authority . . . is divided for administrative purposes into three districts: Ho, which has Kpandu attached as a sub-district; Kete-Kratchi and Yendi. The Ho district is regarded as an integral part of the Eastern Province of the Gold Coast Colony, the Kete-Kratchi district as an integral part of Ashanti, and the Yendi district as an integral part of the Northern Territories Protectorate.[5]

When in 1921 the Northern Territories Protectorate of the Gold Coast was reorganized,[6] the Yendi District was subdivided and merged into four of the eight districts of the Protectorate, viz.

(1) Northern Mamprussi (partly Mandated Area);
(2) Southern Mamprussi (partly Mandated Area);
(3) Eastern Dagomba (wholly Mandated Area);[7]
(4) Eastern Gonja (partly Mandated Area).

By 'The Administration (British Sphere of Togoland) Proclamation, 1923' of 16 January 1923, the old Yendi District was merged into five of the Districts of the Northern Territories of the Gold Coast.[8]

> 2. The British Sphere of Togoland is hereby divided into the following districts:—
>
> (1) Northern Mamprussi (Togoland Section of);
> (2) Kussassi (Togoland Section of);
> (3) Southern Mamprussi (Togoland Section of);

[1] *Report 1937*, p. 2.
[2] See p. 399 above.
[3] See *Report 1920–1*, pp. 6–7.
[4] See *Report 1937*, p. 5.
[5] *Report 1920–1*, p. 15.
[6] By Order of 27 June 1921 (see Gold Coast, *Government Gazette*, 9 July 1921, pp. 916–17).
[7] By Order of 13 Nov. 1922 (see *The Gold Coast Gazette*, Supplement, 25 Nov. 1922, pp. 748–9), the Eastern Dagomba District disappeared from the list of the Districts of the Protectorate.
[8] See *Report 1922*, p. 5.

(4) Eastern Gonja (Togoland Section of);
(5) Eastern Dagomba;
(6) Kratchi; and
(7) Ho.

3. The districts specified in clause 2 of this Proclamation under the numbers (1)–(6) shall be administered by the Chief Commissioner of the Northern Territories of the Gold Coast as Senior Political Officer, acting subject to the authority of the Governor; and the district specified in the said clause under the number (7) shall be administered by the Commissioner of the Eastern Province of the Gold Coast Colony as Senior Political Officer, acting subject to the authority of the Governor.[1]

By 'The British Sphere of Togoland Order in Council, 1923' of 11 October 1923,[2] which according to a Governor's Order of 7 January 1924[3] was to come into force on 1 April 1924, the British Sphere was divided into two sections, the Northern Section and the Southern Section. 'The British Sphere of Togoland Administration Ordinance, 1924' of 1 April 1924, which came into force the same day, stipulated that the Southern Section should consist of the Ho District and the Northern Section of the six other Districts.

Until otherwise by Order of the Governor ordered, the Northern Mamprussi District (Togoland portion of), the Kussassi District (Togoland portion of), and the Southern Mamprussi District (Togoland portion of), shall be administered and treated as if such Districts formed part of the Northern Province of the Protectorate and the Eastern Gonja District (Togoland portion of), the Eastern Dagomba District, and the Kratchi District, shall be administered and treated as if such Districts formed part of the Southern Province of the Protectorate.

The Southern Section shall be administered and treated as if it formed part of the Eastern Province of the Colony.[4]

According to a Governor's Order of 28 August 1924, the provisions 'with respect to the division of the Northern Section of the British Sphere of Togoland into districts, and to the mode in which such districts are to be administered and treated, respectively, shall henceforward have effect as if the references . . . to "the Northern Mamprussi District (Togoland portion of)" were omitted . . .'[5]

[1] For full text of the Proclamation see *The Gold Coast Gazette*, 27 Jan. 1923, pp. 91–2. The clauses cited above were incorporated almost literally in 'The British Administration and Courts (Togoland) Proclamation, 1923' of 17 Feb. 1923, reprinted in *Report 1923*, pp. 40–2.

[2] Reprinted in ibid. pp. 51–4; see also *The Laws of the Gold Coast* (1936), vol. iv, pp. 97–102.

[3] See *The Gold Coast Gazette*, 19 Jan. 1924, pp. 54–7.

[4] For full text of the Ordinance, see ibid., 23 Apr. 1924, pp. 529–52.

[5] For full text of the Order, see ibid., 13 Sept. 1924, p. 1616.

The Governor's Order of 15 October 1925 took the 'Eastern Gonja District (Togoland portion of)' out of the Northern Section. This Section was then divided into (1) the Togoland portion of the Kusasi District, (2) the Togoland portion of the Southern Mamprusi District, (3) the Eastern Dagomba District, and (4) the Krachi District. The constitution of the Southern Section remained unchanged.[1]

Each District is administered by a District Commissioner of the Gold Coast Political Service. The Commissioners administering the Districts of Kusasi and Southern Mamprusi are directly responsible to the Commissioner of the Northern Province of the Northern Territories of the Gold Coast, and the Commissioners administering the Eastern Dagomba and the Kratchi Districts, to the Commissioner of the Southern Province of the Northern Territories. The Commissioner administering the Ho District is responsible to the Commissioner of the Eastern Province of the Gold Coast Colony . . .[2]

No further change in the subdivision of the Territory was made in the following seven years. But by 'The Administration (Togoland) Order, 1932' of 1 September 1932, the Districts of the Northern Section 'were reorganized in such a way that their boundaries now coincide with those of the three native states which had been divided by the arbitrary Anglo-German boundary'.[3]

2. The Northern Section of Togoland under British Mandate shall be divided into the following Districts:—

(1) The Mamprusi District;

(2) The Dagomba District;

(3) The Gonja District; and

(4) The Krachi District.

7. The Mamprusi District shall be administered and treated as if it formed part of the Northern Province of the Protectorate.

8. The Dagomba and Gonja District shall be administered and treated as if they formed part of the Southern Province of the Protectorate.[4]

The 1932 report stated:

. . . the Mamprussi District . . . comprises the former Kusasi and Southern Mamprussi Districts . . .[5]

With regard to the Eastern Dagomba District, the effect of the Order of

[1] For full text of the Order, see ibid., 24 Oct. 1925, pp. 1619–20.

[2] *Report 1925*, p. 6.

[3] *Report 1932*, p. 6. However, the 1924 report, p. 12, had stated with regard to the division then introduced: 'This measure accords best with the geographical and ethnographical conditions as well as with administrative convenience, and has resulted in unifying tribes which were previously divided.'

[4] For full text of the Order, see *Gold Coast Gazette*, 7 Sept. 1932, pp. 1367–8.

[5] *Report 1932*, p. 7.

1st September, 1932, was to amalgamate it with the Western Dagomba District, which lay entirely in the Protectorate . . .[1]

As a result of the Order referred to . . . , the area of the Krachi District has been reduced by the removal from it of the lands belonging to the Nchumuru and Nawuri tribes with populations, in round figures, of 900 and 2,600 respectively. Prior to the demarcation of the Anglo-German boundary, these two tribes owed allegiance to the Yabum Wura, the head-chief of the Gonja state, and being desirous to renew that allegiance they have accordingly been included in the District of that name, which has an area of 14,144 square miles . . .[2]

The Order of 1 September 1932 was to come into operation on 10 September 1932. But apparently it took some years before the new subdivision was carried out. The 1934 report still said that the Northern Section consisted of 'the districts of Eastern Dagomba and Kete-Krachi with parts of Kusasi and Mamprussi districts'.[3] The 1935 report spoke rather vaguely of the Northern Section 'with its districts of Dagomba and Krachi, and parts of the Gonja, Kusasi and Mamprussi districts'.[4] The 1936 report, however, stated: 'The Northern Section . . . forms part of the Dagomba, Mamprussi, Krachi and Gonja districts.'[5]

II. Area

The British authorities, at first, apparently overestimated both the area of German Togoland and the area of the Territory under British Mandate. In the report for 1920–1, the former was given as 36,050 square miles[6] (while it actually had been only 33,700 square miles), and the latter as 13,850 square miles.[7] The area of the Ho District, excluding the Kpandu District, was given as 1,160 square miles,[8] the area of the sub-district of Kpandu as 'roughly 2,700 square miles', and the area of the Yendi District as '4,000 square miles (approximate)'.[9] This would have left for the Kete-Kratchi District about 6,000 square miles.[10]

The 1922 report gave as total area of the Territory, 'approximately 13,040 square miles'. The figures for the individual Districts differed widely from those in the report for 1920–1. The area of the Ho District, including the sub-district of Kpandu, was given as 2,607

[1] *Report 1932*, p. 8. [2] Ibid., p. 10. [3] *Report 1934*, p. 5.
[4] *Report 1935*, p. 5. [5] *Report 1936*, p. 2. [6] See *Report 1920–1*, p. 4.
[7] See ibid., p. 6. [8] See ibid., p. 15. [9] See ibid., p. 16.
[10] However, a table, 'Approximate area in square miles of the Districts in the Colony, Ashanti, and the Northern Territories as supplied by the Surveyor General', published in Gold Coast, *Government Gazette*, 13 Aug. 1921, p. 1081, gave for Ho (apparently including Kpandu) 2,401 sq. m., and for Kete Kratchi 2,964 sq. m.

square miles, that of the Kete-Kratchi District as 'approximately 3,079 square miles', and that of the Yendi District as 'approximately 7,354 square miles'. 'The area figures now given are those of the Gold Coast Survey Department.'[1]

The figure for the whole Territory has been maintained in most subsequent reports.[2] But the figures for the individual Districts changed in the course of time (see Table 1). In so far as these changes occurred prior to 1926, they were due in part at least to changes in boundaries.[3]

TABLE 1

Area of British Togoland, 1921–37 (according to Official Reports)

(*Square miles*)

Districts	*1921**	*1922†*	*1922‡*	*1924§*	*1931‖*
Kusasi	4,000**	7,354**	385¶	385	420
Southern Mamprussi			1,528	1,528	705††
Eastern Dagomba			4,609	4,609	5,503
Eastern Gonja			832	3,911‡‡	3,949
Kratchi	..	3,079	3,079		
Ho	1,160	2,607	1,155	1,155	2,464§§
Kpandu sub-district	2,700		1,452	1,452	
Total	13,850	13,040	13,040	13,040	13,041

* See *Report 1920–1*, pp. 6, 15–16.

† See *Report 1922*, pp. 4–5; same in *Report 1923*, p. 4.

‡ See *The Gold Coast Gazette*, 11 Nov. 1922, p. 850; same in Gold Coast, *Census Report 1921*, p. 137.

§ See *Report 1924*, p. 6; same in *Report 1925*, p. 3.

‖ *The Gold Coast 1931*, vol. ii, p. 3; same in *Report 1931*, p. 65.

¶ Northern Mamprussi District.

** Yendi District.

†† Mamprusi District.

‡‡ 'Kete Kratchi (which at the time of Census included Eastern Gonja of the Northern Territories but is now under Salaga).'

§§ In *Report 1929*, p. 4, given as 2,760 sq. m.; in *Report 1934*, p. 53, as 2,600 sq. m.

Apparently no figures concerning the areas of the districts as constituted by 'The Administration (Togoland) Order, 1932' have been published so far. It would seem, however, that the Mamprussi

[1] *Report 1922*, p. 4.

[2] However, *Report 1927*, p. 78, *1928*, p. 61, and the League of Nations *Statistical Information* (1933), p. 12, give as area 13,240 sq. m.

[3] The Nanumba country was transferred from the Kratchi District to the Eastern Dagomba District; see *The Gold Coast 1931*, vol. i, p. 153. The area of the Eastern Dagomba District apparently increased thereby from 4,609 to 5,503 sq. m. But, strange to say, the area of the Kratchi District appeared in the 1931 census report with a slightly larger figure (3,949 sq. m.) than in all previous reports (3,911 sq. m.).

District (which comprises the former Kusasi and Southern Mamprussi Districts) covers 1,125 square miles, the Dagomba District (formerly Eastern Dagomba District) 5,503 square miles, the Gonja and the Krachi District together (formerly Krachi District) 3,949 square miles, and the Ho District 2,464 square miles.

CHAPTER II

CENSUS STATISTICS

I. Coloured Population

1. *Census-taking*

The Mandated Territory was included in the 1921 and 1931 censuses of the Gold Coast.

A. *Census of 1921.*

The 1921 Census Report for the Gold Coast stated:[1]

The Census of the British Mandated Area of Togoland was placed under the supervision of the Officer Commanding the British Forces in collaboration with the Chief Commissioners of Ashanti and the Northern Territories and the Provincial Commissioner of the Eastern Province of the Colony. It was confidently expected that the Mandate would have been received before the date of the Census, but as that did not happen, the necessary powers were taken under Proclamation No. 24 of 1921.

This Proclamation was issued on 15 September 1921, nearly five months after the census day. It stipulated:

Whereas it is His Majesty's gracious pleasure that a census of the British Empire be taken in the year one thousand nine hundred and twenty-one;

Now therefore, I, reginald warren hale wilkinson, Esquire, Acting Governor and Commander-in-Chief of the Gold Coast Colony, do hereby proclaim and make known as follows:

1. This Proclamation may be cited as 'The British Togoland Census Proclamation, 1921,' and shall be deemed to have come into force on the 1st day of January, 1921.

2. Subject to the provisions of this Proclamation, a Census of that part of Togoland mandated to Great Britain shall be taken in the year 1921, and the Census Day shall be the 24th day of April, provided that where circumstances render it impossible to take the Census on a single day, the time for taking the Census shall be extended so as to include the period from the 24th day of March to the 24th day of May, 1921.

3. (1) The Governor has power to appoint by writing under his hand the Census Officer, who, subject to the control of the Governor, shall have the general supervision and management of the Census, and, shall appoint a sufficient number of persons duly qualified to act as enumerators for taking the Census in the various districts or parts thereof into which that part of Togoland mandated to Great Britain may be divided for the purposes of

[1] Gold Coast, *Census Report 1921*, p. 40.

this Proclamation, and also any other officers necessary for the purpose of carrying this Proclamation into effect.

(2) Notice of the appointment of such enumerators and any other officers and of the divisions assigned to them respectively shall be published in the *Gazette*.

4. The Census Officer shall cause to be prepared and printed, for the use of the persons to be employed in taking the Census, such forms and instructions as he may deem necessary, and in particular schedules to be filled up with such details as the Governor may consider necessary in order to insure, as far as possible, the completeness and accuracy of the Census returns.

5. The enumerators and other persons employed under this Proclamation shall have authority to ask of all persons all such questions as may be necessary for obtaining any of the particulars required by this Proclamation, and every person refusing to answer, or knowingly giving a false answer to any such question shall for every such refusal or false answer be liable to a penalty not exceeding five pounds.

6. Every person who shall

(*a*) without lawful excuse refuse or neglect to fill in any such schedule of details as and when he may be required by the Census Officer or any officer acting on his behalf so to do; or

(*b*) fill in any such schedule with details which he knows to be false, shall be liable to a penalty not exceeding five pounds.

7. All penalties inflicted by this Proclamation shall be recoverable upon summary conviction before a District Political Officer.

8. The Governor has power by Proclamation to postpone until any later time the doing of any matter or thing required by this Proclamation to be done at or by any particular time; and in such case the provisions of this Proclamation shall apply, as if therein the later time had been mentioned instead of the earlier.[1]

The wording of this Proclamation was almost identical with that of the Ordinances issued in September 1920 for the Gold Coast Colony, Ashanti, and the Northern Territories.[2] The census forms to be used were likewise the same as in the Gold Coast.[3] In Form A, destined for villages and small towns, were to be entered for 'every person whether a stranger or a native of the town or village, who slept in the town or village, on the night of Sunday, 24th April, 1921':[4]

I. Tribe or Race.

II. Sex and Age (5 years and under, 6 to 15 years, 16 to 45 years, 46 years and over).

[1] Gold Coast, *Government Gazette*, 24 Sept. 1921, pp. 1247–8; reprinted in Gold Coast, *Census Report 1921*, pp. 40–1.

[2] See ibid., pp. 18–20.

[3] See ibid., pp. 22–39.

[4] This form was evidently to be used only for the enumeration of Africans.

III. Religion: Christian, Mohammedan, Other.
IV. Education: Able to read and write.

Form B, destined for large towns, asked in addition for the name, the occupation, and infirmities (blind, deaf and dumb, mentally deranged).

Form E asked, for each town or village, the number of inhabited houses or compounds.

But this programme was carried out only on a very modest scale. The field work was done mainly by the Political staff with the help of the Customs Preventive Service and the chiefs.[1] Enumerators were appointed only in the towns of Ho and Kpandu. 'It was not found possible to collect age statistics in Southern and Northern Mamprussi, where even the bare enumeration was rendered extremely difficult owing to the wildness of the people, especially of the Konkombas.'[2] Not even the number of huts or houses was ascertained in these two Districts. Particulars about the distribution by tribes were made available only for the Ho District, the Eastern Dagomba District, the Northern Mamprussi District, and the town of Kete-Kratchi; particulars about education were lacking entirely. Data about occupation were apparently collected only in the towns of Ho and Kete-Kratchi.

B. *Census of 1931.*

On 19 December 1930 the Governor of the Gold Coast issued 'An Ordinance to make provision for taking a Census of the inhabitants and livestock of the British Sphere of Togoland as and when may be required':

BE IT ENACTED by the Governor of the Gold Coast, with respect to the British Sphere of Togoland, as follows:—

1. This Ordinance may be cited as the Census Ordinance, 1930.

2. The Governor may from time to time as he may think fit by Order direct a census to be taken of the inhabitants and livestock of the British Sphere of Togoland or of any part thereof specified in such Order.

3. (1) It shall be lawful for the Governor to appoint a census officer, who, subject to the control of the Governor, shall have the general supervision and management of the census, and shall appoint a sufficient number of persons duly qualified to act as enumerators for taking the census and also

[1] With regard to the latter the report states for Eastern Dagomba: 'The Hausa Malam and his two sons were of great assistance in taking the Census. They travelled through the District, collecting the information which they recorded in Hausa which was afterwards translated into English by a Hausa-speaking clerk in the District Office.' (See ibid., p. 144.)

[2] Ibid., p. 141.

any other officers necessary for the purpose of carrying this Ordinance into effect.

(2) Notice of the appointment of such enumerators and any other officers shall be published in the *Gazette*.

4. The census officer shall cause to be prepared and printed, for the use of the persons to be employed in taking a census, such forms and instructions as he may deem necessary, and in particular schedules to be filled up with such details as the Governor may consider necessary in order to insure, as far as possible, the completeness and accuracy of the census returns.

5. The enumerators and other persons employed under this Ordinance shall have authority to ask all persons all such questions as may be necessary for obtaining any of the particulars required by this Ordinance, and every person refusing to answer, or knowingly giving a false answer to any such question shall for every such refusal or false answer be liable to a fine not exceeding five pounds.

6. Every person who—

(*a*) without lawful excuse refuses or neglects to fill in any schedule of details as and when he may be required by the census officer or any officer acting on his behalf so to do; or

(*b*) fills in any such schedule with details which he knows to be false;

shall be liable to a fine not exceeding five pounds.

7. Upon the completion of any census the census officer shall cause an abstract of the returns to be furnished to the Governor.[1]

The wording of this Ordinance was again almost identical with that of the Ordinances issued on the same date for the various parts of the Gold Coast. In accordance with sections 2 and 3 of these Ordinances a Government Notice to the effect that a census would be taken was published on 23 February 1931, couched in the following terms:

A census of the Colony, Ashanti, Northern Territories and Togoland under British Mandate, will be taken on Sunday the 26th April, 1931. Each occupier, or head of a house, will be required to furnish a return of all people who slept in his or her house or premises on that night.

2. Similar arrangements will be made by the Census Officers as in 1921 and the forms on which the Census will be taken are as follows:—

Form 'A' for villages and small towns (Africans only)

Form 'B' for certain selected large towns (Africans only)

Form 'C' for all non-Africans

Form 'D' for collecting data as to Religions

Form 'E' for inhabited houses.

3. *Foodstuffs.*—District Census Officers will take a Census as to the price of the principal native foodstuffs on Census day, viz., 26th April.

[1] *Gold Coast Gazette*, 27 Dec. 1930, pp. 2231–2.

4. Captain A. W. Norris has been appointed Census Officer, with office at Accra (P.O. Box 560), and further information may be obtained from him, or from any District Census Officer.[1]

Form 'A' asked for the following data for 'every person, whether a stranger or a native of the town or village, who slept in the town or village on the night of census taking':

I. Tribe or State.
II. Place of Origin: African of Gold Coast or Alien African.
III. Sex and Age (Under 15, 15–45, 46 and over).
IV. Education in or over Standard IV.
V. Infirmities: Lepers, Blind, Deaf and Dumb, Mentally deranged.

Form 'B' asked in addition the name; the specific age of children (up to one year old, age to be stated in months; between 1 year and 5 years; 6–15 years); the occupation; and the industry.

Form 'D' was intended for the use of the various missions only, which had been asked, in order to obtain greater accuracy, to fill in the details called for. These were, for each town or village: Children baptized; Adults full members; Adults under Instruction; Total.

Form 'E' asked, for each inhabited house or compound: Name of Occupier; Type of Building.

2. *Publication of Census Results*

A. *Census of 1921.*

The tables published in the report of the 1921 census contain the following information for 'Africans':[2]

Males and Females in each District (Ho, Kpandu, Kete-Kratchi, Eastern Dagomba, Southern Mamprussi, Northern Mamprussi);

Population by tribes in Kete-Kratchi Town and the Ho District;

Males and Females by tribes in Eastern Dagomba and Northern Mamprussi;

Males and Females by sex and age (5 years and under, 6 to 15 years, 16 to 45 years, 46 years and over) in the Districts of Ho, Kpandu, Kete-Kratchi, and Eastern Dagomba; in Eastern Dagomba also for each tribe separately;

Population by religion in each District;

Population of the towns of Ho, Kpandu, Kete-Kratchi, and Yendi;

Population by occupation in Kete-Kratchi Town;

Men and women by occupation in Ho Town;

Lepers in the 'large towns' of each District;

Blind persons in the 'large towns' of the Kete-Kratchi District;

[1] *The Gold Coast 1931*, vol. i, p. 128. The Forms are reproduced ibid., pp. 125–6, 129–38.

[2] See Gold Coast, *Census Report 1921*, pp. 137–46; Appendices, pp. 14, 17.

Huts or houses in the Districts of Ho, Kpandu, Kete-Kratchi, and Eastern Dagomba.

B. *Census of 1931.*

The tables published in the report of the 1931 census contain the following information for Africans:[1]

Males and Females by age (under 15, 15–45, 46 and over) in each town or village;

Boys and girls by age (up to one year, 1–5 years, 6–15 years) in Ho Town and Kpandu Town;

Population of the towns of Yendi, Gbi-Hohoe, and Ho in 1921 and 1931;[2]

Population by religion in the Northern and in the Southern Section;

Christians by denomination in Togoland;

Males and Females by occupation in 'large towns';

'Educated' persons, lepers, blind persons, deaf and dumb persons, and mentally deranged persons in each town or village;

Persons residing in Togoland and originating from the Gold Coast Colony, Ashanti, and the Northern Territories;

Immigrants in Togoland from other British Colonies (Sierra Leone, Nigeria);

Aliens resident in Togoland (from French West Africa Possessions and from Liberia);

Number of compounds or houses in each town or village.

3. *Completeness and Accuracy of Censuses*

The 1921 census report described the 'Attitude of the People' in Togoland as follows:[3]

It was inevitable that the people should construe the Census as a preliminary to the imposition of a head, or hut, tax which has been collected by the Germans before the war and has since been reimposed by the French in the area under their administration. The District Officers did their best to assure them that there was no such intention on the part of the British Government, but nevertheless, it is certain that the number of able-bodied men is considerably more than the Returns show. Captain Norris, who was the District Political Officer in the Kete Kratchi District, took the precaution of issuing letters to the Chiefs written in English, Twi, and Hausa, but the suspicions raised by the action of the French Government in the minds of the people who are all in a very uncivilized condition were admittedly not altogether dispelled. Other difficulties there were in plenty which militated against an accurate Return. The District Officers have to rely perforce on the services of a very small

[1] See *The Gold Coast 1931*, vol. i, p. 178; vol. ii, pp. 1–22, 220–46.

[2] *Report 1931*, p. 30, gives the same information for each of the 11 towns in the Ho District with a population of over a thousand.

[3] Gold Coast, *Census Report 1921*, p. 138.

staff for, except in the towns of Ho and Kpandu, there are practically no literates whose education was sufficient to make them useful enumerators. The Census was carried out, therefore, except in these instances, by the Political Staff with the help of the Customs Preventive Service and the Chiefs.

The report states furthermore:

Infirmities. . . . The returns are incomplete.

Religion. . . . The figures from the Kpandu District, according to the District Political Officer, are misleading.[1]

Education. . . . In the Kpandu District the enumerators have apparently included school children amongst the literates.[2] The District Political Officer considers the figures, viz., 982 to be 'perfectly absurd and worthless'.[3]

The 1921 census report finally gave for one section of the Ho District a comparison with results obtained under the German régime:

The Record Officer at Ho, Mr. Trotter, has been able to unearth some particulars of a former Census taken by the Germans, but the previous records were not available for the other Districts.

According to Mr. Trotter, the last German Census was taken in 1908, but it contained insufficient details for his purposes. He was, therefore, compelled to have recourse, for comparative purposes to the figures for the Census of 1904, supplemented by certain figures collected in 1909, and 1910. The following table shows the results of the German and British Census for as nearly as possible the same area.

	Huts	*Boys**	*Girls**	*Men*	*Women*	*Total*
German Census 1904 .	5,537	2,118	2,950	6,842	7,422	19,332
British Census 1921 .	8,151	3,183	4,031	5,629	5,681	18,524
Increase . . .	2,614	1,065	1,081	—	—	—
Decrease . . .	—	—	—	1,213	1,741	808

* Under 14 years of age.

These figures are of interest, but, as Mr. Trotter remarks, they 'cannot lead to any logical conclusion, as the differences may be due to so many causes, such as, variance in methods of counting, of division into classes, of defining a hut, etc. The Influenza Epidemic of 1918 might, too, apart from anything else, account for the decrease in what are termed men and women, as it was those of both sexes between 16 and 30 years of age who suffered most'.[4]

[1] Ibid., p. 144.

[2] It is hard to see why they should not have done so. On the other hand, the District Political Officer in the Kete Kratchi District relates: 'I have not shewn the number of Hausas who can read and write Hausa, but I am informed that there are a large number'!

[3] Ibid., p. 145. For the inadequacy of the data on occupation, and on infirmities, see ibid., pp. 159, 162.

[4] Ibid., p. 138.

A comparison for other Districts would probably have shown a much greater decline in the population figures. The total number of people ascertained at the 1921 census was 187,939. The German figure for the area now under British mandate was very likely at least one-third higher. The 1931 census revealed a total of 293,671. Table 2 shows the population in 1921 according to the administrative division then prevailing. Table 3 shows the population in 1921 and 1931 according to the administrative division of 1931.

TABLE 2

*African Population, British Togoland, 1921**

Ho	*Kpandu*	*Kete-Kratchi*	*Eastern Dagomba*	*Southern Mamprussi*	*Northern Mamprussi*	*Total*
40,577	46,578	25,244	58,929	4,518	12,093	187,939

* See Gold Coast, *Census Report 1921*, p. 137.

TABLE 3

*African Population, British Togoland, 1921 and 1931**

Districts	*Population*		*Increase*	
	1921	*1931*	*Numbers*	*Per cent.*
Kusasi	12,093	41,101	29,008	239·8
Mamprussi	4,518	14,997	10,479	231·2
Eastern Dagomba . .	71,020	91,523	20,503	28·8
Krachi	13,153	20,521	7,368	56·0
Ho	87,155	125,529	38,374	44·0
Total	187,939	293,671	105,732	56·2

* See *Report 1931*, p. 65.

Kusasi, Mamprussi, and Eastern Dagomba Districts.

The increase in the Kusasi and Mamprussi Districts is attributed to immigration in the intercensal period.

In the Kusasi district and in Mamprusi the increase is entirely due to immigration.[1]

There is no doubt that immigration has taken place on an abnormal and high scale from the neighbouring French Territories. . . . This remarkable migration is not easy to explain. It is probably due to some unknown economic pressure that is to be noticed elsewhere in about the 14th to the 11th parallels of north latitude.[2]

[1] *The Gold Coast 1931*, vol. i, p. 153.

[2] *Report 1931*, p. 66. The reports to the League refer frequently to this immigration:

1927 (p. 11). 'Kusasi District. The population is being increased by immigration, principally by Yanga, Busanga, and Moshi people from French

The census report states: 'The same movement is noticeable in Eastern Dagomba',[1] while the report to the League says:

The increase in the Eastern Dagomba District can satisfactorily be explained by the normally expected increase and greater accuracy in 1931.[2]

Krachi District.

For the Krachi District there is likewise a great divergence of opinion. The census report, starting from the fact that the official population figures for 1921 and 1931 were 25,244 and 20,521 respectively, stated:

The decrease in the Krachi area can be attributed to the following:

(1) Alteration of district area by excluding the Nanumba country which is now in the Eastern Dagomba district.
(2) The return of the former slaves in ever increasing numbers to their old homes. These were the victims chiefly of Babatu's raids and were settled in slave villages in the neighbourhood of the Kete trading centre.
(3) The opening of the Krachi–Attabubu road which gave the opportunity to the youths of the Krachi district to build farm villages along that important trade route to Kumasi.
(4) Seasonal migration to the cacao fields.[3]

Of these various causes the second is of primary importance and a glance at the maps by Sprigade of 1907 will show how numerous the villages round Krachi were at that time. Most of these are now deserted and the people gone back chiefly to the Builsa area of the Navrongo District.[4]

territory, but also from the Northern Territories of the Gold Coast. There is no emigration.'

1928 (p. 49): 'There is an increasing amount of immigration into the Northern Section, mainly the Kusasi District, from the neighbouring territories. The immigrants assign no particular reason for this and it is possibly due to economic causes.'

1933 (p. 9): 'To the Kusasi area, immigrant Moshi, Fulani, and Yanga come from the north and east in a continuous stream and the native authority has been forced to set aside special areas for settlement, to avoid overcrowding.'

1934 (p. 10): 'It is estimated that the population of that part of the Mandated Territory [Kusasi] has increased from 10,000 in German days to 41,000. This heavy increase is due largely to emigration from the Ivory Coast.'

[1] *The Gold Coast 1931*, vol. i, p. 153. [2] *Report 1931*, p. 66.

[3] See also *Report 1926*, p. 12: 'Every year sees a great exodus of young men from the District to the cocoa area of the Gold Coast, where they obtain remunerative employment on the farms while the crop is being gathered.' Later reports speak even of a permanent emigration of this kind. See the description of the old town of Kete Kratchi in *Report 1928*, pp. 40–1: 'The streets are very irregular and no building has taken place for some years as the young men migrate south to the cocoa areas where money is more plentiful.' See also ibid., *1929*, p. 47.

[4] *The Gold Coast 1931*, vol. i, pp. 153–4.

The report to the League, on the other hand, starting from the fact that the population in the 1931 area of the District had increased from 13,153 to 20,521, said that the two factors explaining the increase in the Eastern Dagomba District ('the normally expected increase and greater accuracy in 1931') 'similarly account to a large extent for the increase in the Krachi District, but since 1921 that District has been largely opened up by the development of its road connexions with Kumasi and Accra. As a result there has been an inflow of strangers and to a certain extent retention of its own people on their land during the period of the census-taking'.[1]

According to the census report there would have been a large emigration from the Krachi District, while according to the report to the League there would have been a large immigration. According to the census report the development of road connexions with Kumasi led to an exodus from the Krachi District, while according to the report to the League it resulted, on the contrary, in an inflow of strangers.[2] But whatever may have been the actual population movements, the census report erred in attributing the apparent decrease primarily to the emigration of former slaves. This apparent decrease was due to the fact that nearly one-half of the 1921 population lived in areas which by 1931 had been transferred from the Krachi District to the East Dagomba District.

Ho District.

The report to the League gives the following comment on the population increase in the Ho District:[3]

The Ho District, which comprises the Southern Section, was enumerated under the direction of the same officer who was responsible for the census-taking in 1921. In parenthesis it may be remarked that in no other District was this the case. His report is therefore not only fuller but of considerably greater value, and justifies the citation of lengthy extracts. He writes that the increase is large, and apart from the natural accretion he offers the following explanations:—

(*a*) 'Under-estimation of the population in 1921, owing to various

[1] *Report 1931*, p. 67.

[2] A depopulation of the very sparsely settled Krachi District through the development of the roads had certainly not been expected by the Administration. See *Report 1927*, p. 8: 'The most important event likely to affect the progress of the people has been the construction of a new motor road westward to Attabubu. This brings Krachi within 170 miles of the railway at Kumasi and, when it is thoroughly consolidated and able to carry unlimited motor traffic throughout the year, it should add greatly to the prosperity of the District.' See also ibid., p. 55, and *Report 1928*, pp. 7, 8.

[3] *Report 1931*, pp. 67–8.

causes mentioned in the 1921 Report, viz., lack of qualified enumerators, and suspicion of the inhabitants.

(*b*) 'The greater increase per cent. in the Ho area compared with that in the area administered from Kpandu may be largely attributed to the fact that in the Aveno and Agotime country, south-east of Ho, the international frontier had not been even provisionally demarcated in 1921. Consequently, many villages in this area were not included in the enumeration, as it was not definitely known whether they were situated in the French or in the British Sphere.

'For instance, the 1921 Return includes the names of only two Aveno villages with a total population of 199 and of three Agotime villages with a total population of 1,581; whereas to-day there are no less than 36 Aveno villages and 39 Agotime villages with total populations of 2,886 and 3,206 respectively. Lower death rate caused by more attention being paid by the natives to sanitation, more medical facilities.

(*c*) 'Far fewer natives from the District going to the Gold Coast in search of work as labourers. Some years ago a section of the town of Mangoase in the Eastern Province of the Gold Coast Colony was peopled almost entirely by natives from this District. To-day there remain there but a handful. Many of the artisan class who used to go to the Gold Coast remain at home nowadays, as there is ample work for them in building improved houses for their own people.

'It is true that there are still many who do go as labourers, but it appears that they are natives of divisions whose population is on the whole poor or are persons who owe debts and have gone to work in the higher paid parts of the Colony in order to get money to pay them.

'In one division, where there was a drop of 1 per cent. from the 1921 figures, the principal villages were recounted with almost the same result. Enquiries were made and it was said that many people were away on the Gold Coast. This is one of the poorer divisions with but little cacao land.

'It is difficult to say what percentage of the population leave their homes in search of work, but it cannot be more than one to two per cent. of the total population. As a rule this migration is seasonal and lasts for about six months, from September to March, though in some cases, especially in those of the poorer divisions, they will stay away longer. If well-paid work was offered, it is possible that some five per cent. would leave their homes and might be prepared to stay away for two or three years.

(*d*) 'The presence of a large number of strangers, or natives not indigenous to the District.'

An analysis of the immigrant population in the Ho District shows a total:—

Males	8,424
Females	5,757
Total	14,181

Of these, the countries of origin were found to be:—

Gold Coast Colony	4,774
Ashanti	108
Northern Territories	493
Other British Colonies	2,101
French West Africa	6,696
Liberia	9
Total	14,181

This comparatively large alien population can probably be accounted for on the following grounds:—

(i) Development of the District by the construction of good all-weather motor roads.

(ii) The increased spending power of the people owing to the increased output of cacao which enables them to employ paid labour.

(iii) The desire of the people in the neighbouring French countries to obtain money. The dislike of the head-tax is another factor which has caused many to come over to this District.

(iv) The opening up of new areas hitherto untouched for the purpose of cacao farming.[1]

Since the census report shows the number of immigrants into the whole Mandated Area,[2] it is possible to compute the number of immigrants into the Northern Section.

Country of Origin	*Southern Section*	*Northern Section*	*Total*
Gold Coast Colony	4,774	136	4,910
Ashanti	108	208	316
Northern Territories	493	1,119	1,612
Other British Colonies	2,101	1,867	3,968*
French West Africa	6,696	23,406	30,102
Liberia	9	—	9
Total	14,181	26,736	40,917

* Nigeria, 3,955; Sierra Leone, 13.

While the 1931 population of Togoland comprised 6,838 immigrants from the Gold Coast, the number of immigrants from Togoland ascertained in the Gold Coast was 12,405.[3] I give, however, all these figures with the greatest reserve. It seems most unlikely that every inhabitant should have stated accurately his or her country

[1] For further details, see ibid., pp. 68–71; see also *Report 1932*, p. 68.

[2] See *The Gold Coast 1931*, vol. ii, pp. 21–2.

[3] Central Province of Gold Coast Colony, 974; Eastern Province of Gold Coast Colony, 10,210; Ashanti, 1,221.

of origin. In particular it is inconceivable that, as shown in these statistics, not a single person enumerated in the Northern Territories Protectorate should have come from Togoland.

Another item with regard to which the 1931 figures are defective is religion. The census report relates that the data in the Northern Section 'are inaccurate, no real attempt having been made to collect statistics', and that in the Southern Section 'no count was attempted' and only the number of Christians ascertained.[1]

Otherwise the 1931 census report, contrary to the 1921 report, discusses merely the accuracy and completeness of the enumeration in the whole of the Gold Coast (including the Mandated Area), but not separately in Togoland. It shows, however, the census expenses for each area, and it appears that these expenses were extremely low for Togoland. They amounted to only £114.[2]

4. *Density of Population*

According to the 1931 census the number of inhabitants per square mile was 22·5. In the Northern Section it was only 15·9 (in Kete-Krachi not more than 5·2), in the Southern Section (Ho District) 50·9. Table 4 shows the population density for each District.

TABLE 4

*Density of Population, British Togoland, 1931**

Districts	*Area sq. m.*	*Population*	
		Total	*per sq. m.*
Eastern Dagomba .	5,503	91,523	16·6
Kete-Krachi . .	3,949	20,521	5·2
Kusasi . . .	420	41,101	97·9
Mamprusi . .	705	14,997	21·3
Northern Section .	10,577	168,142	15·9
Southern Section .	2,464	125,529	50·9
Total . . .	13,041	293,671	22·5

* See *The Gold Coast 1931*, vol. ii, p. 3.

[1] See ibid., vol. i, pp. 177–8; vol. ii, p. 20. Even the figure for Christians in the Southern Section (35,995) is misleading, since it includes the Christians in a section of the Eastern Province of the Gold Coast Colony not belonging to Togoland. The 1931 report to the League states (p. 33): 'The number of Mohammedans was not returned, but it is doubtful if there are more than 2,500 in the Territory, the majority of whom would certainly be found to be aliens.'

[2] This 'expenditure does not include any estimate of departmental assistance or of the voluntary help given by the people, the chiefs, the Chambers

The 1931 census report gives the following comment for the Gold Coast as a whole (including Togoland):[1]

A closer scrutiny of the district areas and their density return reveals an interesting fact concerning the incidence of population. The districts within the forest belt where the population is least are those adjacent to the western frontier; this zone of scarcity of inhabitants sweeps across the country to the eastern frontier outside and to the north of the forest zone and widens with an ever increasing diminution of population to the north until it reaches the Northern Province where the population becomes denser than in most parts of the country.[2]

The reason for this is somewhat difficult to establish, especially with regard to the forest zone. The writer would suggest tentatively that the western frontier districts not having been developed in time for the cacao boom retained the conditions which prevailed elsewhere in the forest zone prior to that boom, conditions which as one receded farther westward into the forest made habitation by man increasingly difficult. Outside and to the north of this forest belt is a country which in the rainy season is mostly under water and the high ground of which, where villages alone can be constructed, is in the dry season in some places almost entirely destitute of water. Such districts as Kintampo, Northern Mampong, most of Krachi,[3] Eastern and Western Gonjas are to all intents and purposes uninhabitable and they form by creating a belt of territory without people, a very serious obstacle to the complete opening up and progress of the thickly populated north. The same situation is encountered in most of the Mamprusi district[4] and after leaving the high plateaus of the Dagomba country one descends into a swampy or barren zone which forms that district. . . .

There were in the Mandated Area three towns with over 3,000 inhabitants: Yendi, 4,680 (1921: 3,296); Gbi-Hohoe, 3,785 (1,283[5]); and Ho, 3,407 (3,142).

The District Commissioner of the Ho District, who was stationed there for 10 years, included the following interesting table in the report he forwarded in connexion with the census:

of Commerce, the mine managers and the missions' (*The Gold Coast 1931*, vol. i, p. 145).

[1] Ibid., p. 157.

[2] The Kusasi District forms part of the Northern Province of the Northern Territories.

[3] The whole Krachi District is situated in the Mandated Area.

[4] One-quarter of the Mamprusi District is situated in the Mandated Area.

[5] The increase was evidently due to the fact that 'Hohoe has now become the most important business centre in the Southern Sphere owing to its comparatively close proximity to the Buem and other cacao-growing districts, as well as to Palime, whence the bulk of the cacao is transported by rail for shipment at Lome' (*Report 1929*, p. 14).

TABLE 5

*Population, Persons per Compound, and Iron Sheet Roofed Houses in the Towns with over 1,000 Inhabitants, Ho District, 1921 and 1931**

Towns	Population		Average number of persons per compound		Iron sheet roofed houses	
	1921	1931	1921	1931	1921	1931
Agotime Kpetoe .	1,170	1,064	9·7	7·4	—	68
Akpafu Todji . .	1,304	1,181	7·0	5·8	1	36
Buem Borada . .	1,113	1,815	6·1	4·4	2	70
Buem Jasikan . .	690	2,150	3·8	10·5	1	81
Buem Okadjakrom .	424	1,121	4·4	4·5	2	35
Buem Worawora .	680	1,406	7·6	5·5	7	187
Gbi Hohoe. . .	1,283	3,785	5·7	7·1	18	127
Gbi Wegbe . .	686	1,093	3·1	5·5	3	29
Ho Town . . .	2,499	3,407	8·0	6·2	5	117
Kpandu Town . .	2,141	2,989	6·0	6·9	27	129
Kpedze . . .	535	1,829	9·7	6·0	—	202

* See *Report 1931*, p. 30.

5. *Sex and Age*

Table 6 shows the sex and age composition according to the 1921 census. It appears that the males exceeded the females considerably in the three most northerly districts (Northern and Southern Mamprussi and Eastern Dagomba). The 1921 census report states:

It will be noted that the distribution of the sexes is normal, except in the three most Northerly parts. This is characteristic of the adjoining parts of the Northern Territories of the Gold Coast and the reason is probably the same.[1]

It is evident that the data concerning the age composition were defective in many respects. It may suffice to point out the figures for females in Eastern Dagomba, which make it appear that the number of girls from 6 to 15 years was only three-eighths of that of boys of this age and only about one-third of the number of girls under 6 years of age.[2]

The 1931 census likewise showed a preponderance of males in each district of the Northern Section.

The preponderance of males in the Kusasi District can be accounted for by the number of itinerant traders passing through the country at the time

[1] Gold Coast, *Census Report 1921*, p. 142. In the section dealing with the Northern Territories it is stated that probably 'many girls and young women had been hidden from the enumerators' (ibid., p. 131).

[2] The figures for Eastern Dagomba are also given by tribes (see ibid., p. 139). They show for the Chakosi 2,470 boys and 214 girls from 6 to 15 years!

of the census-taking, and probably the same holds good in the Eastern Dagomba District.[1]

TABLE 6

*African Population by Sex and Age, British Togoland, 1921**

Districts	*Males*				
	5 years and under	*6 to 15 years*	*16 to 45 years*	*46 years and over*	*Total*
Ho	4,924	4,470	7,911	2,842	20,147
Kpandu	5,017	5,745	9,203	2,323	22,288
Kete-Kratchi	2,538	2,887	4,808	2,069	12,302
Eastern Dagomba	12,109	9,912	6,082	2,790	30,893
Southern Mamprussi	..	..	..	..	2,447
Northern Mamprussi	..	..	..	..	6,332
Total	..	..	..	..	94,409

Districts	*Females*				
	5 years and under	*6 to 15 years*	*16 to 45 years*	*46 years and over*	*Total*
Ho	4,924	4,118	8,293	3,095	20,430
Kpandu	5,180	5,567	10,774	2,769	24,290
Kete-Kratchi	2,582	2,875	5,412	2,073	12,942
Eastern Dagomba	10,401	3,675	12,233	1,727	28,036
Southern Mamprussi	..	..	..	..	2,071
Northern Mamprussi	..	..	..	..	5,761
Total	..	..	..	..	93,530

* See Gold Coast, *Census Report 1921*, p. 142.

It seems, however, more likely that the large excess of males in these two Districts was due to a more permanent immigration from the neighbouring French dependencies. That in the Southern Section the females slightly exceeded the males was possibly due to the fact that the proportion of females among the aliens was comparatively large.[2]

Neither the distinction between children and adults under 46 nor that between adults under and over 46 seems to have been accurate. For some districts the number of boys is very much larger than that of girls. In Kusasi the ratio was 126 : 100. The explanation may be that many married females under 15 were counted as adults. The proportion of persons over 46 years varied between 6 per cent. in

[1] *Report 1931*, p. 72.

[2] Of the 14,181 persons, who according to the 1931 census had come to the Southern Section, 8,424 were males and 5,757 females (see *Report 1931*, p. 68).

TABLE 7

*African Population by Sex and Age, British Togoland, 1931**

Districts	Males				Females			
	Under 15 years	*15 to 45 years*	*46 years and over*	*Total*	*Under 15 years*	*15 to 45 years*	*46 years and over*	*Total*
Eastern Dagomba	20,541	24,472	3,600	48,613	18,913	21,371	2,626	42,910
Kete-Krachi	4,148	4,115	2,207	10,470	3,975	4,198	1,878	10,051
Kusasi	9,930	9,859	1,744	21,533	7,862	9,592	2,114	19,568
Mamprusi	3,625	3,430	490	7,545	3,257	3,781	414	7,452
Ho	26,167	29,003	7,133	62,303	25,612	30,375	7,239	63,226
Total	64,411	70,879	15,174	150,464	59,619	69,317	14,271	143,207

* See *The Gold Coast 1931*, vol. ii, pp. 5, 7.

Mamprusi and 20 per cent. in Kete-Krachi. The proportion of children was very high. They constituted 42 per cent. of the entire population.

II. EUROPEAN POPULATION

The European population was enumerated at the general censuses of 1921[1] and 1931.[2] In addition, the reports to the League for 1924 and 1925 showed the number of Europeans in those years.[3]

The European population increased from 20 in 1921 to 43 in 1931.

In 1921 all Europeans were British, and all were employed in the Government Service. They included only one female.

In 1924 the European population was composed of 13 Government officials with 5 wives, and 7 missionaries with 2 wives. Five of the missionaries and 1 of their wives were non-British.

In 1925 there were 14 Government officials (including 1 female), 4 wives of officials, 8 missionaries with 1 wife, and 1 merchant with his wife. Only the Government officials, their wives, and 1 missionary were British.[4]

In 1931 there were 16 Government officials, 1 wife of an official, 23 persons belonging to the missions (including 9 females), 2 mercantile agents, and 1 retail trader. Of the 33 males, 17 were British, 9 Dutch, 5 German, 1 French, and 1 American. Of the 10 females, 1 was British, 5 German, 3 French, and 1 Belgian. Eleven men and 4 women were married.

The increase in the number of Europeans was due exclusively to the increase in the number of missionaries. The German missionaries

[1] See Gold Coast, *Census Report 1921*, p. 137.
[2] See *The Gold Coast 1931*, vol. ii, pp. 23–30; *Report 1931*, p. 73.
[3] See *Report 1924*, p. 7; *1925*, pp. 3–4.
[4] However, the data in this report are contradictory. The total number of males is given as 21, and the total number of females as 8.

had been deported during the World War,[1] and in 1921 there was still no missionary in the Territory. In August 1923 3 German missionaries returned.[2] In 1925 the Ewe Presbyterian Mission, formerly known as the Bremen Mission, had 1 German and 1 Scottish missionary, each with a wife (of whom one was a qualified doctor), while the Roman Catholic Mission comprised 6 Dutch priests.[3] In 1926 the Catholic Mission brought out 3 French sisters for child welfare work.[4] In 1927 there were in the Territory 3, sometimes 4, missionaries of the Presbyterian church, 7 Dutch Catholic fathers, and 4 French Catholic sisters.[5] In 1931 there were, according to the census, 14 male missionaries and 9 females attached to missions (wives, Catholic sisters).

Most Europeans live in the Ho District. The Europeans in the Northern Section numbered in 1921, 1924, 1925, and 1931 not more than 6, 4, 5, and 6 respectively. Of the 6 Europeans enumerated in 1931 in the Northern Section, 4 were Government officials, 1 the wife of an official, and 1 a missionary.

There was, apparently, never a European child in the Mandated area.

[1] See *The Gold Coast, 1931*, vol, i, pp. 186–7.
[2] See *Report 1926*, p. 28.
[3] See *Report 1925*, pp. 39–40, 64; *1927*, p. 3.
[4] See *Report 1926*, p. 46.
[5] See *Report 1927*, p. 27.

CHAPTER III

POPULATION ESTIMATES

DURING the intercensal period 1921–31 no attempt was made to estimate the population of Togoland.[1] The reason for this omission apparently was that no data were available concerning the changes in population prior to 1921. Once, however, the results of the 1931 census became known, estimates of the population were made for subsequent years.

TABLE 8

*Estimated Mid-year Population (African) British Togoland, 1931–7**

1931	*1932*	*1933*	*1934*	*1935*	*1936*	*1937*
296,314	306,887	317,461	328,034	338,607	349,179	359,754

* See Gold Coast Colony, *Report of the Principal Registrar 1931*, p. 9; *1932*, p. 9; *1933*, p. 13; *1934*, p. 13; *1935*, p. 11; *1936*, p. 11; *1937*, p. 11. The population on 31 Dec. 1933 and 1935 was estimated to be 320,113 and 341,211 respectively; see *Statistical Abstract for the British Empire*, 1924–33, p. 285, 1926–35, p. 303.

The reports for 1933 and 1934 had stated that the estimates were made 'on an arithmetical basis'.[2] As the result of a discussion in the Permanent Mandates Commission,[3] the following additional explanation was provided in the report for 1935:

In computing the increase in population, it is assumed that the increase recorded between 1921 and 1931 has continued at the same average rate per annum since 1931, the year of the last census.[4]

The census figure for 1931 was 105,732 greater than that for 1921. In estimating the population since 1931 it has been assumed,

[1] The reports to the League, as a rule, reproduced merely the figures of the 1921 census. The only additional information was provided in the 1926 report, which stated (p. 9): 'The census returns of 1921 gave for the area which is to-day included in the Kete Krachi District 15,815 inhabitants.' But it said at the same time with regard to the Eastern Dagomba District, to which part of the Kete Krachi District had been transferred: 'The total population is under 60,000' (p. 12). Since according to the 1921 census report the population of the two districts was 25,244 and 58,929 respectively, the 1926 report, in giving the population of Eastern Dagomba, evidently overlooked the transfer from Kete Krachi.

[2] See *Report 1933*, p. 55; *1934*, p. 51.

[3] See *Minutes* 28th Session (22 Oct. 1935), p. 92.:

'Lord Lugard asked what was meant by the statement that the population . . . had been estimated on "an arithmetical basis" . . .

'Mr. Jones [Chief Commissioner of the Northern Territories] replied that this was a formula used by the health authorities. He was unable to give an explanation of it.'

[4] *Report 1935*, p. 55.

therefore, that the population increased in each successive year by 10,573. This assumption, of course, is the more risky as the apparent increase between 1921 and 1931 is said to have been due in part to incomplete enumeration in 1921.

In discussing the 1935 report, M. Rappard asked: 'Could separate figures for the various districts be given in future reports?'[1] The 1936 report contained the following answer:

> It is regretted that the request of the Commission that the figures for each District should be calculated at each midyear cannot be complied with, as the alteration of administrative boundaries in the Northern Section renders the figures given in the 1921 Census Report incapable of comparison with those given in that for 1931 and it is therefore impossible to calculate the rate of increase.[2]

This explanation does not seem plausible, since the 1931 report to the League showed the 1921 population for each District according to the administrative boundaries existing at the date of the 1931 census. But in view of the uncertainty of the population movements it is not to be regretted that no post-censal estimates have been made for the various Districts.

The mid-year non-African population has been given in all official reports since 1931 as 43 (the census figure).[3]

[1] Permanent Mandates Commission, *Minutes*, 30th Session (2 Nov. 1936), p. 107.

[2] *Report 1936*, p. 67.

[3] The *Annual Report on the Gold Coast*, 1936–7 (p. 9), gives 54 as the number of 'resident non-Africans', excluding Government officials, at mid-year 1936. But this figure includes persons on leave.

CHAPTER IV

BIRTH AND DEATH REGISTRATION

DEATHS of Europeans have been registered regularly in the Mandated Area.[1] But no statistics have been published as yet.[2]

Births and deaths of Africans were registered nowhere in the Mandated Area prior to 1930. The Administration put the blame for the omission on the natives. The 1922 report to the League stated that the natives had 'ceased to observe the provisions of the German Ordinance of 20th October, 1909'.[3] The 1923 report likewise complained about 'the indifference of the local inhabitants in reporting births and deaths'.[4] The 1928 report said:

> No birth and death statistics of any kind are obtainable. All attempts to collect them have failed. The people will not give the required information.[5]

As a matter of fact, the 1909 German Ordinance referred only to three towns, all of which are situated in the French Sphere of Togoland. The natives of British Togoland, most likely, were not interested in reporting births and deaths, but if they had been, it is hard to see to whom they could possibly have notified such events. The 1929 report was the first to convey a clear picture of the situation:

> The importance of the data obtained from birth and death registration is well known and forms the basis of all satisfactory health measures. The Births, Deaths, and Burials Ordinance is not enforced in the Mandated Area. It is recognized that the information to be obtained from a satisfactory application of such an Ordinance is a necessary concomitant to a successful health campaign and from the 1st of April, 1930, it is being brought into operation in areas where sufficient staff exists for satisfactory registration.[6]

When the Mandate was granted to Great Britain there were 16 areas in the Gold Coast for which registration of births and deaths was compulsory. By the end of 1929 the registration areas in the Gold

[1] It is doubtful whether a birth ever occurred.

[2] The 1933 report (p. 40) mentions the deaths of two missionaries.

[3] *Report 1922*, p. 21.

[4] *Report 1923*, p. 38. Mr. Ormsby-Gore, at the meeting of the Permanent Mandates Commission of 12 Nov. 1926, stated: 'It was fairly easy to obtain a notification of deaths but very difficult to get the births registered. Registration had been introduced in the coast towns with some success, but in the country towns and in the interior it was very difficult to induce the natives to co-operate.' (*Minutes*, 10th Session, p. 117.) However, there is no coast town in British Togoland, and Mr. Ormsby-Gore, in making this statement, had probably the Gold Coast in mind.

[5] *Report 1928*, p. 41.

[6] *Report 1929*, p. 50.

Coast numbered 28. But it was only in 1930 that the first registration area was created in the Mandated Territory, and, owing either to the lack of sufficient staff or to the indifference of the Administration, there is still to-day only one registration area in the Mandated Territory. While the registration areas comprise 10 per cent. of the population of the Gold Coast, they comprise only 1 per cent. of the population of Togoland.

Registration in the Ho area of the Mandated Territory, as in all registration areas of the Gold Coast, is regulated by 'An Ordinance to make further and better provision for the Registration of Births, Deaths and Burials, as also with respect to cemeteries, and for purposes connected therewith'. It was issued originally, on 30 December 1925, for the Gold Coast Colony[1] and came in force there on 1 June 1926. It was applied to Ashanti by Ordinance of 23 January 1926, to the Northern Territories by Ordinance of 16 June 1929, and to Togoland by Order of 21 August 1929. Its main provisions for the regulation of birth- and death-registration (as they stood when the Ordinance came into force in Togoland) were the following:[2]

1. This ordinance may be cited as 'The Births, Deaths and Burials Ordinance.'

3. (1) Births and deaths are registrable under this ordinance in the following cases:—

(*a*) All births and deaths occurring amongst non-natives[3] in the Colony or in the territorial waters of the Colony;

(*b*) All births and deaths occurring amongst Africans[4] in any area or in any part of the territorial waters of the Colony defined in an order made under subsection (2) of this section.

(2) The Governor in Council may by order direct that all births and deaths occurring amongst Africans in any area or in any part of the territorial waters of the Colony defined in such order shall be registered.

(3) The birth of a still-born child is not registrable under the ordinance.

4. The Governor may by order—

(1) appoint Registry Offices and direct for what areas and for what parts of the territorial waters of the Colony and in relation to what class of persons each such office shall be the proper office for the registration of births and deaths under this ordinance;

(2) appoint a Principal Registrar of Births, Deaths and Burials; and

(3) appoint such Registrars and Assistant Registrars of Births, Deaths and Burials as he may think proper.

[1] See *The Gold Coast Gazette*, 31 Dec. 1925, pp. 1964–88.

[2] See *The Laws of the Gold Coast Colony* (1928), vol. i, pp. 92–120; *The Gold Coast Gazette*, 31 Dec. 1929, pp. 2455–6.

[3] 'Non-native' means any person who is not an African.

[4] 'African' means a person belonging to any of the coloured races of Africa.

5. The Principal Registrar shall keep such records and furnish such returns and perform such duties as may be prescribed or as the Governor may direct, and shall as soon as possible after the expiration of every calendar year compile a summary of the births, deaths and burials of the past year according to such forms as may be prescribed; and the Principal Registrar shall also at the same time compile a general report on the increase or decrease of the population so far as such increase or decrease can be gathered from the Registrars' returns.

6. (1) Every Registrar shall be provided with register books in the form of Forms A[1] and B[2] set forth in schedule 1, and shall, subject to the provisions of this ordinance, register in the proper book all births and deaths registrable in his office immediately after the same have been reported to him.

(2) A Registrar shall keep himself informed of all births, deaths and burials occurring and registrable in his office.

(3) A Registrar shall furnish such returns as may be prescribed or as the Principal Registrar may direct . . .

16. When a registrable birth occurs, the parent[3] and the person having charge of the child, and, if the birth took place in a house to the knowledge of the occupier thereof, then such occupier, or, if the birth took place on a ship, then the master of the ship, shall, within fourteen days next after the birth register the birth.

17. When a birth has not been duly registered within such fourteen days as aforesaid, the Registrar may, by notice in writing in the form of Form F set forth in Schedule 1, summon any of the persons required by law to register the birth to attend personally at the Registry Office within such time as may be specified in the summons (being not less than two days after receipt thereof and not more than twelve months after the date of the birth) and to register the birth.

20. The Registrar shall upon registering any birth deliver to the informant free of charge a certificate in the form of Form G set forth in Schedule 1.

21. No birth shall be registered after the expiration of two months therefrom except upon payment of the prescribed fee;[4] and no birth shall be

[1] In Form A (Birth) are to be entered: name; sex; father's name, occupation, nationality, and religion; mother's name and nationality; when born; where born; signature or name of informant, and relationship, if any, to the child; date of registration; signature of registrar.

[2] In Form B (Death) are to be entered: name; age (years, months, days); sex; nationality and tribe; address; occupation; religion; residence at death; period of continuous residence in registration area; last place of residence before arrival in registration area; date of death; cause of death; duration of illness; date of registration; signature or name of informant; name and qualifications of qualified medical practitioner certifying cause of death; place of burial; signature of registrar.

[3] 'The parent' means, in the case of a legitimate child, the father, or, if the father be dead, then the mother, and in case of an illegitimate child, the mother.

[4] For registering a birth, when the child is more than 2 but not more than 12 months old, 2*s*. 6*d*.; when the child is more than 12 months old, 5*s*.

registered after the expiration of twelve months therefrom except under the written authority of the Principal Registrar and upon payment of the prescribed fee; and a note of such authority shall be entered in the register.

22. (1) Every Minister or other person who shall baptise any child whose birth is registrable shall before performing the rite of baptism upon such child demand the production to him of a certificate of registration of the birth of such child in the form of Form G set forth in Schedule 1 signed by the Registrar; but in case no such certificate shall be produced to him, he shall within forty-eight hours from the baptism give notice of the fact in writing in the form of Form H set forth in Schedule 1 to the Registrar at the Registry Office at which the birth of such child should have been registered.

25. When a registrable death occurs in a house or on board a ship, the relatives of the deceased present at the death or in attendance during the last illness of the deceased, and every person present at the death, and, if the death took place in a house to the knowledge of the occupier, then such occupier, or, if the death took place on board a ship, then the master of the ship, and in default of such occupier or master the person causing the body of the deceased to be buried, shall within twenty-four hours of the death register the death.

27. Where any death has not been duly registered, the Registrar may, by notice in writing in the form of Form F in Schedule 1, summon any of the persons required by law to register the death to attend personally at the Registry Office within such time as may be specified in the summons (being not less than two days after receipt thereof and not more than twelve months after the death or finding of the body) to register the death.

28. No death shall be registered after the expiration of three days after such death except on payment of the prescribed fee;[1] and no death shall be registered after the expiration of twelve months after such death or after the finding of the dead body except under the written authority of the Principal Registrar; and a note of such authority having been given shall be entered in the register.

30. (1) Every qualified medical practitioner who has attended a person during his last illness shall without charge deliver within eighteen hours of the death of such said person to the person required to register the death a certificate in the form of Form L set forth in Schedule 1; and such person shall deliver such certificate to the Registrar; and the cause of death as stated in the certificate shall be entered in the register together with the name of the certifying qualified medical practitioner.

37. (1) Unless the Coroner, District Commissioner, or Medical Officer of Health in writing orders otherwise, no body of any deceased African or of any still born African child shall be buried or otherwise disposed

[1] For registering a death after the expiration of three days after such death, 2*s*. 6*d*.

of within any area or part of the territorial waters of the Colony defined under subsection (2) of section three of this Ordinance and no body of any deceased non-native or of any still born non-native child shall be buried or otherwise disposed of anywhere within the limits of the Colony and its territorial waters without a certificate for burial in the form of the said Form M signed by the Registrar.

54. Every person required by this ordinance to register any birth or death who shall fail to register the same or to comply with a summons of the Registrar, or shall wilfully refuse to answer any question put to him by the Registrar relating to the particulars required to be registered, shall on summary conviction be liable to a fine not exceeding twenty pounds.

56. Whenever a birth or death takes place in the Colony or in the territorial waters thereof which is not compulsorily registrable under this ordinance, any person who, if the birth or death were compulsorily registrable under this ordinance would be under a duty to register it, and who desires that the birth or death shall be registered, may furnish to any Registrar the particulars required to be furnished with regard to a registrable birth or registrable death as the case may be; and the Registrar shall, subject to the provisions of sections 21 and 28, register such birth or death, and shall enter in the margin a note that the registration of such birth or death is not compulsory but has been registered at the request of the person aforesaid. Such person shall sign the register in the appointed column, and shall place his initials at the end of the note in the margin.

58. (1) It shall be lawful for the Governor in Council to make regulations for the further, better, or more convenient effectuation of any of the provisions or purposes of this Ordinance, and in particular (but without derogating from the generality of the provision last aforesaid) with respect to any or all of the following matters:—

(*f*) The government and guidance of the Registrars; . . .[1]

On 21 August 1929 the Governor of the Gold Coast issued the two following Orders:[2]

Order No. 1 of 1929

In exercise of my powers under sub-section (2) of section three of the Births, Deaths and Burials Ordinance of the Gold Coast Colony as applied to the Southern Section of the British Sphere of Togoland and as modified

[1] Under the provisions of section 58, the Governor issued 'The Births, Deaths and Burials Regulations' of 3 February 1926 (*The Gold Coast Gazette*, 13 Feb. 1926, pp. 168–70), which came into force on the same date as the Ordinance (1 June 1926). They stipulated among other things:

'3. Every Registrar shall at the beginning of each month forward to the Principal Registrar true copies, certified under the hand of the Registrar, of all entries made in the Register of Births and in the Register of Deaths and Burials during the preceding month. These copies shall be in form of Form A in the case of Births and of Form B in the case of Deaths.'

[2] Ibid., 31 Aug. 1929, pp. 1601–2.

by sub-section (2) (a) of section four of the Administration Ordinance, I HEREBY ORDER as follows:—

1. This Order may be cited as the Births, Deaths and Burials (Ho Registration Area) Order, 1929.

2. All births and deaths occurring among Africans within the boundaries of the town of Ho as defined by Order 34 of 1924 shall be registered.

Order No. 2 of 1929

IN exercise of my powers under section four of the Births, Deaths and Burials Ordinance of the Gold Coast Colony as applied to the Southern Section of the British Sphere of Togoland and as modified by sub-section (2) (a) of section four of the Administration Ordinance, I HEREBY ORDER as follows:—

1. This Order may be cited as the Births, Deaths and Burials (Ho Registry Office) Order, 1929.

2. The office at Ho of the Medical Officer of Health Ho and Trans Volta District is hereby appointed to be a Registry Office for the registration of all births and deaths occurring among non-natives and Africans within the area constituted by the Births, Deaths and Burials (Ho Registration Area) Order, 1929, and the Medical Officer of Health above-named is hereby appointed Registrar for the purpose of such registration.

According to the reports to the League 'the Ordinance for the Compulsory Registration of Births and Deaths came into force in the town of Ho on the 1st April, 1930'.[1] But all the tables published for 1930 by the Principal Registrar of Births, Deaths and Burials show returns for each month from January 1930, and even particularly large figures for the first month.[2]

The 1930 report of the Principal Registrar showed for the Ho registration area the number of registered live-births, still-births, deaths, and deaths under one year, in each month by sex; and in addition the number of deaths registered on medical certificates and the number of deaths from tuberculosis in each month. The subsequent reports showed merely the mid-year population, the number of births and deaths, and the crude birth- and death-rates, without distinction of months or sex. The reports to the League gave for some years some additional data concerning infant mortality and causes of deaths. The main results are summarized in Table 9.

The reports to the League contained the following comments:

1930.[3] As the Ordinance has only been enacted for a few months the results are not unsatisfactory, although there is reason to doubt the correctness of the number of deaths.

[1] *Report 1930*, p. 56; see also ibid. *1931*, p. 52.
[2] See *Report of the Principal Registrar 1930*, pp. 10–21.
[3] *Report 1930*, p. 56.

TABLE 9

*Births and Deaths Registered in Ho Town, 1930–7**

Year	*Mid-year population*	*Births*	*Deaths*	*Deaths under one*	*Birth-rate*	*Death-rate*	*Infant death-rate*
1930	3,387	212	67	18	63	20	85
1931	3,407†	82	76	..	24	22	..
1932	3,439	120	71	8	35	21	67
1933	3,467	129	80	19	37	23	147
1934	3,496‡	119	73	12	34	21	101
1935	3,520	129	73	11	37	21	85
1936	3,549	143	97	18	40	27	126
1937	3,573	139	106	16	39	30	115

* See *Report of the Principal Registrar 1930*, pp. 11, 13, 19; *1931*, p. 15; *1932*, p. 15; *1933*, p. 15; *1934*, p. 14; *1935*, p. 12; *1936*, p. 12; *1937*, p. 12. Deaths of infants 1932–7 are taken from *Report* (to the League) *1932*, p. 64; *1933*, p. 56; *1934*, p. 52; *1935*, p. 55; *1936*, p. 67; *1937*, p. 54.

† 1931 census figure.

‡ According to the report to the League. The *Report of the Principal Registrar* gives, it seems erroneously, 3,573.

1931.[1] During 1931, 82 births and 76 deaths were registered. It will be several years before such returns are of much value, and the figures quoted above cannot be considered as reliable. A start, however, has been made, and results should grow in accuracy yearly.

1932.[2] These figures cannot be considered as strictly reliable, but the returns should grow in accuracy yearly, and it is felt that a good start has been made.

1936.[3] All rates should be regarded with reserve in view of the fact that primitive communities and low figures are being considered.

1937.[4] Ho, being a hospital centre, attracts numerous cases of serious and often hopelessly sick persons. Such, often dying in Ho, tend to swell the total number of local deaths. But the head of population to which registration applies is so small that serious considerations should not be given to any of the rates quoted in this report. A start in birth and death registration was necessary. A commencement has been made at Ho, but until further registration areas have been organised, and are running smoothly, undue weight must not be attached to any of the rates shown.

The birth- and death-rates of recent years are not such as to cast any particular doubt on the completeness of the figures. It should, however, be borne in mind that both birth and death figures include optional registrations of events occurring outside Ho township.

The Principal Registrar's office is in Accra, and it is there that the

[1] *Report 1931*, p. 52.
[2] *Report 1932*, p. 64.
[3] *Report 1936*, p. 68.
[4] *Report 1937*, p. 54.

head-quarters administrative expenses are incurred. The fairest way of apportioning such charges has been considered to be in the proportion which, according to the 1931 census, the population of the Territory (293,714) bore to the population of the Gold Coast (2,869,854, excluding the Mandated area). Table 10 shows the total expenses for vital statistics borne by the Territory.

TABLE 10

*Expenditure for Vital Statistics, British Togoland, 1931–7**

Year	*Proportion of head-quarters administrative charges*			*Personal emoluments*			*Total*		
	£	*s.*	*d.*	£	*s.*	*d.*	£	*s.*	*d.*
1931	513	11	0	63	4	2	576	15	2
1932	527	13	3	40	3	3	567	16	6
1933	499	9	10	12	0	0	511	9	10
1934	497	19	10	11	0	0	508	19	10
1935	482	15	4	12	0	0	494	15	14
1936	486	14	7	13	0	0	499	14	7
1937	507	3	5	10	18	8	518	2	1

* See *Report 1931*, p. 119; *1932*, p. 122; *1933*, p. 100; *1934*, p. 95; *1935*, p. 97; *1936*, p. 116; *1937*, p. 116.

Since only about 1 per cent. of all the registered births and deaths occur in Ho, and since such detailed statistics as are published for other towns are not published for Ho, it seems hardly fair to allocate to the Mandated Area 9 per cent. of the head-quarters administrative expenses.[1]

[1] It seems, moreover, that actually a much higher proportion than 9 per cent. of the head-quarters administrative charges have been allocated to the Mandated Territory.

CHAPTER V

SPECIAL INVESTIGATIONS

In 1928 an attempt was made to collect vital statistics by questioning parents in their compounds. It was a complete failure.

> . . . a recent endeavour was made with the active co-operation of the Na of Yendi to estimate the local infantile birth and death rates by questioning parents in their compounds, but either no information or only misleading information was obtainable.[1]

Another attempt of this kind was made in 1930–1. It covered both the Gold Coast and the Mandated Area.

Before the actual taking of the Census a questionnaire was circulated to all Medical and Health officers, who were requested to obtain the following information from each of a hundred 'old women' (i.e. those who had passed the menopause):—

(*a*) The number of children they had borne.
(*b*) The number still-born.
(*c*) The number born alive.
(*d*) The number who died before walking.
(*e*) The number who died before puberty.

The figures obtained related to a more extended period of the past than the last decade.

The general conditions of life, however, have not altered to any perceptible extent from the point of view of the statistician except in the larger centres. The results may, therefore, be considered as being fairly representative. The 'old women' were taken haphazard, and barren women were not excluded.[2]

The results for the Mandated Area are shown in Table 11.

TABLE 11

Fertility and Child Mortality, British Togoland, 1930–1

Area	*Women questioned*	*Barren women*	*Children born*	*Still-born*	*Born alive*	*Died before walking*	*Died later, but before puberty*
Yendi . . .	100	3	469	31	438	65	130
Krachi . . .	100	5	542	24	518	73	114
Ho-Kpandu . .	700	62	3,262	552	2,710	550	384
Total . . .	900	70	4,273	607	3,666	688	628

[1] *Report 1928*, pp. 42–3.
[2] *The Gold Coast 1931*, vol. i, p. 212. See also *Report 1930*, p. 54; *1931*, p. 51.

At the meeting of the Permanent Mandates Commission of 17 November 1932, the Chief Census Officer, Mr. A. W. Cardinall, stated with regard to the accuracy of this inquiry:[1]

So much was hidden that the value of statistics was very small. When questioned about the number of children they had had, the women would not only refuse to say—which they were entitled to do—but entered into what were known as 'no birth' or 'two birth' conspiracies, each woman stating that she had had no children or two children.

In reply to M. Rappard, Mr. Cardinall said that the women were afraid of upsetting the deity, who might, in their belief, on hearing they had had five children, immediately confound them by killing two.

No further special investigation seems to have been made since 1931.

[1] *Minutes*, 22nd Session, p. 176.

CHAPTER VI

FERTILITY, MORTALITY, AND POPULATION GROWTH

I. Fertility

There are hardly any statistics which throw light on the fertility of the native women of British Togoland. Birth figures are available only for the town of Ho having 3,500 inhabitants,[1] and even these figures are not conclusive since they include an unknown number of births to women residing outside the town and since, on the other hand, it may be true for Ho—what the 1931 census report states with regard to the towns of the Gold Coast in general—that 'pregnant women tend to return to their native villages for childbirth in order to obtain the assistance of their mother, family, native doctor, ancestors and the tribal deity'.[2] The special investigation made in 1930–1 by questioning 900 women who had passed the menopause[3] showed that 7·8 per cent. were barren, that the number of live-born per woman was 4·1, and that the proportion of still-born was 14·2 per cent. But this small sample would not permit the drawing of any conclusions even if the results were accurate, which, according to the opinion of the Chief Census Officer, they were not.

As has been stated, the proportion of children revealed at the 1931 census was very high. The ratio of children to one female from 15 to 45 was 1·85 in Kusasi, 1·82 in Mamprusi, 1·84 in Eastern Dagomba, 1·93 in Krachi, 1·70 in Ho, and 1·79 for the whole of the Mandated Area. The 1931 report to the League says:[4]

> The return at present is not of much real value as there are no inter-censal statistics available and it is obvious that a margin of error exists in the column of potential mothers. This latter error is, however, on the conservative side, since there must be more entrants into that age group at 15 years than departures at 45. However, the similarity in results is striking, and bears out the outcome of similar figures taken in the Gold Coast Colony, where it can be deduced that the nearer the coast-line, i.e., the closer the touch with European culture, the less the proportion of children. It is reasonable to suppose that this is due not to immorality but rather to the attraction of men away from their homes and natural surroundings.

The comparatively low ratio in the Ho District may be due, however, to quite different reasons. It may well be, for example, that

[1] See Table 9.
[2] *The Gold Coast 1931*, vol. i, p. 213.
[3] See Table 11.
[4] *Report 1931*, pp. 72–3.

the proportion of young women who have been married only for a short period is higher in the Ho District than in the other Districts. Moreover, the basic figures are far from being accurate. But the high proportion of children in the Mandated Area seems to indicate that in any case fertility is not low.

The opinion that fertility is high was expressed frequently in the early official reports on the Mandated Area. The report for 1920–1 states that 'as is usual with Africans' the natives in Togoland 'are prolific'.[1] 'The women generally have about six children.'[2] The 1923 report says that the 'birth-rate is reported to be approximately 80 to 100 per 1,000'.[3] It is evident that both the statements about the usual number of children and about the birth-rate were wild guesses. The data about nuptiality are likewise not very illuminating. The 1920–1 report stated:[4]

> For general purposes it may be said that men marry between 18 and 20 and women at about 16 years of age. Polygamy is universal, the average being about two wives to every man.

After having described the various forms of marriage and concubinage, the same report says:[5]

> For all practical purposes then it will be seen that, as far as their civil condition is concerned, those of the male population over 18 and those of the female over 16 years may be considered as married or living in a state so analogous to that condition as to make no difference of any consequence.[6]

But since, according to the census of 1921, the number of females was about the same as the number of men, it is obvious that if the men had on an average about two wives nearly one-half of the men over 18 cannot have had a wife or a concubine. Yet, the statement that polygamy is 'universal' recurs over and over again,[7] which is

[1] *Report 1920–1*, p. 7. See also *Report 1923*, p. 38.

[2] *Report 1920–1*, p. 11. See also *Report 1924*, p. 10: 'The women usually have about six children.'

[3] *Report 1923*, p. 31. A year later the Medical Officer stationed at Yendi estimated the birth-rate to be 58 per 1,000 (see *Report 1924*, p. 62).

[4] *Report 1920–1*, p. 7.

[5] Ibid., p. 11.

[6] See also *Report 1929*, p. 30: '. . . the women of the tribes in the Northern Section . . . marry shortly after reaching the age of puberty as also do the men. In fact it is regarded as a disgrace for an adult of either sex to remain unmarried. . . . Polygamy is practised throughout the Mandated Territory. The number of wives which a man may have is limited only by his wealth.' See also Gold Coast, *Census Report 1921*, p. 143.

[7] See, for example, *Report 1924*, p. 10; *1926*, p. 13; *1928*, p. 22; *1930*, p. 29. Polygamy is practised also by most Christian natives. See *Report 1922*, p. 18: 'The individual will marry in church, but in the majority of instances insists upon having more than one wife. In these cases he is permitted to attend the

the more puzzling as actually in the Southern Section by no means all girls married.

1929.[1] Moral conditions also are improving although some chiefs continue to complain that the women in their towns are unwilling to marry and settle down and that this leads to immorality. Many of them wish Government to approve by-laws making it an offence, punishable by a fine, for women to refuse to marry. This refusal to marry is due in part to the treatment which the women receive from their husbands; they therefore find that by remaining unmarried they can lead a more pleasant existence.

1930.[2] There is some evidence of the betterment of the moral conditions of the people, although reports show that there is still reluctance on the part of many women to marry. The fact that women are still regarded as a 'chattel' by their husbands may have some influence on this attitude. Time alone will change this outlook, when the women will be able to claim the independence enjoyed by their sisters on the Gold Coast. The Medical Reports reveal that this aversion to the married state is the cause of much of the venereal disease in the Southern Section. The women migrate to the big towns and cacao centres as prostitutes. For this reason the chiefs in some villages are making endeavours to insist on the girls and women being married before they leave their villages.

1936.[3] Statements are made from time to time that women and girls are forced into hateful marriages, and some colour is lent to these assertions by that fact that from time to time Chiefs issue a general order that all unmarried women must marry within a specified time. In the issue of such orders Chiefs are acting in the public interest. The existence of a large number of unmarried women in a village, the majority of whom have been divorced or have run away from their husbands, creates a social evil of which the Elders of the villages are well aware, and it is to put a stop to the promiscuous amours of these undisciplined ladies that such orders are issued. Such orders of course have no legal sanction and if there were any opposition from the women concerned would quickly become inoperative.

The interrelations of spinsterhood, immorality, and polygamy were discussed at some length in the Permanent Mandates Commission on 25 October 1938:[4]

Mlle Dannevig asked whether there was any improvement in the position of women, and also whether the problem of immorality—particularly that of native girls emigrating to the Gold Coast going wrong—in connection with which legislation enforcing marriage had been enacted by native chiefs was now on the way to being solved.

church, but is barred from partaking of the Lord's Supper.' See also *Report 1932*, p. 40: 'Polygamy is generally recognised and practised even among the majority of Christians where a man's financial position makes it possible.'

[1] *Report 1929*, p. 29.
[2] *Report 1930*, p. 31.
[3] *Report 1936*, p. 43. See also *Report 1937*, p. 34.
[4] *Minutes*, 35th Session, p. 35.

Captain Lilley said that the situation had definitely improved during the last eighteen years. Husbands still tended to treat their wives rather as chattels, and domestic life in a European sense could not be said to exist. But there was definite, if slow, progress.

As regards immorality, the problem was a delicate one. He had had occasion to study it in some detail. The invariable custom was that, when a woman had had a child, no man could approach her for a period of eighteen months to two years, the idea being, of course, that the child, being fed by its mother, might suffer if intercourse took place. The churches and missions, however, naturally frowned on polygamy. In those circumstances, a very difficult moral problem arose.

Captain Lilley had no definite figures relating to the migration of women to the Gold Coast; but he believed that, thanks to the economic development of the territory and the possibility for women to find employment in petty trade, &c., the tendency to migrate and to fall into evil habits was diminishing.

Some medical officers complain about the frequency of involuntary abortions.

1924. Southern Section. They are all too frequent, and one is often asked for treatment for women who have had as many as six or even ten abortions one after the other. The greater proportion of these are undoubtedly due to syphilis.[1]

1925. Eastern Dagomba District. The very great number of miscarriages and abortions among the natives may in many cases be traced directly to malaria.[2]

II. Mortality of Children

In the Ho registration area the number of registered deaths under 1 year of age per 100 births registered in the same calendar year was in 1930 and 1932–7, 8, 7, 15, 10, 9, 13, and 12 respectively.[3] But the basic figures are so small and so uncertain that they do not permit the drawing of final conclusions. It seems, moreover, unlikely that infant mortality should have been as low as that.[4]

The 900 women questioned in 1930–1 were also asked to state the

[1] *Report 1924*, p. 55. See also *Report 1925*, p. 60.
[2] Ibid., p. 75.
[3] See Table 9.
[4] The low infant mortality rate ascertained for Ho attracted also the attention of the Permanent Mandates Commission (see *Minutes*, 30th Session, 2 Nov. 1936, p. 106):

'Mlle Dannevig thought eighty-five deaths per thousand (in Ho) was a very low rate of infant mortality. Was there the same death rate in the bush?

'Mr. Fieldgate [Provincial Commissioner, Gold Coast] said the sanitary and health conditions in the town of Ho were far better than those in the bush, where the rate was probably higher.'

number of their children who died before walking[1] and the number who had died later, but before puberty. The former constituted 19 per cent. of the live-born and the latter 17 per cent.[2] These figures would not indicate a high child mortality, but it is not unlikely that many of the women questioned understated the number of infants they had lost.[3]

In any case the reports to the League of Nations are full of complaints about the high infant mortality in the Mandated Territory. The main causes given are venereal diseases, primitive methods of midwifery, and improper feeding.

1920–1. . . . the infant mortality from various causes, which are unavoidable in present circumstances, is probably responsible for keeping the increase in population from making the strides it otherwise might reasonably be calculated to do.[4]

The women generally have about six children, of whom probably two die in infancy. The infant mortality is therefore heavy.[5]

1923. Infant mortality is very high. The death is highest between the ages of four to sixteen years, the chief cause being pneumonia.[6]

Ho District. [Venereal] disease is one of the biggest causes of infant mortality, if not the biggest . . .[7]

. . . the number of births must be considerable, though a large percentage of the children born succumb to the effects of primitive methods of midwifery.[8]

1924. Ho District. It had been realised for some time, in spite of the want of statistics, that infant mortality is very high and it was felt that something should be done to improve matters. When the work was first started estimates of the mortality under one year were asked for from chiefs and some educated natives, and these estimates varied from 20 per cent.

[1] See *The Gold Coast 1931*, vol. i, p. 212: 'The consensus of opinion is that the average African baby in the Gold Coast crawls and walks at an earlier age than the average European baby which may be taken to be about 12 months. Although this is so the mortality rate of children dying before they can walk may possibly be compared with the infantile mortality rate elsewhere which is based on the first 12 months of life. This basis of comparison is not strictly accurate, but should provide some standard of reference for the future.'

[2] See Table 11.

[3] See *Report 1925*, p. 62: 'The native dislikes discussing anything in connection with the subject of death in the case of adults, and much more so in the case of children. It follows that, if attempts were made to collect statistics by house to house visits, one might get approximate information in the case of adults as almost everyone in the town hears of the deaths, but in the case of children the chances of obtaining reliable data are much less, as only next-door neighbours, perhaps, might know of the death of an infant, and relatives can therefore give unreliable information with every chance of not being discovered.'

[4] *Report 1920–1*, p. 7.

[5] Ibid., p. 11.

[6] *Report 1923*, p. 31.

[7] Ibid., p. 29.

[8] Ibid., p. 38.

up to as much as 50 per cent. These figures are pure guesswork, of course, but they reveal a very bad state of affairs.

The causes of all this mortality are many and varied, but it is probable that the main ones are only three in number, viz.: wrong treatment of the mother and child at the time of the birth; wrong treatment of the child afterwards in respect of feeding and dosage with medicines, and, to a smaller extent, venereal disease.

As regards the first, the children seem to be born usually on the mud floor of the hut and no antiseptic precautions whatever taken. The results of this custom, as might be expected, are that many of the mothers die from sepsis afterwards, and many of the children also from infection of the cord. The danger of this is increased by the cord being cut with a septic knife, the umbilicus dressed with native medicine and covered with a septic cloth. . . .

The next cause is probably the most important, and results from the natives' inability to believe that the only thing the child usually needs is its mother's milk. From the day of its birth the poor infant's stomach is loaded with all sorts of nostrums in the way of vegetable infusions, and the third day, at most, it is fed on corn pap and other more indigestible foods. Not only is the infant fed with wrong foods, but it is forced to take large quantities . . .[1]

1925. Kete-Kratchi District. Native midwifery is responsible for a great deal of infant mortality. . . . Irregular and improper feeding is another potent source of ill-health among infants.[2]

1927. Kusasi District. Infant mortality appears to be very high and has been estimated to amount to over 70 per cent. of children between birth and five years of age.[3]

1928. The Medical Officer, Zuarungi, on making enquiries as to infant mortality in Kusasi and Southern Mamprusi was told by various chiefs and headmen that if half of those born survive 'the gods were good'. He considers that a mortality rate of 400 per 1,000 would not be far out of the reckoning. The chief cause of death could not be ascertained with certainty but the description given of the symptoms pointed to malaria.[4]

The more recent reports to the League did not discuss child mortality. Very little then is known about its incidence in the Mandated Territory.

III. Mortality of Adults

In the Ho registration area the official death-rate oscillated in 1930–5 between 20 and 23 and rose to 27 in 1936 and to 30 in 1937. The rate is apparently enhanced by the fact that the figures include

[1] *Report 1924*, pp. 58–9. See also *Report 1925*, pp. 62–4.
[2] Ibid., p. 73.
[3] *Report 1927*, p. 47. In the Eastern Dagomba District infant mortality was reported to be not high; see ibid., p. 44.
[4] *Report 1928*, p. 42.

optional registrations of deaths occurring outside Ho township, and that 'Ho, being a hospital centre, attracts numerous cases of serious and often hopelessly sick persons'. But, on the other hand, what the 1931 census report states to be the case for the Gold Coast in general may also apply to Ho, namely, that 'a person hopelessly ill is frequently removed from a town by his relatives and friends, to die and be buried in the village of his ancestors'.[1] In any case the basic figures are so small and so uncertain that they do not permit the drawing of any conclusions.

No death figures have been published for any other area. In 1924, the medical officer stationed at Yendi 'estimated' the death-rate to be 20 per 1,000,[2] but this was probably a mere guess. Opinions concerning the prevalence of the various diseases vary much, the main reason being probably that medical officers were so few that they had to base their judgement more or less on the kind of patients who came to the hospitals and dispensaries. The Permanent Mandates Commission discussed the inadequate number of doctors as far back as 1924:

> The Chairman, summarising the discussion on public health, said that, in his opinion, the number of doctors was insufficient, especially in view of the high child mortality. . . . There were both general and local reasons for paying greater attention to public health. Not only were there epidemics, but there were diseases due to the climate, and mortality was very high.[3]

But the Deputy Provincial Commissioner in the Gold Coast, Mr. Newlands, said 'the Administration considered that the medical assistance was adequate', and 'emphasised the fact that the number of doctors was higher in proportion to the population than in the Gold Coast. There was one doctor to every 60,000 persons.'[4] Four

[1] *The Gold Coast 1931*, vol. i, p. 213.

[2] See *Report 1924*, p. 62.

[3] *Minutes*, 5th Session (25 Oct. 1924), p. 40.

[4] Ibid., pp. 39–40. The opinion that 'compared with the Gold Coast, Togoland is generously staffed' was advanced repeatedly in subsequent years. See *Report 1928*, p. 43; Permanent Mandates Commission, *Minutes*, 28th Session (21 Oct. 1935), p. 73; ibid., 31st Session (10 June 1937), p. 107. Such comparisons are perfectly futile, if for no other reason, then because the apparatus at the disposal of the medical officers is much greater in the Gold Coast than in Togoland. The 1937 report states (p. 57):

'On page 107 of the Minutes of the 31st Session of the Permanent Mandates Commission a reference is made to expenditure on public health. In 1937 the total expenditure on this service in the Territory is calculated to be £12,000 in round figures—*vide* Appendix VII. Taking the population to be 360,000, the expenditure per head works out at 8*d*. The density of population in the Gold Coast is 42 per square mile and in Togoland under British Mandate 28 per square mile. The total expenditure on medical and health services in the Gold

years later, however, the representative of the Administration for once admitted the scarcity of doctors in Togoland.

> Sir Ransford Slater [Governor of the Gold Coast] . . . had no hesitation in saying that the number of medical officers in the territory was not so high as he could wish. The same remark, however, applied to the Gold Coast. He would be glad to see the medical establishment five or six times as large as it was at present. The Administration, however, could only proceed to increase the medical establishment gradually. It was purely a question of expense.[1]

But when M. Ruppel, two years later, reminded the accredited representative of this statement, Mr. Jones (Secretary for Native Affairs, Gold Coast) 'replied that, so far as he was aware, there was no urgent need at the moment for an increase in the medical staff'.[2] The negative attitude of the Administration appeared most clearly in the discussion of 22 October 1935:

> Count de Penha Garcia observed that the number of medical officers was very small, and that there was only about one doctor per 100,000 inhabitants. He asked whether the growing tendency of the natives to consult the medical officers would not cause the mandatory Power to increase the number.
>
> Mr. Jones said the Administration was contemplating an increase, but he pointed out that medical officers were very expensive.
>
> Count de Penha Garcia noted an increase in malaria, leprosy and sleeping-sickness. Measures were apparently now being taken against sleeping-sickness, and he asked why these measures had been so long delayed.
>
> Mr. Jones said that local measures had been taken, but the Administration was now contemplating making a complete survey.
>
> Count de Penha Garcia asked if it would not be possible to set up in the Northern Section a centre to deal with maternity and child welfare.

Coast and Togoland under British Mandate is in the neighbourhood of £350,000 per annum, which gives a figure of approximately 1*s.* 10*d.* per head of the population. This, however, includes heavy expenditure in respect of large central hospitals and training institutions as well as expenditure on work in the field. No comparison is possible, therefore, with expenditure in the Territory, which is perforce devoted almost exclusively at present to field work.'

But it is not even true that the £11,976 spent on Public Health in Togoland were devoted almost exclusively to field work. Not less than £2,912 or nearly one-quarter were paid as 'Proportion of Headquarters Administrative Charges', based on the 1931 population figures. The actual payments made in Togoland per head works out at 6*d.* as compared with 2*s.* in the Gold Coast. That the density of population is lower in Togoland than in the Gold Coast would justify, of course, a higher per head expenditure.

[1] Permanent Mandates Commission, *Minutes*, 14th Session (27 Oct. 1928), p. 35.

[2] Ibid., 19th Session (5 Nov. 1930), p. 46.

Mr. Jones replied that this was very difficult on account of the lack of midwives. Midwives were, however, being trained at Accra, and, in course of time, some would be available for the mandated territory.

Count de Penha Garcia would like more detailed figures in respect of infant mortality. He asked the accredited representative to give next year the figures for infant deaths up to the age of one year. Hitherto, no age had been stated in the statistics.

Mr. Jones replied that these figures could only be given for the district of Ho, as it was to that town only that the Births, Deaths and Burials Ordinance applied.[1]

The early reports to the League repeatedly point out that health conditions are much better in the Northern Section than in the Southern Section. I shall confine myself to quoting a few examples:

1923. . . . the most northerly portion of the area . . . it is understood, is the most healthy part of the British sphere.[2]

The most important disease in the Southern Section is venereal.[3]

Venereal disease is practically negligible in the Northern Section.[4]

1924. Southern Section. The prevalence of endemic disease constitutes the most distressing feature of the public health situation. Anyone who comes in contact with the people from a professional medical point of view only might conclude that the whole population was diseased, and one who (like the writer) takes an amateurish interest in farming and hunting, and expects to meet the most robust of the natives among the farmers and professional hunters, can see that large numbers are frequently unfit for their duty from such diseases as malaria and venereal disease.[5]

Kusasi District. During a visit to Buguri and Biankuri, in the Togoland portion of the Kusasi district, in October last, the Medical Officer had the opportunity of inspecting about a thousand natives as well as a few of their habitations, and has found that these natives, although still rather primitive, generally enjoy very good health: they seem to be well fed, and free to a great extent from deformities and disease. The above remarks apply not only to the Bimobas, but also to the Tangas, Fada Grumahs, Kusasi and members of other tribes.[6]

1928. Kete Kratchi District. The people on the whole are physically well built and well nourished, food being abundant and cheap, and considering the unsuitable sites on which several of the villages are situated (lowlands and river banks) their general health has been good.[7]

[1] Ibid., 28th Session, p. 91. See also ibid., 30th Session (2 Nov. 1936), p. 105: 'Mr. Fieldgate [Provincial Commissioner, Gold Coast] said that, if funds were available and the Government considered it desirable, the possibility of increasing the staff in the north would be considered.' See finally ibid., 31st Session (10 June 1937), p. 107.

[2] *Report 1923*, p. 28.

[3] Ibid., p. 29.

[4] Ibid., p. 30.

[5] *Report 1924*, p. 53.

[6] Ibid., p. 65.

[7] *Report 1928*, p. 34.

Kusasi and Southern Mamprusi Districts. The general health and physique of the population are reported to be remarkably good . . .[1]

Eastern Dagomba. The proportion of old people seen is high, most of the reported deaths being those of old people.[2]

But this was the last report to emphasize the good health conditions in the various Districts of the Northern Section, and in its 'General Conclusions' concerning Public Health it expressed the opinion that health conditions were better in the Southern Section.

From south to north local conditions become gradually more and more primitive; ignorance and superstition become more prevalent together with a corresponding indifference to European methods. Health conditions and progress are best in the Ho District where civilisation and education are furthest advanced, but further progress in the northern areas can only be expected slowly and many years may be expected to elapse before the necessary standard of enlightenment is attained.[3]

Subsequent reports likewise point to the superiority of health conditions in the Southern Section.[4]

Two diseases which will probably attract increasing attention in the future are leprosy and sleeping-sickness. The 1922 report stated:[5]

Sleeping-sickness is met with but is extremely rare, and leprosy also is not common. Every centre of population can show a case or two of the latter disease, however, so that the aggregate mortality from these two diseases cannot be altogether negligible.

Leprosy. At the 1921 census, 15 lepers were counted in Ho, 40 in Kpandu, 27 in Kete Kratchi, none in Eastern Dagomba, 46 in South Mamprussi, and 60 in North Mamprussi. The total number then was 167, but the enumeration was admittedly incomplete.[6]

While the 1922 report to the League stated that leprosy is not common in the Territory, the 1923 report took a less optimistic view:[7]

The Medical Officer, Ho, . . . reports:—

. . . leprosy is prevalent, and I believe is more common than is generally known. . . .

There is a segregation colony for lepers where the patients are housed

[1] *Report 1928*, p. 35. [2] Ibid., p. 38. [3] Ibid., p. 43.

[4] See also the statement of Captain C. C. Lilley, District Commissioner, Gold Coast, at the meeting of 24 Oct. 1938 of the Permanent Mandates Commission (*Minutes*, 35th Session, p. 23):

'The more educated the people become, the more sanitary.

'As regards the Southern Section, the difference is simply amazing during the last eighteen years.'

[5] *Report 1922*, p. 16.

[6] See Gold Coast, *Census Report 1921*, pp. 143–4.

[7] *Report 1923*, pp. 30–1.

and treated. This segregation of lepers is enforced in the town of Yendi,[1] but residence of lepers from outlying districts is voluntary. The number resident is twenty-one.

Leprosy is endemic and common [in the Yendi District].

The number of lepers from the town and district of Yendi treated during the year was given as 32 males and 20 females.

The 1924 report related with regard to the Ho District:[2]

Leprosy is still met with in moderate numbers. As mentioned in previous reports, there is in no sense a heavy infection, but a few cases can be seen at most centres of population, so the total number of cases in the district must be fairly considerable. The patients are all isolated in huts beside their own villages, and efforts are made to treat them, the preparation used being 'Moogrol' . . .

The 1925 report stated with regard to the Ho District that 'cases can be seen in most villages. The Chiefs of villages regard them as a source of danger and in many cases the leper and his family occupy a compound of their own separate from the village.'[3]

Eastern Dagomba. That leprosy is extremely prevalent is obvious, but in the absence of compulsion it is impossible to persuade the native to remain the necessary time for treatment. No extension of the leper area is advisable until a definite policy is adopted. . . . The Chiefs are anxious that something should be done, and would not resent compulsion as it would give them a definite hold over the people.[4]

The question of this sickness is engaging the serious attention of the Administration. The District Commissioners have been instructed to compile a census of the lepers in their respective districts, with the object of devising a scheme for the segregation of persons suffering from this disease, by the establishment of general or local leper settlements. It is gratifying to observe that all the Chiefs throughout the Mandated Territory have welcomed the idea and have declared themselves ready to assist Government in every possible way.[5]

A leper settlement, which temporarily gained great importance, was created in 1926 at Dome near the town of Ho. During some of his early visits around the Kpando area and the villages along the Bame–Honuta road, the Medical Officer of the Ho District had noticed that in many villages which he visited lepers lived and fed with the inhabitants.[6] He estimated that 'there are more than 200 lepers, of all ages,

[1] See also *Report 1930*, p. 51: 'In September, 1923, the Medical Authorities felt that the time had arrived when a definite organized campaign against the disease in this neighbourhood should be undertaken. A small Settlement was founded two months later, and has since been in occupation.'

[2] *Report 1924*, p. 57. [3] *Report 1925*, p. 61.

[4] Ibid., p. 77. [5] Ibid., p. 81. [6] See *Report 1926*, pp. 43–4.

in this district' and conceived the idea of building a place to house 100 of them, so that they could receive regular treatment and, more important still, be kept isolated.[1] He began by erecting two native huts, of four rooms each. The first patient arrived on 23 September 1926. He soon had to expand this temporary settlement. At the end of the year 40 patients had been admitted, and on 31 March 1927, 77 lepers were in the settlement under treatment. The erection of a permanent settlement was begun in April 1927.[2] On 31 March 1929 there were 418 patients in the settlement, 350 of whom were housed on the permanent site, while 68 were out-patients.[3]

This asylum is for the people of British Togoland and that area of the Gold Coast situated east of the Volta River. Applicants for admission come from various parts of the Gold Coast and elsewhere, but owing to want of accommodation cannot at present be admitted and so attend as out-patients. The inmates are given a maintenance allowance of sixpence a day, provided with a blanket, cover cloth, spoon, enamel plate, and cup. Steps are now being taken to acquire more land for farming, etc. Every leper, whether inmate or out-patient, has come of his own free will and no coercion or compulsion of any kind has been used. An arrangement, however, between the Medical Officer and the Chiefs is in existence, whereby once a leper has been admitted he will not be received back into his village unless he possesses a pass from the Medical Officer. This acts as an inducement to remain segregated, a measure which is so necessary in any scheme for eradicating the disease from any locality.[4]

The 1928 report further states that 'more compounds are being erected capable of housing eventually another 350 lepers'. Moreover, the increase in the area under cultivation made it 'possible to lower the cost of subsistence per leper per day from 6*d*. to 4½*d*. and thereby to increase the number subsisted for the same outlay from 350 in 1929 to 440 in 1930'. By 31 March 1931, there were 515 lepers in residence (including 75 out-patients). 'Of these, 397 came from the Territory, 16 from French Togoland, and 142 from the Gold Coast.'[5]

Since the formation of the Settlement in 1926, 776 have been under treatment, 58 have been rendered symptom-free, 191 have left much relieved, and 12 have died.[2]

[1] See Gold Coast, *Report on Medical Department 1926–7*, p. 126; *Report* (to the League) *1927*, p. 35.
[2] See Gold Coast, *Report on Medical Department 1927–8*, p. 111.
[3] See ibid. *1928–9*, p. 125. [4] *Report* (to the League) *1928*, p. 36.
[5] Ibid. *1930*, p. 50. Total does not agree with items.
[6] Ibid., p. 51. It should be noted, however, that the 191 lepers who left 'much relieved' evidently comprised the 37 lepers who 'ran away' and also the 21 patients who in 1927–8 'were allowed leave on private matters and have not returned'.

The year 1931 marked the turning-point in the development of the Ho settlement. While the number of new admittances in 1927–8 to 1930–1 had been 95, 372, 169, and 105 respectively it was but 48 in 1931–2. On the other hand, the number of discharges ('discharged, left, or on parole'), which had been 60, 139, 83, and 87 respectively, leapt to 222 in 1931–2. The number of residents declined from 515 on 31 March 1931 to 313 on 31 March 1932. The reports to the League did not mention this heavy reduction of the establishment, but the Report on the Medical Department of the Gold Coast for 1931–2 provided the following comment:

The sharp drop in numbers during the year is due to several causes. Amongst these are:—

(*a*) The reduction in the maintenance rate from 6*d.* per day each (April, 1930) to 4½*d.* It will have to be reduced later to 3*d.* This is unfortunately on the low side. It is hoped that prices will soon fall.

(*b*) Fashions in treatment. At the moment there is a strong demand at the Settlement for Moogrol. Because Moogrol has been preferred at Accra. It is considered that Alepol (given at Ho) is inferior, and a certain amount of dissatisfaction exists.

(*c*) The establishment of a Leper Settlement at Akata (French Togoland) has attracted many French subjects back to French Togoland. It is said that inmates are given two francs (about 6*d.*) per day each.[1]

(*d*) The present area of land set aside for farming is in need of extension.

(*e*) If patients wilfully neglect to come forward for care and treatment, part of their maintenance-money is stopped. This is unpopular but there seems to be no alternative.

(*f*) The inability, owing to the cuts in the Transport Vote of the Medical Officer to travel the district as formerly, and to induce early cases to enter the Settlement and discharged cases showing signs of relapse to return.

(*g*) The endeavour which has been made to limit the Settlement to sufferers from the Trans-Volta Area where Leprosy is most prevalent.

The above reasons practically resolve themselves into one, viz., financial stringency.[2]

Some of the causes mentioned seem rather irrelevant. The reduction in the maintenance rate from 6*d.* per day in April 1930 to 4½*d.* did not affect the number of 'discharges' in 1930–1; why should it have depleted the number so enormously in 1931–2?[3] The total

[1] The allocation was reduced to 1 franc in 1932 (see *Rapport annuel 1932*, p. 85).

[2] *Report on Medical Department 1931–2*, p. 89.

[3] Moreover, the 1931 report to the League, prepared after the drop in the number of inmates, stated (p. 45): 'All inmates receive a maintenance allowance of 4½*d.* a day. This is adequate and as new land is being acquired for farming it will be possible in the future to reduce the maintenance rate.' See also ibid., p. 46: 'The lepers are cheerful and contented.' Later on, the

number of inmates from French Togoland on 31 March 1931 had been 16; the establishment of a Leper Settlement at Akata, therefore, cannot have attracted *many* French subjects back to French Togoland. The limitation of admission to sufferers from the Trans-Volta Area had been practised for many years. Finally, the expenses for the Settlement in 1931 were not particularly low.[1] It would seem that for one reason or another masses of inmates fled from the settlement and that this discouraged others from seeking admission. But unfortunately the Administration which published the number of inmates who 'ran away' for every year prior to 1931 and also for 1932 and 1933 did not do so for 1931.

In the course of the year 1932–3, the number of discharges was apparently equal to that of admissions, but 24 patients ran away, so that on 31 March 1933 only 289 remained in the settlement. On 31 December 1933–7 the number of inmates was 320, 351, 308, 310, and 266 respectively.

The number of deaths in 1927–8 to 1933–4 was 1, 3, 5, 2, 10, 2, and 7 respectively, and in 1934–7, 6, 8, 8, and 15 respectively.[2]

The official reports are less explicit as to leprosy outside the leper settlement at Ho.

allowance was in fact reduced still further. See *Report on Medical Department 1933–4*, p. 84: 'All the lepers are subsisted at the rate of 3*d.* per diem with the exception of 20 lepers who are totally incapacitated. They receive 4½*d.* per diem.' See finally *Report* (to the League) *1936*, p. 65: 'Each leper receives a small maintenance allowance every 16 days—3*s.* for those who run their own farms, 4*s.* for the semi-disabled, and 6*s.* for the disabled. The patients appear to be happy and contented, and as far as possible lead normal lives.' However, 36 patients ran away in 1936 and 39 in 1937.

[1] The expenditures (actual payments) for the Leper Settlement at Ho were as follows:

Year	£	*s.*	*d.*	*Year*	£	*s.*	*d.*	*Year*	£	*s.*	*d.*
1926–7	284	19	6	1931	3,000	0	9	1935	1,519	13	8
1927–8	1,770	0	6	1932	1,869	1	0	1936	1,734	18	4
1928–9	3,413	15	10	1933	1,706	9	1	1937	1,783	8	11
1929	2,732	0	9	1934	2,074	14	4				

See *Report 1927*, p. 71; *1928*, p. 53; *1929*, p. 68; *1930*, p. 75; *1931*, p. 114; *1932*, p. 117; *1933*, p. 97; *1934*, p. 92; *1935*, p. 93; *1936*, p. 112; *1937*, p. 113. No figures are given for 1930.

[2] For further details about the Leper Settlement at Ho see *Report* (to the League) *1926*, pp. 44–5; *1927*, pp. 35–6; *1928*, pp. 36–7; *1929*, pp. 45–6; *1930*, pp. 49–51; *1931*, pp. 45–7; *1932*, p. 60; *1933*, p. 52; *1934*, p. 49; *1935*, p. 53; *1936*, p. 65; *1937*, pp. 52–3; Gold Coast, *Report on Medical Department 1926–7*, pp. 12, 126–7; *1927–8*, pp. 25, 111–12; *1928–9*, pp. 25, 125–30; *1929–30*, pp. 29, 191–2; *1930–1*, pp. 149, 153–8; *1931–2*, pp. iii, 88–9; *1932–3*, pp. 87–8; *1933–4*, pp. 25, 84; *1934*, pp. 70–1; *1935*, pp. 18, 76–7; *1936*, pp. 22, 83, 87–8; *1937*, pp. 21, 91–2.

1926. Krachi District. Two cases of leprosy have been treated during the year.[1]

Eastern Dagomba District. April to October, 65 cases. Heavier than last year.[2]

Kusasi District. There are extremely few lepers, not more than 30 in the whole area, and those that there are are noticeably old men and women.[3]

1927. Krachi District. List of Diseases treated at the Dispensary of Kete Krachi. . . . Leprosy 4.[4]

Eastern Dagomba District. Leprosy.—It is very scanty in Dagomba and exists rather scantily in Konkomba and Chakosi. . . . The leper camp in Yendi has been reported on before. The usual strength is 12 patients. About one new case comes in per month and one old one runs away. On an average 8 of the 12 are from French Togoland.

Of the leper cases seen in the district, all promised to come to Yendi for treatment, but not one has come.[5]

1928. Kete Kratchi. Leprosy.—Believed to be widespread, with an unfortunate tendency to concealment. The new asylum at Ho is certain to attract sufferers, especially those in the southern portion of the District. Several cases have attended the dispensary during the year.[6]

Yendi (Eastern Dagomba). Leprosy widely spread.[7]

Leprosy is (apparently) absent among the Dagombas and present chiefly in the Konkombas and Basare people.

Of the 39 cases treated [in the leprosy settlement], 22 came from French Togoland, and four from Kete Kratchi.

The Medical Officer endeavours when touring the Yendi District to discover lepers, but although 41 cases were heard of and invited to Yendi only two came. It is very difficult to estimate accurately the incidence of the disease in the District.[8]

Kusasi and Southern Mamprusi (*Zuarungu*). Leprosy. Comparatively infrequent.[9]

1930. Leprosy is common nearly everywhere in the Mandated Territory. . . . 115 new cases were seen by the Medical Officer, Ho, during the year and 90 were admitted to the Settlement. At Krachi the Medical Officer noted 45 cases in all, with 20 cases attending the dispensary regularly for moogrol injections. In the Southern Dagomba area it is most common amongst Konkombas and Kabris and very common amongst the Chambas, Nanumbas, and Chokosis. . . . In the Kusasi and Mamprussi areas leprosy is wide-spread and is responsible for a good deal of disfigurement. Three only of 16 large villages visited by the Medical Officer on the two tours referred to above failed to produce cases. An endeavour to persuade sufferers to come to Bawku for regular treatment has met with a satisfactory response.[10]

[1] *Report 1926*, p. 48. [2] Ibid., p. 49.
[3] Ibid., p. 51. Literally the same *Report 1927*, p. 47.
[4] Ibid., p. 41. [5] Ibid., pp. 43–4. [6] *Report 1928*, p. 37.
[7] Ibid., p. 38. [8] Ibid., p. 39. [9] Ibid.
[10] *Report 1930*, p. 48.

Eastern Dagomba. All reports indicate that the disease is prevalent in all Dagomba villages. Amongst the Konkombas the incidence of the disease is relatively high.

During 1930 over thirty stayed in the camp [at Yendi] which contains an average of fifteen lepers.[1]

In 1930–1 a leprosy survey of the Gold Coast including Togoland was made by Dr. M. B. D. Dixey, Medical Secretary, British Empire Leprosy Relief Association.

In April, a circular was sent by the Honourable the Director of Medical and Sanitary Service to all Medical Officers and Medical Officers of Health asking for information in regard to leprosy and leprosy work in their respective districts. From the replies received to this circular and from the results of previous surveys in various parts of the Colony it is possible to give some idea of the prevalence of leprosy . . .[2]

The results obtained for the whole of Togoland were as follows:[3]

District	*Number of cases seen*	*Number of cases treated*
Eastern Dagomba. .	40	40
Kete Krachi . .	43	—
Ho	776	515
Total . . .	859	555

The figure of 776 in the Ho District was explained as follows:

Seven hundred and seventy-six lepers have been seen and examined in the district, giving a leprosy incidence of over seven per mille. The greater number of these cases have been seen at Ho or are at present at Ho in the settlement.[4]

As a matter of fact the figure of 776 represented the total number of persons who, since the formation of the Settlement at Ho, had been under treatment, and of whom 58 had been rendered symptom-free and 12 had died; while the figure of 515 represented the number of patients in the Settlement on 31 March 1931. To judge from the reports to the League the figures for Eastern Dagomba and Kete Krachi were far too low. No figures at all are given for the Kusasi and Mamprussi areas, where according to the 1930 report 'leprosy is wide-spread'.

At about the same time a census of lepers was taken in connexion with the general census. The number of cases returned in the various

[1] *Report 1930*, p. 51.
[2] Gold Coast, *Report on the Medical Department 1930–1*, p. 150; see also ibid., pp. 13, 27. Dr. Dixey had begun his survey work in 1928; see ibid. *1928–9*, p. 13.
[3] See ibid. *1930–1*, p. 159.
[4] Ibid., p. 153.

Districts was as follows: Eastern Dagomba, 206; Kete Krachi, 67; Kusasi, 103; South Mamprusi, 21; Ho, 717 (including 450 in the township of Ho).[1] The total number of cases recorded was 1,114.[2] According to these statistics the number of lepers per 1,000 inhabitants was then 2·4 in the Northern Section, and 5·7 in the Southern Section.

The subsequent reports to the League contain but little information concerning leprosy in the Territory.

1931. The disease occurs throughout the whole of the Mandated Territory. The leper rate in the Eastern Dagomba District is estimated at 4 per thousand. This is a very high incidence.[3]

Yendi Settlement. The average number of residents during the year was 15. At the end of 1931 there were 19 inmates . . .[4]

1936. Bawku Area (Northern portion of Mandated Area). Leprosy.—The incidence of this disease is calculated to be about 2 per 1,000 in the area controlled by the Medical Officer, Bawku.[5]

1937. Bawku Area (Northern part of Mandated Area). Leprosy.—Forty-two cases were treated as compared with 74 in 1936.[6]

Kete Krachi. Leprosy.—Twenty-four cases.[7]

It seems in fact that for a number of years the Medical Department of the Gold Coast was not particularly interested in the incidence of leprosy either in the Gold Coast or in the Mandated Territory. Thus the report on this Department for 1932–3 states that 'the problem of leprosy is bound up with the general problem of raising the whole standard of living of the tribes chiefly affected. Expenditure on it is limited by its relative importance to other more pressing problems and the Colony's financial resources'.[8] But at the discussion of the

[1] Computed from *The Gold Coast 1931*, vol. ii, pp. 221–46.

[2] I do not know why the total is given ibid., vol. i, p. 228, as only 547.

[3] *Report 1931*, p. 44. The number of lepers in Eastern Dagomba alone was then estimated to be about 366.

[4] Ibid., p. 48. The figures for all subsequent years are very similar; see *Report 1932*, p. 60; *1933*, p. 52; *1934*, p. 49; *1935*, p. 53; *1936*, p. 65; *1937*, p. 52.

[5] *Report 1936*, p. 63.

[6] *Report 1937*, p. 49.

[7] Ibid., p. 52.

[8] *Report on Medical Department 1932–3*, p. 9. See also ibid. *1933–4*, p. 101, where P. S. Selwyn-Clarke, Acting Director, Medical and Sanitary Service, after having pointed out that the increase in the 'incidence' of sleeping-sickness in the Gold Coast was due in part to more thorough surveys, states:

'In this connexion, it might be desirable to refer to the apparent increase of over 100 per cent. in the number of cases of leprosy recorded in the Annual Medical and Sanitary Report for 1928–9 over that of the previous year. The period covered by the report in question happened to coincide with the appointment of a leprosy medical officer by the British Empire Leprosy Relief Association.

'Since the abolition of that special post leprosy has diminished, on paper, to a very considerable extent. Before the appointment (1927–8) the number of

1935 report to the League the Permanent Mandates Commission took a more serious view on the spread of leprosy in the Mandated Territory.

Count de Penha Garcia asked whether it had been found possible to open new isolation camps for lepers.

Mr. Fieldgate [Provincial Commissioner, Gold Coast] said no camps had been opened. The camp at Ho had been repaired after the fire in 1935 (page 53 of the report).

Count de Penha Garcia said that leprosy was another disease to which further attention should be devoted. It had spread considerably.[1]

The 1936 report on the Medical Department, to be sure, still contained the statement that 'no staff has been available to increase our knowledge with respect to the incidence of this disease',[2] but it contained at the same time another statement which indicates that the Department had realized in the meantime that to wait for an improvement in 'the whole standard of living of the tribes chiefly affected' was a policy which could not possibly be recommended any longer.

A revision of our policy with regard to leprosy appears to be necessary.[3]

This change in the attitude of the Medical Department was caused by 'A short Report on Anti-Leprosy Work in the Gold Coast with suggestions for its further development', by Dr. E. Muir, Medical Secretary, British Empire Leprosy Relief Association. Dr. Muir says:[4]

Leprosy may be considered from four points of view, *viz.* the aesthetic, charitable, medical and public health. According to the first, deformed and disabled lepers are an eye-sore in the town, and a place of refuge is therefore created for them to which they can be removed. From the charitable point of view these victims are looked upon as unfortunates and charitably disposed people supply comforts in the form of food, treats, left-off clothing, etc. The medical standpoint is shown when lepers attend hospital and dispensary for treatment, either of the leprosy itself or of its complications and accompanying diseases. Attendance however tends to be irregular, and while a few receive benefit, the majority are but little improved. The public health point of view is that which endeavours to probe down into the causes of leprosy, to study it as it exists in the villages and to devise

cases of leprosy treated was 668, this rose to 1,427 in 1928–9 and to 3,224 in 1930–31. The leprosy medical officer resigned at the end of 1931 and the figure for 1933–4 has fallen to 1,494.'

[1] *Minutes*, 30th Session (2 Nov. 1936), pp. 105–6.

[2] Gold Coast, *Report on Medical Department 1936*, p. 22. See also, for example, ibid. *1935*, p. 18: 'Owing principally to staff shortage nothing useful has been added in recent years to our knowledge with respect to the incidence of this disease.'

[3] Ibid. *1936*, p. 8.

[4] Muir (1936), pp. 186–7.

means which, however long they may take to bear fruit, will in the end deal effectively with the disease and bring about its control.

From the aesthetic and charitable points of view I consider that something is being accomplished in the Gold Coast. From the medical side very little is being done except by a few keen doctors who are distressed at the frequency of the disease and are seeking to do what little they can in addition to their many other pressing duties. From the public health standpoint something is being accomplished by the isolation of some 400 lepers,[1] about one-third of which may be considered as highly infectious cases. But, in the absence of any clear indication of the actual incidence and distribution of leprosy in the country, it is difficult to say to what extent the spread of the disease is likely to be limited by the partial removal of these cases from contact with the public.

Dr. Muir, furthermore, develops a plan for carrying out surveys with the object of ascertaining the incidence of leprosy in the Gold Coast including the Mandated Territory,[2] and it is gratifying to learn that the Medical Department think that Dr. Muir's views on policy and his suggestions 'merit our closest consideration and must be the basis of our future efforts'.[3]

Sleeping-Sickness. The reports to the League for the years 1923–9 indicate that not more than a dozen cases were met with in the Territory during this whole period.[4] But the 1930 report tells of the discovery of a very much higher incidence.

At Ho no proved cases were noted. One or two suspicious cases were seen at Jasekan, but trypanosomes were not demonstrable in blood or gland juice.

At Kete Krachi, although tsetse fly is quite common, only two cases were seen.

In Southern Dagomba there were six cases in which a definite diagnosis was made by gland puncture. Twenty-four suspected cases were also found. In the Chokosi area, which German investigators in 1908 and 1909 declared to be an affected belt, the presence of marked adenitis was noted in children at Zigbilla. The cases diagnosed were in the Trans-Oti Area, where a high cervical gland rate was observed. Suspicion therefore falls on this region with its perennial streams as a possible focus of infection.

In the Southern Mamprussi country five cases were detected out of a

[1] The great majority of these are in the Leper Settlement at Ho.

[2] Ibid., pp. 187–8.

[3] Gold Coast, *Report on Medical Department 1936*, p. 9.

[4] See *Report* (to the League) *1923*, pp. 30, 31; *1924*, pp. 55, 57, 62; *1925*, pp. 61, 73, 78; *1926*, pp. 48, 49; *1927*, p. 44; *1929*, p. 46. See also Permanent Mandates Commission, *Minutes*, 10th Session (12 Nov. 1926), p. 116: 'Mr. Ormsby-Gore said there was no sleeping-sickness, since, though the tsetse-fly was present in the country, there were no natives or cattle in the area with trypanosomes in their blood. The flies, therefore, could not spread infection. . . .'

total of 371 cases treated: this is a high relative incidence and points to prevalence of the disease, for it was only in the later stages that the severity of the symptoms compelled the patient to seek medical aid.[1]

The reports for 1931 and 1932 indicate a growing interest in the incidence of sleeping-sickness, which, however, was still considered to be very slight.

1931. There is no evidence to show that this disease is on the increase. In the Ho area the Medical Officer reports the disease to be rare. On the other hand the Medical Officer, Eastern Dagomba, states:—'There is reason to believe that the disease is widely spread in the District though few cases are brought to hospital.' This does not mean that the disease is very common but rather that cases have been found in every part of the District. Only eight cases were found during the year. No cases were reported from the Kusasi and Southern Mamprussi areas. There is no evidence to show that the disease in the Mandated Territory differs in type from that on the Gold Coast where the inhabitants appear to have acquired through the centuries some degree of natural immunity.[2]

1932. The number of cases treated at Yendi and Bawku has increased. A medical officer was detailed to carry out an investigation as to the prevalence of the disease in the Southern Mamprussi area. The main focus of the disease appears to be round Binde, which lies nearly due east of Gambaga, and in the neighbourhood of Nakpandure, from which village 32 cases have received treatment at Bawku and Navrongo. This local outbreak is being investigated and treated by the Medical Officer, Bawku. There is no evidence that there is any increase in the disease in the Southern area.[3]

The year 1933 apparently marked the turning-point in the attitude of the medical officers towards this disease, both in the Gold Coast and in the Territory. Though there was still a marked reluctance to take the spread of sleeping-sickness too seriously, nevertheless for the first time it aroused anxiety. The report of the Medical Department for 1932–3 says with regard to the Gold Coast:

> . . . a rapid increase which has taken place in the number of cases of Sleeping Sickness seen in the Northern Territories and Ashanti, is causing anxiety.[4]
>
> During the past year there has been a rapid increase in the number of trypanosomiasis cases reported and treated, the incidence per 10,000 of all cases treated having risen from 6·56 in 1929–30 to 33·11. Last year the figure was 12·61.
>
> It might be considered that this is not an alarming rate, but it may be a definite warning that the disease has spread. On the other hand, the

[1] *Report 1930*, p. 49.
[2] *Report 1931*, p. 45.
[3] *Report 1932*, p. 59.
[4] Gold Coast, *Report on Medical Department 1932–3*, p. iii.

increase may be due to better diagnosis with consequential better treatment leading in its turn to increased attendances.

It would appear to be concentrated chiefly in a few areas, the most important being the Nakpanduri–Bende area of Northern Togoland close to the French frontier and east of Gambaga in the Northern Territories. Another area in which cases appear to be increasing is the Sunyani district in Ashanti.

The French are anxious at the increase in their territory and have organised treatment centres on a large scale in order to deal with the problem.

At the invitation of the French, who desired to co-operate, the Medical Officer, Bawku, visited their treatment centres at Mango and Pagouda.

It was decided that we should co-operate in a treatment campaign as far as our limited funds would permit. At the same time it was considered wise to intensify bush clearing in affected areas in order to reduce fly. It is believed that by a combination of these two lines of attack good results will be achieved.[1]

With the evidence at our disposal trypanosomiasis is a problem which at present does not demand a very large diversion of sorely needed and often inadequate funds, from more pressing items affecting the public health elsewhere. It is, however, one which cannot be disregarded. The Medical branch section of this report strikes a warning note.[2]

The 1933 report to the League gave additional details for the Mandated Territory.

The result of investigations carried out during the year showed a small incidence (·34 per cent.) of trypanosomiasis in the western part of the Kusasi area. The disease was found to exist scantily (1·3 per cent.) in most parts of Southern Mamprussi, old Gambaga district, but appeared to be not uncommon (3·5 per cent.) in the eastern part of Southern Mamprussi. In the latter area an incidence which rose as high as 10 per cent. in certain villages was found. It is hoped that a more accurate estimate will be obtained during 1934.

About 18,000 people in all, or nearly a third of the entire population of the Kusasi and Southern Mamprussi area, have been examined and about 300 cases in all have been definitely proved as infected.[3]

Realizing the dangers of infection and the risk to which the people were exposed unless segregation measures of infected cases were undertaken, the chief and people of Nakpanduri, a village 23 miles east of Gambaga,

[1] Ibid., pp. 6–7. Bush-clearing, which had been advocated by the German Administration but finds less favour with the French, has been urged strongly and in part carried out in recent years in the Gold Coast and in British Togoland. See ibid. *1933–4*, pp. 104–7; *1934*, pp. 5–6; *1935*, pp. 6, 80–7; *1937*, pp. 6, 72–4; *Report* (to the League) *1934*, pp. 48–9; *1935*, pp. 51, 64–5; *1936*, pp. 80–2; *1937*, pp. 54, 72–3.

[2] Gold Coast, *Report on Medical Department 1932–3*, p. 18.

[3] *Report* (to the League) *1933*, pp. 50–1.

constructed on their own initiative a special sleeping sickness camp and hospital on a site near the summit of a scarp, some 400 metres above sea-level. The buildings comprise grass huts for the patients, a clinical room, nurses' quarters, kitchens, and latrines—in fact a complete temporary hospital unit. At the end of the year, 64 trypanosomiasis patients were in the camp and these have voluntarily agreed to accept a full course of treatment prior to discharge. The camp is steadily growing and its organization is being improved. Treatment is in the main by the intravenous injection of Tryparsamide. The Medical Officer, Gambaga, who has been devoting himself entirely to the examination and treatment of this disease, remarks that few cases fail to do well, although it is at present a matter of doubt whether or not permanent cures are effected.[1]

The 1933–4 report on the Gold Coast Medical Department stated:

Trypanosomiasis was described in the Report for 1932–33 as 'causing anxiety'. This anxiety was in no way dispelled as the result of thorough surveys carried out during the year. The surveys revealed a high infection rate in certain areas in the Protectorate of the Northern Territories and the British Sphere of Northern Togoland. In the past ten years the incidence per thousand of all cases treated has increased by over seventeen times. It must be remembered, however, that part at least of this increase is due to the special attention directed towards the disease.[2]

In view of the fact that the 1931 report to the League stated that no cases were reported from Southern Mamprussi, it is interesting to note that, according to Selwyn-Clarke, sleeping-sickness had raged there at least since 1929.

Investigations carried out during the past few years give grounds for the belief that the most heavily infected area in the Gold Coast is to be found in the north of the Northern Section of Togoland under British mandate (hereafter called Mamprusi under Mandate) and that the beginning of the present outbreak of the disease there dates back to 1929–30.[3]

I shall now quote—for what they are worth—some passages relating to the incidence of sleeping-sickness in Togoland from Selwyn-Clarke's study and from subsequent reports to the League and reports on the Gold Coast Medical Department.

1933–34. (1) About the same time [April 1933] Dr. McKernan examined 300 persons in Bende, Nakpanduri and Yunyoo in the hyper-endemic area of Mamprusi under mandate and found the infection rate (judged by examination of gland juice only) to vary from 18 per cent. to 12 per cent. and 7 per cent. in the three towns respectively, the average being 11 per cent. for the population of just under 15,000. . . .[4]

[1] *Report 1933*, pp. 51–2.
[2] Gold Coast, *Report on Medical Department 1933–4*, p. 9.
[3] Ibid., p. 102.
[4] Ibid., p. 103.

Investigations suggest that the northern portion of Togoland under British mandate (Mamprusi under mandate) is a hyper-endemic area with an infection rate in the neighbourhood of 11 per cent.[1]

Towards the end of 1933 a temporary field hospital was established at Nakpanduri as being the centre of the hyper-endemic area.[2]

. . . A very real difficulty was experienced in inducing patients to remain under treatment for the required number of injections and not to leave after one or two and be a danger to the community as carriers of an arsenic-fast parasite.[3]

(2) In the mandated territory forming a portion of the new Southern Mamprusi District the disease appeared to be hyper-endemic.

By various methods of examination 4 per cent. were found to be infected.

Dr. Purcell proffers the opinion that 5 per cent. of gland and 10 per cent. of blood infection exists in the hyper-endemic area but there is hardly justification for such generalisation up to the present.[4]

1934. In the north of Togoland, particularly in the Southern Mamprussi area, trypanosomiasis is certainly common, and considerable work has been done during the year to decrease the infection. . . .

A large number of cases of the disease were treated in the hospital dispensaries at Bawku and Yendi.

The number of patients in camp [Nakpanduri] on 4th December, 1934, was 208. This is the highest number recorded. It is confidently hoped that the campaign of treatment, which is by intramuscular and intravenous injections of Tryparsamide, combined with preventive clearings will steadily reduce the number of cases in the area.[5]

This camp is made a centre for investigating the incidence of the disease in the surrounding infected territory. This area contains a population of some 15,000 people. Fifty-eight villages were visited and over 6,200 people examined. Over 5 per cent. of these were found infected. Allowing for errors, an infection rate of, say, 7 per cent. at least may be estimated for this area.[6]

1935. In the Northern Section, concentrated efforts were made to deal with the sleeping sickness problem which gives cause for some concern. Many hundreds of cases of the disease were treated in Nakpanduri Camp and during the several treks carried out by the medical staff. . . .[7]

. . . the Nakpanduri Sleeping Sickness Camp has become almost embarrassingly popular. By degrees the buildings at this camp are being improved so that some can be fairly regarded as being semi-permanent in character. . . .[8]

[1] Ibid., p. 106.
[2] Ibid., p. 103.
[3] Ibid., p. 104.
[4] Ibid., p. 103.
[5] *Report* (to the League) *1934*, pp. 48–9.
[6] Gold Coast, *Report on Medical Department 1934*, p. 5.
[7] *Report* (to the League) *1935*, p. 51.
[8] Ibid., pp. 51–2. See also Permanent Mandates Commission, *Minutes*, 30th Session (2 Nov. 1936), p. 106:

'Count de Penha Garcia . . . What was the meaning of the expression "the

Sleeping sickness, as has been mentioned already, continues to give rise to no little anxiety. A complete survey will, it is hoped, be carried out by a specially seconded Medical Officer and an Entomologist in 1936 and this should enable still more effective counter-measures to be adopted against it.

It might be interesting to note that some 1,293 in-patient and 1,881 out-patient cases were treated in the Nakpanduri Camp in 1935 as compared with 952 and 1,192 respectively in the previous year. Deaths in this camp numbered nineteen in 1934 and twenty-six in 1935.[1]

Approval has been given for the appointment in 1936 of an experienced medical officer, of a medical entomologist with considerable local knowledge and of the necessary staff of nurses, dispensers and laboratory technicians. A complete survey will be made of the Protectorate followed later by a similar survey of Ashanti and the Colony proper. When the results of the survey have been collated, it should be possible to attack the problem in a more effective manner.[2]

The incidence of trypanosomiasis in the most seriously infected focus, which lies in the Northern Territories, varies between 4 and 10 per cent. 7 per cent. may be taken as an average for the area. This is, of course, a figure which gives rise to anxiety.[3]

1936. In the Northern Section the number of new cases treated during the year shows a decrease as follows:—

	1934	*1935*	*1936*
Bawku . . .	10	22	27
Gambaga . .	Nil	Nil	Nil
Nakpanduri . .	723	964	734
Garu . . .	—	—	11
Total . . .	733	986	772

The decrease appears to be generally distributed over the area; there is no indication that any previously uninfected portion of the area has become infected during the year. And it is a fact that cases have come from every part of the area where conditions are such that tsetse can live and breed. . . .

The total number admitted to Nakpanduri during the year was 869 (Togoland cases 734, others 135). The standard course of treatment was 10 weekly injections of tryparsamide intramuscularly, in doses of 0·5–3·0 grams according to age and physique. 1,278 completed their treatment during the year at Gambaga, Bawku and Nakpanduri.

Nakpanduri sleeping-sickness camp has become almost embarrassingly popular" . . .

'Mr. Fieldgate [Provincial Commissioner, Gold Coast] said the attendance had become so large that there was probably not sufficient accommodation.'

[1] *Report* (to the League) *1935*, p. 52.

[2] Gold Coast, *Report on Medical Department 1935*, p. 6.

[3] Ibid., p. 79.

35 received 8–9 injections.
67 absconded after 6 or 7 injections.
179 absconded after 5 or fewer injections.
7 absconded before treatment commenced.
37 died.

It should be mentioned that at present no sort of compulsion is applied to Chiefs or people, either to make them attend when infected or to complete treatment when started. We rely on persuasion, although it is doubtful if this is sufficient.[1]

The number of cases attending Nakpanduri field hospital fell from 1,631 in 1935 to 1,165 in 1936, but this fall was offset by a rise at Gambaga from 52 to 572. . . .

It is regretted that owing to the difficulty of obtaining an Entomologist, the recommendation of the Committee on Human Trypanosomiasis which met in July, 1935 (*vide* Appendix IV Annual Medical Report for 1935) to conduct a careful survey in the Northern Territories and Ashanti, could not at once be given effect to, but this difficulty has now been overcome and it is hoped to commence an extensive survey in 1937.[2]

The delayed survey started, in fact, in 1937. At the discussion of the 1936 report in the Permanent Mandates Commission, the Chief Commissioner of the Northern Territories, Mr. W. J. A. Jones, stated:

With regard to trypanosomiasis, it was not mentioned in the report that a party consisting of a Senior Medical Officer, an entomologist and trained African personnel has now begun a survey of the northern section of the mandated territory and of the northern territories with a view to ascertaining the incidence of this disease in the various areas. Curative and preventive measures will be carried out by this party simultaneously with the survey. When once the extent of the problem is definitely ascertained, steps will be taken to diminish, if not eradicate, this disease, which is accompanied by such a high rate of mortality. Excellent work has been

[1] *Report* (to the League) *1936*, pp. 65–6. See also Permanent Mandates Commission, *Minutes*, 31st Session (10 June 1937), p. 108:

'Count de Penha Garcia noticed that sleeping-sickness caused serious ravages. Was treatment voluntary or compulsory?

'Mr. Jones said no compulsion was applied at present.

'Mr. Sakenobe pointed out that compulsion was justified because sleeping-sickness was a social disease.

'Mr. Jones said a proposal to make each chief responsible for patients from his area was under consideration. This had proved satisfactory in the northern territories.'

See also *Report* (to the League) *1937*, p. 53: 'Compulsory treatment of sickness is not contemplated by the Mandatory power, for the Native Authority itself of Bawku has passed bye-laws making it incumbent upon sufferers from the disease to submit themselves for treatment at one of the Government clinics.'

[2] Gold Coast, *Report on Medical Department 1936*, p. 7.

accomplished at Nakpanduri and the Senior Medical Officer assures me that there is reason to hope that the spread of trypanosomiasis among the B'Moba has been arrested.[1]

According to the 1937 report to the League, the number of cases treated increased from 1936 to 1937 at Bawku from 27 to 59, and at Garu from 11 to 19, while it decreased at Nakpanduri from 734 to 532.[2] At the latter place the total number of in-patients decreased from 1,798 to 1,201 while the total number of out-patients increased from 2,401 to 2,550.[3] The number of deaths from sleeping-sickness was 20 in the Bawku area and 15 at Nakpanduri.[4]

The Administration was particularly satisfied with conditions in the Nakpanduri camp:

> The organization of the Trypanosomiasis work at Nakpanduri is excellent. It is carried on by three African subordinates. Many unexpected visits and a searching and critical examination of methods have revealed no flaw in the work.[5]

It is not surprising, on the other hand, that the Administration's inadequate knowledge of the spread of the disease and the inadequate methods of fighting it cause some discomfort in the Permanent Mandates Commission. This feeling found expression at the discussion of the 1937 report on 25 October 1938.

> Lord Hailey . . . The report indicated a relatively high incidence of sleeping-sickness in the northern areas. Was any systematic survey being made, as in Nigeria ?
>
> Captain Lilley replied that a survey, in the hands of two European doctors with African assistants, was now in progress.
>
> Lord Hailey, referring to the Nakpanduri Trypanosomiasis Centre (paragraph 183, page 53 of the report), thought that a staff of one African dispenser, one nurse and one laboratory attendant (see page 46) was not really sufficient to deal with cases which varied from 964 to 532. He regretted that treatment was not compulsory, as it now would be in Nigeria;[6] the consequence was, as page 54 of the report showed, a high number of absconding patients.[7] He considered that this section of the

[1] *Minutes*, 31st Session (10 June 1937), p. 90.

[2] See *Report 1937*, p. 53.

[3] See ibid., p. 49. But the figures in this report are somewhat conflicting; see ibid., p. 56.

[4] See ibid., p. 49.

[5] Ibid., p. 53.

[6] See also Hailey (1938), p. 1134: 'In the Togoland under British Mandate, where there is no compulsion, it is considered doubtful whether really satisfactory results can be achieved without resort to it.'

[7] They numbered 25. See also Gold Coast, *Report on Medical Department 1937*, p. 6: 'In the north-eastern area, there has been a drop in the numbers attending at Nakpanduri. This is partly due to insisting on in-patient treatment as there was a tendency for patients to avoid completing a course of treatment by moving across the border into Togoland . . .'

report was inadequate, or alternatively that the authorities might well pay much greater attention to the problem of trypanosomiasis.

Captain Lilley thought that the three native dispensers at Nakpanduri probably received occasional help from visiting European doctors. The disease was only found to any great extent in the northern section.[1]

IV. Population Growth

Emigration from and immigration into the Mandated Area have been apparently very large. But no statistics showing the size of these migrations are available.[2] I must confine myself, therefore, to indicating the more important movements.

(1) Immigration from French into British Togoland.

1922. The flow into the British Zone of natives from the French Zone, where they endeavour to evade the payment of the various taxes, is very marked.[3]

1923. A number of unskilled labourers, chiefly Kabures, enter the British Sphere from the French Sphere for the purpose of seeking employment.[4]

According to the 1931 census, 23,406 or 14 per cent. of the population of the Northern Section and 6,696 or 5 per cent. of the population of the Southern Section came from 'French West Africa Possessions'. The great majority of these very likely came from French Togoland.

(2) Temporary migration from British Togoland to the Gold Coast.

1922. It has been a custom for many years for inhabitants of Togoland, both in the French and British Zones to cross into the Gold Coast for

[1] *Minutes*, 35th Session, p. 38. See also the Observation in the Commission's report to the Council of the League of Nations (ibid., p. 208): 'The Commission hopes that measures may be taken to increase the size and enhance the efficiency of the medical staff in the sleeping sickness camp of Nakpanduri.'

[2] See, for example, Permanent Mandates Commission, ibid., 14th Session (27 Oct. 1928), p. 36:

'M. Rappard . . . enquired whether there was any means of keeping track of the movements of population across the frontier.

'Sir Ransford Slater [Governor of the Gold Coast] replied that there were no statistics of such movements, and that no control was practicable.

'He was unable to say positively whether the movements were in the direction of the British sphere rather than in that of the French sphere, or vice versa.'

[3] *Report 1922*, p. 22.

[4] *Report 1923*, p. 19. For details about the immigration from the French Sphere into the Southern Section, see Chapter II, and *Report 1931*, pp. 70–1; *1937*, p. 60. According to Captain Lilley's statement of 25 Oct. 1938 in the Permanent Mandates Commission, 'labourers on the cocoa plantations were mostly emigrants from Togoland under French mandate' (*Minutes*, 35th Session, p. 35). There was also some immigration from the Gold Coast (see *Report 1923*, p. 19; *1927*, p. 11; *1937*, pp. 60–1).

employment during the cocoa seasons, at the end of which they return to their homes in Togoland. The cause of this is that they receive more profitable remuneration for their services.[1]

1926. Large numbers of people from both the Northern and Southern Sections again sought employment in the cocoa-growing districts of the Gold Coast during the cocoa season and returned to their homes with their savings. This annual coming and going now forms a normal part of the lives of many of the young men of British Togoland who continue this practice until they have saved enough money to build a house or pay the dowry for a wife.[2]

(3) Permanent emigration from British Togoland into the Gold Coast.

1923. Northern Section. The Gold Coast mines, railways, and the Accra Sisal Plantation all draw on the labour in this section.[3]

1924. Emigration to the Gold Coast has not undergone any marked change in the number of emigrants . . .[4]

1926. There can be no question but that the active campaign of development in respect of improved means of communication and methods of farming are resulting in providing greater inducements to the farmers to extend the area under cultivation and thereby to check the large emigration to the Gold Coast which has been such a feature for many years.[5]

Very little is known about the natural increase of the population in the Territory. The birth- and death-rates published for Yendi (1924) and for the small Ho registration area (from 1930 on) do not throw any light on the situation. The assumption that the population had increased through excess of births over deaths in the intercensal period 1921–31 by 15 per cent.[6] had no foundation whatsoever. In the early reports infant mortality and venereal diseases are pointed out as potent factors limiting the increase of the population.[7] But no effort seems to have been made to ascertain the actual facts.

[1] *Report 1922*, p. 22. See also *Report 1923*, p. 19; *1924*, pp. 32, 73.

[2] *Report 1926*, p. 21. See also ibid., p. 12; *Report 1928*, p. 22; *1930*, p. 32; *1935*, p. 36; *The Gold Coast 1931*, vol. i, p. 154.

[3] *Report 1923*, p. 19.

[4] *Report 1924*, p. 32.

[5] *Report 1926*, p. 62. See also *Report 1931*, pp. 66–7. Another kind of emigration (not necessarily a permanent one) into the Gold Coast and to French Togoland, which was discussed very fully in the reports to the League (see *Report 1922*, p. 17; *1923*, pp. 33–4; *1929*, p. 29; *1932*, p. 40; *1934*, p. 35; *1935*, p. 34), is that of women going 'to the coast towns and other big centres for the purpose of prostitution'.

[6] See *Report 1931*, p. 66.

[7] See *Report 1920–1*, p. 7; *1922*, p. 17.

CONCLUSION

THERE is not the least doubt that the population of the Territory has increased since the grant of the Mandate to the British, but whether this was due exclusively or only in part to immigration it is impossible to tell with certainty. However, there is no indication that fertility is low, while on the other hand there is no indication that mortality is particularly high. It is, therefore, not unlikely that part of the population increase was due to genuine population growth.

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[1] *B.C.*=British Cameroons; *B.T.*=British Togoland; *F.C.*=French Cameroons; *F.T.*=French Togoland; *G.C.*=German Cameroons; *G.T.*=German Togoland.

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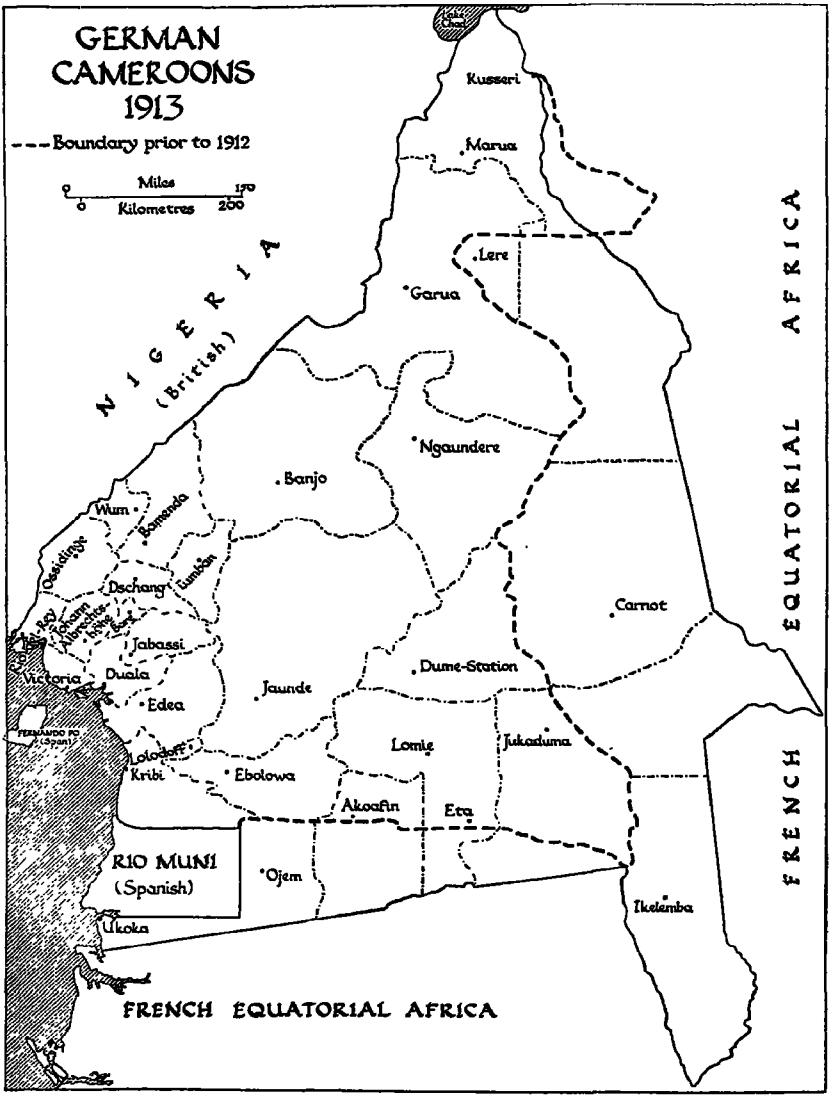
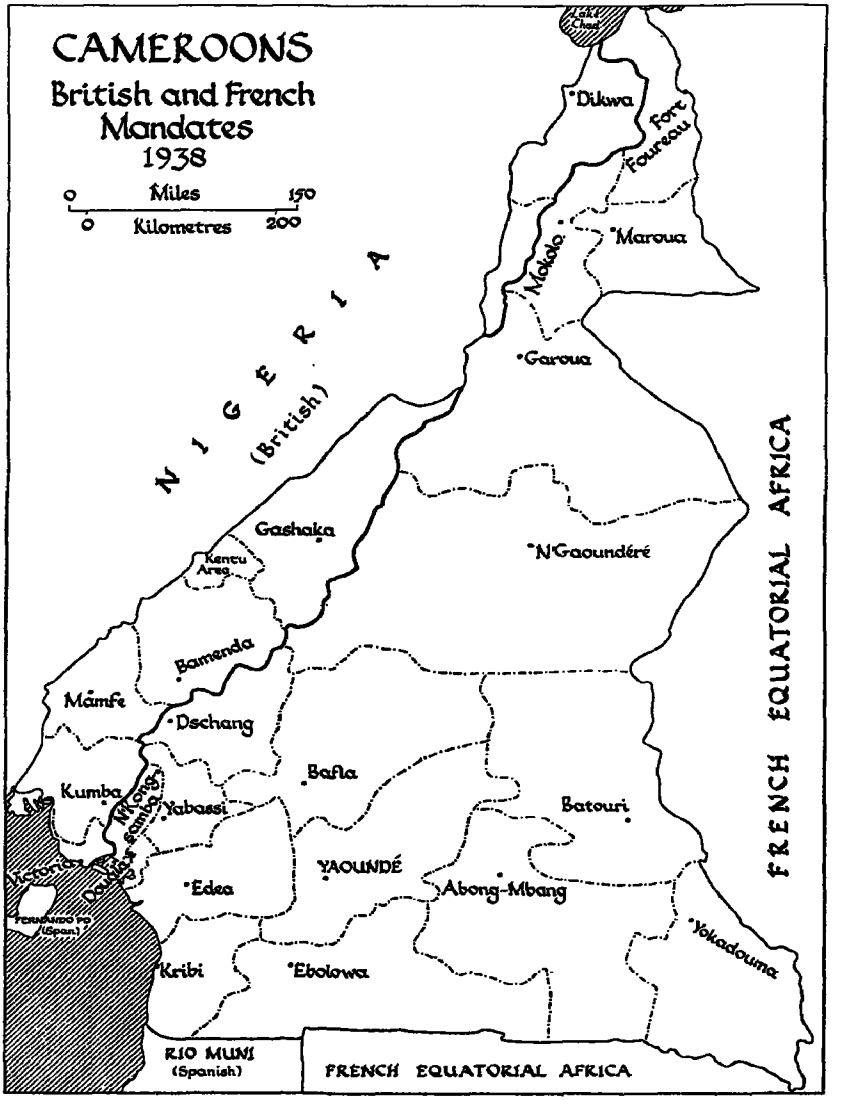
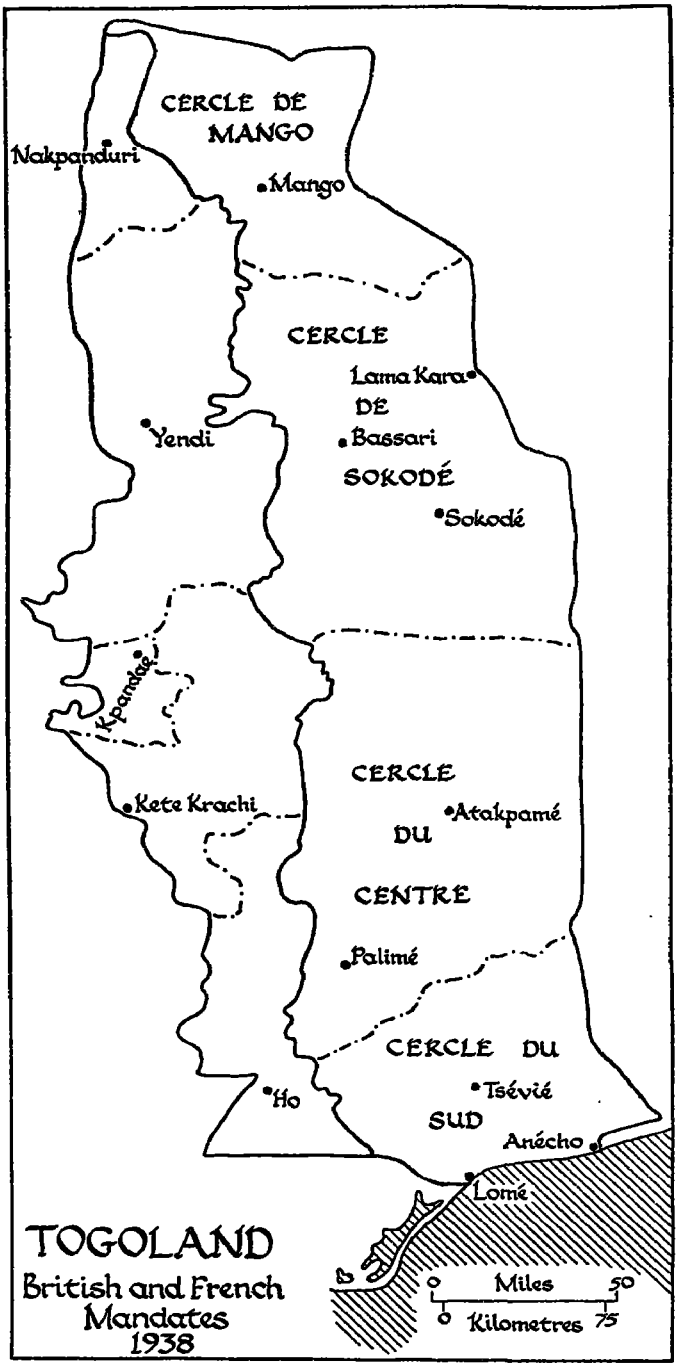

GERMAN CAMEROONS 1913
---Boundary prior to 1912
Miles 150
Kilometres 200
NIGERIA (British)
FRENCH EQUATORIAL AFRICA
Lake Chad
Kusseri
Marua
Lere
Garua
Ngaundere
Banjo
Wum
Bamenda
Dschang
Tumbon
Jabassi
Victoria
Duala
Edea
Jaunde
Dume-Station
Carnot
Lomie
Jukaduma
Ebolowa
Akoafim
Eta
Kribi
Lolodorf
RIO MUNI (Spanish)
Ojem
Ikelemba
Ukoka
FERNANDO PO (Spain)


CAMEROONS
British and French
Mandates
1938
0 Miles 150
0 Kilometres 200
NIGERIA
(British)
Dikwa
Fort Foureau
Maroua
Mokolo
Garoua
Gashaka
Kentu Area
N'Gaoundéré
Bamenda
Mamfe
Dschang
Bafia
Kumba
Yabassi
Batouri
YAOUNDÉ
Edea
Abong-Mbang
Victoria
Cameroon Mt.
Fernando Po (Spain)
Kribi
Ebolowa
Yokadouma
RIO MUNI (Spanish)
FRENCH EQUATORIAL AFRICA
FRENCH EQUATORIAL AFRICA


CERCLE DE MANGO
Nakpanduri
Mango
CERCLE DE
Lama Kara
Yendi
Bassari
SOKODÉ
Sokodé
Kpandae
CERCLE DU CENTRE
Kete Krachi
Atakpamé
Palimé
CERCLE DU SUD
Tsévié
Ho
Anécho
Lomé
TOGOLAND
British and French Mandates
1938
Miles 50
Kilometres 75

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