Domination and Resistance: Epidemic and Exile in the German Togoland Colony

Dennis Laumann*

Abstract
In 1914, King Dagadu III of Kpandu was forced into exile by the colonial regime in German Togoland. The king’s banishment was the culmination of friction between his royal court and the German colonial administration. The roots of this conflict lay in Germany’s suspicions that Dagadu remained too friendly with his former British allies in the neighboring Gold Coast. Tensions came to the surface, however, with the outbreak an epidemic in Kpandu. The primary charge against Dagadu was that he encouraged resistance to a German vaccination campaign against the spread of sleeping sickness. From the perspective of the people of Kpandu, the vaccination effort itself was to blame for the rising death toll in their town and the disease affecting them was meningitis. This story provides a lens through which to explore how domination and resistance in colonial Africa was played out in the arena of medicine. While the Germans believed their knowledge of health was ‘rational’ and ‘scientific’, the people of Kpandu viewed their colonizers as ignorant bullies who lacked a proper understanding of local medicine. Based on Ghanaian oral history and German colonial records, this article considers conflicting notions of health and illness and contested spaces of sovereignty in the colonial state.

Résumé
En 1914, le Roi Dagadu III de Kpandu fut forcé à l’exil par le régime colonial vers la colonie allemande du Togo. Le bannissement du roi pouvait être considéré comme le point culminant d’une série de frictions entre sa cour royale et l’administration coloniale allemande. À l’origine de ce conflit sont les soupçons que les Allemands nourrissaient envers Dagadu qui à leurs yeux demeurait trop amical avec ses anciens alliés britanniques de la Côte d’Or voisine. Cependant, des tensions firent surface au début d’une épidémie à Kpandu. La première charge contre Dagadu était qu’il encourageait la résistance contre une campagne de vaccination allemande dont le but était de freiner la propagation de la maladie du sommeil. Du point de vue du peuple de Kpandu, cette campagne de vaccination était la cause de l’augmentation des décès dans leur ville alors que le
Introduction

On March 11, 1914, Chief Dagadu III of Kpandu was picked up by officials of the German Togoland colony at the Lomé train station for immediate transportation to the ‘Henry Woermann’, a ship docked at the town’s harbour. Under arrest, Dagadu was being sent to exile in the Cameroons, Germany’s other colony in West Africa. Dagadu’s exile was the culmination of friction between his court and the German colonial regime, rooted in German suspicions that Dagadu remained too friendly with his former British allies in the neighbouring Gold Coast. Tensions came to the surface, however, with the outbreak of what the Germans thought was a sleeping sickness epidemic in Kpandu. After his expulsion from German Togoland, Dagadu remained in a prison in Duala for about nine months until his release by British forces which defeated the Germans in Cameroon.

During the epidemic, German colonial authorities went about the town examining the necks of men for symptoms of sleeping sickness and rounding up those they suspected of being infected with the disease. These men were sent to a quarantine camp at Kluto, the headquarters of the local German district commissioner on a hill overlooking Kpandu, where many of them died. Dagadu protested these actions to colonial officials and encouraged his subjects to resist a German vaccination campaign, which residents of Kpandu believed was the cause of the deaths. The colonial regime responded by arresting and exiling the chief.

This paper will provide a narrative of these events based on oral history from Ghana, German archival records, and secondary sources. The episode described here provides another example of an African monarch exiled by a European colonial regime and offers a lens through which to explore how domination and resistance in colonial Africa was played out in the arena of an epidemic. While the Germans believed their knowledge of disease and medicine were ‘rational’ and ‘scientific’, the people of Kpandu viewed their colonizers as ignorant bullies who lacked a proper understanding of the local ecology. Faced with opposition to their vaccination campaign, the Germans resorted to force, removing Kpandu’s supreme political authority. Colonialists...
used medicine as ‘a tool for domination’ and an epidemic serves as an instructive historical moment to examine the nature and extent of colonial rule and resistance.

**Background to the German Occupation**

Kpandu is a large, mostly Ewe-speaking Ghanaian town on the east bank of the Volta River about 90 miles (144 km) north of the Atlantic coast. Historically, it was part of the Krepi Ewe state, along with Ho and Hohoe, two other large towns in the present-day Volta Region of Ghana. After 1880, Kpandu and the rest of the Krepi state were administered by the British as part of the larger Volta River district of the Gold Coast protectorate. Ten years later, Kpandu, Ho, and Hohoe were consigned to German occupation through the Heligoland Treaty of 1890. But, as Peki, the Krepi capital, remained in the Gold Coast, this pact between European imperialists divided the Ewe state and ‘separated farms and lands from their owners [and] relatives from their families’.

At first, Kpandu was reluctant to break ties with the British and accept German authority, but the Germans raised the spectre of a military assault. According to Gilbert Joel Nyavor, an oral historian:

The Germans gave a condition: either the Kpandus accept the German flag or Kpandu would be shelled with bullets. So, [the chief] sent a messenger to Williams, the English colonial administrator, for help. The English sent word to him that they had already handed over the Kpandu area to the Germans, so they could not help the situation. It was then that the Kpandus accepted the flag, thereby bringing Kpandu under German rule.

And, in fact, the court at Kpandu came to view the European-demarcated boundary positively in relation to its own regional power. In a letter to the Gold Coast governor in Christianborg, William Brandford Griffith protesting the new boundary agreement, the Krepi King, Kwadzo Dei VI, derided the decision by the chief of Kpandu to accept the German flag. The king’s concern partly was based on fears that Kpandu (as well as Ho) would assert its independence from Peki. On the German side of the boundary, Kpandu was the largest and economically most important Krepi town. In its dealings with the Germans, the royal court sought to highlight this fact as a way to affirm its autonomy from Peki and develop its supremacy over surrounding towns and villages.

At the time of the treaty, the ruler of Kpandu was Dagadu II (also known as Dagadu Nyavor) who ruled from c. 1866 to 1897 and was a paternal relative of Dagadu II, the main subject of this paper. Dagadu II’s authority over the area around Kpandu initially was admired by the Germans. Heinrich Klose, a German traveller who participated in a so-called scientific expedition...
to German Togoland in the 1890s and published an account of his brief visit to Kpandu,\textsuperscript{11} wrote approvingly of the chief: ‘Dagadu is the first chief in the entire Ewe country who maintains any real rule over his subjects. The sub-
chiefs in the Kpando region have little to say and are entirely dependent on
his energetic will’.\textsuperscript{12}

Dagadu’s authority was significant to the Germans, who were frustrated
by what they regarded as the lack of a centralized system of power in
Eweland.\textsuperscript{13} In southern Togoland, which included Kpandu, the German regime experimented with forms of direct and indirect rule. Most chiefs were
appointed by the colonial government, and nearly all were replacements for
their predecessors who had signed ‘treaties’ with the Germans. The new
chiefs, generally younger and selected for their ‘energy and obedience’, were
often viewed as illegitimate by the population they presided over and
‘commanded little respect from the community elders’.\textsuperscript{14} Thus, the fact that
Dagadu’s authority was recognized by both his subjects and the German
regime was a notable exception in the colony.

The German’s respect for Dagadu II eventually turned to disdain and
distrust. The primary source of German hostility was Kpandu’s continuing
economic, political, and social links across the Volta to the Gold Coast. These
relations existed not only amongst Ewes and other ethnic groups in the area,
but also between Kpandu and the British. Before the British-German partition,
Dagadu II had established close relations with British merchants operating in
his town as well as with the British regime in Accra. These continued, despite
German protests and penalties.

Kpandu’s assertiveness was rooted in its heightened economic importance
in the area, particularly as a trans-shipment point in trade coming south from
Salaga.\textsuperscript{15} The Germans were preoccupied with economically linking northern
Togoland with the coast and thus preventing commerce from being directed
toward ports in the Gold Coast, namely Keta and Accra. Pre-existing
commercial links between Kpandu and Accra continued during the German
occupation, as agricultural goods were traded across the Volta River to the
Gold Coast capital. Initially, a ‘small tax’ had to be paid by traders at a
customs point in Kpandu but later the Germans often punished residents of
Kpandu when they returned from ‘their economic activities’ in the Gold
Coast, imposing a one pound fine and a one-month jail term on each offender.\textsuperscript{16}

Frustrated by the Kpandu court’s refusal to sever economic ties to the
Gold Coast, the Germans attempted to forcibly occupy Kpandu. In 1894,
the German colonial police force attacked and destroyed several towns in
the Kpandu area, confiscated property, and imposed fines on some of the
inhabitants of the razed communities.\textsuperscript{17} The German military campaign not
only was aimed at establishing colonial authority in Kpandu but, more
importantly, in promoting the redirection of commerce towards their capital at Lomé. By 1896, a German colonial officer cautiously reported that ‘Dagadu gives the impression that at this stage he is solidly on the side of German interests’.18

A German station was established in Kpandu in 1897, the same year in which Dagadu III was installed as the new chief or, in local terminology, assumed the stool.19 To the German occupation, historian D. E. K. Amenumey, this:

dealt a blow to Kpandu’s power and prestige by setting a number of Kpandu’s former vassal villages up as independent of it. After this, Dagadu’s position could not be compared with that of even a subchief in the neighbouring Gold Coast.20

The German Togoland Colony

With a new administrative presence in Kpandu, the death of their adversary Dagadu II, and an untested new chief, the Germans proceeded to extend their colonial system from the coast. Oral historians today recall a highly-centralized, efficient, and sometimes brutal authoritarian regime which imposed frequent and arduous dictates on the Togolanders.

Misahöhe was the seat of the German official responsible for Kpandu and surrounding areas which constituted the Misahöhe district.21 Hans Gruner, who served as district commissioner for most of the German occupation, is so well-remembered by oral historians today that they refer to the German colonial period as ‘Gruner’s time’. Edward Kodzo Datsa states: ‘The name that we came to hear of, in our early childhood, was Dr Gruner. He is said to have been a very strong administrator, very disciplined’.22

Oral historians emphasize that the district commissioner’s decisions were absolute. ‘This place was governed by decrees from the Kaiser’, Datsa asserts, ‘You dared not question the District or Provincial Commissioners on this, as to their legality’.23 Seth Adu explains, the ‘highest authorities’ were based at Misahöhe and ‘whenever a case was beyond the jurisdiction of the authorities’ in a town like Kpandu, ‘it was referred to Misahöhe’.24

The German district commissioners exercised nearly complete administrative, judicial, and military powers. The colony’s penal code of April 1896 granted them absolute authority over the population they ruled and allowed district officers to punish Togolanders through beating, by delivering sentences of hard labour, and by imposing fines.

The Germans, like all European imperialists, mainly were focused on controlling African labour and economic activities. In addition to trying to redirect trade to Lomé, the Germans also prohibited African merchants from exporting produce and manufactured goods and restricted them to retail
trade. Aggressive policies were implemented to expand the cultivation of cash crops in the southern part of the colony. In 1907, the German regime decreed that compulsory labour should be salaried and used exclusively for public works projects, yet flogging was still employed as the primary means of coercing Togolanders to perform forced labour. Both direct and indirect taxes were imposed on the Togolanders, ranging from import duties, which remained the regime’s main source of income throughout the occupation, to income, urban, emigration, and dog taxes, as well as a levy for flying the German flag.

The Germans invested minimally in social services for the Togolanders. The regime mostly relied on missionary groups, notably the North German Missionary Society, to provide schooling at their stations. Towards the end of the occupation, the German administration established several governmental schools, but educational opportunities remained extremely limited. Children were often sent by their families to the Gold Coast for post-primary education. Many other Togolanders emigrated to the British colony to escape the harshness of the German occupation.

Health care was prohibitively expensive, if at all accessible, since only a few hospitals provided services to Togolanders and missionaries often offered the only access to western medicine. The German regime concentrated its efforts on combating infectious diseases and epidemics, usually by providing vaccinations. Those afflicted with leprosy, for example, were ‘isolated and camped in Lomé’ and could be visited only with permission from German authorities, Adu explains. Anyone entering the leprosy centre was vaccinated and ‘could neither eat nor drink anything there’. During an epidemic of sleeping sickness, the government dispatched ‘special doctors who went about treating the afflicted by giving them injections’. Another quarantine centre was established at Kpalimé (in present-day Togo), according to Matthias Yevu Tegbe, who asserts the Germans were consistent in their campaigns against infectious diseases. ‘Any time there was an epidemic’, he says, ‘the people attacked were quarantined in order to prevent the diseases from spreading any further … and when healed they returned to their communities’.

In their efforts to contain infectious diseases, the Germans also enforced border controls, in order to stop travellers afflicted with any of these diseases from entering Togoland. During an epidemic in Dahomey, for example, people coming from the French colony were denied entry. Similarly, when an outbreak of smallpox was reported in the Gold Coast, residents along the colonial boundary were not allowed to cross into the British colony. Atafe Badasu maintains that whenever a traveller passed the border between the colonies in either direction, they were vaccinated.
In addition to the vaccination programmes, the quarantines, and the border controls, the Germans regulated the sale of foods. According to Adu, there were ‘sanitary inspectors’ who checked the markets and disposed of food which was ‘found to be unwholesome’.

Western medicine, particularly the vaccinations, was not always welcomed by the Togolanders, however. Adu explains that some Togolanders refused vaccinations, but they were simply ‘arrested and vaccinated’ by officials, who were escorted by the police. He explains that ‘some people thought the injections were lethal, that is why they didn’t want to be vaccinated’.

The Epidemic in Kpandu

According to oral historians, an outbreak of cerebro-spinal meningitis in Kpandu in 1912, in which many of those injected by the Germans died, led to a direct challenge to the German occupation. Nyavor describes the events surrounding the epidemic thus:

There were mass protests or complaints during the crisis period. [In addition to cerebro- spinal meningitis] others also suffered from sleeping sickness and strangely, too, all these ailments attracted the same treatment, which caused deaths. The people protested to Chief Dagadu, who was considered as the person who could champion their cause against the mass deaths.

Jane Atakumah, a granddaughter of Dagadu III, corroborates this account, explaining: ‘There was a strange disease and many people died and many people stood against [the Germans] because they were responsible for those deaths’. Bakotse confirms, ‘While the Germans were here, I was told that a disease broke out which was called the “neck disease”. I do not know the English name but I hear the individual’s neck was tested with the hand’.

German colonial-era sources corroborate much of this oral history, but confidently identify the disease as sleeping sickness and of course, belittle the protests of the people of Kpandu. In the Lomé regime’s yearly report for 1911-1912, it was noted that there was significant opposition to the work of a sleeping sickness commission established by the colonial regime, but the Germans felt certain of their ability to contain the protests. The report stated:

Isolated cases of death and blindness in the sleeping sickness camps on Kluto created the grounds for a big agitation amongst the population of Misahōhe against the sleeping sickness commission. The agitation became known through more or less secret meetings and mass petitions. The majority of the population of the district came together under the leadership of Chief Dagadu and the former chief of Gidegide, whereby the unruly and chaotic elements, namely the fetish priests whose income and influence were damaged by the European doctors, stoked the fire of dissatisfaction. Strict actions against the ring leaders and a renewed, thorough effort to explain
the purpose of the campaign against sleeping sickness directly caused the movement to fully subside.38

Indeed, the report for the following year notes that resistance to the campaign against sleeping sickness was no longer in evidence, the advice of German doctors was being followed, and the chiefs were supporting them in their work.39

Dagadu’s own version of events is purported to be presented in a short volume published at the end of the First World War titled German Colonies: A Plea for the Native Races. Authored by the Governor of the Gold Coast, Sir Hugh Clifford, the purpose of this book was to present Germans as violent and irresponsible colonizers, a goal which must be understood in the context of efforts by the Allied nations, in particular Great Britain and France, to win control over the former German colonies.40 Yet, the series of events described in a section entitled ‘The Case of Dagadu’, in which the author states that the chief ‘related’ the story to him, seem consistent with the oral history.

The Clifford text explains that after issuing an order that the necks of men should be examined, those ‘who were found to have enlarged glands were removed from their homes and taken to a camp which the Germans had established’ at Kluto. It continues: ‘Shortly after their removal, said Chief Dagadu, these men died’.41 Dagadu went on a mission to Lomé to meet with German officials, including the Governor, Edmund Brückner, to protest the quarantine policy. The Germans refused to alter their strategy and, according to Clifford, ‘[t]he only message of comfort which [Dagadu] brought back to his people was that the Germans were about to experiment with a new drug which they had reason to think would prove more efficient that hitherto employed by them’.42

According to oral historians, Dagadu returned to Kpandu and encouraged his subjects to resist the German campaign against sleeping sickness. The chief and his advisors ‘rejected the law which prescribed the injection treatment’, Nyavor states. Gabriel Kofi Bakotse elaborates:

Whenever the disease was detected on you, you were sent to Kpalimé, not for treatment, but to be isolated until you died. So our chief Togbe Dagadu Anku decided enough was enough. He was not going to allow anybody to test the neck of his subjects anymore to find out if he had the disease or not.43

But, Nyavor argues, ‘The German colonial government did not like the protest’. Gruner, the district commissioner at Misahöhö, was furthermore incensed that Dagadu did not consult him before presenting his grievances to the central government in Lomé.44 Nyavor details the altercation between the two men:
This over-jumping of channel by Dagadu to the governor brought a conflict between Dagadu and Gruner. Gruner claimed Dagadu was disrespectful. So, he decided to punish him. He fined Dagadu and the Kpandu state an amount of 10,000 pounds. This official imposed the fine in order to incite the people of Kpandu against Dagadu, but the Kpandu people did not agitate and even when the law was repealed, the people jubilated extremely. This heightened Dr Gruner’s anger towards Dagadu.45

Not long after, on accusation that he had written a letter maligning the German monarch, Dagadu was de-stooled, that is, is stripped of his authority and rights as ruler, and imprisoned for three months at Misahöhe by Gruner, with the assistance of Perl, the German official based at Kpandu, and a police detachment. A British flag given to the previous chief by Gold Coast officials in 1886 and retained by Dagadu was seized from him.46 Nyavor states that ‘there was complete uproar in Kpandu on that fateful day’. Although he ‘vehemently denied’ authoring the document, Dagadu was told by Gruner that his case had been tried and that his punishment would be permanent exile in Cameroon.47 In his book, Clifford maintains that Dagadu was accused of having written two letters, one to the German Minister of Colonies and the other to Clifford himself, both critical of German policies in Togoland. ‘Neither of these letters was ever produced then or later’, Clifford writes, ‘...and the one which is alleged to have been addressed to me certainly never reached its destination’.48

According to Nyavor, Dagadu on several occasions ‘revealed certain bad practices by the Germans against the people of Kpandu’ in his communications with the British, his former allies. The chief was ‘just arbitrarily tried, found guilty, and sent on exile’, which was ‘his punishment for insulting Kaiser Wilhelm the Second and also because it was realized he preferred English rule to German rule’.49 Atakumah, Dagadu’s granddaughter, concludes ‘it was a bitter experience to the people because he was a great ruler who helped his state’.50

Dagadu’s exile was not permanent, of course, as barely half a year later, the First World War began, and the combined forces of the British and the French invaded Togoland from their neighbouring colonies. The Germans quickly surrendered, after only a few skirmishes, on 26 August 1914. Likewise, the Germans abandoned Cameroon, where, according to Clifford’s account, a German official ‘entered Dagadu’s cell in tears, wrung him by the hand and, leaving the doors open, took his departure sobbing bitterly’.51

Oral historians credit the British with freeing Dagadu from jail. Bakotse describes the liberation and return of Dagadu as follows:

When the British entered the prisons in Cameroon, they saw a certain man shouting ‘king! Dagadu! Kpandu!’ several times while pointing to himself.
The English had heard the story of Dagadu while they were in Kpandu so they realized that must be the king spoken of in Kpandu. He was, therefore, released from prison and brought to Kpandu. From Cameroon, he was brought first to Lomé which was the capital, then to Kpalimé from there he was brought down to us in Kpandu. The day of his arrival was a big celebration... That is why people could or can still boast that ‘I have even seen Dagadu’s return from Cameroon so I am not moved by anything today’, meaning what is happening in modern days cannot be compared to the olden days when Dagadu returned to Kpandu.52

In a parting shot to the Germans, Dagadu was reported to have sent a contribution of $500 towards the costs of war to the political officer in British-occupied German Togoland, writing, according to a short article in the New York Times:

> It was my willing [sic] to give more than what I have done above, but on account of the Germans, and owing to their bad treatment giving, most of my village young men have removed from this land and entered into another colony for their daily bread, and also my land is very poor to say. May God the Almighty bless the Great Britain to master the victory ... God save the King!53

**Conclusion**

The foregoing historical episode can serve as a case study to consider the themes of this issue: domination and resistance played out in different arenas, every day, in small and big ways, in the colonial state. A vast and engaging literature, born in the reclamation of African history in the 1960s, considers the myriad methods of resistance employed by Africans across the continent. And, of course, Africanists established that oral history is a key source for capturing African perspectives on the colonial experience. A more recent but rapidly growing scholarship has shown disease and medicine as contested matters in the colonial epoch. In an influential work on sleeping sickness in the Belgian Congo, Maryinez Lyons argues that the study of the intersection of disease and medicine at key moments illuminates the realities of colonialism.

Highlighting the similarities between the epidemic and Kpandu and the events described in Lyons’ book is informative and reveals general features of disease and medicine in colonial Africa. First, European colonialists were preoccupied with containing epidemics and viewed their cause partly in what they considered unhygienic conditions and practices in African communities. Second, as the field of ‘tropical medicine’ was developing in Europe at this time, doctors in this specialization were dispatched to the colonies to study and control epidemics. Lastly, these efforts were not always welcomed by
the communities who were supposed to be the beneficiaries of western medicine.

Ambivalence or resistance to colonial medicine (a preferable term to western medicine in this context) was rooted in many factors. Often there was disagreement between Europeans and Africans as to the proper diagnosis of the disease affecting a community, as evidenced by the Kpandu epidemic. Moreover, European doctors many times provided counterproductive – or again, in our case – fatal medicine. It must be emphasized that there was no proper vaccine to combat sleeping sickness at this time (and up through today) so what the German doctors injected into those Kpandu residents was purely toxic, leading to their deaths. Additionally, colonial medicine was dispensed or imposed through the assistance of all the other mechanisms available in the colonial regime’s arsenal, ranging from administrative orders to outright violence.

As Lyons shows in her case, areas affected by an epidemic ‘experienced the full shock of colonial efforts to contain and eliminate sleeping sickness’. She continues, ‘For many peoples in northern Congo, their first and perhaps most vivid meetings with the new European colonial administration were directly related to the issue of sleeping sickness’. Thus, in its self-perceived mandate to cure the ills of Africans (if only to ensure a reliable labour force and the extraction of wealth), European regimes often resorted to the worst abuses associated with colonialism.

Returning to the epidemic in Kpandu, it is easily conceivable that a historian writing on this historical episode, consulting only the German archival records, would concur with the facts and interpretation presented in those sources. For example, the Germans were confident the disease affecting residents of Kpandu was sleeping sickness, and that their vaccinations would stop its spread. Additionally, they understood resistance to their medical strategy as senseless agitation instigated by a disloyal chief and irrational priests.

The oral history, of course, tells a very different story. The residents of Kpandu, who had long and immediate experience with the diseases found in their environment, diagnosed the ailment as meningitis. They quickly concluded that the primary cause of the deaths was German medical ineptitude, beginning with a failure to properly diagnose the disease and continuing with the use of either ineffective, inappropriate, or fatal vaccinations. And, lastly, the people of Kpandu registered their opposition through their legitimate authority, the chief, whom they entrusted to deal with the German colonizers. Today we can confirm that the people of Kpandu were correct in their assessment of German medicine.

Nevertheless, in the colonial context, the Germans were in a position of power which they exercised by removing and exiling the legitimate ruler of
Kpandu. Dagadu resisted German authority by first questioning and then advocating a boycott of the German medical protocol. The Germans perceived Dagadu’s opposition as further proof of his continued alliance with the British against German interests. Thus, the conflict between the ‘modern’ nation (Germany), as represented by its local colonial officials, and the ‘traditional’ chieftaincy (Kpandu), also provides an opportunity to consider notions of sovereignty in the colonial state. Faced with the united resistance of the people of Kpandu, the German regime’s only recourse was to carry out a coup d’etat. At first, Dagadu followed colonial procedure by registering his complaints with the German administration but ultimately he defended the sovereignty of his court and his people by refusing to follow German orders. In turn, the Germans further, and they hoped permanently, undermined and the independence of Kpandu by exiling its chief.

Although a distant, brief and (outside Kpandu) little-known historical episode, one which occurred in an equally obscure, short-lived colony, the events discussed in this paper nonetheless have relevance to the issues raised by our conference. And while the story relayed here is based on specific events in a particular place in the past, these types of interactions continue to occur in Africa today, as local notions of disease and medicine are often brushed aside in the name of medical research. Consider, in recent years, the heated debates around Thabo Mbeki’s statements and policies on HIV/AIDS in South Africa and the polio vaccination campaign in northern Nigeria. Those questioning the dominant medical discourse are dismissed as irrational, irresponsible, or worse. But, it may serve as a reminder to note what Lyons points out her work that:

by the early twentieth century, many African peoples perceived the increased incidence of disease as a kind of biological warfare which was part of the recent overall upheaval and chaos brought about by European military conquest and the roughshod tactics which accompanied early implementation of colonial authority.\(^\text{55}\)

Notes

1. Thanks to Peter Sebald in Berlin for generously providing relevant archival materials and guidance at the Staatsbibliothek zu Berlin Preussischer Kulturbesitz; Anindita Nag for research assistance at The University of Memphis; and Emmanuel Akyeampong and Richard Rathbone for feedback after a presentation at the International Conference on Chieftaincy in Africa: Culture, Governance, and Development in Accra in January 2003. Research for this paper was conducted through a United States Fulbright Grant and a Faculty Research Grant from The University of Memphis.

2. FA 3/366, p. 277. Dagadu III is also known as Dagadu Anku.
4. The marked enlargement of the lymph nodes at the back of the neck is a common sign of sleeping sickness.
5. In this area of Africa, the best-known case is of Prempe I, the Asantehene (king of the Asante), who was exiled by the British in 1896. In that year, Prempe was arrested after the British invaded Asante, occupied the capital of Kumasi, and declared the kingdom dissolved. He was sent into exile first to Sierra Leone and then to the Seychelles. Prempe was allowed to return to British-occupied Asante in 1924 but was not recognized by the colonial regime as the Asantehene.
9. The text of this letter appears in Asem, 48.
11. Heinrich Klose, *Togo unter deutscher Flagge* (Berlin, 1899). The sections of this work describing areas of present-day Ghana have also been published as Klose’s *Journey to Northern Ghana*, trans. Inge Killick (Legon, 1964).
13. Of course, this was in stark contrast to what their neighbouring colonialists, the British in the Gold Coast and the French in Dahomey, found amongst larger historically expansionist ethnic groups, such as the Akan (Gold Coast) and the Fon (Dahomey).
14. Chiefs in southern Togoland were responsible for publicizing and enforcing orders of the administration in Lomé, maintaining roads for travel and commerce, marshaling labour, and reporting outbreaks of disease the German regime. Chiefs received a minimal share of taxes collected, were allowed to maintain a small police force, and were issued ‘official garb’ to wear. They had jurisdiction over civil cases but criminal matters were handled by German officers (Arthur J. Knoll, *Togo Under Imperial Germany 1884-1914* (Stanford: Hoover Institution Press, 1978), 47-8 and Amenumey, ‘German Administration’, 630.
19. Chiefs throughout this general area ‘occupy’ ‘stools’, which are the symbols of royal families.
21. This district encompassed today’s central Volta Region, including the towns of Ho and Hohoe, as well as the area around the Togolese town of Kpalimé.
26. Seth Adu (Ho: 15 June 1997) and Mathias Yevu Tegbe (Hohoe: 17 June 1997). The diseases treated by the Germans included leprosy, sleeping sickness, smallpox, and influenza.
27. Seth Adu (Ho: 7 March 1997).
29. Seth Adu (Ho: 7 March 1997).
30. Mathias Yevu Tegbe (Hohoe: 17 June 1997). He asserts that there were additional quarantine centres.
31. Seth Adu (Ho: 15 June 1997) and (Ho: 7 March 1997).
32. Seth Adu (Ho: 15 June 1997).
34. Seth Adu (Ho: 7 March 1997).
35. Seth Adu (Ho: 15 June 1997).
36. Gilbert Joel Nyavor (Kpandu: 5 March 1997).
37. Jane Atakumah (Kpandu: 5 March 1997).
40. Clifford bases his assessment on observations he made and interviews he conducted during visits to Togoland, both during the period of German rule and after the allied victory and examines the use of forced labour, German violence towards women, and other abuses. Clifford’s tract is typical of a number of publications by British writers who sought to portray the Germans as failed colonizers in order to strengthen Allied claims on their colonies. For a discussion of this literature, see Dennis Laumann, ‘A Historiography of German Togoland, or the Rise and Fall of a "Model Colony"’, History in Africa, 30 (2003), 195-211.
41. Clifford, 75-6.
42. Clifford, 76-7.
43. Gabriel Kofi Bakotse (Kpandu: July 2001).
44. Dagadu did stop at Miasahoe before visiting Lomé, however, according to the version of events detailed in Clifford (76).
45. Gilbert Joel Nyavor (Kpandu: 5 March 1997).
47. Gilbert Joel Nyavor (Kpandu: 5 March 1997). Jane Atakumah (Kpandu: 5 March 1997) also discusses Dagadu’s forced exile to Cameroon by the Germans.
49. Gilbert Joel Nyavor (Kpandu: 5 March 1997). Despite his continued resistance to the Germans, however, Nyavor claims that Dagadu ‘condemned each colonial power to the other’, and also criticized British policies in the Gold Coast.

50. Jane Atakumah (Kpandu: 5 March 1997).


52. Gabriel Kofi Bakotse (Kpandu: July 2001).

53. ‘Chief Welcomed British’.

54. Lyons, 3.

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In the Cameroons (German: Kamerun), invaded by Allied forces from the south, the east, and the northwest in August 1914 and attacked from the sea in the west, the Germans put up a more effective resistance, and the last German stronghold there, Mora, held out until February 18, 1916. Operations by South African. Germany’s overseas colonies, virtually without hope of reinforcement from Europe, defended themselves with varying degrees of success against Allied attack. Togoland was conquered by British forces from the Gold Coast (now Ghana) and by French forces from Dahomey (now Benin) in the first month of the war.