

Full Length Research Paper

British colonial reform of indigenous medical practices amongst the Asante people of the Gold Coast, 1930-1960

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This paper focuses on the influence of the colonial administration on indigenous medical practices amongst the Asante people of the Gold Coast. The extent of the influence caused the indigenous medical practitioners to form herbalist unions and associations among others. The British Colonial administration further introduced through some advanced native heads, the registration of indigenous healers. These, among other things, prevented quackery in the indigenous medical field. Data for the historical narrative were gleaned from archival sources. Such evidence is corroborated with oral interviews and secondary sources from books. The historical narrative in this paper fills a gap several historical studies in the area of colonial reform and influence on the Gold Coast and Asante in particular has not been fully looked at.

Key words: Colonial administration, license, psychic and traditional healing, Asantehene, association of African herbalist.

INTRODUCTION

According to Edmund Burke, the Irish-born British statesman and philosopher, "People will not look forward to posterity who never looked backwards to their ancestors" (Buah, 1998). It is therefore essential to study the past, to inform the present and to shape the future. One of the important themes which have been of keen interest to both researchers and historians alike has been

the nature of the relationship between Europeans and Africans before, during and after colonization. Closely linked to this is the impact or influence the Europeans had on Africans during and after colonization. It is essential to state that this paper focuses on some of the influence the British colonial administration had on the Africans or indigenous people of the Gold and Asante in

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Abbreviation: IPH- Indigenous Priest Healer.

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particular. Attention is paid to the colonial administration's influence on indigenous medical practices in Asante.

According to Max Weber, the present society we are looking at is based upon what he refers to as "tribal system" which had currency before and during the colonial rule (Weber, 1964). In studying the indigenous Gold Coast society, attention could be paid to David Apter's social norms which are enshrined in traditional cosmological patterns (Apter, 1963). It is therefore not surprising that the indigenous people in the Gold Coast and Asante in particular, practiced such medicines that were highly influenced by their traditional cosmology. With such a traditional world view and arcane medicine, the British colonial administration was sometimes suspicious. The medical needs and well-being of the Gold Coast was sometimes perceived or literally seen to be under threat by quacks within the indigenous medical milieu. Attempts at reform were to nip this quackery in the bud. It was also within the period under review that the indigenous physicians desired to gain recognition and support from the British colonial administrators. Such persistence on the part of the British colonial administration to reform the system and open collaboration from the Africans in the Gold Coast made their collective efforts worth studying and bringing to the fore. The gains made in attempts at reforming the activities of indigenous healers which could not have been possible without the support of the native heads (chiefs) through the indirect rule system is worth paying attention to.

Prior to the advent of the Europeans to the Gold Coast also referred to presently as Ghana, there was a medical practice which was predominantly indigenous except those introduced by Muslim physicians or clerics. Diseases were noted to have been caused by disease demons, mostly necessitated by an act of misdemeanor of the offender who might be suffering from such health challenges. He or she was further precluded from engaging in the social activities till he or she was declared as healed by the indigenous medicine man.

Although spiritual attributions were given to diseases and treatment especially from the indigenous priest healer or medicine man, he or she did not only receive the measure of the spiritual power of the Supreme deity to help him or her to determine the cause of the disease but also to know the kind of herbs or stems or roots that would be useful to cure the disease. To a large extent, the patient or the sick person was also enjoined to stay away from committing further misdemeanor and was also enjoined to follow the instructions and rules set by the indigenous healer.

The territory then referred to as the Gold Coast by the Portuguese as well as other Europeans was medically pluralistic. The introduction of European medical forms which existed side by side indigenous medical practices

gradually gained dominance especially by the close of the nineteenth century when the British colonial administration had fully annexed the coastal regions of the Gold Coast (Ghana) which was also referred to as the colony. The gradual cessation of Asante power with the Yaa Asantewaa war of 1901 being the last straw which broke the camel's back, Asante plus her vassals were annexed. The Asante and the Northern territories came under the control of the governor at the Gold Coast superintended by the Queen of England.

It was the political control from England that gave the governor and his colonial staff the responsibility to take administrative decisions including health or medical care which tended to shape or influence the way of life of the indigenous people positively or adversely. One noticeable area which is healthcare saw the colonial administration regulating the medical field by encouraging enlightened chiefs like those in Asante to register indigenous medical practitioners or physicians. The success story of this resonated at the colony (coastal areas) of Ghana and was further adopted in 1948.

As early as the 1900s, the indigenous medical practitioners sought for ways to persuade or convince the colonial administration to enable them to continue with the practices. However the British colonial administration was sure of not wanting any quack within the field. The success or otherwise of this colonial legacy has not been fully captured, especially that of Asante still has gaps. The use of historiographical skills should permit us to come through the pages of mostly non-digitized and partially digitized primary archival sources to help bring to the fore some essential aspects of the colonial history.

MATERIALS AND METHOD

The article has been presented theoretically through the gleaming of information from archival and secondary sources. The archival evidence has been corroborated with the secondary sources. In the reconstruction of the colonial history in Africa, the use of archival sources has proved invaluable.

RESULTS AND DISCUSSION

Reform of Indigenous Medical Practices

The major challenge that confronted the indigenous healers and the colonial administration at large in the first half of the twentieth century was the attempt to modernize indigenous therapies or remedies, validate them by modern procedures and the attempt by the practitioners to persuade the colonial administration to license qualified indigenous healers.

The quest for recognition and the need for indigenous healers to improve upon their service delivery as

demanding by the colonial administration necessitated the formation of traditional healers associations like the Society of African Herbalists, which was formed at Sekondi on 12th December, 1931 with its president being Kwesi Aaba. Their quest was to raise the local practice of "Medical Herbalism" to a high and refined standard and to seek for a free and unhindered practice for its members (Patterson, 1900-1955). It has been noted that the colonial administration although came to terms with this fact, they denied them the official recognition they wanted but made no attempt to suppress herbalists or any other indigenous healers (Patterson, 1900-1955).

In 1934, efforts were made by the Society of African Herbalists to rid the indigenous medical system of what has been described by the colonial administration as charlatanry, fraud and superstition. This was attributable to the fact that several of the practitioners in Asante engaged in some form of religious practices, either in the form of propitiation of deities or the making of incantations. According to the colonial administration, it was the ignorance of the indigenous people couched in a belief in magic and witchcraft that cannot be explained by reason which resulted into a state of fear. Specifically, members of The Society of African Herbalists were required to report all contagious diseases to government doctors. In spite of these efforts, the indigenous healers were refused an official license of recognition because the colonial administration hinted that there were verifiable heaps of quack remedies in their practice (Patterson, 1900-1955). Also, it was considered unnecessary at that stage of the society's development. In addition, a colonial office circular dispatch, citing a suggestion made by Lord Hailey in an African survey that raised questions on studying native medicine, was rebuffed because the Medical Department lacked the resources to do so (Patterson, 1900-1955). Again, Kwesi Aaba proposed an herbalist school where he will teach subjects like African dietetics, material medicine, diagnosis, modern hygiene and sanitation. The others included African Herbal Massage or manipulative therapy, Astro-Herbalism and Organic Chemistry (Patterson, 1900-1955). However, this was to no avail. In his booklet, *African Herbalism: a mine of Health*, Aaba wrote and predicted that future African chemists will find useful medicines in local herbs. This was indirectly rejected on the premise that a study in African herbs was expensive. It was noted that any screening programme would be expensive and moreover, it had to be done in Britain because there were no local laboratories with the necessary facilities. The Department of Medical Service doubted that anything useful enough to enter into pharmacopoeia would be found, clearly a sign of disregard by the colonial administration for what the indigenous medical practitioners could provide for the indigenous people (Patterson, 1900-1955). Although the

indigenous healers were not given firm recognition, the Medical Department was fairly tolerant. They conceded that a minority, primarily among the herbalists, were honest and were able to help some patients. Customary rulers, as are found on the Asante Confederacy Council, were given the power to license traditional medical practitioners who were determined to be honest and capable.¹

By 1952, indigenous medical practice continued to be closely associated with deities and the role of their intermediaries who are also known as *Akomfo*. Again, there was an attempt by indigenous medical practitioners themselves to streamline their activities.² After the Association of African Herbalists, was another healing association that took off in the 1950s. This was the Ghana Psychic and Traditional Healing Association. At its embryonic stage, according to Kwaku Gyewahom, what is known to have become part of the Ghana Psychic and Traditional Healing Association formed with a grand opening in Larteh Akuapem in 1962 included members with no formal education.³ However, the literate amongst them did not understand what went into the indigenous healing practices. They joined the association for their personal gains. However, prior to the coming together of various practitioners in Kumase and for that matter Asante, individuals practiced in their enclaves and sometimes chose to do what pleased them.⁴

Unlike the Association of African Herbalists that sought to take out religious underpinnings in indigenous medical practice, the Association of Ghana psychic and Traditional Healers Association was formed under presidential directives to uphold, protect and promote the best in the traditions invested by the ancestors in the IPHs including priestesses and herbalists in Ghana. The membership of the association included herbalists, priests and priestesses.⁵ The Indigenous Priests and Priestesses who were admitted into the association were those who had successfully undergone training at a reputable shrine and possessed an unquestionable knowledge of Ghanaian herbs. Such practicing priests or priestesses were licensed. All the traditional priests and priestesses who had undergone intensive training in the herbal milieu were clearly classified as priest-physicians. Also, a person who possessed unquestionable knowledge about Ghanaian herbs acquired through a period of training at a reputable shrine or under a competent

¹ Ibid, Manhyia Archives of Ghana, Kumase, MAG 1/1/22, Applications for physician licenses 1934-1947

² An Interview with Kwaku Gyewahom, at his residence, Krofrom Abodwese, Kumase, 10th December, 2007

³ Ibid

⁴ Ibid

⁵ Ibid

¹⁴ Manhyia Archives of Ghana, Kumase, MAG 1/1/102A, Correspondence between the Ghana Psychic and Traditional Healing Association, Ashanti Regional Secretariat and the *Asantehene*, 3rd August, 1963

herbalist and was licensed to be a member of the Association.⁶

Members were required to pay a membership fee of four shillings a year. The executive members of the branch in Asante paid one pound four shillings a year. This was divided as follows: ten shillings was kept in the District Treasury, ten shillings in the Regional Treasury and four shillings in the National Treasury. This was to ensure the smooth running of the association, which was manned by a Chairman, Secretary, Organizing Secretary and the executives all year round.⁷

In spite of the goodwill of the members of the Association, it was found out that since its inception, the association suffered from several internal unrests. The following precipitated the unrest: extortion of money by officers, unpopular officers, disrespect shown to District Commissioners or Chiefs by officers of the association. The others included questions on the Local, Urban and City Councils especially in connection with the issuing and renewal of licenses as well as tensions brewed by the interference of medical authorities and foreign agents.

⁸ In spite of its setbacks, the association had regulations which would guide it and the entire indigenous medical practice in Ghana and Asante in particular into future prospects.

Regulations for the psychic and traditional healing association

The association aimed at upholding, protecting, and promoting the best in psychic and traditional healing in Ghana, and collectively to cooperate with the Ghana Medical Association and the Ghana Academy of Sciences in the promotion of the science of herbalism, as well as psychiatric and psychosomatic treatment.⁹ Membership was opened to any person actively engaged or interested in psychic and traditional healing in Ghana, for example, herbalists, priests and priestesses as well as those associated with shrines. Membership carried with it the obligation to accept and abide by the aims of the association and refrain from acts that could bring the association's name into disrepute. In addition, members were to refrain from any practices, which could in any way endanger public health and morality.¹⁰ Such a regulation was essential because it had the tendency to prevent quackery and also ensure public safety.

The constitution of the association placed it under three functional headships in terms of organization and administration. These were the National, Regional, and District levels. The activities of the association were formulated and supervised by a National Committee comprising a National Chairman, National Vice Chairman, National Secretary, National Treasurer and National Organizing Secretary. Not more than one of these officers was to be from one region.¹¹ The National Committee was required to meet at least once every quarter. The National Chairman, in consultation with the National Vice Chairman, and the Regional Chairman, convened meetings. Two-thirds of the recognized members formed a quorum. The National Committee consisted of selected people from the various districts. The names of the proposed officers were to be submitted two months in advance. These were voted on by the outgoing members of the committee. Officers were elected annually.¹²

Again, regional officers were determined by the National Committee in accordance with the political and administrative regions of the nation. Each region had the following officers: The Regional Chairman, Regional Vice Chairman, Regional Secretary, Regional Treasurer and Regional Organizing Secretary. The officers at the regional level were elected annually by popular votes of candidates or electorates that represented the various districts. Two thirds of the recognized members formed a quorum.¹³ Also, the district branch formed the unit of the association. It comprised all indigenous priests and priestesses as well as herbalists who formed the membership in a district. There was an indigenous Head-Priest or Priestess who was chosen in consultation with the District Commissioner and the chiefs concerned. The executives at the district level were made up of competent indigenous healers in the district, at least one from each town or village. The district branch was required to meet periodically, and its deliberations communicated to the regional branch, whose responsibility was to discuss and inform the National Committee where necessary. During the deliberations of the district branch, two-thirds of members present formed a quorum. In addition, a general executive meeting of the district was to be determined by the executive. It is significant to emphasize that the district branch was the foundation stone of the association.¹⁴ To emphasize, such devolution of power was to ensure that the association was able to

¹⁵ Ibid

¹⁶ Manhyia Archives of Ghana, Kumase, MAG 1/1/102A, Correspondence between the Ghana Psychic and Traditional Healing Association, Ashanti Regional Secretariat and the *Asantehene*, 3rd August, 1963

¹⁷ Ibid

¹⁸ Ibid

¹⁹ Ibid

²⁰ Ibid

²¹ Manhyia Archives of Ghana, Kumase, MAG 1/1/102A, Correspondence between the Ghana Psychic and Traditional Healing Association, Ashanti Regional Secretariat and the *Asantehene*, 3rd August, 1963

²² Manhyia Archives of Ghana, Kumase, MAG 1/1/102A, Correspondence between the Ghana Psychic and Traditional Healing Association, Ashanti Regional Secretariat and the *Asantehene*, 3rd August, 1963

operate effectively at the local level since it had the propensity to bring together competent practitioners at the district level and expose those whose charlatany made the practice unpopular during the colonial period.

Again, the association's constitution or any part of it could be amended, rescinded or altered by a resolution carried by three-fourths majority votes of a National Committee meeting. The mandate for such changes was first to be obtained from the general meeting at the district levels. A proposal regarding any such changes was to be submitted to the National Committee, two months in advance.¹⁵ Significantly, these rules and guidelines for operations ensured that there was advancement in the indigenous medical practices in Ghana and for that matter, Asante. It also suggests that the period of the first half of the twentieth century and beyond ensured the transition from a hitherto disorganized group of practitioners into a seemingly formidable group whose role in the healing of the sick persisted before the advent of the Europeans into Asante.

Registration of indigenous healers in Asante

From the period 1934 to 1955, the Asante Confederacy Council began to issue licenses to honest and capable indigenous medical practitioners. The licenses were intended to separate the genuine practitioners from the quack ones (here, quackery referred to those whose claims to cure were proven not to be true and those whose medicines according to the colonial administration were harmful to the individual's health and well-being). This was so because of the belief that the references upon which such registration could be granted to persons who applied would come from chiefs and people well respected in the respective communities in Asante where such practitioners engaged in their healing practices. Primarily, it was based on the bye-laws made by the Asante Confederacy Council relative to the need for native physicians within the Confederacy to procure licenses to validate their practices and to eliminate quack physicians.¹⁶ The office of the *Nsumankwaahene* played a significant role in the issuance of the licenses. Most of the applicants applied through the office of the *Nsumankwaahene* whose office objects such as the use of *Suman*, amulets, rituals and indigenous medicine mattered in Asante customary practices. Significantly, applicants of the physician license had to obtain a testimonial or references from prominent persons in the area where they practiced. The referee was preferably a

chief or an *Odikro* and any person who could attest to the efficacy of the practitioner's therapy or remedies.¹⁷

Four categories of practitioners applied for the physicians' license. There were those who sought for the license to operate as herbalists, that is, they used purely herbs, stems and roots of plants for the preparation of concoctions and decoctions for the treatment of diseases. There were also indigenous priest healers who employed both the supernatural powers and herbs in curing diseases. They resorted to the use of customs, rituals and propitiations or employing the powers of the deities in the healing process. There were "Spiritual healers" like *akomfo* and those from spiritual churches like the Twelve Apostles Churches.¹⁸ Some of these spiritual healers engaged in fortune telling, full life reading and exorcism. They believed that diseases were caused by contrary spiritual forces that have to be annihilated through "spiritism". "Spiritism" in this sense means employing supernatural forces to counter contrary spiritual disease spirits that cause the medical predicaments of the presumed innocent.¹⁹

The fourth category, were those who sought for the license to sell herbal potions either on the streets of Kumase or specified areas in Asante. Most of these people were not necessarily experts in the preparation of herbal potions but they were into retailing and marketing. Those who procured the license in order to offer herbal remedies were charged not to administer or prescribe any poisonous medicine or perform any act that is dangerous to life or contravened Cap 57 sections 15, 16 and 17 of the laws of the Gold Coast, 1936.²⁰

Again, the bearer of the medical herbalists' license could not pose as a witch or wizard finder. Exposing people as witches or wizards was contrary to Order in Council number 28 of 1930. This notwithstanding, the practitioner could cure anyone who felt that his infirmities were caused by disease demons or witches. Also on 31st January, 1936, practitioners were told not to charge more than thirteen shillings.²¹

Rules and regulations for holders of the physician license certificate in Asante

Holders of the physician license were charged to renew their license every year. They paid a maximum of four pounds three shillings for the renewal of their license.

²³ Ibid

²⁴ Manhyia Archives of Ghana, Kumase, MAG 1/1/22, Applications for physician licenses 1934-1947

²⁵ Ibid

²⁶ Ibid

²⁷ Manhyia Archives of Ghana, Kumase, MAG 1/1/102A, Correspondence between the Spiritual Head of Cherubim and Seraphim and the *Asantehehene*, 4th April, 1955

²⁸ Manhyia Archives of Ghana, Kumase, MAG 1/1/102A, Correspondence between the Spiritual Head of Cherubim and Seraphim, and the *Asantehehene*, 4th April, 1955

²¹ Ibid

The certificate bore the signature of the Financial Secretary of the Kumase Division Native Authority and the name of the native physician to whom the license was granted. The holder of the certificate also had a serial number prefixed with an alphabet, which made his certificate distinct from other holders of the physician license.²²

The bearer of a physician license was required to adhere to several rules, which were paramount so far as the practice of indigenous medicine in the first half of twentieth-century Asante was concerned. They were required to adhere to the following.

Every native physician was to hold a license in the form and manner as explained in paragraphs one and two. Anyone who breached this order was punished with a fine not exceeding twenty-five pounds or was imprisoned with or without hard labour not exceeding three months. In certain instances, the offender was required to pay a fine of twenty-five pounds and in addition to that, serve three months imprisonment with or without hard labour.²³ Also, every holder of a physician license who was found guilty of practicing harmful medicine with the intent to endanger human life was punished with a fine not exceeding twenty-five pounds or to imprisonment with or without hard labour not exceeding three months.²⁴

Again, any licensee who attempted to defraud, extort or charge unreasonable fee was guilty of an offence and based on summary conviction was punished with a fine not exceeding twenty-five pounds or to imprisonment with or without hard labour not exceeding three months or both. Upon demand by an accredited person who was duly authorized by the *Asantehene* to inspect a physician license, any holder was under obligation to produce his license for inspection.²⁵ The native physician license was subject to renewal in January every year provided the 3d license was handed in for such renewal or upon affidavit that the previous license issued got missing before the period of renewal of license. All particulars of endorsements in the old license were to be entered in the new license for the necessary references. Lastly, annual fee payable on this license was four pounds, thirteen shillings.²⁶ Significantly, holders of the physician license were by inference to live above reproach in their practice. Their ability to do so did not only encourage them to operate freely in the indigenous medical milieu but it also had the capacity to allay the fears of the colonial

administration insofar as the practice of harmful medicine was concerned.

The rigidity with which the rules were applied in Asante resonated in the colony. In 1948, as a result of the seeming success of the herbalists' license in Asante, request came from the colony to the Asante Confederacy Council to enable them access the documentation in reference to the herbalist license in Asante and to further replicate it at Cape Coast.²⁷ The Acting Secretary of the Confederacy further forwarded a specimen of the license granted by the Kumase division and minutes of Asante Confederacy Council meeting held in 1942, which dealt with the question of granting of physician license and fees charged.²⁸

These records proved invaluable and amply met the expectations and needs of the colony.²⁹

In 1948, as a result of a conviction obtained in Accra against a quack doctor, J.S. Prince Agbojan for practicing surgery and medicine, receiving payments for practicing medicine, importing dangerous drugs and poisons and for dealing in poisons, the Commissioner of Police drew the attention of native authorities to the fact that Agbojan possessed a medical herbalist-practicing license purported to have been signed by a chief whom he had no connection with.³⁰ It was further recommended that, though the practice the culprit engaged in did not directly fall under indigenous medicine, based on his experience it would be necessary that before herbalist licenses were issued by the native authorities, the applicants were to be referred to the nearest police officer, who after enquiries, would be able to advise whether or not the licenses should be issued.³¹ Upon further correspondence between the District Commissioner and the *Asantehene*, in 1949, the Asante Confederacy Council granted permission that information about applicants of herbalist licenses be seen by the police before such licenses were issued.³² Such efforts did not only lessen the burden on both the colonial administration and the native authorities but rather it improved quality and efficiency in the indigenous healing practices.

Conflict of Interests

The author has not declared any conflict of interests.

³⁰Manhyia Archives of Ghana, Kumase, MAG 1/1/22 Rules and Regulations For Holders of the Physician license, a sample Certificate issued to Kofi Mensah of Nkawkaw on 31st December 1953

³¹Manhyia Archives of Ghana, Kumase, MAG 1/1/102A, Native Physician License, 1933

³²Ibid

³³Ibid

³⁴Manhyia Archives of Ghana, Kumase, MAG 1/1/22, Rules and Regulations For Holders of the Physician license, a sample Certificate issued to Kofi Mensah of Nkawkaw on 31st December 1953

²⁷Manhyia Archives of Ghana, Kumase, MAG 21/1/77, Correspondence between The Acting Secretary, Asante Confederacy Council and The Secretary, Joint Provincial Council- Cape Coast, 30th October, 1948

²⁸Ibid

²⁹Ibid

³⁰Manhyia Archives of Ghana, Kumase, MAG 21/1/77, Correspondence between Chief Commissioner, Asante and the Asantehene, 29th October, 1948

³¹Ibid

³²Manhyia Archives of Ghana, Kumase, MAG 21/1/77, Correspondence between Chief Commissioner, Asante and the Asantehene, 24th February, 1949

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