Beyond “White Medicine”: Bubonic Plague and Health Interventions in Colonial Lagos

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Summary

While studies have unveiled the implications of the bubonic plague outbreak in colonial Lagos in the areas of town planning, environmental health and trade, there is a dearth of scholarly writings on the multiplex nature of the biomedical, Christian, Muslim, non-Christian and non-Muslim African responses to the epidemic outbreak. Based on the historical analysis of colonial medical records, newspaper reports, interviews and the literature, this paper concludes that the multiplex and transcultural nature of local responses to the bubonic plague in Lagos disavow the Western biomedical triumphalist claims to epidemic control in Africa during colonial rule.

Keywords: African Responses, Biomedicine, Bubonic plague, Colonial Lagos, Christian Responses, Health Interventions, Muslim Responses

Introduction

The name “Lagos” is believed to have emanated from European origin – a bastardised form of “lago” (lake) as named by early Portuguese visitors to West Africa.¹ According to oral tradition, Lagos, Nigeria was originally settled by migrant fishermen, farmers, and warriors from Ile-Ife, Mahin and

1 Mann 2007, 26–27.

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Benin.² Lagos was annexed by the British in 1861. It became a British crown colony under the United Kingdom's West African Settlements from 1866 to 1874. In 1874, Lagos and the Gold Coast were merged to form a single British colony. In 1886, Lagos was separated from the Gold Coast.³ In 1906, the Lagos colony was merged with the Southern Nigeria Protectorate. In 1914, the Southern and Northern Protectorates of Nigeria were amalgamated to form a single entity (Nigeria) with Lagos retaining the capital.⁴ Under the British control from the second half of the nineteenth century, the township experienced an unprecedented inflow of migrants from diverse cultures. The multicultural nature of colonial Lagos reflected in its belief system and medical practice. Hopkins observed that by 1881, there were 21 Mosques and 39 Quranic schools compared to the 15 Churches in Lagos. The Muslims among the population were believed to be up to 36% while the Christians were 17%.⁵ However, there are doubts about the effects of foreign religions on the traditional religion. This was particularly the case in which the adherents of Islam and Christianity found it difficult to dissociate themselves from traditional religious practices.⁶ This is an enduring phenomenon that JDY Peel described as “the exemplary Yoruba, who have so much to tell us about how different religions can live together in peace”.⁷ Also, the transcultural nature of colonial Lagos characterized the complexity of medical practices that transverse the epistemological terrain of orthodox and traditional medicine.

Imperialism, trade and transportation networks are inseparable in the colonial history of medicine in West Africa. In the nineteenth century, a major intraregional kola nuts trade network connected Kintampo in the Gold Coast with Kano in Nigeria. This traditional road network seems to be costly and time-consuming. Hence, by the turn of the nineteenth century, to avert trade difficulties on the land route, a cooperative of local traders diverted the trade network via the maritime route of the Gold Coast to Lagos Nigeria where the products were further taken to Northern Nigeria.⁸ Thus, a considerable number of merchants and Kola nut importers emerged in Lagos by 1912 when the railway reached Kano.⁹ The colonial infrastructural development characterised by the construction of the railway line from Lagos (Southern Nigeria) to Kano (Northern Nigeria) gave impetus to the Kola nut trade in Lagos. As ob-

2 Lawal 1991, 98–107 / Egharevba 1960, 1–29.

3 Smith 1979, 1–12/ Mann 2007, 103–104.

4 Olaniyan 2003, 1–22.

5 Hopkins 1964, 21.

6 Fadipe 1970, 71 / Awolalu 1979, 194.

7 Peel 2016, 13.

8 Hopkins 1964, 407–409.

9 Oshin 1990, 49–50.

served by P. Lovejoy, by 1885, the “Gold Coast sources totalled 85 per cent of kola imports at Lagos”.¹⁰ The Kola trade between the Gold Coast and Lagos advanced reaching its peak in 1924.¹¹ The diversification of trade routes from the Sahel to the coast due to colonial economic and political restructuring of West Africa enhanced the relevance of Lagos as an important trading and administrative centre with public health implications. Indeed, the period 1894 to 1924 marked a wave of bubonic plague epidemics across global maritime trade routes from Australia to South Africa, Egypt, Grand-Bassam (Ivory Coast), Senegal and the Gold Coast.¹² The interconnectivity of British West Africa, especially the Gold Coast and Nigeria made the eventual transmission of the bubonic plague to Lagos through sea-borne intra-regional kola trade possible by 1924.

The Bubonic plague outbreak was a watershed in the history of Lagos, Nigeria. The outbreak, which began in 1924 and lasted until 1931 was responsible for a total of 1,947 cases with 1,813 deaths, accounting for a 94.02% case-fatality rate in Lagos.¹³ While studies have documented the implications of the epidemic for town planning,¹⁴ environmental health¹⁵ and trade,¹⁶ there is a dearth of scholarly writings on the multiplex nature of health interventions involving biomedical, Christian, Muslim, non-Christian and non-Muslim African responses to the scenario. Thus, this paper advances this discourse by examining the complexity of transcultural approaches to the plague in colonial Lagos.

Conceptual Clarifications

Historically, societies have proffered coping strategies for infectious diseases. Health intervention has been described as “any activity undertaken with the objective of improving human health by preventing disease, by curing or reducing the severity or duration of an existing disease, or by restoring function lost through disease or injury”.¹⁷ In this respect, the health interventions during the outbreak of bubonic plague in colonial Lagos were efforts targeted at controlling the scourge and abating its negative effects on Lagosians.

10 Lovejoy 1980, 125.

11 Lovejoy 1980, 125.

12 Akyeampong 2006, 199 / Faleye 2017, 89–103.

13 Annual Medical and Sanitary Report, Nigeria, (1931), 27; Annual Report, Nigeria, No. 1710, (1934), 21.

14 Bigon 2016, 205–226.

15 Olukoju 1993, 93; Faleye 2017, 89–103.

16 Faleye 2018, 287–301.

17 Smith et al. 2015. 5–6.

Health interventions were often reflections of the biomedical and social perspectives on health hazards.¹⁸ Depending on the context, the biomedical concept sees health hazards such as epidemics as the end-result of the activities of infectious bacteria and viruses in the human body. On the other hand, the social perspective sees epidemics as the product of economic, political and sociocultural changes in society. In this vein, epidemics could be seen as a product of socioeconomic inequality and politics.¹⁹ This may include the perception of epidemics as inflicted by an enemy, a punishment from the gods, a product of social inequality as well as exposure to dangerous environmental elements.

Bubonic plague means different things to different people. The modern scientific definition of bubonic plague emphasizes that the disease is caused by an infection of the bacteria agent, *Yersinia Pestis*.²⁰ In the context of this paper, bubonic plague as experienced by Lagosians in colonial Lagos is an epidemic disease caused by the bacteria agent, *Yersinia Pestis* known at the time as “Bacilli Pestis”. Its symptoms include the development of buboes on the human armpit or tie, fever, fatigue and sudden death within a period of ten days. Its aetiology was fundamentally determined by the ecological changes involving the nature-culture nexus.²¹ In a multicultural society such as colonial Lagos, the aetiology of bubonic plague epidemic was seen differently by different people, which informed the transcultural health interventions during the public health crisis.

In the history of colonial medicine, the Western-centric rhetoric of the supremacy of “white medicine” (biomedicine) depicts the African local response to epidemics as dangerous, mythological, unreasonable and ineffectual.²² This entails the demonizing of indigenous approaches to infectious disease control. For instance, in colonial Lagos, traditional medicine had been associated with witchcraft by the colonial authorities. A case at point is the native doctor’s protest against the Eurocentric colonial assumptions that most deaths occurring from epidemics are products of ethnomedical intervention.²³ In his analysis of the pluralistic nature of global medicine, Ackerknecht observed the often derogatory classification of traditional medicine as “primitive medicine” practised by “savage” or “uncivilized” people. Ac-

18 Krieger 2014, 46.

19 Koenig 2004, 1194–1196.

20 Perry and Fetherston 1997, 38.

21 Annual Report, Nigeria, (1926), 193–194.

22 See Vaughan, 1991, 1–30 / Chakrabarti 2013.

23 National Archives Ibadan (NAI). Comcol. I. 857/1. Petition from Local Native Doctors, 11 August 1941; NAI. Comcol. I. 857. From the Union of Ifa Priests of Nigeria to the Chief Secretary to the Government. 19 January 1942, 1–2.

cording to Ackerknecht, the so-called “primitive medicine” “gives us a simple picture of the first stage of medicine”.²⁴ In this respect, the diverse nature of histories unveils the plurality in the evolution of medicines around the world. Hence, orthodox or the so-called “Western medicine” cannot enjoy the monopoly of global medicine, as he puts it: “there is not one medicine but numerous and quite different medicines in different parts of the world and in the past, present, and future [...] measuring everything with [...] [the western] standards, we will never understand either the past or the future”.²⁵ Indeed, it has been noted that preferences for public health interventions often reflect the will of the political elites in society.²⁶ In this light, the medical history of colonial societies is often written in the language of the colonisers. This phenomenon reflected in the sacralisation of biomedicine as superior to other local approaches to epidemic control in Africa. Indeed, it is not uncommon for studies to show the triumph of “white medicine” (biomedicine) in abating “black death” (plague) in West Africa.²⁷ This scenario played out in colonial Lagos during the bubonic plague outbreak when the accounts of the complexity of health interventions beyond biomedicine involving Christian, Muslim, non-Christian as well as non-Muslim African responses were obscured in the official narrative. This gap in the literature is addressed in the subsequent section.

Bubonic plague and health interventions in Colonial Lagos: A comparative historical perspective

Globalization has impacted greatly on medical practices from one society to the other due to colonialism. The peculiarity of indigenous interventions in public health lies in it being the “other” due to cultural imperialism.²⁸ It has been noted that “the epistemological terrain upon which both indigenous and Western health professionals traverse is not level, resulting in a hierarchy of knowledge, as well as superficial dichotomies between the indigenous and Western health approaches”.²⁹ This phenomenon has led to the deification of Western medicine as the sine-qua-non of epidemic control in African History. However, the multicultural nature of the colonial society in places such as Lagos had stimulated syncretic practices, which involved a hybrid ap-

24 Ackernecht 1942, 503.

25 Ackernecht 1942, 503.

26 Ackerknecht 1948, 589 / Bashford 2004, 9.

27 Echenberg 2002, 15–52.

28 Chakrabarti 2013, xx.

29 Waldron 2010, 50.

proach to religious practices and medical care. In essence, it was not uncommon for Muslim and Christian converts to consult local herbalists for natural remedies in a time of epidemic outbreak in colonial Lagos. Also, the use of colonial health services and the consultation with traditional healing homes project a multiplex character of the colonial history of medicine in Lagos. Thus, the multicultural nature of colonial Lagos reflected in the complexity of health interventions, which involved biomedical, Christian, Muslim, non-Christian as well as non-Muslim African responses to the bubonic plague epidemic.

The official strategy to abate the spread of plague in colonial Lagos relied largely on biomedicine. In this light, the colonial intervention involved the establishment of observatory centres such as the Infectious Disease Hospital for plague victims and their contacts as well as the administration of the plague vaccine (Haffline's prophylactics) to the natives in colonial Lagos.³⁰ The Plague vaccine was warmly received by Lagosians in July 1924. As observed in a report entitled '*Ara Ilu E lo gun'pa*', Lagosians troupe to the venue of the vaccination to take Plague vaccine to ward off the epidemic outbreak.³¹ Despite the prevalence of smallpox inoculation in Lagos at the time, it appears this was the very first-time general vaccination was performed using the vaccine injector on the shoulders of Lagosians. The Yoruba Newspaper *Eletí-Ofe* was an indigenous newspaper published extensively in Yoruba language in the 1920s and the early 1930s. The publisher, Akin-tunde Akintan, a Yoruba indigene is believed to be one of the pioneers of Yoruba creative prose in Nigeria.³² The paper drew its audience largely from the indigenous population. Hence, it informs the discourse on Plague in Lagos from the experience and the opinion of the natives during the outbreak. According to the annual report 1924 of the Yoruba newspaper – *Eletí-Ofe*: "*a tile gbo ti apa bibu fun arun ile-igbona; sugbon a ko fi ki a te pinni gun enia lapa ki a da egbogi si I (inoculation) se itan pa fun wa ri*".³³ This commentary implies that "we have learnt about smallpox inoculation, however, we have not heard about arm injection in history". In essence, the magnitude of the epidemic outbreak appears to have initiated the introduction of new technologies in the colonial public health sector.

30 NAI. CSO 26, 13001 Vol. I. 'Plague in Lagos'. From the Director of Sanitary Service, Lagos to the Chief secretary to the Government, Lagos. Memorandum No. 333/DMS/24 of 30 July (1924), 1; NAI. CSO 26 13001 Vol. I. 'Plague in Lagos'. From the Deputy Director of Sanitary Service, Lagos to the Director of Medical and Sanitary Service, Lagos. Memorandum No. 333/DMS/24 of 31 July, (1924), 2.

31 *Eletí-Ofe*, 24 September (1924), 3.

32 Awoniyi 1975, 73. / Killam and Rowe 2000, 310.

33 *Eletí-Ofe*, 31 December (1924), 6.

By the 7 August 1924, medical laboratories in the Medical Research Institute, Yaba, The Public Mortuary, Lagos, the Infectious Diseases Hospital, Ikoyi were put in place for the diagnoses of plague cases. However, despite the biomedical approaches in stemming the spread, the outbreaks continued for seven years.³⁴ This trend of Plague resistance to biomedical intervention especially vaccination was noted by a native observer at the peak of the outbreak in 1928 thus – “the efforts of the Sanitary Authorities to combat the onslaught of the ravaging Plague appears to be a futile one despite the energy, tact and money expended on it”.³⁵ Having realised the limitation of the plague vaccine in the face of the virulence, medical officials experimented with several toxic chemicals out of desperation. According to N.D. Sharp, a medical doctor at the Infectious Diseases Hospital during the outbreak in 1926:

The treatment of Bubonic Plague is still so unsatisfactory and so inadequate that I venture to write this note on a method of treatment which I adopted in about a dozen cases with very encouraging results. In the outbreak at Lagos in the last four months of 1924, over one-hundred and fifty cases of Plague were admitted into the Infectious Diseases Hospital [...] The death-rate was about 80 per cent. Various methods of treatment were adopted. These included intravenous injections of anti-Plague serum (Lister Institute) in doses of 50 to 250 c.c., intravenous injections of a solution of iodine (this solution contained twice as much iodine as tinct, iodinitis) in doses of 10 to 60 minims, intravenous injections of N.A.B., and of perchloride of mercury [...] carbolic acid. This treatment given repeatedly and alternately proved of considerable value in mild cases [...] Towards the end of the epidemic, owing to the unsatisfactory results attained, I decided to try the effect of injections of “Bayer 205”.³⁶

On the event of death, unnecessary attendance at funerals was prohibited by the colonial government and only a few close friends and families were permitted to go to the cemetery. Whereas autopsies were carried out on the dead in general, the approach adopted took no cognisance of local tradition. This scenario was reported in the Yoruba newspaper, *Eletí-Ofe* of 17 September 1924 under the heading ‘*Kini yi Nkan Agbagba, O nkan Are*’ as follows:

Bi akoko kan ba wa ti o ye ki adura yi ki o ka ni l’ara, asiko yi li o ye ki o ri be: o ye ki a fi tokantokan gba a, nitoripe ominu nko ni bi a ti nwoye; ki ise ominu nipa ti aisan yi, nitoripe awa ni igbagbo wipe, Olorun Alanu yio dawo re duro. Ewo ni ominu ti o nko ni? Iyen nit i wipe, oku ti oba sa ti ku sa, ki o di gbigbe; ki se gbigbe ti “gege l’a o gbe e,” bikose ti gbigbe oni-riyeriye, o di Mortuary fun bibewo, boya fun lila lati mo kini o pa a, (l’ehin ti Iku bat i fi doje re kan a tan!). Saturday ijarun ko dun nigbati a gbo ti iku Ogboni wa, Oloye Olorogun, ti o pa ipo da. Nigbati iro ofo nla yi ka ilu, ohun ti a ngbo l’otun l’osi li enu awon ti o ndaro re ni wipe, “nje nwon ko sa ni gbe e bayi o”? Ko de pe ju lehin na, awon “elegiri” ti de, afara ko si, nwon ti bere gbe e, awon ibiga ti di kiko, adugbo ibe ti di “otutugburutu, bi o ko lo ki o yago fun mi l’ona”. A si gbo wipe oku yi ko pad abo was i Iga na mo titi a fi nko iwe yi l’oni yi [...] Eyi ara! “Ori Oye ki sun ‘egi,” [...] Oku Ogboni sun ni Ikoyi [...] Beni agbagba wa ni ile yi, titi aiye fi ndori kodo bayi [...] Ko si ilu ti ko ni asa lati ma b’owo fun

34 NAI. CSO 26 13001 Vol. III. Letter Ref. No. 1180 of 4 September, (1924), 1.

35 *Eletí-Ofe*, 12 December 1928, 4.

36 Sharp 1926, 482.

oku awon enia nla won, awon Onipo won, awon Olola won, awon Oloye won. Awon ti o to ki a sin si Westminster Abbey, nwon ko je lo sin won sibi kan sakala kan sa. Awon Oba won ni lati sun l'egbe awon Baba-nla won, awon Oloye won ni lati dubule, ti awon asiwaju won – Itan niyen, asa niyen, isedale niyen [...] sugbon loni, Oloye Olorogun ko sun li egbe awon Baba-nla re!.³⁷

Translation:

If there is a time that one should be fervent in prayers, it is at this time: We should pray wholeheartedly, because we are worried; it is not an anxiety over this disease, because we have faith that the merciful God would terminate the outbreaks. What issue disturbs our mind? It is the manner in which the dead are treated; At the occurrence of death, the corpse is quickly whisked away; this is not an “honourable parade by undertakers” but a towing away to the Mortuary for medical assessment probably for autopsy to know the cause of death (after Death had already dealt with him or her!). Last Saturday was not palatable when we heard about the sudden death of our Ogboni, Chief Olorogun. When the sorrowful news of his death broke out in town, everybody were saying “hope they will not carry him away”. Soon afterwards, the “criminals” had arrived, in no time, they have carried him away. The street was turned upside down. We also heard that the corpse was not returned up till now. This is strange! A Chief’s corpse is never buried outside his domain [...] And we have elders in town while our traditional heritage is being destroyed [...] The corpse of Ogboni is buried in Ikoyi [...] All societies honour the dead, especially, demised public office holders, the rich, and members of the royal family. Those who deserved to be buried in Westminster Abbey would not be buried elsewhere. Their kings must be buried beside their ancestors, their chiefs beside their forebears – that is history, culture, and heritage [...] but today, Oloye Olorogun was not buried beside his forebears!

The commentator observed with grave concern the manner in which the colonial authorities handled the dead during the Plague outbreak in Lagos. A narrative in which the sanitary inspectors whisked away the dead body of an *Ogboni* Chief named “Olorogun” (probably for the purpose of autopsy) without allowing for traditional funeral right accorded to important personalities in Yoruba land was articulated. This precarious scenario was seen as a deliberate attempt to undermine local cultural practices – an approach contrary to the practice in England where important personalities were buried at Westminster Abbey. This circumstance built up tensions between the colonialists and the colonised in Lagos. The culture shock may have stimulated alternative local responses to the epidemic outbreak. Beyond biomedicine, local responses encompass spiritualism and ethno-pharmacological interventions.³⁸ Indeed, the outbreak of Plague in Lagos witnessed the making of special prayers by Christians to cleanse the society of the disease. The Baptist church conducted a weekly prayer to ward off the epidemic. In this vein, it appears that some Lagosians believed that offering of prayers could help control the

37 *Eleti-Ofe*, 17 September 1924, 4.

38 Faleye 2017, 97.

epidemic. On the 3 September 1924, a commentator in a local newspaper called on religious leaders to offer prayers as a plague control measure thus:

Bi a ba mu ijo Baptist ti nwon fi ose kan se adura fun ilu kuro, ati awon ijo Imale kan ti a sese gbo wipe nwon bere lati ma se adura fun rogbodyan aisan ti o mbe ni ilu nisisiyi' [...] lai fa oro gun lo titi mo, mo fi okan irele kigbe si Bishop Oluwole lati pase fun gbogbo awon ile isin to ba je tiwon, lati si Church lale fun ojo riro; be nan i mo si tun fi ohun anu ke si Eni-owo, A.N. Cole ti Ijo Wesley lati se agbaro lori oro kanna yi; bayi ni mo si tun kigbe pe awon Ijo ti Baptist lati tun bere re gege bi ti isiwaju, iwo Eni-owo Johnny Williams jowo tun pe awon ero ijo re jo; enyin ijo Omo-ibile (African Churches) mo be nyin, e je ki gbogbo wa jumo t'ewo adura pelu orin anu si Eleda wa lati gba wa ninu gbogbo airoju to mbe l'ode, Eni-owo, Superintendent J. S. Williams, Bishop S.A. Coker, Superintendent G.A. Oke, Eni-owo E.A. Akinola [...] e je ka jumo f'ohun s'okan, ka foro idariji lowo Oba-Asekan-maku. Lemomu Ligali, [...] dakun, pe awon janma re jo fun isowopo adura si Allah lati fi oju anu wo igboro ilu wa [...] e mase fi oju tinrin oro mi yi arara; nigbana, lehin ose kan lehin na, ki gbogbo was i f'oju sile lati wo iyipada nlanla ti Olorun Olodumare yi o se si arin ilu wa [...] Iwo ati emi, ni yio leke iku ati aisan ojiji to mbe ni igboro wa loni.³⁹

Translation:

Besides the Baptist Church that prayed for the town for a period of one week, and the Church of Light that engaged in prayers to resolve the epidemic crisis in this town. Without further ado, I humbly called Bishop Oluwole to command all his Church branches to commence night vigil of prayers. I also mercifully called on the honourable A.N. Cole of the Wesley Church to think about the subject matter [...] The African Independent Churches, I beg you let us pray together with songs to our creator to deliver us from the crisis in town. The honourable Superintendent J.S. Williams, Bishop S. A. Coker, Superintendent G.A. Oke, Honourable E.A. Akinola [...] let us pray together for forgiveness of sins from God. Islamic Clergy, Ligali [...] Please, call on your prayer group to seek the mercy of Allah on our town. Do not undermine my proposal. After a period of one week, let us observe the changes [...] We shall survive this epidemic and sudden deaths.

Furthermore, the religious perception of the plague aetiology was obvious in the type of prayers published in the local vernacular press during the outbreak. For instance, one of such prayers by one Awoluje entitled '*Adura Pat-aki fun Ajakale Arun to mbe L'ode Eko nisisiyi*' compared the Lagos scenario with the pestilences that was inflicted on the Israelis under the leadership of Moses and Aaron in the wilderness and called for forgiveness of sins thus:

Obangiji Olodumare, ninu ibinu re, Iwo to ran arun sara awon enia tire l'aginju, nitori isote won si Mose ati si Aaroni; [...] iwo si tun ranti anu Re to si da awon iyoku si; se irufe iyonu be si awa otosi elese, ti a nfi arun nla awon Oyinbo npe ni Bubonic bewo nisisiyi [...] ninu iponju ati aibale okan olukuluku gbogbo awon enia lode Eko wa..⁴⁰

Translation:

God in your anger you sent diseases to your people in the wilderness because of their rebellion to Moses and Aaron [...] However, out of your mercy you deliver some of the people; do the same to us poor sinners that are experiencing this great epidemic called "Bubonic" by the White man [...] Lagosians are in the midst of sorrow and fear.

39 *Eletí-Ofe*, 3 September 1924, 9.

40 *Eletí-Ofe*, 3 September 1924, 10.

The foregoing shows that the perception of some Christians in Lagos reflects on the perceived sinful behaviours that were prevalent in society at the time. For instance, S.A. Aderinto⁴¹ has noted the rampant sexual perversion in the early 1900s. Also, K. Mann observed that the “the arrival of large numbers of adult male immigrants in [colonial] Lagos created a shortage of women. Those present in the town could alter their domestic situation by leaving one man for another”.⁴² Hence, the 1920s witnessed an unprecedented level of prostitution in the port city. According to oral tradition, the perceived sinful pattern of urban livelihood in colonial Lagos was seen as the cause of the outbreak by the Christians and therefore, the need to seek God’s face for the forgiveness of sins.

The adherents of the Islamic religion responded to the plague epidemic in Lagos through prayers, sacrifices and offering of alms as the epidemic was seen as God’s sent. This purview was substantiated by a local newspaper report of 10 September 1924, which affirmed that the Muslims of Lagos sacrificed a cow to appease Allah in order to put an end to the epidemic Plague in Lagos. According to the report:

Inu wa dun lati gbo pe a won Imale lo se etutu tiwon lona esin won ni Sunday to koja lo yi. Ki Baba de eti Re si ohun ebe wa. Agbo wipe nwon pa malu kan ni Mosalasi Odun. Eyi ha nko? Ki Olorun ma ko way o ninu rogbodyan iku ojiji wonyi ke.⁴³

Interpretation:

It is with gladness that we received the news of the sacrifice offered by the Muslims in line with the Islamic doctrine last Sunday. May God listen to our plea. We heard that a cow was killed at the Mosque. What about this? May God save us from the crisis of sudden deaths.

In accordance with the Qur’anic teaching, the sacrifice of a cow by Muslims in colonial Lagos is not to appease Allah by blood, but rather to encourage personal sacrifice by sharing limited resources with the less privileged in society – a sacrifice of good-will which was expected to provoke God’s intervention. This interpretation is in tandem with the Qur’anic narrative on the sacrifice of Ismail which counters blood atonement.⁴⁴ Thus, the Islamic approach to plague control in Lagos emphasises faith and spiritual healing.

The history of the bubonic plague in Lagos will be incomplete without an examination of the non-Christian and non-Muslim African traditional responses to the epidemic. In this respect, the natives initiated spiritual and ethnopharmacological interventions in combating the plague bacilli. The

41 Aderinto, 2012, 1–14.

42 Mann 1991, 702.

43 *Eletí-Ofe*, 10 September 1924, 3.

44 *As-Safat* 37, 102–107.

place of the non-Christian and non-Muslim African traditional responses in the control of epidemic plague in colonial Lagos has been undermined in colonial records. While African medicinal intervention in the fight against Bubonic plague preceded governmental intervention during the outbreak, the colonial archival records only managed to document a few of such episodes. These preceded the official index case of Dansoko that was diagnosed in a post-mortem examination on the 28 July 1924.⁴⁵ These earliest cases were linked to the residential area of Momo Bogobiri, an importer of kola nut, who died on 7 July 1924 with several of his family members and servants. It is noteworthy that these earliest cases were independently noticed by a “native doctor”.⁴⁶ According to a report prepared by C.J. Sharp and H. Morrison of the Medical Research Institute Yaba on 9 September 1924:

Evidence points to the fact that cases had actually occurred before this date and that it was the peculiarly sudden and complete death of an entire family, including servants in a certain house, which attracted attention. This localized death roll was also independently noticed by a native “doctor”. The natives suspected poisoning as the cause.⁴⁷

Surprisingly, the colonial document has failed to substantiate on non-Christian and non-Muslim African traditional interventions in this respect. The non-Christian and non-Muslim African traditional responses to the bubonic plague in colonial Lagos were embedded in the pre-colonial indigenous religion and knowledge-base of the Yoruba people. This informal cluster of the public health system is characterized by the activities of the ethnomedical personnel often referred to at the time as “Native Doctors”.

In colonial Lagos, the persistent shortage of Western-trained medical practitioners ensured that the Native Doctors were important sources of medical healthcare for the indigenous community. According to oral tradition, being a sacred profession, the bulk of the ethnomedical practitioners in colonial Lagos emanated from a family lineage of native doctors or herbalists. This social structure of traditional religious and medical practise provided an enduring lineage based oral documentation of traditional approaches to medical care overtime. Writing in 1906, Ajisafe Moore, an *Egba* native asserts that the knowledge of Yoruba medicine is learnt from an ex-

45 NAI. CSO 26. 13001. Vol. I. “Out-Break of Bubonic plague in Lagos”. Medical Research Institute, Yaba, Report No. 8/M R.I/24 of 7 August, (1924), 1–4.

46 NAI. CSO 26. 13001 Vol. II. ‘Report on Plague in Lagos –Southern Nigeria’, Ref. 48/MRI/24 of 9 September (1924), 1.

47 NAI. CSO 26 13001 Vol. II. “Report on Plague in Lagos – Southern Nigeria” From Medical Research Institute Yaba to the Director of Medical and Sanitary Services, Lagos. Ref. 48/M.R.I./24 of 9 September (1924), 1.

pert practitioner, or in vision or dreams. Otherwise, it is learnt from a whirlwind called *Aja*. According to Ajisafe Moore:

When a man wishes to be instructed in the art of making juju, or medicine, he submits himself as apprentice learner to an expert practitioner and becomes his servant [...] When a man has proved that a medical man is an adept or specialist in a certain disease, he may secure and obtain the prescription from the specialist [...] (should he feel inclined to give it him) by paying whatever the specialist demands. This payment is called *Obi Osanyin*, juju or medicine kola [...] When a man dreams of being told that such and such roots and leaves are a cure for such and such a disease, he takes the prescription as a special gift and instruction from the *genii*. Such prescriptions are strictly kept as precious treasures and are seldom imparted. They are very efficacious [...] It is said that the whirlwind *aja* used to carry men away with it into the bush for one year or more. During this period the man thus carried away is fed and taught the art of making juju and prescriptions of various kinds by a supernatural being. When the man is discharged, he finds himself in his quarters without knowing where he has been and how he managed to get back to his quarters [...] But such a case is very very rare.⁴⁸

In this respect, the concept of medicine among the Yoruba of colonial Nigeria is an embodiment of both spiritualism and naturalism which found expression in apprenticeship and tutelage over time. This appears to be in line with Oyebola's submission that ethnomedical practitioners are men and women "who by a process of long apprenticeship [...] become qualified to practice traditional medicine".⁴⁹ This form of education necessitates that the apprenticeship undergoes years of training from a master practitioner who assesses the mentee over several years before graduation. At graduation, the apprentice must have learnt the necessary method of disease diagnoses and herbal preparation. This medicinal tradition is passed from one generation to another through oral tradition.

In colonial Lagos, it has been observed that the *Araba* (head of Ifa Chieftaincy) oversees the administration of Native medical practitioners.⁵⁰ The *Araba* Chieftaincy traced its origin from the time of King Dosunmu of Lagos. It is believed that ethnomedical practitioners are often contacted by the King of Lagos during epidemic outbreaks to intervene appropriately through spiritual and ethnopharmacological responses for a quick clearance of infectious diseases.⁵¹ As noted by the several reports of the *Nigerian Gazzete* during the colonial era, the Native Doctors are classified into two major categories for administrative convenience – *Onisegun* and *Babalawo*. While the *Onisegun* (herbalist) earns an average income of between 50 to 100 pounds, the *Babalawo* (the priest of *Ifa* oracle who combines the capacity of

48 Moore 1906, 42–43.

49 Oyebola 1980, 23–29.

50 NAI. Comcol. I. 857. "Araba Chieftaincy", From the Secretariat, African National Religion Society to the Commissioner of the Colony, Lagos. 6 April 1944, 1.

51 NAI. Comcol. I. 857. "Araba Chieftaincy", From the Secretariat, African National Religion Society to the Commissioner of the Colony, Lagos. 6 April 1944, 2.

a diviner and a herbalist) earns between 30 and 50 pounds per annum. Hence, the *Onisegun* was liable to pay 10 Shillings and the *Babalawo* 6 Shillings as taxation to the public treasury.⁵² Considering this taxation rates, the *Onisegun* is estimated to have earned more income (through probably more patronage) than the *Babalawo* – an indication of popular usage of ethno-pharmaceuticals in colonial Lagos. The widespread practice of traditional medicine in colonial Lagos was noted by the administrator of the colony of Lagos in 1931 as he asserts:

There are several societies of Native Doctors in Lagos. About 20 years ago, a scheme was found by Dr. Sapara for the registration of Native Doctors [...] The object of this registration was partly to protect the public from the depredations of charlatans and also to obtain information on matters of interest to the Medical Profession. I understand that considerable interesting information has been obtained with regard to herbs and roots by keeping in touch with Native Doctors. The registration of a name does not give any status to the Native Doctor concerned nor can unregistered quacks be prevented from practicing. It appears however, that all families in Lagos employ a Native Doctor and there is considerable competition.⁵³

Complaints of the natives about the racist nature and inadequacy of biomedical healthcare prior to the outbreak of the plague abounds in the colonial newspaper reports. For instance, *The Nigerian Advocate* of Wednesday, 16 January 1924, reported the case of a young man who lost his child “under what must have been very painful circumstances to him” thus:

The young man rushed to the colonial Hospital one night, with his child suffering from what looked like lock-jaw. On reaching the hospital, he found that neither of the two Doctors who apparently were doing the duties of Resident medical officer was in. He nevertheless lost very little in finding their whereabouts, but no amount of begging was able to induce the one Doctor or the other to come to the child’s immediate aid. Three and a half hours or thereabout, after admission before some assistance was forthcoming, needless to say, the child died next day.⁵⁴

Hence, in colonial Lagos the ethnomedical practitioners played a significant role in health interventions during the outbreak. It was not surprising therefore that the Native Doctors were the first to diagnose and treat purported victims of the bubonic plague in colonial Lagos. The aetiology of plague was inferred by traditional healers as “blood poisoning” in colonial Lagos.⁵⁵ Indeed, blood is central to African cultural belief in human existence, especially among the Yoruba, Igbo, and Urhobo peoples of Nigeria. This is the

52 *The Nigerian Gazette*, 28 May 1931, 286.

53 NAI. Comcol. I. 857. Vol. I. “Native Doctors Society”, From the Administrator of the Colony, Lagos to the Senior Resident, Oyo, Province, Oyo, Ref. A.C. 857/ 20, 1931, 1.

54 *The Nigerian Advocate*, 16 January 1924, 5.

55 NAI. CSO 26 13001 Vol. II. “Report on Plague in Lagos – Southern Nigeria” From Medical Research Institute Yaba to the Director of Medical and Sanitary Services, Lagos. Ref. 48/M.R.I./24 of 9 September (1924), 1.

case of the African cultural believe that the human soul resides in the heart where it flows to other parts of the body through the blood stream. Hence, death is often marked by the seizure of the heart beat and blood flow.⁵⁶ In this respect, the embodiment of the soul in the human blood exemplifies the material and spiritual essence of the blood. Therefore, “blood poisoning” as a concept implies a fatal contamination of the source of life. Moreover, the ethnographic accounts of European adventurers and missionaries who visited the Lagos environs during the colonial era enrich our understanding of the place of “poison” and “blood” in the native culture. Poisoning was allegedly an instituted craft and blood was sacred among the Yoruba of the colonial era. As R.H. Stone puts it:

Among the wicked occult arts is the preparation of poisons to be used in assassinating, and those who engage in this business have many customers. Some of these poisons kill slowly, but so surely that the victims cannot prove who poisoned them, nor when, nor how. They murder by poison because in this way they can more easily escape detection. To draw even a little blood in times of peace is a capital crime. There is much quarrelling and even fighting among the women, but they rap each other over the shoulders with the palms of their hands in such a way as to hurt without drawing blood. When fighting, young men frequently tap each other over the head with short sticks upon which little iron rings have been strung. In this way they can knock each other down without breaking the Scalp and drawing blood. One morning [...] I heard some people shouting “ehjeh! ehjeh!” (blood, blood) as if a murder had been committed, but on investigating, found that a woman had drawn a little blood by scratching the face of a man. If the matter had not been hushed up before it got to the ears of *Areh*, the offender might have suffered decapitation [...] the fear of poisoning would sometimes scatter the people of a compound, but legal proof was generally wanting. Loud lamentation once caused me to stop at the house of an acquaintance. I found the bale and those around him in deep distress. Two of his sons had just died suddenly and he was in dread of the same fate. Though he probably suspected the murderer, he dared not express his opinion in the matter. There were several dwellings in this compound, but in a few days I found it deserted and as silent as the grave. Each family was afraid of the others and had sought homes in other compounds.⁵⁷

Stone’s account sheds light on the mutual suspicion that characterised the traditional closely-nit compound system of the Yoruba extended families in the colonial era. It unveils the sacred place of “blood” in societal living and the place of “poisoning craft” in the aetiology of sudden death. In this case, sudden deaths of the same siblings, in the same house and at the same time were seen from a conspiracy theoretical perspective of the poisoning art in society. According to oral tradition, poisoning of the human blood and by extension the soul of man could be initiated in the spiritual or in the physical within the ambit of Yoruba religious and medical practices. In this light, a human being could be poisoned in his dream or when awake. In both cases, preventive and curative anti-dotes of herbal preparations and spiritual ma-

⁵⁶ Nabofa 1985, 390.

⁵⁷ Stone 1899, 94–95.

noeuving exists with experienced Native Doctors. Thus, in the case of the plague in colonial Lagos, “blood poisoning” suggests a general suspicion of the negative activities of metaphysical powers including witchcraft, human agency administering poisonous substances as well as environmental elements involving bacterial or viral infections.

In line with the aetiology of African traditional medicine that traces the source of illness to both physical and spiritual factors, “blood poisoning” therefore has a material and spiritual essence. Blood Poisoning symbolises a physical damage to the human blood with direct implications for the soul – the source of life. It is not surprising, therefore, that the non-Christian and non-Muslim African responses to the *Yersinia Pestis* infection in colonial Lagos was holistic involving both spiritual rituals and the application of ethno-pharmacological remedies. Indeed, in the face of the outbreak, the traditional healers performed rituals to ward off the spirit of infirmity affecting communities in Lagos. This was affirmed by a report entitled ‘*Ona ti olukuluku bam o ni ko ma gba*’ thus:

O ta si wa l’eti pe awon Omusasegun, awon Onisegun ati Adahunse lo se ipade tiwon pelu awon Oloye Onifila-funfun l’ose to koja lati wewe bi nwon o ti se se etutu ti Edumare yio fi da owo iku ode wonyi duro. A gbo pen i Iga Olowo ni nwon se ipade yi.⁵⁸

Translation:

We heard that herbalists and other traditional healers attended a meeting together with the White Cap Chiefs last week to proffer solution through herbal remedies and propitiation to God in order to stop the continuous cases of death. The meeting was held at Olowo quarters.

Further, the outbreak of Plague in Lagos was unprecedented. Consequently, its features were compared with other endemic diseases such as smallpox. As a local commentator puts it “now, it is a common knowledge that what is termed *Plague* by the Sanitary Authorities is Smallpox in another form which is deceptive and unless the Government is advised to take serious steps to alleviate the horror of Smallpox, it is our fear that matters will remain just the same”.⁵⁹ Countering the foregoing perspective, an observer during the outbreak argues:

Here and there one hears “Plague! Ahem! Plague indeed.” Almost every fever strong enough to prostrate one is confidently passed for “Igbona Ode yi” meaning Small pox. When the “Flu” was on it was another form of S.P., and now “Plague” is just the same. The illiterates are however excusable for they have not seen anything like it before and it has not been handed down to them by their forefathers as all great events of the past have been [...] We may have forgotten the “Black Death” which devastated Europe in the middle age [...] but could not blamelessly say we do not remember the Great Plague of London 1665, fol-

⁵⁸ *Eletí-Ofe*, 10 September 1924, 3.

⁵⁹ *Eletí-Ofe*, 12 December 1928, 4.

lowed by the Great Fire of 1666. Now as school-children we have learnt of Jenner's discovery of Vaccination as a preventive measure against Small Pox, and we have heard that the Small Pox was formerly prevalent in England. The fact that European's activity in researches in all fields is ceaseless is enough to make us know that if Small Pox (once their own common scourge) and Plague (Bubonic plague) had anything in common or were one and the same thing only in dissimilar form, they would have discovered it long ago [...] if it is "S.P." it should have spread to Europeans. But it hasn't, and whilst they are immune you can never get the Government to tackle the Plague question with all its strength without being pestered. It may be unintentional but it does seem the Government is never thoroughly roused when European life is not in danger.⁶⁰

While the plague was compared to smallpox by the natives, there was no indication that smallpox treatment was administered to plague victims as the *sopona* (smallpox priests) were already proscribed at the time. At the onset of the outbreak in July 1924, Plague was described generally as *Aja-kale-Arun*⁶¹ – an epidemic, without a particular local name. In fact, the nomenclature of the disease did not change until September 1924 when the general public had been sensitized by the colonial government on the outbreak of the bubonic plague disease. The local name used for the epidemic, *Arun Ekute*⁶² (disease of rats) which started appearing in the vernacular press from March 1925 was derived from a biomedical understanding of the plague as a zoonotic disease spread mainly by the black rat. However, the ethnomedical diagnoses of the disease as blood poisoning (infection of the blood) prior to biomedical intervention in the epidemic outbreak exude the local medical knowledge on the spirituality and materiality of infection in colonial Lagos.

In cubing the spread of the bubonic plague in Lagos, the non-Christian and non-Muslim African traditional responses seems to have involved diverse broad range herbal interventions tagged "*aporo*" (anti-blood poisoning liquid solution) that were employed as both preventive and control remedies.⁶³ As observed by the traditional healers, "*aporo*" is specifically effective in the early period of the disease manifestation. In essence, the herbal remedies are preventive traditional pharmaceuticals. The two plants that were identified as vital components of "*aporo*" used separately for the preparation of remedies during the outbreak are *imi-esu* and *eyilata*. As noted by the local healers, the "*aporo*" remedy includes the liquid extract from a stand of "*imi-esu*" plant. This remedy was perceived to be multifunctional in the treatment of many forms of blood poisoning. *Imiesu* has been identified by botanists as *Ageratum Conyzoides*.⁶⁴ *Conyzoides* is a tropical plant that is

60 *Eleti-Ofe*, 19 December 1928, 8.

61 *Eleti-Ofe*, 3 September 1924, 3.

62 *Eleti-Ofe*, 18 March 1925, 3.

63 The information presented here is derived from an interview survey of six traditional healers in Lagos, Nigeria from November 2015 to September 2016.

64 Okunade, 2002, 1–2.

very common in West Africa and some parts of Asia and South America. *Ageratum Conyzoides* is reported to have been used traditionally in various parts of the tropic - Africa, Asia and South America for curing various diseases – constipation, ulcers and wounds, mental disorder and infectious diseases as well as headaches, pneumonia, diarrhoea, leprosy, and gynaecological disorder, itching, rheumatism, sleeping sickness, and gum disease.⁶⁵ However, the literary Yoruba meaning of *Imiesu* (the plant of Esu) converges the therapeutic effect of the plant with spiritualism with particular reference to sacrifice – an indication of the experience of the natives with the functionality of the plant. According to the traditional healers, many substances used in ethnomedicine could either be benevolent or destructive depending on the manner and purpose of its usage. Central to this discourse is the role of *Esu* in Yoruba religion and ethnomedical practice. *Esu* is one of the principal deities of Yoruba religion. *Esu*'s relationship with healing lies in his association with trickery and sacrifice. According to studies in Yoruba Pantheon, while the *Ifa* oracle (God of divination) prescribes remedies for an illness, *Esu* enforces the effectiveness of such a remedy.⁶⁶ In essence, *Esu*, the Yoruba Trickster God, is skilled in the manoeuvring of spiritual and environmental forces for good or evil. Consequently, the act of healing may be impossible without the approval of *Esu*. Hence, *Imi-Esu* (the breath of Esu) suggests a plant embodied with the important functionality of *Esu* in Yoruba healing culture.

The other medicinal plant believed to have been used during the outbreak by the native doctors is called *eyilata*. According to the traditional healers, it was used as a broad range remedy against blood toxicity in cases of malaria, typhoid, diarrhoea diseases, pneumonia, and plague. This plant grows naturally in Lagos environment and has been identified by botanists as *Biden Pilosa* which grew naturally in the tropical environment with potential antimicrobial, antibacterial, anti-inflammatory pharmacological properties.⁶⁷ Also, the literary Yoruba meaning of *Eyilata* (this one is peppery) seems to indicate an outstanding property of the plant as a link to the gods. This appears to be a derivative of the functionality of *Atare* (Alligator Pepper) used during important ceremonies and rituals to symbolise the presence and approval of the gods. Indeed, it is a historical ritual among the traditional healers to offer prayers to the two plants (*Imiesu* and *Eyilata*) demanding for the desirable curative effects before the leaves are plucked. In this way, the plants serve as mediators between the diseased natural world and the salubrious realm of the supernatural.

⁶⁵ Okunade, 2002, 2.

⁶⁶ Pemberton 1975, 27 / Dopamu 1999.

⁶⁷ Brandao, et al. 1997, 131–138 / Cortés-Rojas et al. 2013, 28–35 / Deba et al. 2008, 346–352.

In essence, European colonization and its attendant preferences for biomedicine constitute a chapter in the health interventions that followed the outbreak of the bubonic plague in colonial Lagos. The epidemic shock instigated local responses that found expression in faith healing. The non-Christian and non-Muslim African responses enrich our understanding of the local alternatives to the biomedical approach during the outbreak. This appeared to be justified in the face of the official case-fatality rate of 94.02% despite the biomedical intervention. The spiritual cleansing carried out by the traditionalists might have had positive psychological effect on Lagosians by allaying public panic as the epidemic crisis was symbolically taken to the court of the ancestral powers. The ethnomedical remedies allegedly prepared with ethnopharmacological elements including *Imiesu* (*Ageratum Conyzoides*) and *Eyilata* (*Biden Pilosa*) amidst other measures symbolises local ingenuity in the face of the outbreak. Hence, the biomedical, Christian, Muslim and the non-Christian and non-Muslim African traditional responses to the bubonic plague unveil the complexity of health interventions in colonial Lagos. This phenomenon undermines the Western biomedical triumphalist claims in epidemic control during colonial rule in Africa.

Concluding remarks

In this paper, comparing biomedical, Christian, Muslim, non-Christian and non-Muslim African responses to the bubonic plague, we have unveiled a complexity of health interventions in colonial Lagos, which differs from the general west-centric biomedical triumphalist rhetoric. The biomedical intervention of the plague control in Lagos includes the laboratory and clinical observation of the disease agent. The plague vaccine administered to the natives was reported to be ineffective. The local responses to the outbreak involved faith healing through prayers and fasting as well as rituals to invoke supernatural intervention. The ethno-pharmaceutical intervention through natural herbal remedies was initiated. The diagnosis of the epidemic as blood poisoning by the native doctors prior to biomedical intervention reveals the nature of local medical knowledge that transcends the physical into the supernatural in colonial Lagos. Amongst others, plague control in colonial Lagos unveils a conspiracy theory that traces the aetiology of the scourge to spiritual bewitchment, biological and physical terrorism. The complexity of the transcultural health interventions in this regard casts doubt on the often western-centric standpoint that emphasises the superiority of “white medicine” in curing the African ill.

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Abbreviations

NAI: National Archives Ibadan

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