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VOICES FROM BELOW:
THE POLITICS OF LEPROSY CONTROL IN
SOUTHEASTERN NIGERIA, 1926-1960

A Thesis

Presented in Partial Fulfillment of the
Requirements

For the Degree of Master of Arts

In the Department of History

The University of Mississippi

BY

ODINAKA KINGSLEY EZE

AUGUST 2023

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ABSTRACT

Leprosy was an endemic disease in colonial Southeastern Nigeria but became an epidemic between the 1920s and 1940s. Unlike malaria and sleeping sickness, its endemicity did not impede European penetration at the dawn of the twentieth century. However, its spread across Nigeria intensified during colonial rule, with acute prevalence in regions hitherto prone to the disease. Therefore, from the 1920s to 1960, Southeastern Nigeria became the epicenter of British policies tailored towards preventing, curing, and eradicating leprosy disease in Nigeria. Existing research has established the involvement of different actors in this course—including Christian missionaries, colonial officials, specialized agencies, and international organizations. However, this thesis examines the contributions of the Igbo people in the anti-leprosy campaign in colonial Southeastern Nigeria. Utilizing archival materials – mainly letters of petition and a plethora of correspondences between the indigenous population and colonial administrators – oral interviews, and other robust extant literature, it argues that Igbo people of Southeastern Nigeria were the focal point of leprosy control; they protested and collaborated in leprosy eradication. It concludes that the changing ideological underpinnings of leprosy from precolonial to colonial Nigeria influenced their variegated responses.

DEDICATION

To Ojoto, my high school history teacher,

The one death snatched before I blinked.

The one that opened my third eye.

ACKNOWLEDGMENTS

I have accumulated numerous debts in writing this thesis: from the brainstorming, ideation, design, and completion stages. My first gratitude goes to my immediate family for their unwavering support towards my growth—knowing they are there for me in all-weather kept me going. When my strength failed me, they encouraged me, refreshed my inner fountain, and rekindled my hope, which ferried me through this first stage of my graduate journey. I could not have asked for a better family, and I bless God for positioning them in my life. Their words sparked the fire in my bones!

My heartfelt appreciation goes to my thesis advisor, Mohammed Bashir Salau, who opened his wealth of knowledge, experience, and fatherly love to me throughout the completion of this thesis and time at the University of Mississippi. The same goes for Zachary Kegan Guthrie, who has shown, time and again, his commitment to my intellectual growth and overall well-being. This thesis would not be in this shape without their shrewd comments and countless rereading of many drafts. Beyond advising me, they have also proven to be spectacular mentors and teachers. Finally, I warmly thank Rebecca K. Marchiel for her advice, insightful comments, and encouragement as I complete this thesis. These three individuals were the backbones of this thesis—I could not have asked for another committee.

Other faculty members in the history department, including Marc C. Lerner and Noell Rebecca-Howell Wilson, deserve a special mention for their kindness towards me. I will not forget Susan Gaunt Stearns, who helped me in the ideation stage, holding my hands as I crafted

the proposal, edited many revised versions, and provided invaluable suggestions. Not to forget Mikaela Adams, who answered my many questions when I first thought of writing a thesis on disease and public health. I would not finish this thesis without the community of friends and acquaintances that ungrudgingly welcomed me into their spaces. Kizito Chijioke Onah talked me through many low moments, serving as my first bus stop anytime I encountered difficulty during my first few months in the United States. He did not only share his time but resources, including books about graduate school, that has profoundly shaped my experiences. Thank you, Kizzy, as I fondly call him, for exposing me to the skills needed to navigate graduate studies. The same goes for Ngozika Anthonia Obi-Ani, Mathias Chukwudi Isiani, and Kelechi Ugwuanyi—not even distance could separate them from this journey—they were constant as the Northern Star.

Friends like Paul Monra made me feel comfortable in the Oxford community, especially when adapting to a new environment. With other classmates in my cohort, every time we spent together enriched my graduate studies archives and made Oxford a home away from home. Similarly, Adedayo Oguniran, Tonia Voke, Oluwatoyosin Jeremiah Agbakin, Davis Otuegbe, Horeb Anthony, and Itunuoluwa Williams served as close kin in whose presence, I found what I missed at home. Without them, I would not have had the mental stability to complete this thesis. Unfortunately, there is insufficient space to mention everyone here, but I am grateful that our paths crossed at the University of Mississippi.

The Arch Dalrymple Grant and the History department at the University of Mississippi generously funded my research trip to Nigeria in 2022, where I conducted archival research and fieldwork. It would be impossible to arrive at this juncture without their resources. In addition, I thank Ifeoma Aneke for conducting a pilot field trip and archival survey on my behalf.

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INTRODUCTION

In the first two decades of the twentieth century, immediately after the conquest and the so-called "pacification" of Nigeria, the British colonial government was saddled with consolidating its political and economic power. Roads and train routes were constructed to link the different repositories of raw materials to ports along the coast for shipment to Europe. The development of the transport sector facilitated the unprecedented interchange of goods and people in what became colonial Nigeria. This increased mobility, exchanges, and interactions associated with the development of both the transport sector and the export economy, as well as the reorganization of geographical landscapes to towns and urban cities, were also accompanied by the multiplications of contagious diseases like leprosy.¹ The second quarter of the twentieth century became a period for coalescing efforts toward preventing and curing the disease after the Second World War. For forty years, from the 1920s until 1960, when colonial rule ended in

¹Leprosy disease has been traced to originate from India in about 2000 B.C.E. In Southeastern Nigeria, the explosion of leprosy disease occurred during the 1930s through the 1940s. This was not only peculiar to Southeastern Nigeria, in China there was a lot of superstition that surrounded the disease. The most prominent idea suggests that leprosy was a retribution for sins, particularly sexual immorality. In Medieval China, it is suggested that the afflicted should practice abstinence as the only way to save their soul from damnation. Similar ideas were also obtainable in Medieval Europe, and Judaism. For more on ideas of leprosy in China, see Leung, Angela Ki Che. "A Cursed but Redeemable Body." In *Leprosy in China: A History*, 60–83. Columbia University Press, 2009. Historically, leprosy is one of the oldest diseases known to humanity. Individuals afflicted with the disease were often ostracized by their host communities and families. This was axiomatic in precolonial Igbo society as it was in Medieval Europe. Leprosy remained intractable until the late 1940s, with the development of sulphone treatment, which was only perfected with the introduction of the oral form of sulphone know as dapsone in the 1950s. see John Manton. "Global and Local Contexts: The Northern Ogoja Leprosy Scheme, 1945-1960." *Historia, Ceinsias, Saude, Maguinhos*, (Supplement), vol. 10, (2003) 218.

Nigeria, the government concentrated on tackling leprosy disease in Southeastern Nigeria, a region dominated by the Igbo people.

The overriding question that guides the analysis that follows in the thesis is: how did the Igbo people and leprosy sufferers in Southeastern Nigeria respond to the British colonial policies on leprosy control, both outside and inside the leprosaria? It explores Igbo people's collaboration with the government in establishing leprosy settlements, outlines the reasons for opposition to the location of leprosy settlements in specific societies, explains how the British contained relevant opposition, and stresses the contributions of Igbo people towards the control of leprosy disease. Focusing on local responses to the establishment of leprosy in specific Igboland societies, it contends that the indigenous people themselves played a pivotal role in leprosy prevention and that despite the domination of Europeans in the colonial period, the colonial state was not all-powerful. Indeed, without the cooperation of the local people, the success of leprosy control would have proven impossible. Furthermore, while Europeans acted as agents of modernization in the colonial world, they were not always wrestling with societies unresponsive to change.

Many studies on leprosy control in Nigeria ignore the role of leprosy sufferers in eradicating the disease. They are often misconstrued as objects of anti-leprosy campaigns, who were acted upon by Western biomedicine and missionaries, ultimately impacting them positively. This teleological account does not give room for understanding the underlying intricacies of leprosy control in Southeastern Nigeria. Outside the broader society's response to leprosy disease, leprosy sufferers responded to the rules and regulations meant to control their bodies, behaviors, and initiatives in settlements. I argue that leprosy sufferers, usually imagined and represented as frail, destitute, disabled, and hapless, interpreted and challenged colonial

policies on leprosy control. Their helplessness became a source of agency, as observable in many letters of petitions and correspondences between them and the colonial administration.

Studying a population that people often thought needed outside help during the colonial period is one way to demonstrate their agency. By its nature, leprosy or Hansen's disease is an infectious disease that spreads through a bacterium that primarily affects the peripheral nerves and secondarily affects the skin and sometimes other tissues, notably the eye, the mucosa of the upper respiratory tract, muscles, bones, and testes. Before the discovery of sulfone drug therapy at Carville in 1941, no effective treatment existed. Multiple versions of sulfone-based drugs are used to kill nearly all Hansen's bacilli, rendering the patient noninfectious. When untreated, advanced cases of leprosy disease cause nerve damage in the victims' hands and feet, often leading to a loss of muscle control and crippling of hands and feet. Desensitized hands and feet become infected, often damaged by minor cuts or burns. Bone absorption and related deformities caused many uninfected observers to think that victims of the disease experienced the dropping off of their hands and other body parts. Exactly how Hansen's is transmitted is still unclear, but the most accepted theory is that the bacterium enters the body through the upper respiratory system or skin abrasions. Specialists generally agree that ninety percent or more of the world's population is naturally immune to leprosy.²

² See Bhat, Ramesh Mame, and Chaitra Prakash. "Leprosy: an overview of pathophysiology." *Interdisciplinary perspectives on infectious diseases* vol. 2012, 2012; World Health Organization. Introduction to Leprosy Reactions and Neuritis." *Leprosy/Hansen Disease: Management of Reactions and Prevention of Disabilities*. World Health Organization, 2020, <http://www.jstor.org/stable/resrep30122.7>; Binns, Colin, and Wah Yun Low. "Leprosy: Feared and Forgotten, but Still with Us." *Asia Pacific Journal of Public Health* 28, no. 7 (2016): 560–61. <https://www.jstor.org/stable/26686306>; World Health Organization. "References." *Leprosy/Hansen Disease: Management of Reactions and Prevention of Disabilities*. World Health Organization, 2020. <http://www.jstor.org/stable/resrep30122.13>; Lockwood, Diana N J, Vanaja Shetty, and Gerson Oliveira Penna. "Hazards of Setting Targets to Eliminate Disease: Lessons from the Leprosy Elimination Campaign." *BMJ: British Medical Journal* 348 (2014). <https://www.jstor.org/stable/26513431>; FEENSTRA, S. G., Q. NAHAR, D. PAHAN, L. OSKAM, and J. H. RICHARDUS. "Social Contact Patterns and Leprosy Disease: A Case-Control Study in Bangladesh." *Epidemiology and Infection* 141, no. 3 (2013): 573–81. <http://www.jstor.org/stable/23360715>; Phillip

Consequently, leprosy disease often renders victims to the margins of society irrespective of the social class the person occupied before contracting the disease. But their marginality does not suggest that their fate ultimately depended on those that cared for them— mainly missionaries, health workers, and colonial officials. While isolated from the wider population, they were not objects of Western biomedicine. Instead, they engaged with the colonial government's policies and initiatives in the leprosaria. Initially, the colonial government's responses to the demands and complaints of leprosy sufferers were passive warnings. However, more emboldened punishments evolved in the 1950s, reflective of the broader changes in the prevention and cure of the disease as its biomedical treatment with dapsone became feasible. The imaginations of leprosy in precolonial and colonial Southeastern Nigeria affected how leprosy sufferers and the Igbo society responded to the disease during the colonial period. I contend that there was no radical change in how Igbo people imagined leprosy disease during the colonial period. Such a level of transformation only took place among leprosy sufferers themselves, as curative therapy offered more promise for healing their bodies.

The conceptualization of leprosy disease from the precolonial to colonial period is often a missing ingredient in both the historiography of leprosy and Igbo cosmology in Southeastern Nigeria.³ I argue in this thesis that the African initiative in controlling leprosy was visible in

Eichman. "The History, Biology & Medical Aspects of Leprosy." *The American Biology Teacher* 61, no. 7 (1999): 490–95. <https://doi.org/10.2307/4450750>; Buckingham, Jane. "The Pacific Leprosy Foundation Archive and Oral Histories of Leprosy in the South Pacific." *The Journal of Pacific History* 41, no. 1 (2006): 81–86. <http://www.jstor.org/stable/40347366>; Moblo, Pennie. "Leprosy, Politics, and the Rise of Hawaii's Reform Party." *The Journal of Pacific History* 34, no. 1 (1999): 75–89. <http://www.jstor.org/stable/25169428>; Leung, Angela Ki Che. "Epilogue: Leprosy, China, and the World." In *Leprosy in China: A History*, 214–22. Columbia University Press, 2009. <http://www.jstor.org/stable/10.7312/leun12300.10>; World Health Organization. "Global Leprosy Situation." *Global Consultation of National Leprosy Programme Managers, Partners and Affected Persons on Global Leprosy Strategy 2021–2030: Report of the Virtual Meeting 26-30 October 2020*. World Health Organization, 2020. <http://www.jstor.org/stable/resrep30110.5>.

³ See John N. Orji. Transformations in Igbo Cosmology during Slavery: A Study of the Geneses of Place-Names, Totems & Taboos. No. 196. *Éditions de l'École des Hautes études en Sciences Sociales*, 2009; C.K.Meek. Law and Authority in a Nigerian Tribe: A Study in Indirect Rule (London: Oxford University Press,1937); Osmund A.C

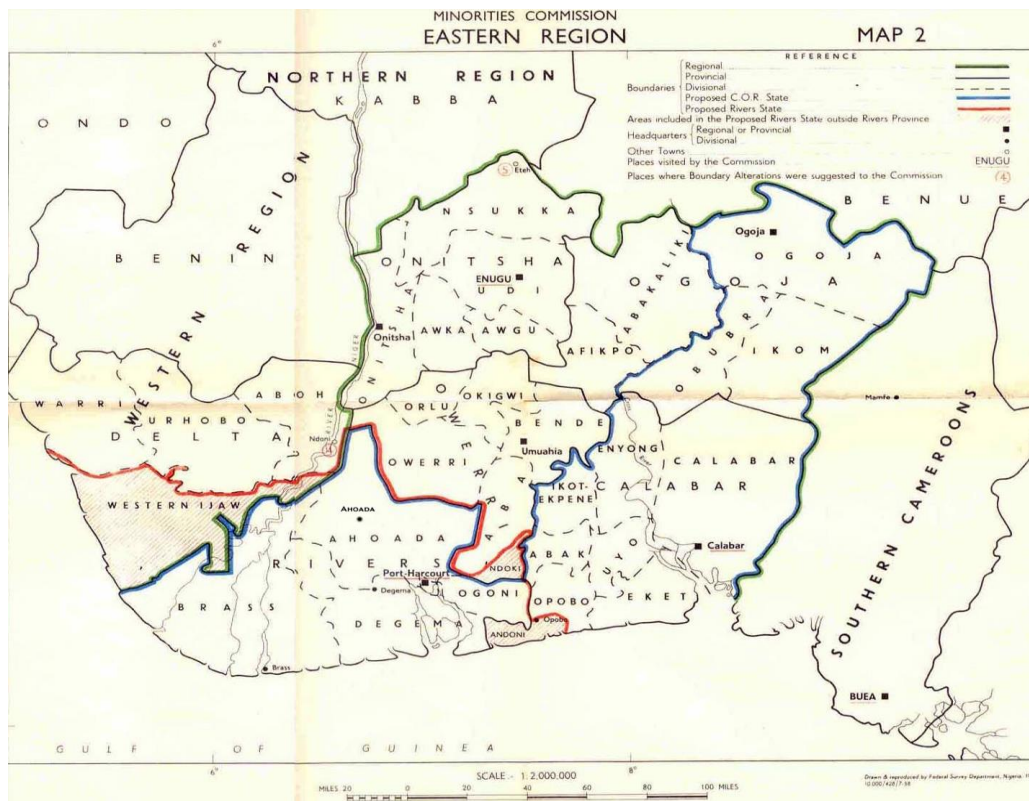
ideological and practical terms. European initiatives and policies did not engender a fundamental departure from the conceptualization and response to leprosy disease in precolonial Southeastern Nigeria. Despite Europeans' social, economic, cultural, and political domination in Africa, they did not enjoy the monopoly of initiative. Therefore, their presence did not invent an utterly new change that was absent in the precolonial period. African initiatives coalesced with European initiatives in the eradication of leprosy disease. In the context of the anti-leprosy campaign in Southeastern Nigeria, African initiative severely restricted the extent to which European colonial regimes dominated Africa.⁴ This line of argument aligns with those early Africanist scholars such as Ajayi, who argued that colonialism was just an "episode in the long history of Africa" and that "local pressures affected arbitrary European decisions about the siting of railroads, ports, schools, hospitals, and administrative centers."⁵ Therefore, leprosy control in Southeastern Nigeria was one such activity that inspired African "local pressures"⁶ on the colonial government. Such activities as arbitrary siting of leprosy settlements came under severe scrutiny and contestations within different Igbo communities. Such contestations mainly involved debates through letters of petitions on why such locations were not suitable. These local debates, however, emanated from the relationship Igbo people had with the disease from the precolonial period.

Anigbo. "The Igbo Idea of Death in Relation to their Social Order." *Africa: Rivista Trimestrale di Studi e Documentazione dell'Istituto Italiano per l'Africa e l'Oriente* 37, no. 4 (1982): 515-527; J.C.U. Aguwa. "Taboos and Purification of Ritual Pollutions in Igbo Traditional Society: Analysis and Symbolisms." *Anthropos H. 4.* /6 (1993): 539-546; E. I. Metuh. "Ritual Dirt and Purification Rites Among the Igbo." *Journal of Religion in Africa* (1985): 3-24; Chinwe M.A. Nwoye. "Igbo Cultural and Religious Worldview: An Insiders' Perspective." *International Journal of Sociology and Anthropology* 3, no. 9 (2011): 304-317; O.U Kalu. "Precarious Vision: The African's Perception of his World" in Kalu (ed) in African Cultural Development, *Reading in African Humanities*. (Enugu: Fourth Dimension Publishers, 1978), Kalu. *Gods, Oracles and Divination: Folkways in Chinua Achebe's Novels* (New York: Africa World Press, 1992).

⁴ See Ajayi, J. F. A. "Colonialism: An Episode in African History." *Colonialism in Africa 1870-1960*, Vol. 1 (1969) 507.

⁵ Ibid, 507-508.

⁶ Ibid.



A colonial map of Eastern Nigeria region, 1958. Today, the area is divided into South-East and South-South geopolitical zones—source: Gettyimages.com.

Southeastern Nigeria harbored the highest percentages of leprosy sufferers in colonial Nigeria; thus, the reason the region was chosen for this study.⁷ As a result, they had significant encounters with colonial actors, including Christian missionaries of various denominations, majorly the Methodist, Roman Catholic, and English missions, experts from the British Empire Leprosy Relief Association (BELRA), members of European centered voluntary organizations, and the colonial administrators. Specifically, in the 1930s, Uzuakoli, Itu, and Oji-River, the largest of these centers, housed thousands of patients seeking solutions for their predicament.⁸ In 1939, it was estimated that the population of leprosy sufferers in Owerri Province, the location

⁷ T.F., Davey, C.M Ross, and B. Nicholas. "Leprosy: A Changing Situation in Eastern Nigeria." *British Medical Journal* 2, no. 4984 (1956): 65.

⁸ International Leprosy Association-History of Leprosy. *Uzuakoli (Nigeria). Geographical Region*. https://leprosyhistory.org/geographical_region/site/uzuakoli

of Uzuakoli, stood at seven thousand, occurring at 33 percent in a population of one thousand. At the peak of the disease, the center administered treatment to some three thousand leprosy sufferers in a week, which culminated in about two hundred thousand within the cycle of a year.⁹ Because of its prevalence, many of the leprosy centers established in Nigeria were in that region, including Itu, Uzuakoli, and Oji-River.¹⁰ In addition, Uzuakoli Medical Research Unit played a significant role in discovering the current drugs for curing leprosy disease worldwide.¹¹

Existing records in the colonial period do not fully explain the reasons for the spread and explosion of leprosy disease with European presence in Nigeria. There are unresolved arguments on why Southeastern Nigeria harbored the most significant percentage of leprosy sufferers.¹² One study suggests that increased exchanges and interactions made possible by road and railway networks, constructed by the British colonizers to link the hinterland to the port cities to foster the export of raw materials, were responsible for the high rate of leprosy in this region.¹³ Another study indicates that in the 1930s, when reports on the increasing incidence of leprosy became widespread, Europeans were singularly blamed for introducing and spreading leprosy disease in Northern Nigeria. While Northern Nigerians, and other people based in other parts of the world like South Africa, contended that leprosy was introduced to their societies by Europeans, the people of Southeastern Nigeria blamed Eurocentric civilization and Christianity for its virulent and spatial distribution in the colonial period.¹⁴

⁹ International Leprosy Association-History of Leprosy. *Uzuakoli*.

¹⁰ See Davey et.al. "Leprosy: A changing situation in Eastern Nigeria." *British Medical Journal* 2, no. 4984 (1956): 65.

¹¹ International Leprosy Association-History of Leprosy. Uzuakoli (Nigeria). Geographical Region. https://leprosyhistory.org/geographical_region/site/uzuakoli

¹² Russell, C. E. B. *The Leprosy Problem in Nigeria*, 66-68.

¹³ T.F., Davey, et.al. *Leprosy*. A history of the mobility of disease is provided in Markel, Howard. "When Germs Travel." *The American Scholar*, 68, no. 2 (1999): 61-69.

¹⁴ See C.N. Ubah. A Colonial Health Care Scheme at Uzuakoli, Eastern Nigeria." *Transafrican Journal of History* 21, (1992): 50-75.

Conversely, Europeans blamed African cultural "maladaptation" to modern life during the colonial period as the reason for the exponential spread of the disease during the colonial period.¹⁵ For instance, a missionary report to the *Journal of Royal Society* assumes that while Europeans imported clothes to help modernize Africans, an African who "discovers that he had a tiny patch of leprosy, the harbinger of misery, could conceal it with his cloth, and perhaps for years, his neighbors will think that he had come in possession of little money and taken to modern fashion."¹⁶ By concealing leprosy with his cloth, it is further suggested that the African may be highly infectious, communicating the disease to his family and others who came in contact with his materials and tools.¹⁷ While it is hard to dismiss the above explanation, African cultural maladaptation was not responsible for the above behavior; instead, the dreadfulness of the disease among Igbo people made leprosy sufferers extremely reticent in disclosing their ailment.¹⁸ Whether or not increased exchanges and interactions made possible by road and railway networks and Europeans were to be blamed for the exacerbation of leprosy in Southeastern Nigeria, the prevalence of the disease in the region encouraged the colonial government to establish four major leprosy centers in the area alone.¹⁹

Due to the prevalence of leprosy disease in Southeastern Nigeria, in 1936, the BELRA sent one of the most influential leprologists, Dr. Ernest Muir, to survey the epidemiology of the disease in that area of the British Empire. During his tour, Muir, also the secretary of the BELRA, computed that the number of leprosy sufferers in Nigeria was two thousand. However,

¹⁵ Megan Vaughan, *Curing their Ills: Colonial Power and African Illness*. (Stanford, California: Stanford University Press, 1991), 1.

¹⁶ Russell, C. E. B. *The Leprosy Problem in Nigeria*, 66-68.

¹⁷ Ibid.

¹⁸ Ubah in his article, *Hope for the Despondent* also concurs that European presences in Southeastern Nigeria exacerbated the leprosy problem.

¹⁹ Davey et.al. *Leprosy*.

when Muir released these numbers, people with long experience in Nigeria believed that the number of those afflicted with leprosy disease in the country was at least one million. In a population of nineteen million, this revealed the appalling state of the disease and why it spurred a public health emergency throughout British colonial rule in Nigeria.²⁰ Another reason leprosy attracted public health concern in colonial Nigeria was that it was believed that its successful eradication would ensure the penetration of Western biomedicine in Nigeria. Furthermore, by curing an intractable disease like leprosy, the colonial government thought it would invigorate the faith of the skeptical colonists in the efficacy of Western health institutions and therapy while also serving as a fertile ground for the full entrenchment of the Christian religion.²¹

Muir noted that leprosy was a dreaded disease because of the years of suffering that it condemned its victim, "the gnawing body pain that it caused, and the psychological burden that the victims were subjected, which was exacerbated by how the society despised the sufferers."²² According to him, although leprosy was easy to prevent, it remained a generational burden for many parts of British colonial West Africa because of the ignorance and misconceptions surrounding it.²³ In Southeastern Nigeria, increased contact with infected individuals through mobility, urbanization, and difficulty identifying disease victims in changing environments accounted for the surge of cases.²⁴ Muir made recommendations for establishing village leprosy

²⁰Ibid.

²¹ Ubah. *Hope for the Despondent*: 58.

²² Mokake Flavius. *Isolation, Control and Rehabilitation: A Social and Medical History of Leprosy Treatment and Leprosaria in Cameroon, 1916-1975*. (Unpublished dissertation, Ohio State University, 2018):8; see Cd 53, Dr Ernest Muir, *Leprosy Control: A Manual for Teachers, Children and Parents* (British Leprosy Relief Association, London-England).

²³ Ibid, p. 3. See also Muir. "The Leprosy Situation in Africa." *Journal of the Royal African Society* 39, no. 155 (1940): 134–42. <http://www.jstor.org/stable/717850>; Power, A. D. "Health and Education in Nigeria." *Journal of the Royal African Society* 34, no. 137 (1935): 408–22. <http://www.jstor.org/stable/71649>.

²⁴ A history of the mobility of disease is provided in Markel, Howard. "When germs travel." *The American Scholar* 68, no. 2 (1999): 61-69. Many Scholars also agree that increased contact increase the temporal and spatial spread of leprosy disease.

colonies²⁵ in various parts of Nigeria to curtail the spread and deflate the burden of the disease on the British Empire.²⁶ This method saw the decentralization of leprosy control in Nigeria, with the bulk of the work flowing from the village to the district and provincial levels. The Native Administration, which came under the auspices of the village councils in 1932 after the abrogation of the Warrant Chief institution following the Aba Women's War in 1929, became the node for executing national leprosy control policies in Southeastern Nigeria.

At first, even after Muir's relevant recommendations, the anti-leprosy campaign in the British Empire was uncoordinated, mainly in the hands of missionaries. However, this changed during the years of the Second World War. For one thing, the number of leprosy sufferers in the British Empire continued to increase, and the impecunious BELRA could not finance an expansive and comprehensive leprosy control. In addition, the emerging war records of some British soldiers who contracted the disease during the war in the tropical world aggravated the fear of the resurgence of leprosy in Britain.

Moreover, by the 1940s, the British populace was drawn to the idea that only rapid "civilization" of the "primitive" tropical parts of its empire could solve the problem of leprosy.²⁷ This belief, which gained credence during the age of European welfarism, prompted the colonial government to increase its commitment to solving the problem of leprosy in Nigeria. For instance, in 1943, after Bernard Bourdillon, the Governor General of Nigeria, visited the Oji-River leprosarium, he was impressed by the benevolent work done by the English Mission and

²⁵A 'leprosy settlement or colony' is a center for the segregation of leprosy patients with a properly equipped hospital, laboratory, and a resident medical officer; while a 'leprosy segregation village' is a center for the segregation of leprosy patients without a resident medical officer, laboratory, or a resident medical officer.

²⁶ Leprosy Relief Work: Nigerian Branch, British Empire Leprosy Relief Association. Educational Programs and Services- Lane Medical Library.

²⁷ Worboys, Michael. "The Colonial World as Mission and Mandate: Leprosy and Empire, 1900-1940." *Osiris*, vol. 15, 2000, pp. 214-16.

decided to increase the financial commitment of the government from about 5,000 pounds to 40,000 pounds annually.²⁸ With this level of involvement, for the first time, the government established the Nigeria Leprosy Service in 1945. This body replaced the BELRA as it was "divested of its government's connections in the new scheme and turned to a strictly voluntary organization later."²⁹ As the analysis in this thesis will reveal, leprosy control became more institutionalized after this change, evinced by the repositories of correspondence between the various levels of government, missionaries, and indigenous people involved in the work.

Like many parts of the British Empire, the burden of anti-leprosy programs was vested in the Native Administration in Southeastern Nigeria. What was the reaction of the local people who shouldered the responsibility of the Native Administration in leprosy control? Among the recommendations of Muir was a clan-based approach to preventing and treating leprosy victims. This approach aimed to ensure the cooperation of the victim's immediate family, associates, and clans. Every clan was mandated to work with the resident doctor to perform some assignments, including reporting new cases, quarantining infected individuals, contributing financially to the building and maintaining of leprosy colonies, and providing access to other resources like water, depending on the need of the time. To what extent did the victim's family and clan participate in this process? Were they cooperative or not? These questions and more are worth exploring because the people of Southeastern Nigeria were notorious for their aversion to British colonial rule, epitomized in the famous Women's War of 1929. Andrew Macdonald, a foremost medical doctor in Nigeria, stated in his memoir that the demonstrations of these women forestalled their

²⁸ Tunde Odunwobi. "Tackling Leprosy in Colonial Nigeria, 1926–1960." *Journal of the Historical Society of Nigeria*, 22 (2013): 199.

²⁹ *Ibid*, 200.

activities in developing Itu leprosarium in Eastern Nigeria.³⁰ This disturbance is one of many threats to everyday colonial administration in Southeastern Nigeria, which this thesis examines.

Historiography

In the 1960s, when African historiography mushroomed in different institutions across North America, Europe, and newly independent states of Africa, historians channeled their efforts into demonstrating that Africa was a subject of history and that the continent had long historical periods which predated the arrival of Europeans. It took different times for historians to include the various peoples of Nigeria in this emergent African historiography. A decade after the study of African history came into vogue, the colonial period also became an episode that came under increasing historical inquiry after earlier historians had established the precolonial history of the continent. Some monographs also attempted to bridge the gap between the precolonial and colonial periods in a single narrative, covering divergent themes, while others continued to study them separately. Historians interested in Igbo land also keyed into this historiographical trend.³¹ In the 1970s and subsequent decades, historical works that explored the history of Igbo people were gradually published.³² In the 1980s, Igbo historians shifted their

³⁰ Andrew M.B, *In His Name: the story of a doctor in Nigeria*. (London: Oldbourne co. ltd, 1964): 99.

³¹ See Elizabeth Isichie, *A History of Igbo People* (New York: St. Martin's Press, 1976). This was the first comprehensive monograph on the Igbo people. Isichie's book was ground-breaking for pioneering the study of the ethnic history of the Igbo people from the earliest times to the twentieth century. Most of the loopholes in Isichie's work was corrected by Afigbo A.E, *Ropes of Sand: Studies in Igbo History and Culture* (Ibadan: University Press Limited, 1981). Also See, Falola, T. and Heaton, M. "Afigbo's Scholarship: An Introduction" in *Myth, History, and Society: The Collected Works of Adiele Afigbo* edited by Toyin Falola (Trenton: Africa World Press, 2006):3–19. Afigbo continued to revise the study of Igbo people in subsequent publications. See Afigbo A.E, *The Igbo and Their Neighbours: Inter-group Relations in Southeastern Nigeria to 1953* (Ibadan: University Press Limited, 1987); Afigbo A.E, *Groundwork of Igbo History* (Lagos: Vista Books Limited, 1992). It is therefore not surprising that they did not focus on medicine and disease during the colonial period. The priority of historians was to write a comprehensive history of a people who did not have one documented before.

³² Before this time, the only published work of Igbo land was by the former enslaved African of Igbo origin, Olaudah Equiano. See Robert J. Allison ed. *Olaudah Equiano, The Interesting Narrative of the Life of Olaudah Equiano*. (Boston: Bedford Series in History and Culture, 1995).

searchlight to exploring various themes, including Igbo economic, gender, and religious history.³³

In the 1970s and 1980s, the history of medicine and disease appeared only sparsely in African historiography, except for sleeping sickness in East Africa. Sleeping sickness (*trypanosomiasis*) attracted the attention of scholars the most, mainly because it was a massive problem in European expansion into that region. Other parts of Africa, such as Igbo land, did not receive the requisite attention because, unlike sleeping sickness, leprosy disease did not pose a severe impediment to European intrusion. Just like the historiographical landscape on leprosy in Africa today, the scholarship on the history of sleeping sickness evolved from overtly recapturing the encounter of Europeans with African disease environments to underscoring the response and contributions of Africans in the control of the disease.³⁴

³³ Recent works on the economic and religious history of Igboland, see Achebe, N. *Farmers, Traders, Warriors, and Kings: Female Power and Authority in Northern Igboland, 1900-1960*. (Portsmouth, NH: Heinemann, 2005); Korieh, C. J. *The Land Has Changed: History, Society and Gender in Colonial Eastern Nigeria*. (Calgary, Canada: University of Calgary Press, 2010); Kalu. *The Embattled Gods: Christianization of Igboland, 1841-1991*. (Trenton, NJ: Africa World Press, 2003); Kalu, O. U. "Gender Ideology in Igbo Religion: The Changing Religious Role of 20 Women in Igboland." *Africa*, 46, (1991): 184-202; Chuku, G. "'Crack Kernels, Crack Hitler': Export Production Drive and Igbo Women during the Second World War." In *Gendering the African Diaspora: Women, Culture, and Historical Change in the Caribbean and Nigerian Hinterland*, 18 eds; Judith A. Byfield, LaRay Denzer, and Anthea Morrison, 219-244. (Bloomington, IN: Indiana University Press, 2010); Chuku, G. (2005). *Igbo Women and Economic Transformation in Southeastern Nigeria, 1900-1960*. New York: Routledge. Chuku, G. "From Petty Traders to International Merchants: A Historical Account of the Role of Three Igbo Women of Nigeria in Trade and Commerce, 1886 to 1970." *African Economic History*, 27, (1999):1-22. Chuku, G. "Women in the Economy of Igboland from 1900 to 1970: A Survey." *African Economic History*, 23, (1995): 37-50; Dagggers, J. "Transforming Christian Womanhood: Female Sexuality and Church Missionary Society Encounters in the Niger Mission, Onitsha." *Victoria Review*, 37, (2011):89-106. John Iliffe. *The African Poor: A History*. London: Cambridge University Press, 1987.

³⁴ Earlier works that examined the British government's intervention in the control of sleeping sickness in East Africa can be found in Ann Beck's *A History of the British Medical Administration of East Africa, 1900-1950* (New York: Harvard University Press, 1970). On the ecological dispersion of sleeping sickness and its epidemiology in the twentieth century, see John Ford. *The Role of the Trypanosomiasis in African Ecology: A Study of the Tsetse Fly Problem*. (Oxford: Oxford University Press, 1971). see K.R.S Morris. "The Movement of Sleeping Sickness Across Central Africa," *Journal of Tropical Medical Hygiene* 1963; B.W. Langlands. "The Sleeping Sickness Epidemic of Uganda, 1900-1920: A study in Historical Geography 1967"; Charles Good. "Salt, Trade, and Disease: Aspects of Development in Africa's Northern Great Lakes Region." *International Journal of African Historical Studies*, vol. 5 (1972):581-582; Mari Webel, *The Politics of Disease Control: Sleeping Sickness in Eastern Africa, 1890-1920*. (Athens: Ohio University Press, 2019).

Historians of colonial public health in Africa since the 1990s have established that while colonial authorities had hegemonic aspirations, "the impacts of their ideas and policies were often minimal."³⁵ European biomedical ideas on disease presented ample opportunity to consolidate their political and economic domination of the colonized world; therefore, understanding colonial ideas of disease, healing, and health in Africa highlights these power dynamics. Hence, biomedical ideas and practices were intertwined with the colonial ideology—as an enabler of the "civilizing mission."³⁶ These scholars have also demonstrated that colonial medicine in Africa functioned to further imperial authority.³⁷ However, irrespective of the hegemonic power of colonial medicine in Africa, their efforts to cure Africans of their illness were hugely limited. Leprosy, for instance, presented limitations to the efforts made by Christian missionaries who wanted to prove to Africans that western biomedicine could heal their body. As Vaughan rightly pointed out, a lack of resources and central control of segregation significantly hampered Africa's early period of leprosy control.³⁸ While leprosy became a "Christian" disease in the 1930s, the inability to maintain large-scale segregation invites scholars to conduct more inquiry into how the success of leprosy work in Africa crystallized from the local levels. Until the late 1940s, when Western biomedical treatment of leprosy gradually became effective, Christian missionaries only saved souls. This study expands on the

³⁵ Hokkanen, Markku. "Quests for Health and Contests for Meaning: African Church Leaders and Scottish Missionaries in the Early Twentieth Century Presbyterian Church in Northern Malawi." *Journal of Southern African Studies* 33, no. 4 (2007): 735. D. Arnold, 'Public Health and Public Power: Medicine and Hegemony in Colonial India', in *Contesting Colonial Hegemony*, pp. 132-40; Megan Vaughan, 'Health and Hegemony: Representation of Disease and the Creation of the Colonial Subject in Nyasaland', in *Contesting Colonial Hegemony*, 191; see Andrew Cunningham and Bridie Andrews, eds., *Western Medicine as Contested Knowledge* (Manchester: Manchester University Press, 1997).

³⁶ See Kwasi Konadu, *Indigenous Medicine and Knowledge in African Society* (New York: Routledge, 2000); Stacey Langwick, *Bodies, Politics, and the Matter of Maladies in Tanzania* (Indiana: Indiana University Press, 1986).

³⁷ See Megan Vaughan. *Curing their Ills: Colonial Power and African Illness*. Stanford, California: Stanford University Press, 1991.

. Vaughan argued that colonial medicine allowed the British government to create a classification system for the operation of colonial power and the construction of the African as objects of knowledge.

³⁸ Vaughan, *Curing their Illness*, 77.

historiography of the impacts of colonial ideology and medical encounters using leprosy disease in Southeastern Nigeria as a case study. It argues that regarding this part of Nigeria, the Igbo people were not "objects of knowledge"³⁹ as they actively interacted and shaped ideas and praxis of diseases such as leprosy. Framing the interaction between the Igbo people, leprosy sufferers, and colonial administrators, this research shows the limitations of colonial power and the agency of Igbo people in their biomedical encounters with leprosy disease.⁴⁰

³⁹ Vaughan, *Curing their Illness*, 1. See Ogechukwu Williams. "The Politics of Labels: Imperial Categorization and Marginalization of Ethnomedicine in Nigeria, during the Twentieth Century." *Social History of Medicine*, vol. 34, no. 4 (2001): 1297-1316.

⁴⁰Scholars have also deconstructed the monolithic colonial medicine by showing the limitations and inherent weakness of European biomedicine in Africa. Africans exercised considerable agency as they contested, resisted and other times avoided European biomedicine. But this was not the only way that they demonstrated their agency. Other scholars have also demonstrated their roles as intermediaries, through patient-centered narratives, and cultural brokers. See Janzen, John. *The Quest for Therapy: Medical Pluralism in Lower Zaire*. Berkeley: University of California Press, 1978; Lachenal, *Médicament*; Philip J. Havik, "Public Health and Tropical Modernity: The Combat against Sleeping Sickness in Portuguese Guinea, 1945–1974," *Manguinhos. História Ciências Saúde* 21, no. 2 (2014): 641–666; and Coghe, "Sleeping Sickness Control"; and Sarah Cook Runcie, *Mobile Health Teams, Decolonization, and the Eradication Era in Cameroon, 1945–1970*, PhD thesis, Columbia University, 2017, Mari K. Weibel. *The Politics of Disease Control: Sleeping Sickness in Eastern Africa, 1890-1920*; Leslie Hadfield. *A Bold Profession: African Nurses in Rural Apartheid South Africa*; K.R.S Morris. "The Movement of Sleeping Sickness Across Central Africa," *Journal of Tropical Medical Hygiene* 1963; Anne Digby and Helen Sweet, "Nurses as Cultural Brokers in Twentieth-Century South Africa," in *Plural Medicine, Tradition and Modernity, 1800-2000*, ed. Waltraud Ernst (New York: Routledge, 2002), 113-29; Anne Digby, *Diversity and Division in Medicine: Health Care in South Africa: A Transnational History of Catholic Medical Mission and Social Change* (New Brunswick, NJ: Rutgers University Press, 2015); Karen E. Flint, *Healing Traditions: African Medicine, Cultural Exchange, and Competition in South Africa; 1820-1948* (Athens: Ohio University Press, 2008); Ruth J. Prince and Rebecca Marsland, eds., *Making and Unmaking Public Health in Africa: Ethnographic and Historical Perspectives*, Cambridge Center of African Studies Series (Athens: Ohio University Press, 2014); David Baranov, *The African Transformation of Western Medicine and the Dynamics of Global Cultural Exchange* (Philadelphia: Temple University Press, 2008); Adell Patton, *Physicians, Colonial Racism, and Diaspora in West Africa* (Gainesville: University Press of Florida, 1996); Steven Feierman, "Struggles for Control" The Social Roots of Health and Healing in Modern Africa," *African Studies Review*, 1985, 28, 73-147; Steven Feierman and John Janzen, *The Social Basis of Health and Healing in Africa* (Berkeley: University of California Press, 1992); See Kwasi Konadu, *Indigenous Medicine and Knowledge in African Society* (New York: Routledge, 2000); Stacey Langwick, *Bodies, Politics, and the Matter of Maladies in Tanzania* (Indiana: Indiana University Press, 1986). In the context of leprosy control, this study does not claim to be the first to deconstruct the historiography of disease, healing, and medicine in Africa. Like its predecessors, it searches for the voices and actions of leprosy sufferers in documented evidence. Other scholars in the context of leprosy disease in Mali and Cameroon have employed patient's perspective in framing the social history of leprosy disease in colonial West Africa and highlighting the agency of Africans in disease control. This work agrees with the findings of Eric Silla in Mali, and Flavius Mokake in Cameroon, that leprosy sufferers were not just objects of Western biomedicine and beneficiaries of its attendant welfare programs, rather, they were active participants, whose contributions remain indelible in the eradication of leprosy in colonial Nigeria. Eric Silla, *People Are Not The Same: Leprosy and Identity in Twentieth-Century Mali* (Oxford: James Curry, 1998); Mokake Flavius. *Isolation, Control and Rehabilitation*.

⁴⁰ Ibid.

John Illiffe argued that leprosy sufferers were among the African poor.⁴¹ The disease, he posited, affected those at the margins of society more than the affluent. Therefore, Christian missionaries saw leprosy disease as an opportunity to salvage the most destitute of the African poor during the colonial era. The historiography on leprosy disease in Southeastern Nigeria has tilted towards this direction, espousing the positive impacts of missionaries in combating the problem of the disease. In the 1990s, C.N Ubah and K. O Kalu echoed this positive impression, eulogizing the Christian mission's impacts on leprosy patients in Igbo land.⁴² Their overarching narrative fixated on Christian mission societies as heroes who used Western biomedical practices to save impoverished Africans' souls and bodies. After evaluating the activities of Methodist missionaries in the Uzuakoli leprosy center, Ubah concluded that "the western medical service changed the life of 'lepers' in Igboland from that of utter despair and resignation to that of hope and promise."⁴³ Though K.O Kalu expanded on the works of the Presbyterian mission, they arrived at the same results, that Christian missionary's activities on leprosy control were not just decisive but transformative in the lives of leprosy sufferers. In doing this, they conformed to the view that colonial rule ultimately benefited Africans.

The problem with Ubah and Kalu's work was their over-concentration on Christian missionary organizations and how they administered to the physical and spiritual needs of the people in the leprosy colony. With a focus on the activities of missionaries, the people outside the colony and leprosy sufferers remained voiceless. While the positive influences of anti-leprosy campaign policies were indubitable in Igboland, the road to that success was abandoned

⁴¹ John Illiffe. *The African Poor: A History*. London: Cambridge University Press, 1987.

⁴² Ubah. *Hope for the Despondent*; Kalu, "Beauty for Ashes: Presbyterian Leprosy Work in South-Eastern Nigeria, 1925-1956," in Ogbu U. Kalu (ed.), *A Century and Half of Presbyterian Witness in Nigeria, 1946-1996* (Lagos and Enugu: Ida-Ivory Press, 1996), 193-219.

⁴³ Ubah. *Hope for the Despondent*, 51, see also Michael Worboys, "The Colonial World as Mission and Mandate: Leprosy and Empire, 1900-1940", *Osiris*, 2nd Series, 15 (1992): 20.

in their analysis. Christian mission societies alone did not mastermind the win of leprosy control; Igbo people contributed to this process, as this work demonstrates.

Moreover, like the path to colonialism, achieving success in entrenching colonial biomedical initiatives, such as controlling leprosy disease in Southeastern Nigeria, was not lineal. Establishing leprosy centers and instituting segregation villages came at a high cost, ranging from obtaining lands from the natives to financing, maintaining, and administrating leprosy centers. However, the problem of locating leprosy centers and their funding made the journey even more tedious. For instance, the people of Southeastern Nigeria continuously contested the site of leprosy centers until independence, with such cases exploding with the soaring numbers of leprosy diseases from the 1930s. Although the British colonizers had conquered the Nigerian territory and brought it under its influence, reaching a middle ground on the suitable location of a leprosy center was necessary. However, since the exploitation of resources was the primary end of colonial rule, maintaining peace was paramount. Therefore, the British officials could not forcefully appropriate a location for themselves. Moreover, such actions often stirred opposition and resistance from the locals, especially concerning such a horrible disease as leprosy. Contingent on this, British officials were compelled to compromise on where to erect a segregation camp.

On this note, Europeans and Africans engaged one another in implementing anti-leprosy policies, predominantly as Europeans relied on the cooperation of Africans. Outside the leprosy centers, the Igbo provided lands and served in many intermediary positions as leprosy inspectors who helped identify cases in the villages. African nurses and other auxiliary workers were also instrumental in caring for and educating leprosy patients and the general population on the nature

of leprosy.⁴⁴ Inside the leprosy centers, the cooperation of patients was indispensable to curtailing the disease from spreading from lepromatous patients to those with mild cases. The afflicted also gave their labor in developing leprosy centers and daily upkeep and maintenance. With thousands of sufferers housed in these leprosaria, the missionaries and colonial employees could not discharge everyday administrative and sanitary duties without the active involvement of the inmates, mainly since these centers gravely limited their dependence on the outside world while operating under a strapped budget. Irrespective of the tediousness, contradiction, and conflicts in controlling leprosy disease in Southeastern Nigeria, it turned out that both the colonizers and colonized wanted the eradication of leprosy, or at least its control in their environment.

Therefore, the segregation of leprosy sufferers in medicalized or spiritualized language by British colonists and Africans, respectively, meant one thing: the desire to separate leprosy patients from the healthy population.⁴⁵ In Ubah and Kalu's analysis, this desire only sprang from missionaries and later British officials. The argument is that British colonialism, and biomedical imperialism, particularly its social welfare, positively impacted not only leprosy sufferers but the wider society.⁴⁶ Ubah and Kalu's interpretation of the history of leprosy disease in Igbo land

⁴⁴ See Flint, *Healing Traditions*; Ruth J. Prince and Rebecca Marsland, eds., *Making and Unmaking Public Health in Africa*; David Baranov, *The African Transformation of Western Medicine and the Dynamics of Global Cultural Exchange*; Adell Patton, *Physicians, Colonial Racism, and Diaspora in West Africa*; Feierman, *Struggles for Control*; Feierman and Janzen, *The Social Basis of Health and Healing in Africa*; Webel, *The Politics of Disease Control*; Hadfield, *A Bold Profession*; Morris, *The Movement of Sleeping Sickness Across Central Africa*; Digby and Sweet, *Nurses as Cultural Brokers*; Digby, *Diversity and Division in Medicine*.

⁴⁵ Thanks to Carina Ray for this insight during a zoom conversation with her about my research interests on leprosy disease.

⁴⁶ R. H. Hunt quoted Roland Oliver, 'Epilogue', in *History of East Africa*, Vol. I, edited by Roland Oliver and Gervase Mathew, (Oxford, 1963), 456; L. H. Gann and Peter Duignan, 'Introduction', in *The History and Politics of Colonialism, 1870-1914*, edited by L. H. Gann and Peter Duignan, in Vol. I of *Colonialism in Africa, 1870-1960*, edited by L. H. Gann and Peter Duignan (5 vols; Cambridge, 1969-), 22-3, as those who promoted the positive impact of colonialism. They argued that colonialism was necessary for transforming Africa from traditional to modern society.

affirmed that it was decisive and optimistic. They argue it represented a significant break from the past when leprosy sufferers had no hope of healing and suffered ostracization until their death.⁴⁷ However, present scholarship has established that Europeans had no absolute control during the colonial period. Thus, instead of arguing whether the colonial period was positive or negative, beneficiary, or detrimental, necessary, or imposed, violent or peaceful, this research explores the ambiguities in the history of leprosy disease in Southeastern Nigeria. It shows the continuities and changes, the limitations and supremacy of colonial power, as well as collaboration and rebellions that were all inherent in the control of leprosy disease.⁴⁸

Previous interpretations of leprosy disease in Southeastern Nigeria did not see continuity in Igbo people's approach to the disease from the precolonial to the colonial era when missionaries and colonial administration took charge of leprosy control in Southeastern Nigeria. These twentieth-century disease-control-centric narratives often make sketchy introductions about leprosy in the precolonial period but discuss the colonial leprosy control campaign as a sharp break from what was possible in the past.⁴⁹ This present study, though not refuting the positive impacts of the missionaries, disagrees with the conclusion that colonial biomedical intervention on leprosy control in Southeastern Nigeria represented an overhaul from the past. Until the cure for leprosy disease became consolidated in the 1950s, the Igbo people did not conceive the method employed by the colonizers as new because they were used to identifying and isolating leprosy sufferers in their communities before colonial rule. The presence of

⁴⁷To understand earlier debates on the extent colonial rule impacted Africa, see Hunt. "Interpreting the Colonial Period in African History." *African Affairs* 72, no. 289 (1973): 383–400; the debate on the positive impact of European biomedicine were the subjects of earlier literature on disease control in Africa as well. See Michael Gelfand, *Tropical Victory: An Account of the Influence of Medicine on the History of Southern Rhodesia, 1900–1923* (Cape Town: Juta, 1953).

⁴⁸ See Cooper, F., 'Conflict and Connection: Rethinking Colonial African History', in *American Historical Review*, 99, no. 5 (1994), pp. 1516–45.

⁴⁹ See Ubah. *Hope for the Despondent; Kalu. Beauty for Ashes.*

Europeans, however, had led to the unprecedented multiplication of the disease—that the people could not quickly identify nor control—unlike in the precolonial era. Also, in the colonial period, the movement of people and goods was more fluid, accounting for a greater spatial distribution of the disease. Therefore, European ideas of arresting this situation intersected with Igbo people's views on the disease, with each adjusting to attain the same goal. Hence, African initiatives on leprosy disease from the precolonial era impacted how they collaborated or rebelled against Europeans in controlling it during the colonial period.⁵⁰ In contrast to existing works on leprosy, this thesis discusses how the ideas of infectious and leprosy disease, rooted in the Igbo people's worldviews and cosmology, predisposed their interactions and engagements with the colonial biomedical approach to the anti-leprosy campaign.⁵¹

Historians of leprosy disease in Nigeria also tend to represent the voice of the elites—those within the corridors of power in the anti-leprosy campaign—missionaries, British administrators, BELRA, international organizations, and in some cases, heads of Native Authorities such as the Emirs in Northern Nigeria. As a result, historians are often preoccupied with the interplay of power dynamics between the various missionary denominations and their social-economic

⁵⁰ See Ajayi. "Colonialism: An Episode in African History." *Colonialism in Africa 1870-1960*, Vol. 1 (1969) 507. Ajayi argued that colonialism was a continuation of the long history of Africa.

⁵¹ See Ubah. *Hope for the Despondent*; Kalu. *Beauty for Ashes*; John Manton. *The Roman Catholic Mission and Leprosy Control in Ogoja Province, 1936-1960*. (A Dissertation, Nuffield College, University of Oxford, 2004):27; Manton. "Administering Leprosy Control in Ogoja Province, Nigeria, 1945–67: A Case Study in Government–Mission Relations." In *Healing bodies, saving souls*, pp. 307-331. Brill, 2006; Manton. "Testing a New Drug for Leprosy: Clofazimine and Its Precursors in Ireland and Nigeria, 1944–1966." *Evidence, Ethos and Experiment: The Anthropology and History of Medical Research in Africa* (2011): 125-58; Manton. "Making modernity with medicine: Mission, state and community in leprosy control, Ogoja, Nigeria, 1945–50." In *The Development of Modern Medicine in Non-Western Countries*, pp. 174-197. Routledge, 2009; Manton. "Trialing drugs, creating publics: medical research, leprosy control, and the construction of a public health sphere in post-1945 Nigeria." In *Para-States and Medical Science*, pp. 78-100. Duke University Press, 2015; Manton, *Leprosy in South-Eastern Nigeria and the social history of colonial skin*, 133. See also Manton. "Mission, Clinic, and Laboratory: Curing Leprosy in Nigeria, 1945–67." *The Spiritual in the Secular: Missionaries and Knowledge about Africa* (2012): 313-34.

relations with the British colonial government and traditional authorities.⁵² This thesis diverges from these studies in different ways: first, it moves away from the missionary-centric narrative; second, it mainstreams the interactions between the indigenous people and the colonial actors instead of focusing on colonial actors alone; and third, it employs letters of petitions in supporting its arguments. It uses letters of petitions from within and without the leprosaria to extrapolate the experiences of less powerful actors in leprosy control in colonial Nigeria. It is only from reinterpreting that history from indigenous people's perspective, as this work attempts, that we can arrive at a complete social history of leprosy disease in Africa. Although leprosy sufferers and the native population of Southeastern Nigeria were not within the mainstream colonial authority, they shaped the direction of leprosy control through letters of protest. In a decentralized society like Igbo land, where the Native council represented the people's voice, examining how they articulated their perspectives and positions on various issues related to leprosy control is a timely intervention in the literature.

Sources and Methods

Petitions were one of the most valuable tools used by the people of Southeastern Nigeria and elsewhere in Nigeria, and Africa by extension, to challenge unfavorable and sometimes obnoxious colonial policies.⁵³ As historian John Manton stated, "petitions to colonial administrators continually bemoaned the porosity of leprosy settlements, disputes over land, and

⁵²In addition to Ubah. *Hope for the Despondent; and Kalu. Beauty for Ashes*; see Shankar, Shobana. "The Social Dimensions of Christian Leprosy Work among Muslims: American Missionaries and Young Patients in Colonial Northern Nigeria, 1920–40." In *Healing Bodies, Saving Souls*, pp. 281–305. Brill, 2006; Shobana. "Medical Missionaries and Modernizing Emirs In Colonial Hausa land: Leprosy Control And Native Authority In The 1930s." *The Journal of African History* 48, No. 1 (2007): 45–68; Manton, *The Roman Catholic*, 27; Tunde. *Tackling Leprosy*; Michael. *The Colonial World as Mission and Mandate*, 207–18.

⁵³ Thanks to the department of history, University of Mississippi for all the help they offered me during the process of preparing for this research. The Arch Dalrymple grant allowed me to travel to Nigeria to assemble the materials for this research and conduct field works.

access to markets, and water for leprosy patients, and increasingly and perhaps, paradoxically, the failure of authorities to site-appropriate local leprosy institutions in a particular area."⁵⁴ This research will expand this observation as it mirrors the people's reactions as active participants to changes in their environment. Could their opposition to leprosy control spring from their customs and tradition? What was the nature of these petitions? Who wrote these petitions, and how did colonial officials entertain these petitions in Southeastern Nigeria?

I treat these letters of petitions as the historical evidence that allows the historian to peer into the lives of the people who lived through it. In doing this, the multi-dimensional picture of the colonial world is presented beyond the hegemonic colonists and oppressed colonizers. Similar to oral sources but different in their written form, these letters of petitions, written by Africans, concerning colonial policies reveal that the colonial government was neither omnipresent nor exercised unparalleled power. It further demonstrates the diversity and complexity that characterized colonial rule in Africa while upholding the agency of the people. Ultimately, these letters of petition offer the opportunity to renegotiate the relationship between the colonists and the colonizers in a way that will shape colonial and post-colonial historiography in a different direction.⁵⁵

⁵⁴ Manton. "Leprosy in Southeastern Nigeria and the social history of colonial skin." *Leprosy review* 82, no. 2 (2011): 132.

⁵⁵ See C. J. Korie. "May It Please Your Honor: Letters of Petitions as Historical Evidence in African Colonial Context." *History in Africa*, vol. 37, (2010): 83-106, African Studies Association. In this article, Korie argues that letters of petitions should form another spectrum of historical evidence for the study of the African past. Letters of petitions during the colonial period was a highly utilized channel through which the people expressed, interacted, and engaged with colonial policies. As African Studies continues to expand its database for reconstructing the history of Africa from the perspective of those that lived through it, beyond the binary paradigm, this type of evidence becomes significant. Leprosy disease was a scare in the conscience of colonial administrators in Nigeria. A triumph on the disease that became epidemic largely during the colonial period was paramount to the appraisal of the colonial state. The fight against the disease as a result was seen as a humanitarian endeavor both by the colonial government and the non-state actors. Ubiquitous accounts of these actors have been the central narrative on the control of leprosy in Eastern Nigeria, where the occurrence of leprosy was the highest in colonial Nigeria. Through these letters of petitions, and other reports, I have attempted to center the people of Eastern Nigeria on the narrative of leprosy control in Eastern Nigeria, without flattening the role of other actors in the narrative. The historical

This study centers on leprosy in its analysis, reflectively circumventing the medical in study of the medical history of leprosy disease. In doing this, it aligns with the works of scholars such as William H. McNeil, Meghan Vaughan, and John Manton, who focused more on the social history of disease rather than its medical interpretations.⁵⁶ The evidence employed in this research is drawn primarily from archival materials and public and colonial records in the National Archives Enugu. These include memoirs, periodicals, journal articles, newspaper reports, and the medical and colonial government's public health records on leprosy disease in Nigeria.

Archival materials are substantiated with oral interviews collected from fieldwork in different parts of Igbo land to understand the conceptualization of leprosy disease in precolonial times in Igboland. I interviewed people at least sixty years of age who encountered how leprosy sufferers were treated in Igbo land before 1960. Some of them, however, are leprosy patients who are now recovered and still live in the leprosy centers. Understanding the intellectual underpinnings of leprosy disease before colonialism offers a better pedestal in analyzing the embittered confrontations and peaceful collaborations of the Igbo with the public health policies geared towards leprosy eradication. Most of the oral interviews conducted were used in chapter three, while other materials described above were used in chapters one and two. This historical narrative is presented chronologically and thematically as it attempts to interpret the data collected qualitatively. These primary sources are corroborated by secondary sources such as

evidence shows that the control, and ultimate victory against the disease depended heavily on the people's discipline, engagement, and cooperation with the official.

⁵⁶ See Vaughan. *Curing their Illness*; Manton. *The Roman Catholic Mission*; William H. McNeil. *Plagues and people*. New York: Anchor, 1998.

unpublished dissertations, selected journal articles, and books on Igboland, generally on the history of medicine and diseases in Africa.

Organization of the Study

This study proceeds chronologically, fitting together the themes as the discussion flows from chapter to chapter. Chapter one of this research challenges the celebratory literature that presents leprosy disease as a successful humanitarian and salvaging mission—whereby the British colonists, the various Christian Missionaries, and international voluntary organizations—saved the "under-civilized" world through the superiority of Western biomedical therapy. Using the various leprosaria in the region—including Oji River, Itu, and Uzuakoli and numerous other district segregation settlements and clinics in Southeastern Nigeria—this chapter mainly explores the letters of petitions originating from outside these leprosaria that Igbo people wrote against leprosy officials, policies, and laws to convey their disgruntlement. It shows that sometimes, their requests received attention, and other times were ignored. Chapter two follows this development in the relationship between the British colonizers and African colonized, but this time using petitions that leprosy sufferers wrote themselves, among others, to discuss the protest in the Oji-River Leprosy Center in 1956. It is stressed that this 1956 protest was a major flashpoint in the response of leprosy sufferers to anti-leprosy work in Nigeria.

Chapter three examines the cultural foundations of leprosy disease in Southeastern Nigeria, particularly among the Igbo. It places leprosy disease within the Igbo cosmology, intending to establish the cultural background and epistemology that determined the behavior of Igbo people towards the afflicted. For scholars to understand the response of the Igbo people to the fight against leprosy disease in the colonial period, it is pertinent that this project conceptualizes the meaning and theory of leprosy disease, showing the transition in the idea of

the disease from the precolonial to colonial times. The general conclusion summarizes the key points and maps out possible areas for further research.

CHAPTER ONE

INDIGENOUS RESPONSES TO THE ESTABLISHMENT OF LEPROSY SETTLEMENTS IN COLONIAL SOUTHEASTERN NIGERIA

*Use your Good Office to Stop the Establishment of Leprosy settlement on this site.*⁵⁷

Before the popularization of localized approaches towards anti-leprosy endeavors in Nigeria, as recommended by Dr. Ernest Muir in 1936, there were some mushroom village segregations settlements and clinics managed by various mission societies. In some cases, such as in Amasiri Eda and Ndi Chuku in the Abakiliki District of Ogoja Province, leprosy sufferers, some of whom were before, their affliction, prominent chiefs, established village settlements in their respective communities⁵⁸ Indeed, the local policy that Muir recommended stems from his visit to this village, which he acknowledged himself in his report.⁵⁹ In other places, like in Afikpo and Ndi Oji, the village council sought the establishment of leprosy colonies in their districts and helped with the identification of leprosy cases. Records shows that other villages and towns in Ogoja Province—Aba Umege, Ugep, Afikpo, Osu Edda, Uburu, and Amasiri—had genuine concerns from both leprosy sufferers and healthy population with regards to combating the disease.⁶⁰

Many correspondences between the people and Dr. Hasting, the mission doctor in Uburu, demonstrate the willingness of local people to establish leprosy colonies. Unfortunately, these

⁵⁷ National Archives Enugu referred later as NAE MH. 71/81, September 12, 1956.

⁵⁸ NAE, O.G 137/1928E/22. "Leper Settlement: Ogoja Province." Letter from the Resident Officer of Ogoja Province to the Secretary of Southern Provinces, Enugu, dated 13th, May 1935.

⁵⁹ Muir. *Leprosy Control in Nigeria*, 8.

⁶⁰ Manton. *The Roman Catholic Mission*, 97.

letters and petitions do not say why these communities embraced segregation on a large scale—in such communities like Osu Edda—that constructed isolation centers for leprosy sufferers, which was supported independently of the Scottish Mission. However, a memorandum from the Resident Officer of Ogoja indicated that they traditionally separated leprosy sufferers among them.⁶¹ But a deeper answer could be sought in precolonial Igbo society. Leprosy sufferers who wandered about in precolonial Igboland constituted a great nuisance and problem to material and immaterial objects in their environment. The gestures of some communities could be interpreted as an effort to rid their immediate environment of such dejected and unclean fellows, who hampered the balance in the physical and spiritual coordinates of human affairs. As observed from the petitions on leprosy-based problems in various administrative units in colonial Southeastern Nigeria, oppositions to the establishment of leprosy settlements only arose when it was sited close to living spaces or material resources.

Leprosy sufferers were adequately isolated in the precolonial period. Those identified with the disease were either ostracized in the ‘bad’ bush⁶² or a “separate hut outside the family compound where they spent the rest of their wretched life in utter trepidation and resignation.”⁶³ Any form of association with leprosy sufferers was forbidden as they were unclean and could afflict the healthy population with their presence. Once one is ‘otherized’ as having a leprosy disease, his domestic properties become inheritable and thrown into the ‘bad bush.’ Consequently, many leprosy sufferers in the precolonial period lived off their neighbors because anything they touched became unclean. Put differently, whatever a leprosy sufferer wanted, he

⁶¹ NAE, O.G No. 292/med. S.P./30. “Leper Settlement.”

⁶² I use bad bush and evil forest interchangeably. They all mean evoke similar thoughts and meaning depending on the context of usage.

⁶³ Ubah. *Hope for the Despondent*, 52.

may get by ‘might’— by merely touching the object since “nobody would be interested in contesting the ownership of such property.”⁶⁴ Therefore, their association with everything unclean could become a source of power for them if they were allowed to roam or live close to the health population. It is not surprising that Igbo people also wanted to rid their cherished spaces of leprosy sufferers.

Therefore, it can be theorized that the cooperation of Igbo people to isolate the afflicted was consistent with their precolonial conceptualization of the disease. While this is not evident in the documents left behind in the archives, villagers who volunteered to establish leprosy colonies in designated territories were policing their property, homes, and other resources from contamination by leprosy sufferers. Available evidence attests to this analysis. In a report by T.F Davy in the 1940s, he indicated that “the pariah status of leprosy sufferers was often wielded as a badge of power in acting with impunity.”⁶⁵ In other cases, when the Igbo people resisted, the colonial government was careful not to magnify such opposition as it may escalate to an unimaginable scale given the devastation caused by the Aba Women’s War of 1929 in Southeastern Nigeria. On occasions when some Igbo communities protested, as demonstrated by the Ibeku people in Owerri Province, Umu Osigide, in Nsukka district, and even in the Abakiliki district, among others, they did so mainly through letters of the petition. The analysis below indicates that even though the colonial government and mission workers did not grant the demands of these communities at some points, they treated their demands with requisite delicacy to avoid violent resistance.

⁶⁴ Ubah. *Hope for the Despondent*, 53.

⁶⁵ Manton. *The Roman Catholic Mission*, 108.

Drawing mainly on the sources listed above, this chapter focuses on local responses to establishing leprosy settlements in specific Igbo societies. In focusing on this topic, the chapter will discuss Igbo people's collaboration with the government in establishing leprosy settlements, outlines the reasons for opposition to the location of leprosy settlements in specific societies, explains how the British contained relevant opposition and stresses the Igbo contributions towards the control of leprosy disease. Thus, in focusing on local responses to the establishment of leprosy in specific Igboland societies, the chapter argues that the indigenous people themselves played a pivotal role in leprosy prevention, that despite the domination of Europeans in the colonial period, the colonial state was not all-powerful.⁶⁶ It concludes that without the cooperation of the local people, the success of leprosy control would not be possible. Furthermore, while Europeans acted as agents of modernization in the colonial world, as this chapter will demonstrate, they were not always wrestling with societies unresponsive to change.⁶⁷

Leprosy and Local Politics in Southeastern Nigeria

The large volumes of files at the National Archives Enugu, filled with leprosy-related correspondence on local responses to the establishment of leprosy centers, attest to the problem of the disease in the colonial period. Local people articulated their concern in requesting the removal of leprosy colonies that they considered dangerous to human habitation, protecting

⁶⁶ Webel had echoed the relevance of bringing a localized analysis in the discourse of leprosy sickness in East Africa. See Webel. "Medical Auxiliaries and The Negotiation of Public Health In Colonial North-Western Tanzania." *The Journal of African History*, vol. 54, no. 3, 2013, pp. 393–416.

⁶⁷ Ubah. *Hope for the Despondent*; Kalu. *Beauty for Ashes*; Manton. *Administering Leprosy Control*; Manton. *Leprosy in South-Eastern Nigeria*, 133. See also Manton. *Mission, Clinic, and Laboratory*; Shobana. *The Social Dimensions of Christian Leprosy Work*; Shobana. *Medical Missionaries and Modernizing Emirs*; Manton. *The Roman Catholic Mission*; Manton. *Testing a New Drug for Leprosy*; Manton. *Making modernity with medicine*; Manton. *Trialing drugs, creating publics*; Tunde. *Tackling Leprosy in Colonial Nigeria*.

community resources and spaces, such as water and markets, from contamination by leprosy sufferers, and policing their immediate environment from itinerant leprosy sufferers.⁶⁸ Events in many towns, villages, and cities in colonial Southeastern Nigeria demonstrate that the people responded differently to the establishment of leprosy colonies, but most communities became enraged when there existed perceived threats of leprosy sufferers tempering with clan property or resources. The explosion of leprosy disease was not only a problem for the British Empire but also a social-cultural problem for the Igbo people, who found it increasingly difficult to identify and isolate the afflicted as they had done during the precolonial period.⁶⁹

The Itu leprosy center, founded in 1927, was the first leprosaria established in Southeastern Nigeria. Located in Ogoja province close to Calabar, this colony was the nucleus from which other segregation settlements subsequently dispersed. Following the expansion of segregation settlements further East from Itu to Uzuakoli, Oji River, and Abakaliki, the colonial administration increasingly encountered land acquisition, finance, and manpower challenges, undermining its ability to establish more leprosy colonies. In the 1920s, the colonial administrators, whether missionaries or expatriates, understood that the afflicted in this region were ostracized and stigmatized from the rest of the population. During this period, the responsibility of containing leprosy disease rested on the various Christian Mission Societies but was largely uncoordinated except for the Itu colony. Andrew Macdonald, a Methodist doctor of the Scottish Mission extraction, established the Itu leprosy center.⁷⁰ It was the only big leprosarium established in the 1920s despite the revelation that the incidence of leprosy was high in Southeastern Nigeria following the 1924 reports of the BELRA.

⁶⁸ Manton. *The Roman Catholic Mission*.

⁶⁹ See Ubah. *Hope for the Despondent*.

⁷⁰ See Andrew M.B. *In His Name: The story of a Doctor in Nigeria*, London: Oldbourne co. ltd, 1964.

Only in the late 1930s were concerted efforts made to combat the menace of leprosy in Nigeria. In 1933, the Methodist mission pushed the unresponsive colonial government to complete the construction of the Uzuakoli leprosy center. The missionaries provided the required human resources in these two major leprosy centers. At the same time, the colonial government, through the BELRA, remitted an annual sum of 5,000 pounds or less for administrative costs.⁷¹ After Muir's 1936 recommendation, which advised transferring the financial responsibility of the colonies to the Native Administrations, the funds made available for organizational maintenance became contingent on the financial capacity of the Native Administration. The capacity of the Native Administration treasury depended on the local people's taxation power, governed by the local/village council. Even with the creation of the Uzuakoli leprosarium, it could not effectively address the increasing numbers of sufferers in the region. Towards the mid-1930s, the Oji-River leprosy center was established in the Onitsha province. In 1936, it became the first colony to adopt the clan-based approach that Muir had recommended.⁷² Subsequently, the number of village segregation settlements began to multiply. It was from this time that localized politics for leprosy control intensified.

Political Correspondences in Administering Leprosy Control

The implementation of anti-leprosy disease control in Southeastern Nigeria was decentralized.⁷³ Major political and economic decisions on the nature and operation of leprosy centers depended on how the indigenous people at the village level entertained such policies. Thus, decisions were not taken in a vacuum; instead, the people interacted with missionaries and colonial officials through letters of petitions on the feasibility of anti-leprosy policies. Based on

⁷¹ Ubah. *Hope for the Despondent*, 6.

⁷² Odunwobi. *Tackling Leprosy in Colonial Nigeria*, 198.

⁷³ See Manton. *The Roman Catholic Mission*, 96.

the volume of this type of political engagement, it becomes clear that Igbo people were active participants in controlling leprosy disease. On several occasions, they determined the outcome of colonial initiatives. Having learned the arts of writing while armed with the colonizer's language, they presented their case most civilly through appropriate channels.

Villages were the embattled ground for controlling leprosy disease in colonial Southeastern Nigeria. In the 1930s and early 1940s, political correspondences between the village councils, mission workers, and British colonial officials indicated that the locus of power in controlling leprosy disease resided in the people, especially before the late 1940s, when prevention was the only goal of anti-leprosy policies. The clan-based recommendation of Muir was the guiding principle of all leprosy programs in Nigeria. One reason the guidelines at this point relied on the cooperation of the indigenous population was that Europeans knew less about the contagiousness of leprosy. Due to the phenomenal prevalence of the disease, British leprologists assumed it was highly contagious, and only segregation could stop the spread among the healthy population.⁷⁴ With the limitations on the clinical behavior of leprosy disease, prevention was the only potent remedy, and the villages served as the springboard. From these villages, the district office selected those sent to provincial leprosy centers at Itu, Uzuakoli, and Oji-River, based on a taxation quota system.⁷⁵ More central control only became visible after 1945, when the British government increased its financial support to the anti-leprosy program in Nigeria—when the approach for controlling the disease changed from preventive to curative therapy.

⁷⁴ Ubah. *Hope for the Despondent*, 6-8.

⁷⁵ *Ibid.*

Therefore, before the policies on leprosy eradication targeted curative therapeutic ends, indigenous people had more powers in making the decisions on the siting of leprosy centers in the districts and villages. Similarly, British colonial administrators were not ready to financially undertake the financial responsibility of establishing and maintaining a leprosy colony; thus, they relied on the Native Treasury, taking every caution not to provoke resentment. However, once it was confirmed that many cases of leprosy were benign in Southeastern Nigeria and only a few were contagious, the power relations shifted. European officials tended to impose certain decisions. Fortunately, scientific advancement in leprosy disease coincided with the discovery of sulphone treatment, which was far more effective than chaulmoogra oil. The letters of petitions analyzed subsequently support the above assertions.

British officials were careful in implementing their anti-leprosy policies between the 1930s and 1940s so as not to attract resentment from the people. For one thing, the indigenous people financed the establishment of leprosy centers and sacrificed their lands. With little evidence of the efficacy of this type of biomedical intervention, apart from what segregation of leprosy sufferers had achieved for them in the precolonial period, albeit on a grander scale, the colonial government relied on the cooperation of the people for instituting leprosy control measures. For instance, on February 10, 1934, the Director of the Medical Department headquarters in Lagos, Nigeria, Lolf Peacrek, informed the Southern province that the leprosy site in Abakiliki was wrongly situated and “should be abolished as soon as satisfactory alternative arrangements were made.”⁷⁶ But this was not the only concern of the Medical

⁷⁶ NAE, No. 849/68. “Leper camp-Abakiliki.” This was a reply to the request made by the Secretary of the Southern Province to relocate the small leprosy center in Abakiliki, dated February 10, 1934; NAE, O.G. 137/28/D/29. “Leper Camp: Abakiliki.” In this letter the Resident Officer explained to the Secretary of Southern Province the concerns raised by Lagos Medical Center, dated 24th April 1934, 1-5; NAE, O.G. 137/28/D/29. “Leper Camp: Abakiliki.” In this letter the Resident Officer explained to the Secretary of Southern Province the concerns raised by Lagos Medical Center, dated 24th April 1934.

Department. The department also made it clear that before establishing another leprosy center, government officials should do two things: ascertain if the Native Administrative would shoulder the financial responsibility of its maintenance and ensure that the land would sustain large numbers of leprosy sufferers since the department was reluctant to support small colonies. Encouraging large leprosy settlements would also force more clans or villages to collaborate in financing and maintaining the capital-intensive leprosy settlements.

Those villages that contributed the highest to establishing and maintaining leprosy centers had the highest numbers of leprosy sufferers represented in these large centers. Large leprosy centers were also necessary to properly coordinate the district's many fragmented village leprosy settlements. A shortage of mission doctors and constrained resources made the need for a more extensive colony even more attractive than in the previous decade. Hasting, who visited these colonies, could not cover these far-flung leprosy clinics, while Macdonald remained as the resident doctor at Itu. Moreover, it was difficult to estimate the progress of the segregation policy when there were many village settlements. Another fear was that without knowing and monitoring the infective sufferers, their communication with the healthy populations also led to the spread of the disease as most village clinics could not maintain permanent settlements or at most lazarettes.

The politics of finding suitable land was significant in the changing policy of leprosy control adopted by the BELRA. From the mid-1930s onwards, the BELRA channeled its efforts towards transforming leprosy settlements from prison-like centers or Lazarettes to agricultural or industrial settlements.⁷⁷ Anti-leprosy campaigners in the British Empire, like Leonard Rogers and

⁷⁷ Micheal. *Colonial World as Mission and Mandate*, 216.

Muir, believed that making leprosy centers more attractive would attract more leprosy sufferers who were hiding and only revealed themselves when their cases became severe.⁷⁸ However, in the quest to acquire these choicest locations, the British administrators always encountered resistance from the indigenous owners of the lands. For instance, transforming the Abakaliki leprosy center from the so-called prison-like to an attractive center conforms to the above policy direction.

On the 23rd of May 1934, the Southern province approved the establishment of a large leprosy camp in Abakaliki. Mr. Chapman recommended Bansara Road, Mile 55, as the most suitable location. He chose the site because of its favorable location, an area far from residential habitation, with proximity to motorable roads and water, all necessary prerequisites for establishing a successful leprosy settlement. The land was also said to be large enough to accommodate a larger leprosy settlement and allowed for farming. In Chapman's words, "the suggested new site would appear to be in every way suitable. It is readily accessible by motor road yet sufficiently isolated from other dwellings, the ground is fairly level with natural drainage and appears to be suitable for both building and farming, a convenient river water supply is available and ample ground for further extension could probably be acquired without difficulty."⁷⁹ Notably, the Resident Officer in charge of Ogoja province subsequently embraced Chapman's recommendation.

But the problem was not in discovering a suitable location; as the correspondence showed, convincing the owners of the land to release it became the most lingering issue. The colonial official had decided, but they could not force their choice on the indigenous people. In

⁷⁸ Ibid.

⁷⁹ NAE. Ogoja Division 137/28/D/29.

their attempt to secure the territory, the British government suggested that the Native Authority pay the landowners in which the proposed Abakiliki leprosy settlement would be located the sum of five pounds as compensation for the loss of their farming land. However, the Izzi, who owned the land, declined to give up their farming land for the said purpose. On the contrary, they insisted on their unwillingness to relinquish their fertile land meant for crop farming for the establishment of a leprosy center.

Further consultations were conducted to find another suitable site in January 1935 but to no avail.⁸⁰ In the context of such talks, Captain N.C. Denton, the District Officer of Abakiliki District, promised to “attempt a change of attitude after a short interval and as the clan had previously promised to give the land for such purpose.”⁸¹ However, following this promise, his attempt to change the local population's attitude failed because the people considered giving up their land as losing their economic base without adequate compensation. Another reason why the people were unwilling to give up their land was ideological. They recognized that leprosy sufferers existed within their society. However, they believed that leprosy sufferers belonged to the evil forest or outside their living spaces, not their farming land.⁸² Therefore, the request to use part of their farming land for the establishment of a leprosy settlement was unsettling for the Izzi clan. Besides, it should be noted that in the 1930s, there were no drugs to treat leprosy disease effectively. Thus, convincing the people of the benefits of such elaborate leprosy control measures was hard. Also, convincing the people was particularly hard because leprosy inspectors

⁸⁰ NAE. O.G. 137/28/D/43. “Lepper Settlement: Ogoja Province.” The acting Resident of Ogoja informed the Secretary of Southern Province about this decision on 16th December 1934.

⁸¹ NAE. O.G. 137/1932D/51. “Lepper Settlement: Ogoja Province.” The main Resident Officer explained in detail why the people refused to approve the site, dated 30th January 1935.

⁸² O.G.137/1928/D/57. “Lepper Settlement: Ogoja Province,” 18th June 1935.

sought fertile lands, which the indigenous people were reluctant to relinquish for, as hinted, their livelihood depended on farming.

In March 1935, the Acting-Lieutenant Governor of the Southern province suggested that if “a small annual rental, payable by the Native Administration were offered to the (Izzi indigenes) instead of a single payment,” they may be convinced to acquiesce their position on the land.⁸³ However, the Izzi people refused to accept this suggestion. The change in the clause from a one-time compensation fee of five pounds to an annual lease payment did not convince the Izzi people to release their precious farmland.⁸⁴ During the meeting of the clans who owned the land with Denton, the Agbaja and Inyimagu sub-clan refused to compromise, even after Amagu and Abia had agreed. Finally, after further intervention by the Secretary of Enugu Province, the clans resolved to give the boundaries of the land to the colonial government. With this agreement, they had sufficient land for farming each year. The colonial government negotiated with the Izzi clan for almost three years before establishing a leprosy settlement in their lands. Even though the Izzi allowed for the colonial government to establish a leprosy colony in their land, these protracted negotiations and their rebuff of annual lease payment in exchange for their fertile land implied that the people controlled, to a greater extent, the policies of the colonial government in combating the public health menace caused by leprosy disease. The colonial administration was not ready to assume the enormous responsibility of providing the primary requirement to establish leprosy settlement; therefore, it relied heavily on the people. The government was also

⁸³ NAE. S.P 9161/38. “Lepper Settlement: Ogoja Province.” The Governor persuaded them to make further efforts on 28th March 1935.

⁸⁴ NAE. O.G. 137/1932D/61. “Lepper Settlement: Ogoja Province,” 21st September 1935.

afraid not to make any decision that would attract disfavor and protest from the people, having learned their lessons from the Aba Women's War of 1929.⁸⁵

Leprosy sufferers in the precolonial Igbo land were ostracized in evil forests or secluded areas far from human habitation. In the 1950s, when the target of leprosy control was geared towards healing leprosy sufferers, colonial biomedical officials and missionaries could care less about the location of leprosy centers. Similarly, making leprosy centers attractive also disappeared from their policy consideration since treatment drugs served as the insignia that attracted patients instead of the aesthetics of a particular center. Also, the scientific milestones about leprosy in the previous decades had established that leprosy was not very contagious. Although the government tried to sell this idea through propaganda to the people, their fear of the disease remained ubiquitous, just as in other parts of the world. With the ways leprosy patients were handled before the 1950s by colonial actors and their predilection to preventive methods, the people responded to this change in policy outlook with suspicion and disapproval.

Such was the case with the petition letter by a group of protestors from the Nsukka region of Southeastern Nigeria in March 1950. The petition, dated March 27, 1950, was written by one Michael Attama of Nkalegu, Umu Osigide Obolo, and reported through the District Officer of Nsukka to the doctor in charge of the Oji-River Leprosy Colony in Onitsha province. It challenged the location of the leprosy center in the town mentioned above because it was close to "their dwelling place."⁸⁶ Although Michael wrote the petition, it was filed by four individuals from the area. Thus, the thumbprints of those four individuals were printed on the document on

⁸⁵ NAE. O.G. 137/1932D/51. "Lepper Settlement: Ogoja Province." The main Resident Officer explained in detail why the people refused to approve the site, dated 30th January 1935.

⁸⁶ NAE. Nsukka Division, 8/1/52, Nskdist, file no. 343 vol. 2. 1938-1955.

behalf of the community. One noticeable feature of these petitions was that they were written by someone literate to convey the position of a group, village, or society in such matters.

In the 1930s and 1940s, the colonial government upheld that leprosy centers should be located some miles from healthy populations. The people of Southeastern Nigeria had no problem with this arrangement since it reflected their precolonial methods of responding to the disease. But with the advancement to curative therapy in the 1950s, they became indifferent to such matters and ultimately attempted to impose some decisions on the people. At this juncture, they saw their biomedical intervention in leprosy control as saving more than the soul of Africans, thus, the tendency to dominate. Anti-leprosy campaign acquired a newly independent legitimatization, which was its ability to cure leprosy patients effectively. Previous sufferers, now redeemed by the novel drugs, spread throughout the area and circulated the good news of this development of European biomedical science.

This change of attitude is evidenced by the imposition of a leprosy center on a disputed location by one Nsukka district doctor. In their petition, Umu Osigide, Obolo community had proposed another site to establish the leprosy colony. However, the district doctor in Nsukka insisted on situating the colony in the spot initially identified by the government. The impasse persisted for some time. The people's concern was that they could easily contract the dreaded disease with leprosy settlements near their homes. By 1950, in recognition of this concern, the administrators of the Oji-River leprosy colony repealed the decision of the colony's doctor, suspending every activity until further consultations with the people. Though the community's conclusion triumphed, the audacity of the district doctor mirrors the change of attitude in the behavior of British officials.

Similarly, the Agwa Ofoitoli Progressive Association also challenged the location of a leprosy center based on its proximity to their educational spaces. K.C Garland of P. Trust and Syndicate (1955), filed this petition on behalf of the Agwa Ofoitoli Progressive Association.⁸⁷ The petition in question, titled *Leper colony: Dangerously Located*, advised the Ministry of Health, Eastern Province, to provide “instructions that the power of your high office to cause and invoke that the leper center is removed from its present location amid the villages as mentioned above to such distance as may be laid down by health standard.”⁸⁸ The Association responsible for the petition consisted of Obudu, Mgbala, Uba, Umuofeke, Umukpo, Umekpu, Umuomi, Obakuma, Obama, and Arochukwu clans. In this petition, written on their behalf by K.C Garland, they argued that “a thorough investigation will reveal that in a direction or two, the leper colony is a stone's throw to one or more schools.” Drawing from the previous promise of the ministry, the petition cited a newspaper publication where the Minister of Health had promised that it was “not only concerned with the treatment of diseases”⁸⁹ but more concerned with their prevention. The newspaper extract read: for “the government will not tolerate laxity in this matter, and should any Urban District Council or municipality appear incapable of carrying out this duty, the Regional Government will carry it out, charging the expense so incurred to the local Government Bodies.”⁹⁰ Petitioners also reminded the ministry that they had filed the petition to the District Officer of Owerri “as far back as September, 23rd, 1954” but instead of relief, an interview with the representatives of our clients was unpleasable imposed regardless of

⁸⁷ NAE. Ref 679/12/59. “Leper Colony: Dangerously Located.” August 31, 1955.

⁸⁸ Ibid

⁸⁹ Ibid

⁹⁰ Ibid

the industrial disabilities besetting them.”⁹¹ It finally admonished the minister by appealing thus: “may the milk of human kindness incline you to remove this apparent danger.”⁹²

One noticeable feature of this petition was that it used the rules set by the Ministry of Health to argue the case for removing the leprosy center. And as the petition stated, the people were aware that leprosy sufferers could be cured at this point. Consequently, their propositions hinged on the earlier commitment of the colonial government to prevention rather than treatment. When the ministry replied on October 10, 1955, it informed the petitioners that their letter was unclear as it had not indicated a particular “segregation village.”⁹³ The permanent secretary of the Ministry of Health specifically promised that if the petitioners “could give a clear indication of which segregation village is (was) referred to, the matter would be further investigated.”⁹⁴ In December 1955, the association replied that the leprosy center was located at Obudu Agwa in Owerri Province, restating that the area comprised ten villages.⁹⁵

Once the ministry learned that the petitioners belonged to Owerri Province, it directed the letter to the senior Specialist of the Uzuakoli leprosy center, T. F Davey.⁹⁶ In his response to the petition of the Obudu Agwa Improvement Union, this Senior Specialist posited that “the complaints relate to a small segregation village opened after years of propaganda in a clan still very backward in its attitude to leprosy.”⁹⁷ Indeed, in his January 1956 reply, Davey dismissed the claims of the complaints that the leprosy center was dangerously located. According to him:

⁹¹ Ibid.

⁹² Ibid.

⁹³ NAE. MH, 71/3. “Leper Colony: Dangerously Located,” October 1955.

⁹⁴ Ibid.

⁹⁵ Ibid.

⁹⁶ NAE. MH. 71/69. “Leper Colony: Dangerously Located,” December 1955

⁹⁷ Ibid.

the site was given and approved by me after negotiations had been carried on between the District Officer and the Local inhabitants; no complaints have been received by the latter (The Obudu Agwa Improvement Union), and although it is not an ideal site its distance from dwellings is inadequate. There is no risk to the surrounding population in patients living at home, where they will be a potent source of infection to others.⁹⁸

From the above response, one sees British officials' changing attitude toward the location of leprosy centers. Davy acknowledged that the center was not in an 'ideal place' but quickly dismissed the people as backward. Notably, Davey's bold advice that leprosy was not very contagious was due to the scientific progress made on the behavior of leprosy disease in the 1950s.

Even when the people threatened the colonial government of impending frictions if a leprosy center was not relocated, they remained unwavering, unlike in the pre-1945 period when such a move would have brought them to their knees. It did not matter where in the region the petition originated; colonial biomedical powers needed no legitimatization in the 1950s. A petition from Aba, one of the inflamed places during the Aba Women's War of 1929, attests to this change in the relationship between the people and the colonial government in leprosy control. In the petition by Ugwunagbo people to the Ministry of Health in Enugu, they warned of the impending danger orchestrated by establishing a "leprosy center very close to the civic center drinking well dispensary maternity court."⁹⁹ In their complaint, they threatened "serious friction and bloodshed (s)" if the ministry does not remove the clinic to a "secluded area."¹⁰⁰

⁹⁸ Ibid.

⁹⁹ NAE. MH,71/74, August 1956.

¹⁰⁰ Ibid.

However, just like in the Obudu Agwu Improvement union petition, the Ministry of Health snubbed the people.¹⁰¹ This confidence could only spring from their new biomedical power on leprosy control. Indigenous people continued to protest because this change was sudden. Only in the 1930s and 1940s was there a gentlemanly understanding of the location of leprosy centers, which corroborated with the precolonial ideas of leprosy by Igbo people. However, while the new scientific knowledge on leprosy made the British officials change their attitude on the disease, it took longer before this idea diffused into the population. While they took time to adjust to this change of attitude, the people also adopted another method of petition writing in challenging some leprosy control measures.

As the political atmosphere in the late 1950s accorded regional autonomy to the three regions of Nigeria, and with the fervent of decolonization, Nigerians acquired new arsenals of challenging the British officials whose days were numbered. As a result, questioning the colonial policies in the court became widespread. Thus, instead of just communities writing petitions through a literate individual in their community, they employed the services of a court. A similar scenario transpired when the people of Ibeku filed a petition through their solicitor against the proposed location of a leprosy center on July 23, 1956. According to them, the ‘selected site’ was “approximately four poles from their residential home.”¹⁰² They also argued that the site was “the source of water supply not only for [your] the petitioners’ village and Umuahia Township but also of the following villages: Umuagu Ibeku, Umueze Ibeku, and Umuakam Ibeku.”¹⁰³ Consequently, they informed the Minister of Health that “the establishment of a leper colony on

¹⁰¹ NAE. MH. 71/74. “Building of Leper Clinic at Ugwulangbo Area.” 5th September 1956.

¹⁰² NAE. MH. 71/81. “The Humble Petition of the People of Umu Ibeku in the Owerri Province of the Eastern Region of the Federation of Nigeria made through their solicitor Robert Archibald Nedd of 58 Pound Road, Aba, showeth as follows:-,” 23rd July 1956.

¹⁰³ Ibid.

that site would debar the township's inhabitants and named villages from access to the water supply."¹⁰⁴ With a meek tone, the petitioners beseeched the colonial government to, "use [their] your good office to stop the establishment of a leper colony upon the site selected by the council after due investigation."¹⁰⁵

Several correspondences and consultations between the Ministries of Health, Internal Affairs and the Ibeku village council protracted this matter till 1957.¹⁰⁶ In all their exchanges, the colonial government avoided the use of coercion. However, unlike in previous cases of petitions, where the people wrote themselves, this time, they used the office of a lawyer, who could milk the coffers of the colonial government if they acted with impunity. At first, the Minister of Health attempted to convince the Ibeku people that leprosy was not contagious, but Robert Nedd, the solicitor, reminded them that even if they could pay the compensation for damages, the people may consider allowing the government to proceed with their decision.¹⁰⁷ Finally, after over one year of these negotiations, the colonial government abandoned this case since it was not ready to shoulder the financial burden of pursuing it. The Minister of Health, G.W. Thom, succinctly affirmed that:

It would be absurd for the District Council to initiate action to acquire this land compulsorily. The financial risk is far too great, and local good-will is not an unimportant factor in leprosy control work. It seems clear that the Leprosy Inspector should be told by the Odida-Anyawu District

¹⁰⁴ Ibid.

¹⁰⁵ Ibid.

¹⁰⁶ For the details of these correspondences, see, NAE. MH. 71/79, 20 September 1956; NAE. MH. 71/81. "Site for a Leprosy Segregation Settlement." 12 September 1956; NAE. No. 15/S.2/25. "Site for a Leprosy Segregation Settlement, Ibeku." 27th October 1956; NAE. MH.71/101. "Site for a Leprosy Segregation Settlement, Ibeku." 13th November 1956; NAE. A. 672/S.4/30A. "Site for a Leprosy Segregation Settlement, Ibeku." 28 February 1957; NAE. NO. ODC:18/61. "Site for a Leprosy Segregation Settlement, Ibeku." 9th June 1957.

¹⁰⁷ Ibid.

Council, or the Ibeku Local Council, or both, that he had better look around for an alternative site.¹⁰⁸

If the 1950s expanded the spectrum of colonial biomedical powers and impacted their attitude toward indigenous people on leprosy control, the people adapted to these changes, from merely articulating their concerns through letters of petitions without legal backing to employing the services of a solicitor. Thus, the colonial government dealt with a society responsive to modern institutions.

Indigenous Collaboration to the Villagization of Leprosy Control: The Case of Ndi Oji

As noted above, it was not in all cases that the local politics on leprosy control revolved around opposition to the efforts of the British Empire. With scientific and technological advancements in medicine, the willingness to establish leprosy villages to prevent and treat leprosy disease expanded dramatically after the Second World War. But even before then, some towns, evidenced in the Abakiliki district in the late 1930s, voluntarily called for establishing leprosy settlements after the leprosy sufferers segregated themselves. The 1940s heralded a gradual improvement in the prevention policy of leprosy control. Although friction over the proper location of the leprosy settlement persisted, families and clans became more eager to cooperate with leprosy inspectors in identifying those suffering from the disease. At least, if they could be cured, that would benefit the individual, who stood a chance of reintegrating into society or discovering another life in the leprosy community and, by extension, the community. In another way, sending them out of the living spaces helped them protect their resources from leprosy sufferers.

¹⁰⁸ NAE. NO.A.672/S.4 P.40. "Minutes Copied from the Ministry of Local Government File." 2nd July 1957.

For instance, in 1941, the Uzuakoli leprosy team at Owerri Province took a preemptive preliminary measure of surveying the incidence of leprosy among seven villages in the Bende Division.¹⁰⁹ In 1940, these seven villages, consisting of Ndi Oji, Atani, Ndi Okereke, Ndi Okpara, Ahuma, Eziafor, and Ndi Okories, requested the survey out of anxiety that leprosy disease may be high amongst them since their province was densely populated, and had a vast distribution of leprosy cases. Consequently, the seven villages volunteered land used to establish a leprosy clinic leading to a relatively peaceful cooperation with the Uzuakoli leprosy center in the treatment and successful containment of the spread of the disease through localized segregation. The result of the survey, although marred by the presumptions that Africans did not know about hygiene, was one of the successful records of the localized treatment and prevention of leprosy disease. Without the synergy that developed between the people and the colonial government on controlling leprosy disease, the success of colonial medicine would have been limited.

Ndi Oji, as these seven villages referred to themselves, were heavily infected with leprosy. As obtained in the Owerri Province, “large numbers of the population developed subclinical infections.”¹¹⁰ The development implied that many could inhabit the disease without showing clinical symptoms. However, ten to twenty percent of the population progressed to clinical leprosy. Apparently, the problem with the slow evolution of the bacteria was that it multiplied efficiently within the population when not monitored. To arrest the spread of the disease, constant and intermittent examination and isolation of new cases were imperative. Among the Ndi Oji, the relatively mild cases in most clinical leprosy patients impeded the

¹⁰⁹ NAE. D.5.2. MH. 5/1/7, 20. “The Influence of Control Measures on the Natural History of Leprosy in a Localized Area of Nigeria.”

¹¹⁰ Ibid, 21-22.

degeneration of the disease to become lepromatous type. The lepromatous type was the most infectious and resulted in high death rates within the population.

In the 1940s, the treatment of leprosy depended utterly on early diagnosis. After the latency periods, the families, and close associates, who have sustained contact with the afflicted, became the most vulnerable to contracting the disease. The only way to successfully confront the disease was through the help of the local population. Ndi Oji, as already stated, invited the colonial administration to study the problem of leprosy and other skin diseases in the region. The report on the progress of leprosy work among Ndi Oji in the decades of the 1940s commended the efforts and cooperation of the local people in the efficacy of the local method of leprosy control. According to the report:

Village isolation largely prevented new numbers of early infections. Under the influence of the treatment, the disease in large numbers of early infections resolved, and where degeneration occurred, it tended to be arrested before the malignant lepromatous phase developed. A tendency to resolution among cases already lepromatous became apparent. As the number of patients declined, a progressive change in type occurred. Mild cases tended to disappear as a result of treatment, lepromatous cases also declined.¹¹¹

Throughout the 1940s, the war on controlling the contagion and spread of leprosy was fought on village levels. The active participation of the people was necessary for the success of the colonial government's intervention in the control of the disease. The popularization and valorization of Western medicine only became possible with the active participation of the local people in Southeastern Nigeria. The colonial government recognized the importance of the local

¹¹¹ Ibid, 44.

people in popularizing Western medicine, and it strongly encouraged them to establish segregated villages independent of the central government. Prevention of leprosy disease through early diagnosis was the hallmark of leprosy control in the 1940s; thus, policy formation relied on how extent Igbo people collaborated with colonial officials. In such situations, Igbo people exercised the power of shaping the outcome of the anti-leprosy campaign even though colonial officials enacted these policies.

Ndi Oji segregation settlement epitomized the power the local people wielded to control leprosy disease. In 1943, the disease peaked in the villages that consisted of Ndi Oji, but in the following decades, the number of cases dramatically declined. This success was attributed not to the efficacy of colonial medicine or the potency of the colonial government's leprosy control policies but to the people's immense contribution. As a colonial record indicates:

Ndi Oji demonstrated that, granted favourable conditions, it is possible to control extremely heavy infection with leprosy in a rural community by a combination of a local isolation and treatment. Favourable conditions resolve themselves to two only, (a) good public discipline, and (b) eagerness to cooperate in leprosy control, and these must be exercised both by patients and the general public.”¹¹² With the support of the local population, the report posited that “a period of six years may see the reduction of leprosy from epidemic to a problem of minor occurrence.”¹¹³

Because of the strategic location of the villages that comprised the Ndi Oji people, they attracted strangers who traversed their territory for trade and farming amenities. Only the villagers could identify strangers and isolate them to prevent the spread of the disease. Although this was a massive challenge because these strangers could be infectious, which was dangerous to the

¹¹² Ibid, 46.

¹¹³ Ibid.

preventive work, the people reported new cases, which aided the containment of leprosy in the area. Without the excellent cooperation of the people, even with the drugs to treat leprosy disease, the control would have been hampered.

Aba township reaffirmed that without the cooperation of the indigenous people, the control of leprosy would have been largely uncoordinated and, in the long run, unproductive. In 1948, the secretary of Eastern Provinces called on the central government with headquarters in Lagos to initiate policies to control the number of needy leprosy sufferers in Aba township. The Eastern province requested that the central government employ section two of the Leprosy Ordinance to establish a segregation settlement, partly because leprosy sufferers were creating a squatter problem in the city.¹¹⁴ But the central leprosy center referred the letter to their regional headquarters in Uzuakoli. Despite the work done by the center to control the spread of leprosy disease, the center refused to take a vanguard role in mitigating the spatial distribution of the disease in Aba township even after acknowledging that there was no strict control of the disease in the province. Poor cooperation among the people in the region, the center pointed out, stymied the management of the disease.¹¹⁵ Since the principle of leprosy control depended on the cooperation of the people “in the provision of sites, building materials for clinics, and cooperation on surveys and such other anti-leprosy measures as may be introduced.”¹¹⁶ Nji Oji's example reveals the varied nature of leprosy control in Southeastern Nigeria and the central role played by the people in this control. Generally, leprosy control was not uniform in all the districts, but all followed a common tract, which centered on the people for its actualization.

¹¹⁴ NAE. NO.5084/1044. “Lepers in Aba Township.” 24th December 1948.

¹¹⁵ NAE. NO.OW.A.100/v0.2/55. “Resolution by Owerri Division Citizens.” 26th April 1949.

¹¹⁶ Ibid.

Conclusion

Leprosy control in colonial Southeastern Nigeria was complex, involving many institutions, local dynamics, and political change. At one point, the people cooperated with the colonial government in identifying and isolating cases. Other times, they were unresponsive to the demands of the leprosy control scheme. However, as the analysis above demonstrated, at local levels, missionaries, colonial administrators, and indigenous people were all interested in tackling the disease problem. However, any issue that resulted in tensions faced the most significant debate in the village council. This chapter has highlighted the reasons for cooperation to exterminate leprosy disease in the region and opposition at other times.

Although there was disagreement, as evidenced by the petition investigated above, there was also considerable involvement by the people. These local politics for establishing leprosy centers in some areas by Igbo people may be submerged in the face of more violent resistance to colonialism like the Aba Women's War because such social movements did not produce evident results. But because they did not produce tremendous results akin to mass movements does not mean that they were not potent in articulating their need, deciding their fate, or even affecting the trajectories of colonialism. In the 1940s, when it was generally assumed that most protests were geared towards dismantling colonialism, there were other calls for change that did not challenge the end of colonial infrastructure but its modification to accommodate people's specific needs. Local politics toward leprosy disease in colonial Southeastern Nigeria reflects this scenario.

It is interesting to see how the people collaborated with the various institutions responsible for leprosy control in Nigeria at the village level in a decentralized manner. Unfortunately, most existing research does not tailor the analysis to reflect people's agency in eradicating leprosy disease. Searching for the voices of the people is significant because it strips

the current study of the prerogative of representing Africans as objects of European biomedicine.

In the next chapter, I will focus on how leprosy sufferers contested their predicament in the leprosarium.

CHAPTER TWO

"OUR CASE EXPLAINED": PETITIONS AND PROTESTS IN COLONIAL LEPROSY SETTLEMENTS

We submit that making us work in the way such as this wounds our spirit no smaller degree than leprosy afflicts our body. We do not forgive any man who takes pride in adding to our SORROWS.¹¹⁷

Leprosy sufferers spent years in sanitoriums, depending on the gravity of their ailment. Before the postwar period, when the treatment of the disease was being perfected by sulphone, and multi-drug therapy, many with severe cases spent decades in confinement—living most of their lives in detached environments, separate from the rest of society. Colonial leprosy settlements, especially the central provincial settlements, accommodated as many as one thousand patients¹¹⁸ at a time, with hundreds of others scattered in fragmented village colonies. For instance, major central settlements, such as Itu, Uzuakoli, and Oji-River—in Ogoja, Owerri, and Onitsha provinces, recorded two thousand patients each during the second quarter of the twentieth century until effective curative treatment was introduced in the 1950s. Apart from central provincial settlements, there were hundreds of village segregation colonies dispersed across the region, which served as the engine of the preventive policy on leprosy control in colonial

¹¹⁷ NAE. No. 343, 938-55, vol. 2. Nsudir 8/1/52, 1938-1955. "Oji River Patient Petition, 1950. Our Case Explained," 89.

¹¹⁸ I have used patients and leprosy suffers interchangeably. I have also avoided the use of the word "leper," unless in direct quotations where it is inevitable.

Nigeria. There were also regular health clinics, which were not only for leprosy sufferers alone, where mission doctors visited leprosy sufferers intermittently, either weekly or biweekly, due to a shortage of medical experts.¹¹⁹

In this chapter, I discuss how leprosy sufferers responded to the rules and regulations meant to control their behaviors in settlements. I explore how they straddle between being colonial subjects in isolation who were also affected by laws and developments outside the colony. I examine the petitions they wrote to uncover the relationship between leprosy officers and sufferers and investigate how leprosy suffers—usually imagined and represented as frail, destitute, disabled, and hapless—engaged with the colonial policies on leprosy control. I argue that leprosy sufferers were not mere objects of Western biomedicine. Instead, they were active participants who conceived ideas, negotiated, and renegotiated their livelihoods in isolation. The analysis in this chapter will reveal that leprosy sufferers were not just agents – they used their bodies and status as supposedly helpless victims to make their arguments to the colonial administration. In other words, their agency relies upon their supposed lack of agency.

While not objects of Western biomedicine, the colonial government's responses to the demands of leprosy sufferers evolved from passive warnings to more emboldened punishments, reflective of the broader changes in the prevention and cure of the disease. As events in Uzuakoli and Oji-River will demonstrate, in the 1930s and 1940s, before the curative therapy for leprosy disease was discovered and perfected, colonial officials were relatively tolerant of the yearnings of leprosy sufferers or when they challenged the laws in the settlement. However, their attitude changed in the 1950s when curative drugs became available. With their newly acquired power,

¹¹⁹ Muir. *Leprosy in Nigeria: A report on Anti-Leprosy work in Nigeria with suggestions for its development*. (Lagos: Government Printer, 1936): 5-8.

withdrawing treatment drugs became the penalty for protesting against settlement administrations or rules.

Colonial administrators thought the despondency of leprosy sufferers would compel them into obedience without complaints in the face of Western biomedical saviors. However, this was not always the case. As this chapter will demonstrate, leprosy sufferers, despite their afflictions, suffering, pains, disability, debility, and scourge, strived to control their own affairs. They may have been at the margins of society in the precolonial period, but leprosy sufferers attempted to negotiate their place in the colonial period. British colonial modernity was not just a site for transforming Africans from their "primitiveness;" it also provided the opportunity for contesting the operation of colonial power, especially in the postwar period. Often neglected in the broader changes that swept the British colonial empire after the Second World War is how those in the verges of society, like leprosy sufferers, challenged colonial suzerainty. The frailty of their bodies did not prevent them from making their voices heard when it mattered.¹²⁰

¹²⁰ Historians have demonstrated how Africans negotiated European biomedicine in various contexts. See Janzen, John. *The Quest for Therapy: Medical Pluralism in Lower Zaire*. Berkeley: University of California Press, 1978; Philip J. Havik, "Public Health and Tropical Modernity: The Combat against Sleeping Sickness in Portuguese Guinea, 1945–1974," *Manguinhos. História Ciências Saúde* 21, no. 2 (2014): 641–666; and Coghe, "Sleeping Sickness Control"; and Sarah Cook Runcie, *Mobile Health Teams, Decolonization, and the Eradication Era in Cameroon, 1945–1970*, PhD thesis, Columbia University, 2017, Mari K. Weibel. *The Politics of Disease Control: Sleeping Sickness in Eastern Africa, 1890-1920*; Leslie Hadfield. *A Bold Profession: African Nurses in Rural Apartheid South Africa*; K.R.S Morris. "The Movement of Sleeping Sickness Across Central Africa," *Journal of Tropical Medical Hygiene* 1963; Digby and Sweet. *Nurses as Cultural Brokers*; Digby. *Diversity and Division in Medicine*; Flint. *Healing Traditions*; Ruth J. Prince and Rebecca Marsland, eds., *Making and Unmaking Public Health in Africa*; David Baranov, *The African Transformation of Western Medicine and the Dynamics of Global Cultural Exchange* (Philadelphia: Temple University Press, 2008); Adell Patton. *Physicians, Colonial Racism, and Diaspora in West Africa* (Gainesville: University Press of Florida, 1996); Feierman. *Struggles for Control*; Feierman and John, *The Social Basis of Health and Healing in Africa*; Kwasi Konadu, *Indigenous Medicine and Knowledge*; Stacey Langwick, *Bodies, Politics, and the Matter of Maladies in Tanzania* (Indiana: Indiana University Press, 1986). In the context of leprosy control, this study does not claim to be the first to deconstruct the historiography of disease, healing, and medicine in Africa. Like its predecessors, it searches for the voices and actions of leprosy sufferers in documented evidence. Other scholars in the context of leprosy disease in Mali and Cameroon have employed patient's perspective in framing the social history of leprosy disease in colonial West Africa and highlighting the agency of Africans in disease control. This work agrees with the findings of Eric Silla in Mali, and Flavius Mokake in Cameroon, that leprosy sufferers were not just objects of Western biomedicine and beneficiaries of its attendant welfare programs, rather, they were active participants, whose contributions remain indelible in the

Everyday Life in a Colonial Leprosarium

Colonial officials attempted to replicate an independent Igbo society in these leprosy colonies to make them attractive. In this way, it was thought to attract patients, primarily when no effective drug for curing leprosy existed. Therefore, it was pertinent for leprosy sufferers to remain in the colonies to forestall the spread of the disease and monitor the progress of the anti-leprosy campaign. Moreover, it was also crucial because Igbo people only cooperated to rid themselves of leprosy sufferers and were not interested in interacting with them afterward. Thus, their involvement in establishing leprosy centers springs from this desire to ostracize leprosy sufferers with the help of colonial administrators, just as they did in the precolonial period. Several rules governed these centers; however, the two most sacrosanct rules included theft and sexual relationships. Anyone found guilty of these charges was expelled from the center, while other offenses attracted punishments as determined by the General Superintendent of the center.

After assessing the progress of leprosy work during his 1936 visit, Dr. Ernest Muir advised the colonial government to favor the admission of patients with the prospects of recovery instead of those with more acute cases.¹²¹ For instance, in several segregation settlements in Northern Nigeria, he pointed out that most of those admitted were either crippled or disfigured. These mendicant sufferers, even in 1936 when Dr. Muir conducted this survey, were hopeless because, in addition to the fact that they were highly contagious from the mucus of their lesions, their cases were incurable with hydnocarpus oil. These mendicant sufferers, Muir agitated, could not support the preventive work, nor could they give the leprosy settlements the specular emblem

eradication of leprosy in colonial Nigeria. Silla, *People Are Not The Same*; Flavius. *Isolation, Control and Rehabilitation*.

¹²¹ Muir. *Leprosy in Nigeria*, 3.

and image of success that Western biomedicine craved. While such charity work was admirable, Muir advised the settlement to prioritize the admission of those capable of recovery with the medications available, particularly those with mild and arrestable symptoms. According to him, these groups of sufferers would further be trained as auxiliary workers, who would assist in advancing the preventive measures of leprosy work in their respective villages.¹²²

Leprosy patients admitted in these colonies lived in mud houses with thatched roofs, which they constructed by themselves upon admission, with the resources provided mainly by Native Administration, the local governing organ in the indirect rule system.¹²³ Their quarters were rectangular, with each section occupied by patients in different stages of their illness. Women, men, and children were separated from one other—they could only meet at the central area for recreational purposes such as seeing a movie—and were forbidden to interact at night. At the compound's center was the hydnocrapus tree—the tree whose oil, chaulmoogra, was used to treat leprosy before sulphone after the Second World War. Adjacent to the administrative office was the laboratory, where experiments were conducted, and a courtroom for instilling discipline.¹²⁴ In addition, there was a chapel building for worship. The Methodist missions dominated in both Itu and Uzuakoli, while the English mission directed affairs in Oji-River. Leprosy sufferers ran schools and churches, and the missionaries provided recreational facilities. Some owned a band and occasionally entertained themselves with music and dances.¹²⁵ Leprosy sufferers were encouraged to engage in labor to cut the administrative cost of the colony. In

¹²² Ibid.

¹²³ James Cameron Purse Logan. *The initiation of Measures for the Control of Leprosy with Special Reference to Southern Ogoja Province, South-East Nigeria, and a Comparison of the Effects Treatment with the Sulphones and Sulphonamides*. (Ann Arbor: ProQuest, 2019): 28.

¹²⁴ This description is based on the authors observation of the Oji-River leprosy center which followed the same pattern with Uzuakoli and other large leprosy settlements. Also see Macdonald B. Andrew, *In God's Name* for a vivid picture on how Itu, the first leprosy settlement in Southeastern Nigeria, was constructed.

¹²⁵ Ubah. *Hope for the Despondent*, 60.

many leprosy colonies in Southeastern Nigeria, sufferers undertook agricultural or industrial work, which integrated them into the colonial economy.

Farming was a major preoccupation of leprosy sufferers in these colonies. Patients cultivated different crops, which they consumed to save on the cost of feeding. Food crop cultivation was necessary because although it was known in the broader society that leprosy sufferers received treatment, or even when they were "partially cured, the society did not change their attitude against them."¹²⁶ People continued stigmatizing them, refusing to sell or buy anything they prepared or handled.¹²⁷ Hence, the colony needed to remain independent from the outside Igbo society. Also, the colonies comprised many weak patients who were too frail but needed a steady food supply.

The first experiment with farming started at Itu leprosy center and later at Uzuakoli, where some leprosy patients were given some yam seedlings to cultivate. By 1933, it was reported in Uzuakoli that about 35,000 yam seeds were planted. Palm trees and fruits were also grown in large quantities. As time passed, cotton was also introduced as an economic crop grown in the colony to subsidize the cost of buying cotton and wool to address patients' wounds. Individual farming gradually replaced communal farming as the population of leprosy sufferers increased and food crops were prioritized. The administration gave parcels of land and some yam seedlings to patients who were medically fit to cultivate. After harvest, they returned some stipulated quotas to the administration, which was shared with new in-mates the following year. The management of the colony also promoted industrial activities alongside agriculture. Before the end of the 1930s, leprosy sufferers had already begun cassava processing and soup making

¹²⁶ Ubah. *Hope for the Despondent*, 60.

¹²⁷ Ibid.

out of palm products. It was hoped that leprosy sufferers could produce their everyday basic needs.¹²⁸

However, one of the challenges with administering leprosy colonies was caring for children and newly born infants of leprosy sufferers. The management policed sexual activities in the colonies to prevent pregnancies between unmarried patients. Even married patients were encouraged to abstain from coitus to not compound the problem of babies in the settlement. The management was strict with this rule because caring for babies was a herculean task; deviants were expelled from the colony without equivocation. Newly born children were uninfected with the disease at birth; however, they had a high chance of contracting it from breastfeeding. The management tackled this problem by separating babies from their mothers and keeping them at baby's homes, feeding them with artificial milk and other pureed food for three years before sending them to live with relations.¹²⁹

Many babies who passed through this process in the 1930s died after departing the colony due to poor care, inability to adapt to external infectious diseases, and harsher environment outside the settlement. Due to this challenge, leprosy colonies stopped admitting babies but continued to nurse those within. However, the management adopted a new approach where mothers and their babies were quarantined in huts outside the colony's building. Here, the infected mothers underwent bacteriology tests every two weeks. If they tested positive, their babies were detached from them until they tested negative. In the meantime, they stayed with a foster mother who must have been certified as bacteriologically unfavorable. The management minimized the contact of babies with other leprosy sufferers as permissibly possible. In the

¹²⁸ Ubah. *Hope for the Despondent*, 60-61.

¹²⁹ *Ibid*, 61-62.

1930s, when the cure for the disease was unavailable, it was hoped that they would be sent to a relative after three years to test the experiment again.¹³⁰

When the cure for leprosy disease became available in the 1950s, caring for and nursing babies and children admitted into the colonies became less problematic. Instead of sending the children to their relations to wander as orphans without parents, they were preferably kept in the colonies. Other children from leprosy homes or who suffered from the disease found a new home in these colonies. The management promoted foster parenthood. Those whose parents were lepomatous were transferred to foster parents who received allowance fees to care for them. The population of these children varied from one colony to another but averaged two hundred in 1950. These children attended schools in the colonies, taught by certified teachers. It was from these children that future nurses and teachers who the leprosy centers employed were trained. Children and adults alike also received education on hygiene, sanitation, and other public health practices in the schools. Depending on the Christian mission that managed the colony, children were raised along those religious denominations. Although other mission societies challenged the paramountcy of one sect at some points, like the Catholics who constantly challenged the Methodists in Uzuakoli, the patients were not given much religious freedom. However, that was a negligible price to pay for their healing.¹³¹

Although the Aba Women's War of 1929 saw the abolition of the Warrant chief system in 1932, the settlement had an African chief, an intermediary between the mission administrators and residents of the colony. There were also the ringleaders, responsible for sections of leprosy sufferers, helping the chief coordinate everyday life in the settlement. The chief and the ring

¹³⁰ Ubah. *Hope for the Despondent*, 61-62.

¹³¹ Ubah. *Hope for the Despondent*, 62-63.

leaders sat in the court to administer justice. When one was unsatisfied with the court's ruling, he could appeal to the office of the Settlement Superintendent. Other ad-hoc committees, such as security and sanitation teams, were organized based on need.¹³² All these officials helped coordinate different activities in the settlement, but most importantly, they organized labor to maintain the colony's independence.

Life, Work, and Resistance in Leprosy Settlements.

Leprosy sufferers controlled, and prevented leprosy disease in the same capacity as the missionaries and other European officials. To support themselves while living and receiving treatment in leprosy centers, leprosy sufferers conducted farm work. They participated in other economic activities sanctioned by senior leprologists or the superintendent. Leprosy sufferers were subjected to collective work, and physical exercise was deemed a medical prerequisite for their recovery.¹³³ They were subjected to different jobs in the leprosy settlements, including but not limited to maintaining the sanitary condition of the settlement, constructing roads, clearing and cultivating farmland, sweeping the environment, building houses, and other such duties that the settlement chief may assign to them.¹³⁴ Failure to perform these duties or follow medical instructions on minimizing contagion with highly infectious patients attracted penalties. Rules and regulations on the modus operandi of settlements were established following the precepts of public health policy on leprosy control set by the BELRA. The discipline of patients and their corporations determined the outcome of leprosy work in these settlements. In provincial settlements like Oji-River, Uzuakoli, and Itu, behavioral control of leprosy sufferers posed a

¹³² Ubah. *Hope for the Despondent*, 52-53.

¹³³ Muir. *Leprosy in Nigeria*, 8.

¹³⁴ Macdonald. *In God's Name*, 89-102.

significant challenge to colonial administrators and health workers. However, leprosy sufferers usually opposed general deterrence as a punishment measure.

The frailty of leprosy sufferers did not prevent their bodies from being subjected to economic ends. As laborers, leprosy sufferers shared the burdens of the colonial government's capitalist expropriation of its subjects, which intensified during World War II. Their predicament and stratification as unhealthy citizens of the colonial empire did not stop the colonial government from exploiting their labor to reduce administrative costs. In 1950, J.C.P Logan, the doctor who took over from Davey as the senior leprologist at Uzuakoli leprosy center, eulogized leprosy sufferers in the Ogoja province for their selfless hard work and effort in the construction of several village settlements in the Abakaliki district.¹³⁵ Instead of leprosy colonies serving as places for the patients to recuperate, they became a site for perpetuating their miseries through labor-intensive work without adequate compensation. In the face of this, leprosy sufferers responded, using the weakness of their bodies as an excuse why the colonial government should not exploit their labor like they did to the healthy population. Moreover, using leprosy sufferers as laborers also confirms that they were not passive in the anti-leprosy campaign. Their ability to work saved costs of maintaining and managing leprosy settlements.

The use of leprosy sufferers as laborers in leprosy centers and inadequate compensation even after their weak bodies were subjected to produce informed one of their protests, this time, in the Uzuakoli leprosy center. In their protest letter, they used their frailty, helplessness and general medical condition as unhealthy as a pretext to make arguments about perceived injustice. Out of their initiative, leprosy sufferers, and without informing the center's superintendent,

¹³⁵ Manton. *The Roman Catholic Mission*, 28.

Davey, petitioned the excessive exploitation of their labor to the central government in Lagos and demanded improved welfare. The 1940s was a time of economic austerity, hardship, and starvation because of the proclivity of the British colonial government to mobilize all human and material resources towards the persecution of the Second World War. Every segment of the population was impacted by the economic demands of the war, leading to a surge of letters of petitions protesting the severe financial toll of the war on the colonial subjects.¹³⁶ On March 8, 1942, fifteen patients in Uzuakoli leprosy centers joined the larger colonial citizens in protesting the wartime economic depression that ravaged Europe and its empire.

In this letter of protest, these leprosy sufferers used their supposed weakness to articulate their disgruntlement with the colonial government. With the ways they presented their argument, their powerlessness gave them the agency to negotiate with the colonial government's policies on leprosy control. Sufferers beseeched the colonial government to increase their remuneration to eat well in their condition. As patients and laborers, they reminded the government that for them to recuperate, they needed quality nutrition. It should be recalled that during the Second World War, the British government forced local farmers to produce cash crops for exports other than food crops. Expectedly, this imbalance precipitated food shortages in many Nigerian households which made leprosy patients use it as a pretext for pleading their cases, placing their unhealthy conditions with malnutrition as precarious parallels that will retard the progress of leprosy control measures.

¹³⁶ Korieh has collected thousands of petitions used by the people of Southeast to protest the economic exploitation of the second World War. See Korie, *May It Please Your Honor*.

According to them, "many medical scholars prove that under-feeding is dangerous to health; how much worse for the lepers to underfeed."¹³⁷ Although they recognized the government's efforts to improve the national standard of living, they used colonial teaching on health as a weapon to challenge the system. The colonial government always stressed the importance of healthy feeding patients for a healthy population. However, during the Second World War, with the attendant famine in the British Empire, certified unhealthy people like leprosy patients argued that "we [they] have no ambition for rich but for feeding in our own way."¹³⁸ As patients and laborers, they demanded an increase in their minimum wage to enable them to afford a healthy diet, which was imperative for their recuperation. It is evident here that leprosy sufferers used their position as feeble segment of the society, who need help to present their case, exercising their agency through the very condition that made them weak and penchant for domination and exploitation.

Amidst agitations on the abysmal hike in the national cost of living, in 1941, the colonial government set the federal minimum wage for unskilled laborers employed by the Native Administration to nine pence daily, giving the provincial committee the power to pay between up to one shilling. However, writing in 1942, these patient-laborers still received pre-1941 minimum wages and lower wages. Drawing the government's attention to this oversight, these petitioners tabulated how much they earned in the previous year and asked if they were not qualified for consideration under the new wage. If implemented in the settlement, this new wage will increase patient laborers' earnings from one shilling, nine pence a week, to two shillings, three pence. Furthermore, to address the problem of food shortages and improve the quality and

¹³⁷ NAE. No. ow: 3998/304. "Paul Ehegwe and Others of the Native Administration Leper Settlement: Petition from." March 1942, 2.

¹³⁸ Ibid.

varieties of their feeding, the patients appealed to the colonial Governor, as a matter of expediency, to "acquire large parcels of land for farming" for their personal use as this would not only make the colony self-sufficient but will help limit their contact with the outside world.¹³⁹ By placing their demand within food and space, leprosy sufferers were using the power of the weak to negotiate with a more powerful institution. First food was necessary for their healthy recovery in these centers. Second, lack of food could force them out of leprosy centers as medicants. Aware of their unclean status in Igbo society, they could constitute nuisance by touching people's resources or property, which would disparage the image of leprosy work in Nigeria—something that the British government would never permit, especially amid a World War.

When the letter arrived in Lagos, the Governor's office sent it to the Medical Superintendent of the Uzuakoli leprosy center as the case was under his jurisdiction. Davey, the Medical Superintendent in question, replied in a characteristically indignant manner stating:

These people are among those receiving the highest allowances in the colony. They receive free housing, free treatment for even the smallest ill, and the opportunity to buy food at extremely subsidized low rates, and all have received innumerable kindness from European staff. Their claim to represent the colony is sheer nonsense. The petition is characterized by a complete absence of appreciation for what is being done for them and is in sharp contrast with the gratitude expressed by numerous patients attending clinics, who receive nothing more than a little hydnocarpus oil and a few kind words.¹⁴⁰

While not denying that they were paid below the new national wage, Davey stated they were among the elite beneficiaries of the leprosy work and should not have filed a complaint. From his

¹³⁹ Ibid, 3.

¹⁴⁰ 5084/878. Paul Ehegwe and Others of the Native Administration Leper Settlement: Petition from." 23rd April 1942.

position, one could extrapolate that he expected the petitioners to be delighted with the humanitarianism of the British Empire in admitting them into the colony and not to bite the fingers that fed them. Lacking the authority to expel nonchalant and uncooperating patients as he regarded them, he appealed to the Governor to bestow him with the power to punish the petitioners and use them as examples.

The Governor granted him this appeal, but there is no follow-up evidence to confirm that Davey discharged or penalized the dissenters in other ways. While we cannot guarantee that Davey took such actions, from available evidence, one of the petitioners, Ikoli Harcourt Whyte, continued to stay in the colony for the rest of the decade and the next until he became asymptomatic in the late 1950s. Whyte became a spectacular emblem of the humanitarian work of leprosy control in Nigeria as he became a Christian musician and songwriter. Before his death, he composed scores of hymns in the Igbo language, widely used in Southeastern Nigeria until today.¹⁴¹

Although Davey refused to acknowledge that African workers qualified for wage increments in the new national wages, this petition may have prompted his solicitation to increase the salaries of African auxiliary workers and laborers in a new fiscal proposal he submitted to the Eastern Nigeria Province in May 1942. After intensive discussion with Davey, the Owerri Resident Officer agreed to the demands of the petitioners, who had requested that their wages conform to the new national minimum wages, as approved by the Native Administration.¹⁴² Leprosy sufferers, therefore, were able to make some changes regarding their

¹⁴¹ For more on his life, see Achinivu Kanu Achinivu. *Ikoli Harcourt Whyte: The Man and his Music: A Case of Musical Acculturation in Nigeria*. (Anthems: Verlag der Musikalienhandlung K.D Wagner, 1979). Dr. Davey had a huge influence on him which may make one conclude that Dr. Davey did not expel the petitioners.

¹⁴² NO. OW. 3998/379. "Uzuakoli Leper Settlement." May 1942, 1 - 2.

well-being, like the healthy population during the austere years of World War II. It is even more interesting that they archived this equal wage remuneration with their supposed helplessness epitomized in the frail bodies.

Demonstration by Leprosy Sufferers in Oji-River Leprosy Center, 1950.

Everyday life in some leprosy centers went beyond passive resistance, as captured in the 1950 leprosy sufferer's protest at Oji-River leprosy.¹⁴³ The imposition of general deterrence measures for negligible civil disobedience was one of the root causes of this protest. Leprosy sufferers demanded that settlement administrators assign individual punishment to a person instead of imposing general punishment on all other laborers who were also leprosy sufferers. For them, such disciplinary measures, which included amplifying their work, working without pay, withdrawing drugs, and sometimes unjustifiable expulsion, were incongruent with their misconduct. Apart from their loathe for this mode of punishment, leprosy sufferers also used their weak bodies as powerful weapons in Oji-River leprosarium just like they did in Uzuakoli to protest colonial policies in isolation. In the conflicts between them and the management of the center, they challenged the withdrawal of drugs as a general punishment and questioned how and why they should overwork themselves and compound their afflictions in a place that was supposed to care for them.

Leprosy sufferers protested when they felt that the colonial administrators exploited their labor to their advantage, arguing that the provision of labor was not their main aim of coming to the leprosy center. An eight-page letter of protest by one of the patients, Mr. Garuba Garuba, an ex-serviceman from the Nsukka district, who entered the center with a mild case, epitomizes how

¹⁴³ NAE. No. 343, 938-55, vol. 2. Nsudir 8/1/52, 1938-1955. "Oji River Patient Petition, 1950. Our Case Explained," 2nd November 1950. 91.

leprosy sufferers questioned the use of their body. He contracted the disease in India during his World War II service in the British army and was sent home to recuperate.¹⁴⁴ He was one of those that terrified the British government of the possibility of a second outbreak of leprosy disease in Britain through its tropical empire. Because of his experience in the army, immediately after he was admitted into the colony, he was employed as a security guard. Since his case was not severe, he also participated in some labor-intensive work in the center.

However, with time, his case became worst, but the settlement chief, Patrick, refused to exempt him from strenuous duties. His situation was one of the oversight situations where the settlement chief had to use his discretion in enforcing decisions. According to the settlement law, those that could not participate in settlement work as an exchange for their drugs and upkeep paid an annual fee of two pounds and twelve shillings. Garuba wanted to pay the fee when he could no longer keep up with three days of weekly settlement work because of his deteriorating health conditions. However, Huskinson, the new Superintendent, refused based on the information given by the chief. To worsen the situation, Patrick still reported him for not participating in sanitation duties within the days that his temperature escalated due to the worsening conditions of his body. Garuba claimed in his petition that other patients with his case were not subjected to settlement work because they were highly contagious, but he had been doing the work to show his loyalty. For him, Huskinson, the new general manager of the settlement, was not the problem but Patrick because he was the intermediary who wanted to control and exploit the patients. At this time, Dr. Garrett, who admitted him into the settlement,

¹⁴⁴ NAE. No. 343, 938-55, vol. 2, 153-160.

was on leave, unfortunately. Hukinson only listened to the chief and made decisions based on his reports, even when they were untrue.¹⁴⁵

As the letters of petitions concerning this case demonstrated, Garuba and other leprosy sufferers detested this extreme use of their bodies, which made them adopt a go-slow-tactics at duty posts. But Garuba was used as an example. As ex-service personnel, Garuba wielded some charisma, and his influence was beginning to affect the general disposition of other leprosy sufferers who shared similar resentments. On this note, Patrick masterminded his expulsion, which was perceived by many as a perversion of justice. When the acting Area Superintendent, Dr. Cocos, expelled him, he was still symptomatic. According to him, he was among the "isolated of the isolated," who took the experimenting drug, sulphone, because of the severity of his case. In 1948, sulphone was freshly out from the pathological laboratory and tested on patients with acute cases of the disease. His expulsion happened at a critical juncture when his temperature ran high.¹⁴⁶

It can be deduced from the group petition that other patients wrote that they were exasperated with his expulsion. As they identified in their petition, "Garuba was expelled from the settlement for merely sitting with women in an open meeting at court in the night."¹⁴⁷ The patients generally noted that this accusation was false and not enough to result in expulsion. Garuba in his petition agonizingly recounted his ordeal as follows:

I am fighting [fought] against nothing but the mere oppression of the fellow leprous [patients] and other evil practices emanating from the chief. The new manager only considers the chief's statements as the fact

¹⁴⁵ Ibid.

¹⁴⁶ Ibid.

¹⁴⁷ NAE. No. 343, 938-55, vol. 2.

and truth, and final, he compelled the new Dr. Cocos (acting area superintendent) to withdraw me from the settlement. Now I have been asked by the Dr. to leave the settlement when I have not gained my recovery, some patients go to the Hospital when they are not well, but in my own case, I went to complain [that I am sick] and an expulsion was the result instead of medical care.¹⁴⁸

Other leprosy sufferers after the colony management expelled Garuba, instead of conforming to the unchecked exploitation of their labor continued to protest, lamenting in their group petition the amount of labor they were meant to provide in the settlement, and citing instances where they were forced to work against their wish. For example, Mr. Huskinson had forced them in 1948 to build new houses in a designated quarter called "Small London" and suspended the dispensation of their drugs for two weeks throughout the period. But their pain was much more profound. Healthy people had offered to do the job on monetary payment, but Huskinson forced the work upon them without any remuneration. For this injustice, they decried thus: "We submit that making us work in a way such as this wounds our spirit in no small degree than leprosy afflicts our body. We do not forgive any man who takes pride in adding to our SORROWS."¹⁴⁹

From the evidence presented above by leprosy sufferers, it is evident that they challenged how the policies of colonial administrators affected their bodies. They took charge of their weak bodies, voicing out when they are healthy to use their bodies and when it needed to rest, proving the fact that they ultimately have the control of their bodies no matter how frail it might appear. For Garuba, as for many, there was no punishment that will make them succumb to unfair exploitation of their labor, even if it implied their explosion from the center. In the contest of

¹⁴⁸ Ibid, 158-59.

¹⁴⁹ Ibid. 91-92.

how the bodies of leprosy sufferers should function in the leprosarium, the patients controlled their fate. For one thing, they were the only one with the power to confirm when they were ill or healthy to work, no matter the categorization of European biomedicine. Thus, colonial biomedicine lacked all the powers to control and manipulate the bodies of leprosy sufferers to their own ends or expectations.

The imposition of general punishment for separate offenses as a deterrence was another site of tension between leprosy sufferers and the leadership of the Oji-River Leprosy center, leading to the protest—one of the reasons for this mass punishment bordered on issues of sanitation and provision of labor. The sanitary squad was an integral unit in the settlement—they were responsible for always upholding public hygiene without goldbricking. In a report to the General Superintendent, Patrick had accused this unit of not providing adequate latrines and keeping existing ones clean. This accusation and other reasons instigated the general punishment imposed by the superintendent. Another sanitary issue that the chief noted in his case against the patients was unkept compounds. The report explained that "Mr. Saviour, the Welfare Officer, accused a certain woman he saw lying asleep when she was supposed to be doing "settlement work,"— that he met some people working on a settlement road all sitting in the shade and when asked why they were not working replied "the sun is [was] very hot,"—and a batch of people he sent to pull down the house and break down its walls did not complete the work and went away to their houses before 12.00 noon."¹⁵⁰

General punishment was common for those who lived in leprosy centers; however, the patients questioned the authority and rationale behind mass punishment when the people who

¹⁵⁰ Ibid, 90-91.

committed this offense could be identified, isolated, and punished. They stated in their petition that "such injustice was done to us in June 1949 when two men, Celestine Ofulue and Richard Anene, stole needles and syringes being used for treating patients in clinics."¹⁵¹ Although these individuals were later acquitted of this charge, the entire patients in the settlement were made to suffer by suspending their treatment for one week and restricted from moving outside the leprosy settlement and going to their farms to harvest cassava. In the same year, the people recalled that without their knowledge, the government punished them for not providing the labor force to convert a thatched roof into zinc. This was why they pleaded exemption for the remaining offenders in their petition. They argued that the severity was incongruous with the offenses committed, even if they would be punished. By identifying the culprits, they expected the authorities to repudiate mass punishment and deal directly with individuals who broke sanitation regulations.

Other general punishments such as the restrictions of their movements or extra labor were not enough to give the colonial administrators absolute control of the bodies of leprosy sufferers. Therefore, they invented new form of general punishment—the withdrawal of the new sulphone drugs. In October 1950, the chief, who was already unpopular among the leprosy sufferers, informed them about their new punishment, which also included at least six hours of daily settlement work with pay.¹⁵² It was on this basis that they wrote the group petition, recounting past cases of injustices. After calling for the abolition of the settlement court, where all these injustices emanated, they affirmed thus:

¹⁵¹ NAE. No. 343, 938-55, vol. 2. Nsudir 8/1/52, 1938-1955. "Oji River Patient Petition, 1950. Our Case Explained," 2nd November 1950, 91.

¹⁵² NAE. No. 343, 938-55, vol. 2, 91-96.

We register our resolution against such persons and measures as named or described in this protest as oppressing us. They add bitterness of mind to our bodily afflictions. They are opposed to the humanitarian aims of the mission in opening this settlement, and they are not in keeping with the desires of the patients for comfort, succor, and recovery. They militate against peace in the settlement. We demand that they cease to do with the settlement.¹⁵³

The withdrawal of drugs was an attempt by colonial administrators to have absolute control of the body of leprosy sufferers. Before an effective treatment of leprosy became available, this type of punishment was impossible. As the cases in Uzuakoli in 1942 demonstrated, the colonial government was careful when leprosy sufferers protested on how their bodies should be used. With anti-leprosy campaign dependent on prevention, they lacked the powers to absolutely control leprosy sufferers. However, when their attitude changed with their newly acquired power, leprosy sufferers responded by physically demonstrating. Before the demonstration, eighteen petitioners had sent a petition concerning the withdrawal of drugs to eight districts and the provincial administrative office. The population of these petitioners was widely distributed across Southeastern Nigeria. These eighteen petitioners came from different parts of Southeastern Nigeria, including six from Onitsha province, six from Awka district, four from Nsukka district, four from Awgu and two from Udi, one from Lagos, one from Ogwashi Ukwu, and one from Ukuruani.¹⁵⁴

Nearly two weeks after they sent this petition, the Resident Office of Onitsha Province responded individually to the officers responsible in the native places of the petitioners. In his

¹⁵³ Ibid.

¹⁵⁴ NAE. No. 343, 938-55, vol. 2. Nsudir 8/1/52, 1938-1955. "Oji River Patient Petition, 1950. Our Case Explained," 2nd November 1950, 93-94.

letter, he frantically averred that about 1,160 patients had adopted go-slow tactics in their everyday labor in the settlement, which had brought the "settlement to a standstill and which, when continued, would lead to its closure."¹⁵⁵ In a letter titled "Disturbances at Oji-River Leper Colony," the Resident Officer of Onitsha province acquainted the Native Administration and other officers who were involved in leprosy control in the region that the Oji-River leprosy center would be forced to shut down if the patients continued their resistance by refusing to engage in settlement work, which was "essential in the cure of leprosy."¹⁵⁶ He remarked that without the cooperation and manual work done by the patients, the leprosy settlement would not function. Unfortunately, the letter stated that this was happening when considerable progress was made in using sulphone to treat the disease.

From his analysis, the doctors had stopped administering treatment for one week because of the silent protest. When the efforts of the senior leprologist or superintendent and other officials at the colony proved abortive, the Resident Officer of Onitsha visited the colony himself with some district officers from Awgu and Awka to help pacify the patients. They warned the patients that their non-cooperation would attract consequences while reminding them of the premise upon which they were admitted into the colony: to obey at all costs and work in exchange for treatment. That morning of November 9, 1950, the Resident Officer assembled the entire patients with the ringleaders—these were patient-laborers who oversaw some wings in the settlements—and read to them their decision to continue serving the punishment until when the superintendent decided to forgive them.

¹⁵⁵ NAE. No. 3134/376.

¹⁵⁶ Ibid.

The patients were infuriated with the visit. Before the resident officers could deliver their admonitions and warnings, there was raucous pandemonium and anger in the assembly. The ringleaders moved swiftly, organized their wing members, and started to demonstrate against the refusal of the authorities to listen to their petitions. The demonstration engulfed the district officers, who could not arrest the situation. About half a mile from Enugu to Onitsha highway, Oji River Leprosy Center swarmed with demonstrating patients within ten minutes. In total, about one hundred and twenty patients stormed the road. November 9, 1950, became the first time that the peaceful leprosy work in Southeastern Nigeria was threatened.¹⁵⁷ The following day after the protest, the superintendent expelled six ringleaders as a penalty for their recalcitrant behavior. However, these four leaders refused to depart the settlement; instead, they hired a barrister to advocate their case. Soliciting the advice of a barrister was also observable in how the Ibeku people defended their petition against the colonial government. In his letter to all the district, the Onitsha resident officers, informed them that if these leaders continued this case, the center might be forced to close. For once, in Southeastern Nigeria, the colonial government came close to shutting down a leprosy center because of the asymmetric relationship between the patients and the administrators. However, the trepidation that swept through the settlement informed the colonial government that their powers were not absolute—that they needed to re-evaluate their relationship with the patients if they wanted cooperation. Compared to other demonstrations against the colonial government in the postwar period, this is one of those protests that is neither massive nor produced noticeable results but representative of the endogenous reaction to different facets of colonial domination.

¹⁵⁷ No. 3134/376. 1-2.

Conclusion

As observed from this chapter, leprosy patients in Eastern Nigeria were not passive to colonial rule. They challenged the powers of the colonial government in similar ways that the healthy population rose to question some colonial policies. Because the effectiveness of the leprosy eradication policy depended on their cooperation in many dimensions, they held power to sway the policy out of favor. As stated in chapter one, the segregation of leprosy sufferers was not new in Southeastern Nigeria—as the afflicted were banished from the healthy population for socio-cultural and spiritual reasons—they, however, understood that for them to maximize the opportunity that Western biomedicine offered in the 1950s, especially the hope of partial integration into the society and being cured, they need to fight for the drugs. The body of leprosy sufferers became a site for battle injustice and not only a body subjected to Western medicine or used to emblemize Western biomedical success. As relevant letters demonstrated, leprosy sufferers used the conditions of their bodies as weapons to resist colonial imposition—the same body that the colonial administration thought was fragile to articulate resistance. Indeed, if a body can be made to produce, as the leprosy sufferers demonstrated, it can also be counterproductive or refuse to produce. No matter the frailty and despicability of leprosy sufferers, they shaped their experiences as objects and subjects of history.

A close look at the approach adopted by the superintendents in handling the letters of petitions in Uzuakoli in 1942 and Oji-River in 1950 proves to change the attitude toward patients in settlements. In 1942, when patients in the Uzuakoli leprosy center petitioned the center, Davey posited that the patients in the settlement were not supposed to grumble because they enjoyed other benefits, including kindness from Europeans and considerable allowance for their upkeep, beyond the ineffective *Hydnocarpus* oil. Davey had contemplated expelling these protesters not

because they would miss being cured but just as a warning to others. But even such action will jeopardize the entire leprosy program as a symptomatic patient will continue to spread the disease. Moreover, denying patients their treatments was also not an option during the 1940s because there was no curable therapy for leprosy; what was efficacious was the preventive policy. In sharp contrast, during the 1950s, when progress was made in the production of curable drugs, the attitude of the colonial government changed. With their newly acquired power, the superintendents wanted total control of leprosy sufferers, and withdrawing treatments and expulsion became the most effective penalty. But leprosy sufferers resisted and renegotiated their living conditions like the healthy population.

CHAPTER THREE

CROSSROADS: LEPROSY DISEASE AND IGBO CULTURAL WORLDVIEW IN COLONIAL SOUTHEASTERN NIGERIA

Among the Igbo of Southeastern Nigeria, the nature of leprosy disease did not conform to their cosmic ideas about the cycle of life, death, and afterlife. Coupled with its incurable nature in the precolonial times, the disfigurement of the body and skin meant that leprosy sufferers were physically and spiritually condemned to death because they could not adequately fit into the Igbo cosmology.¹⁵⁸ The colonial period marked a decisive moment in the history of Igboland not only because of the socio-economic and political transformation that swept through the region and many other parts of Nigeria but because of the ideological tensions that it inspired between the colonists and the colonizers. British colonialism, with its attendant administrative vehicle of the indirect rule system – which only became consolidated in the 1920s – disrupted the socio-cultural structures of Igbo society. It was in many ways a strong agent of change.

In the colonial period, Southeastern Nigeria became the epicenter of the British Empire's battle against leprosy disease in West Africa from the 1920s through the 1950s. Although leprosy remained prevalent in the precolonial and colonial Igbo society, the ideas of the disease have not been analyzed in relation to Igbo cosmology and cultural worldview—to understand

¹⁵⁸ This was not only peculiar to Eastern Nigeria, in China there was a lot of superstition that surrounded the disease. The most prominent idea suggests that leprosy was a retribution for sins, particularly sexual immorality. In Medieval China, it is suggested that the afflicted should practice abstinence as the only way to save their soul from damnation. Similar ideas were also obtainable in Medieval Europe, and Judaism. For more on ideas of leprosy in China, see Ki Che. *A Cursed but Redeemable Body*.

why colonial, Eurocentric, and Judeo-Christian missionary ideas— did not radically transform. the already existing knowledge system about the disease in Igboland.¹⁵⁹ In this chapter, I examine the continuity and changes on Igbo people’s ideas on leprosy through the exploration of Igbo cosmology and its relationship with Christian and colonial ideas about disease.¹⁶⁰ The first section examines the meanings of leprosy disease in Igbo worldview while the second part discusses the transitions on the ideas and meanings of the disease in the colonial period. This chapter shows the changes in the socio-cultural knowledge of leprosy disease in the colonial period. It argues that the imaginations about leprosy in precolonial Igboland revealed a shocking similarity between the later Judeo-Christian identity and perception of leprosy that dominated the area during colonialism. For this reason, there was no radical change in the way Igbo people imagined leprosy disease; such transformation only took place among leprosy sufferers themselves, as curative therapy offered more promise for healing their bodies in the 1950s.

Theorizing Leprosy Disease in Igbo Cultural Worldview, and Cosmology

The origin of leprosy disease in precolonial Igboland remains unknown. However, of all the diseases that the Igbo people suffered before the colonial period, leprosy attracted the most stigmatization because of its nature, which Igbo people considered as incompatible with their anthropocentric worldviews. In the absence of biomedical treatment of leprosy disease, the Igbo worldviews and cosmology dictated how they responded to the disease. According to Ogbu U. Kalu, and C.H. Kraft, worldview could be understood to mean a set of precepts through which

¹⁵⁹ See Orji. *Transformations in Igbo Cosmology during Slavery*; Meek. *Law and Authority in a Nigerian Tribe*; Anigbo. *The Igbo Idea of Death*; Aguwa. *Taboos and Purification of Ritual Pollutions*; Metuh. *Ritual Dirt and Purification Rites*; Nwoye. *Igbo Cultural and Religious Worldview*; Kalu. *Precarious Vision*; Kalu. *Gods, Oracles and Divination*.

¹⁶⁰ In China, Ki Che extensively historicized the ideas and meaning of leprosy disease under different epochs of Chinese history. In northern Nigeria, Ailon Shiloh explored the interaction between Hausa precolonial healing systems of leprosy disease and western biomedicine. See Shiloh, Ailon. “A Case Study of Disease and Culture in Action: Leprosy Among the Hausa of Northern Nigeria.” *Human Organization* 24, no. 2 (1965): 140–47.

people rationalized their existence, their collective experiences and the cosmic power of the universe.¹⁶¹ It is through these rationalizations that they explained the causes of misfortune, illness, diseases, death, and unforeseen circumstances such as bad weather conditions, strange happenings and perennial problems.¹⁶² Considering what worldviews allow us to understand about diseases, it is important to analyze leprosy disease within the contours and structures of Igbo cultural worldviews. By embracing the approach that stresses the Igbo worldview, the analysis that follows indicates that the precolonial Igbo societies tied the origins of leprosy disease to the supernatural, that the Igbo people believed that leprosy could not function as a pathological illness or that it could not be cured, and that for their security and protection, Igbo societies condemned leprosy sufferers to the ‘bad bush.’

The spirituality of Igbo people contributed to the body of knowledge that they developed around leprosy disease in the precolonial period. For the Igbo people, religion was at the epicenter of their intellectualization and therefore it had a direct implication on how they imagined misfortunes and afflictions.¹⁶³ In Igbo religion, the idea of the universe consisted of the physical and the spiritual where those in both spaces interacted with each other in a form of dualism.¹⁶⁴ Any interruption in this dual coexistence destabilized the equilibrium of the universe leading to mayhem, and misfortune in the physical realm. As a result, the maintenance of equilibrium remained the most paramount obligation of man for the propagation of life.¹⁶⁵ Life was participatory for the Igbo whereby the living had to offer prayers and invocations to his personal “chi and Chukwu”(personal god and Supreme God) in order to maintain balance and

¹⁶¹ See Kalu. *Precarious Vision*, 42, C.H Kraft. Christianity in Culture: A Study of Dynamic Biblical Theologizing in Cross-Cultural Perspective. (London: Longman Press, 1972).

¹⁶² Nwoye. *Igbo Cultural and Religious Worldview*, 306-307.

¹⁶³ Orji. *Transformations in Igbo Cosmology*, 24-25.

¹⁶⁴ Ubah. *Religious Change*, 72.

¹⁶⁵ Nwoye. *Igbo Cultural Worldview*, 307-309.

unity in the universe.¹⁶⁶ In Igbo cosmology, the spiritual and cosmic world often impinge on the activities of humans in the terrestrial dimension of life. And their encroachment on the affairs of humans did not imply that they were at the center of the universe; the implication of their involvement in the quotidian experiences of humans was part of the process of the circles of nature. Human life was the nucleus of the “traditional Igbo cosmic structure.”¹⁶⁷ Although life was conceived as a treasured gift from God, humans had the power and responsibility to foster its advancement and permanence. Therefore, the Igbo views of life in the traditional setting were highly anthropocentric.¹⁶⁸

In Igbo societies, to achieve harmony and unity between the universe and the Supreme Being through the deities and personal "chi", maintaining a high degree of morality remained paramount. These thoughts about the universe meant that any violation of the excellent relationship with all these personalities attracted grave punishment from the universe. Specifically, anybody that compromised the moral codes in the Igbo worldview offended the land/earth (Ani/Ala) and such acts were often regarded as abominations (Alu).¹⁶⁹ Anyone afflicted with the plight of leprosy disease fitted into this category of morally depraved individuals who distorted the equilibrium of the universe. For going against the land, the leprosy sufferers were thought to have breached the coexistence of the universe. In Igbo society, the earth was accepted as the most powerful and significant because “it made things, nurtured life and consumed them...the two opposite ends-life-and death it unites.”¹⁷⁰ Leprosy sufferers were largely perceived as people who broke the moral code of the land-the earth goddess-which was

¹⁶⁶ E. E. Uzukwu. "Igbo World and Ultimate Reality and Meaning." *Ultimate Reality and Meaning* 5, no. 3 (1982): 201.

¹⁶⁷ Ibid, 207.

¹⁶⁸ Ibid.

¹⁶⁹ Ugwuoke Chinenye. Interview.

¹⁷⁰ Aguwa. *Taboo and Purification*, 540.

by far the most powerful deity in Igboland because the people thought it possessed greater powers in the affairs of life. Partly for being cursed by the most powerful deity, leprosy was considered dreadful. The dreadfulness of the disease informed the proverbial caution that “Ekwe Onye Ekpenta n’aka, ibi oma aguba ya.”¹⁷¹

Because the Igbo worldview explains the origins of leprosy by the activities of Ani/Ala and given that the Igbo’s expressions and thoughts about the disease revolved around evil, wickedness, and wrong standing with the gods or laws of the land, it is not surprising that the disease was associated with bad omen. This association of leprosy with bad omen led to the ostracization of sufferers. Moreover, the thinking of the Igbo people, in the absence of scientific and clinical understanding of the causative agent of the disease, that leprosy could not function as a pathological illness or that it could not be cured partly explains why those associated with the disease were condemned for the entirety of their remaining days on earth in acute ostracism, resentment, dejection, and scorn. Given that leprosy disease in precolonial Igbo land was based on the people’s ideas about life, those that were afflicted with the disease were seen as anathema to the idea of life. Igbo people thought that those that contracted the disease violated the basic tenets of their worldview on the idea that the augmentation of life was the most essential duty of man.

Unsurprisingly, in Igbo societies, leprosy sufferers could not engage in meaningful economic activities because of their deformities. Their inability to engage in productive economic activities, in turn, made it impossible for many adult sufferers to provide for the material needs of their families. However, to provide for themselves, they could threaten to

¹⁷¹ Eze E. Isaac. 69 years, Retired Civil Servant. Interviewed at Ezimo, Enugu State, December 22, 2021. This proverb is used to warn people to exercise caution. It literally means that if a leper is offered a handshake, he will want a hug, which relates to the western idiom of give an inch and they will take a mile.

approach the healthy population, or touch any property in the compound. Nobody wanted to be associated with the property of the afflicted. As soon as anyone is confirmed to be with the disease, his domestic properties automatically become uninheritable. Because anything leprosy sufferers touched became theirs, they might use that to their advantage when hungry or desperate to have something.¹⁷² These notorious leprosy sufferers were often those sent to the ‘bad bush.’¹⁷³

By nature, leprosy deprived its sufferers of their hands, feet, and in extreme occasions their sight, which were all necessary for providing food, shelter, and other materials necessary for living. Without cure for the disease, those that suffered from it in precolonial Igboland often lived until they became disabled, and mentally strained. It was even worse when one got afflicted at the pinnacle of his/her youth. Not only could they not accumulate the material means that the land provided (the earth goddess provided), they could not also marry and have children who would perform the burial ritual when they died and usher them into the world of the ancestors, where the revolution of life was imagined to be completed.¹⁷⁴ Therefore, getting afflicted with leprosy was perceived as tantamount to the termination of a person’s physical and spiritual existence.¹⁷⁵ According to Isiani Alexander, the Igbo people equated those suffering from leprosy to the dead, without proper burial rites in the physical world, even though they were alive.¹⁷⁶ Because of such established thoughts about life and what leprosy represented, women whose husbands suffered from the disease were permitted to remarry in order to continue the

¹⁷² Ubah. *Hope for the Despondent*, 52-53.

¹⁷³ Eze, Interview.

¹⁷⁴ Romanus Eze, 76 years old, interviewed at Oji-River Leprosy Center, Enugu State in February 2020.

¹⁷⁵ Isiani Alexander. 67 Years, Retired Banker who resides in Onitsha. Phone Conversation on December 15, 2020.

¹⁷⁶ Ibid.

fulfillment of replenishing the earth.¹⁷⁷ In an interview with Eze Isaac, he posited that on many occasions, the dilemma of a leprosy sufferer could be summed up in the following word:

Ndi Ekpenta (leprosy sufferers) in most cases preferred that the gods struck them dead rather than live with such despicable conditions. This was why many of them committed suicide in olden days. Before society even stigmatized them, they also had the idea of what had befallen them and some of them will choose to die and hope that they get lucky in their next world rather than live at the mercy of others. Their chi (personal god) has not been good to them in this life and there was no need to remain on earth if they cannot contribute to life. This was why my father's only brother killed himself.¹⁷⁸

It was this rationalization and imagination that negated the ideas of life in the Igbo worldview that informed the sending of leprosy sufferers to evil forests or wilderness where they were meant to stay away from the communion of the living. Incurable diseases like leprosy were interpreted to attract malevolent spirits.¹⁷⁹ Keeping leprosy sufferers away from the boundaries of human habitation that supported life maintained the balance in the cosmic, spiritual, and universal realms. Usually before the planting season, women performed “ichu aja” ritual (ritual sacrifice) to keep death, epidemics, and misfortunes away from the land. For this ritual, the women gathered in the village square at the middle of the night with some items where death, epidemics or misfortune would have hidden all year long and disposed of them in the evil forest with the belief to have cleansed the land.¹⁸⁰ It is notable that in addition to sending leprosy sufferers to the bad bush as a means to cleanse the land and to restore life, the Igbo people

¹⁷⁷ Uche U. Okonkwo. "Not Every Extramarital Sex Is Adultery: An Ethno-Historical Survey of The Igbo of Southeastern Nigeria." *Trames* 23, no. 1 (2019): 45.

¹⁷⁸ Eze. Interview.

¹⁷⁹ Uzukwu. *Igbo World and Ultimate Reality and Meaning*, 194.

¹⁸⁰ Anigbo. *The Igbo Idea of Death*, 518.

disposed leprosy sufferers in these places as a means of either checking the spread of the disease or of defeating it.

Though leprosy sufferers were not confined in the bad bush to literally die, they likely stayed and died in forbidden or secluded territories without ever receiving a befitting burial that would turn them to ancestors in the afterlife. The only time that people are allowed to mourn a leprosy sufferer is after he has been confirmed with the disease.¹⁸¹ This is why the Igbo, imagined those who suffered leprosy disease and other forms of epidemic diseases as dead even though they may be living.¹⁸² This was because for the Igbo, the idea of death was not just the inability to breathe.¹⁸³ It was a totality of not having the capability to advance life and complete the cycle to become an ancestor. Some family members fed them in these asylums, ringing a bell before arrival to signal the presence of a human so that the gods would protect them against the evil spirits.¹⁸⁴ In Igbo land, evil spirits that wreaked havoc on human life lived in these forests and because the presence of a leprosy sufferer was thought to attract those spirits among the living, and perpetrate misfortune, it was inevitable for leprosy sufferers to be ostracized in society. These bad bushes were also where they buried wicked and evil people in the society who had denigrated or polluted the land.¹⁸⁵ Indeed, when dead, leprosy sufferers were also thrown into the bad bush, where vultures or hyenas fed on their corpse. In some localities in Imo state, they were thrown into the bad river. Whether discarding leprosy sufferers to bad bush or bad river, the Igbo people used these mediums to cleanse the land of the contaminations orchestrated by leprosy disease in their society.¹⁸⁶ The confinement of leprosy sufferers in the same

¹⁸¹ Ubah. *Hope for the Despondent*, 52.

¹⁸² Anigbo. *The Igbo Idea of Death*, 517.

¹⁸³ Ibid.

¹⁸⁴ Eze. Interview.

¹⁸⁵ Romanus. Interview.

¹⁸⁶ Ubah. *Hope for the Despondent*, 51-52.

sanatorium where the bodies of evil persons in society were discarded confirms the imaginary relationship Igbo people shared with leprosy sufferers in precolonial times.

Apart from its role as the home of the earth goddesses, the land inhibited the ancestors— because that was where the dead patriarchs were buried— who were one of the agents that participated in the stabilization of the universe. Igbo people thought that life was a continuum and for one to complete the cycle of life in its absoluteness, becoming an ancestor was the final goal. The earth was the abode of these ancestors, and any morally repugnant offense was not just against the earth goddess but against the ancestors as well. Ancestors were the dead patriarchs of the family or community at large, who received full burial rites in the land of the living, undertaken by their children. A person who was not buried with the right burial rituals and traditional performance and ceremonies were not admissible in the land of the ancestors even when they became qualified by the virtue of their death and had transitioned from the physical realm to the spiritual realm.¹⁸⁷

A disease such as leprosy was imagined as a resultant outplay of a person's wrong standing with the ancestors. On the other hand, the person could not become an ancestor after his unceremonious transit in the afterlife because they could not admit someone who failed to maintain his relationship with the land. Communities that banished leprosy sufferers to evil forests automatically stripped them of becoming ancestors after their demise. Allowing a leprosy sufferer to remain among the land of the living was thought to upset the balance of the universe. In a worldview that strived for balance in all the realm, accommodating leprosy sufferers in the community was thought to invite the evil spirits into the world of the living to cause disasters

¹⁸⁷ Eze. Interview.

and perpetrate misfortune. Keeping such people who were thought to have defiled the land could pollute other people in the land.¹⁸⁸ Apart from the presence of a leprosy sufferer standing as a great impediment for the progression of life, Igbo people thought that allowing a person afflicted with leprosy in their midst would enrage the gods to allow the evil spirit to afflict everyone in the community. For their security and protection, they thought that the goal was to keep them out of the community. Through this mechanism, they maintained the balance in the universe.

The Transitions of Ideas of Leprosy Disease in Colonial Igboland

Igbo people's response to modernity was always to accommodate what they perceived was good, but at the same time retained many features of what had existed before colonial rule. As stated above, the colonial period marked a decisive moment in the history of Igboland not only because of the socio-economic and political transformation that swept through the region and many other parts of Nigeria but because of the ideological tensions that it inspired between the colonists and the colonizers. Ubah noted that the tolerance of the Igbo ensured that Christianity received laudable acceptance despite its recent history but that did not imply "intensive Christianization."¹⁸⁹ The dilemmas during colonialism settled in crossroads where both the western ideology and traditional worldviews intersected. It is not decipherable, a time of sharp break from existing ontological beliefs, and thoughts of the people, however, both remained in this junction where they functioned individually and collectively.

The Igbo society during the colonial period was a complex one. The colonial medical empire was dominated by missionaries who combined their religiosity and medical expertise in administering health measures. Incapable of funding the rural health care projects in many

¹⁸⁸ Metu. *Ritual Dirt*, 10.

¹⁸⁹ Ubah. *Religious Change*, 80, 71.

extensions of the British Empire in the early twentieth century, the British government relied on the Native Authority funding to establish the colonial medical service.¹⁹⁰ In the early period of colonial consolidation, the health care administration rested on the shoulders of missionaries who saw that as the opportunity to proselytize as well as heal the sick.¹⁹¹ Leprosy, a disease well known to the Europeans, presented the most fertile ground to serve in this capacity.

The Judeo-Christian interpretation of leprosy disease in the early twentieth century in the British Empire did not significantly change the perception of leprosy as it had existed in the precolonial Igbo society. Stigmatization, and ostracism propounded by European missionaries were internalized by Africans medical trainees. Stories of how the Europeans used strict segregation laws to exterminate leprosy from their society were circulated by these native Africans recruited to work as medical assistants to these missionaries in the British Empire.¹⁹² For Igbo people, before the discovery of the effective cure for leprosy, there was no difference in this approach and the way that they had previously imagined the leprosy sufferers in their midst. The instruction given by the book of Leviticus to “expel the leper in the camp,”¹⁹³ signified corroboration of the ideas the Igbo had concerning leprosy disease and the meaning that it elicited in Christian tradition. Consequently, the thoughts, beliefs, and cultural traditions of the Igbo people on leprosy disease remained synonymous with western ideas. This limited the impact of western ideas about leprosy disease during the early periods of colonial rule in Southeastern Nigeria.

¹⁹⁰ In his visit to Nigeria, Muir, recommended that the Native Authority should fund the leprosy eradication project and the British government accepted it due to many factors primarily because of lack of funds. See, Muir. *Leprosy Control*.

¹⁹¹ Vaughan. *Curing their Illness*, 77-78.

¹⁹² Sheldon Watts. *Epidemics and History*. (Yale: Yale University Press, 1997): 72.

¹⁹³ Ibid.

These seeming connections and continuity in the worldviews of these divergent groups of people ensured that the ideas that Igbo people had about leprosy disease did not sharply transition. The people continued to think about leprosy as a disease that was a misnomer in the society. In popular Christian discourse, Africans who suffered from leprosy disease were “damned and save, ragged and dusty.”¹⁹⁴ The biblical imagery of leprosy disease suggested that even though they were saved, the need to resettle and separate them in a colony where they would not have contact with the rest of the society remained resolute. In these leprosy centers, missionaries saw an opportunity to establish a pristine Christian community that was expunged from those features of African society that were an impediment for the development of Christianity.¹⁹⁵ According to Chukwuemeka Nnadi:

Leprosy sufferers were still called uncleaned just the way that the Igbo society had referred to them. In those “leper” colonies at initial time, the herbs that the missionaries provided did little to cure the disease and as a result there was no evidence to really show the message of hope which Christianity preached. However, many people would prefer that their family members were sent to these leprosy centers than in evil forests. Many would drop them off in these centers at the middle of the night to avoid the society from knowing that there was a leprosy sufferer in their family.¹⁹⁶

In many parts of Igbo land however, the people always gave the missionaries these evil forests to establish their churches and other outposts.¹⁹⁷ This explains why it was not difficult for the Igbo people to sort out leprosy sufferers in their midst or to send leprosy sufferers to these

¹⁹⁴ Vaughan, *Curing their Illness*, 79.

¹⁹⁵ Ibid.

¹⁹⁶ Chukwuemeka Nnadi, 63 years, Medical Doctor. Interviewed at Orba Road Nsukka, Enugu State on March 3, 2021.

¹⁹⁷ Ubah, *Religious Change*, 77.

isolation centers which in most cases were built on evil forest or bad bush.¹⁹⁸ Central to the western ideas of leprosy disease by the missionaries was the perception that regarded societies that segregated leprosy sufferers as “civilized” and those that defied this rule in primordiality as “barbaric.”¹⁹⁹ However, in Igboland, leprosy sufferers were segregated in precolonial times, therefore, there was nothing new that the missionaries could introduce in the thought process of this society about the disease except from the message of hope, yet to be proven in an era before effective treatment.²⁰⁰ This demonstrates that the power to change the imaginations of leprosy disease was hugely limited. While the missionaries thought that the granting of land to establish leprosy centers proves that there was change happening, most people perceived this as a continuity.²⁰¹ As discussed above, some communities even collaborated with the missionaries in establishing leprosy settlements in their communities.

In medieval Europe, the catholic church eradicated leprosy sufferers from the society through a special ritualistic ceremony that symbolized the life burial of a leprosy sufferer. Michael described the process as follows:

Clergy men sometimes held a "Leper Mass" in a cemetery, next to an open grave in which stood a leper. During the ceremony, the priest threw dirt upon the head of the leper before declaring: "Be dead to the world, be reborn to God." Later, the priest read prohibitions explicitly barring lepers from the church and other public buildings and places. A procession then led the leper to a hut outside of the village.²⁰²

¹⁹⁸ Nnadi, 63 years, Medical Doctor, March 3, 2021.

¹⁹⁹ Vaughan. *Curing their Illness*, 81.

²⁰⁰ World Health Organization. Leprosy (Hansen's disease).

²⁰¹ Group interview, conducted by the author with leprosy sufferers in Oji River Leprosy center, July 2022.

²⁰² Michael Mizell-Nelson. "Treated as Lepers: The Patient-Led Reform Movement at the National Leprosarium, 1931-1946." *Louisiana History: The Journal of the Louisiana Historical Association* 44, no. 3 (2003): 304.

Similarly, in the early missionary settlements, the leprosy sufferer was considered a dead person just as in the Medieval period. As indicated above, in the precolonial era, those dragonized of the disease were mourned before they were secluded from the healthy population. This seeming convergence between the imagination of leprosy by these two geographically disparate worldviews in different religions ensured that the ideas of the disease remained uncontested in Igboland despite the encroachment of a new religion. As discussed above, the Igbo people imagined leprosy sufferers as dead due to their inability to participate in the multiplication of life on earth, among so many other reasons.

Thoughts about leprosy within the context of Igbo worldview and the new Christian religion were similar in several aspects, especially with regards to the Old Testament of the Bible. Compared to the Igbo traditional worldview, the new religion in the book of Leviticus referred to those living with the disease as “unclean,” “poor,” and “immoral.”²⁰³ The Old Testament did not have hope for those living with leprosy, just like in Igbo land. However, the ways leprosy sufferers thought about themselves began to change gradually. The powerful transformational message that must have triggered a change in the ideas and imagination of the people towards leprosy materialized in Luke’s story of Jesus healing the “lepers.”

Christian missionaries imagined those with the disease as both “damned and saved.”²⁰⁴ Having thought of themselves as people who had been destined to die because they could not participate in the propagation of life, leprosy sufferers horribly thought about their situation in precolonial Igboland, particularly about the afterlife. The Christian religion offered for the first time the hope of finding meaning and rediscovering themselves even in their seeming

²⁰³ The description of the condition and status of a ‘leper’ in the Bible can be found in the book of Leviticus chapter 14.

²⁰⁴ Vaughan. *Curing their Illness*, 81.

hopelessness in the story of the salvation that Jesus brought. The symbolism of leprosy in the Christian tradition played an important role in transforming the African views of the disease and in defining the “identity of the leper.” Leprosy provided the Christian community the opportunity to expunge those impediments to the development of Christianity.²⁰⁵

In Igbo land, leprosy sufferers embraced the Christian message of hope faster and quicker than a full citizen of the land just the way that the “Osu”²⁰⁶ had embraced the western civilization which offered them a new identity. Leprosy sufferers accepted the liberation message because it helped them to rethink themselves and their situation. This was because in the 1920s when leprosy sufferers began to flock around the hospitals for treatment, the cure for leprosy was not yet discovered. The leprosy colonies were established to cater for the spiritual needs of the rejected, reinvent their identity and help them rediscover meaning in life.²⁰⁷ Salvation messages and ideas of heaven where one would not receive judgment based on any skin infection marked an important departure from the way in which the Igbo society had imagined leprosy sufferers. The new idea of a possible place that leprosy sufferers could end up after their death did not imply an intensive ideological shift in the Igbo society. Igbo society was mainly accommodating and not transformative. A person previously diagnosed of leprosy disease could not entirely reintegrate back into society. Death was the only thing that could bring the person back to society if the children had the means to perform the burial rite required.²⁰⁸

In Igbo cosmology, those that contracted the disease were imagined as useless to life-the center of the universe. Their end was determined in no place of comfort as they could not

²⁰⁵ Ibid, 79.

²⁰⁶ “Osu” are ritual slaves in Igbo land dedicated to an oracle and ostracized from the rest of the community.

²⁰⁷ Watts. *Epidemics and History*, 72.

²⁰⁸ Group Interview with more twenty leprosy sufferers in Oji River, aged above 70 years.

become ancestors nor enter the spiritual dimension as others in the society. In the colonies, leprosy sufferers created a world for themselves that gave them the opportunity to reimagine and reinvent themselves. Ikoli Harcourt Whyte and his famous choir left indelible trails in the sands of time which helped to reshape to a great extent the place of leprosy in Igbo worldview. Ikoli composed early Christian hymns in Igbo language and traveled the entire land with his choir entertaining the audience with their songs. The mission churches used him as a symbol of hope and an example of the transformation that was possible in Christianity and colonial medicine. Ikoli and so many others who recovered from the colonies after the discovery of the effective multi-drug therapy in the 1950s helped to reshape the ideas of leprosy among the Igbo.²⁰⁹

Partly motivated by the idea of “imperial danger,” which feared that if leprosy was not prevented in the tropical world, it would find its way back to Europe,²¹⁰ Christian missionaries worked hard to curb contagion with infected populations. Yet, the lack of curative treatment for leprosy limited their efforts for a significant part of the colonial era. Before an effective treatment for leprosy disease was developed, the discovery of the cure for yaws, a similar skin disease like leprosy, marked a milestone in the social engineering of both the leprosy sufferers and the wider society. The news swirled to all parts of Igboland and for the first time, members of Igbo society began to imagine that perhaps leprosy sufferers had a chance in the universal cycle of living.²¹¹ Despite the preaching of hope for the leprosy sufferers, the Igbo people, as with many other African peoples, did not believe in the ability of the western medicine to miraculously heal the unknown diseases in their midst, especially leprosy, which defied human

²⁰⁹ Kanu Achinivu. *Ikoli Harcourt Whyte, the Man and his Music: A Case of Musical Acculturation in Nigeria*. Vol. 1. Verlag der Musikalienhandlung Wagner, 1979. The story of Ikoli Harcouth Whyte was so popular that the famous Nigerian dramatist, Ola Rotimi adapted his life in the theater. See Ola Rotimi. *Hopes of the Living Dead: A Drama of Struggle*. (Spectrum Books Limited, 1988).

²¹⁰ Watts, *Dark Hidden Meanings*, 40.

²¹¹ Macdonald. *In His Name*, 93.

explanation in their imagination. Stories of how the people deserted the hospital when the colonial medical doctors could not heal them as quickly as they imagined were replete in the medical discourse. However, the use of novoarsenbenzyl injection to successfully cure yaws in the shortest time possible gave a great boost to the “white man’s medicine.”²¹² The effect of this injection on the entire society was dramatic. With the use of this injection:

The Itu hospital swirl jumped from 4,698 in 1925 to 30,061 in 1928; Uburu’s went from 4,963 in 1924 to 60,401 in 1928. Over a single weekend Hasting gave over 6000 injections. On tour, Macdonald was giving a thousand a day and could have given more if his thumb had not given out...the magical aura that came to surround injections are (were) suggestive of a breakthrough. And as it turned out, the yaws campaign came at almost the same time as the first significant progress against leprosy.²¹³

People regarded the yaws injection as a miracle, and many leprosy sufferers who came to the hospital wanted to get injected. The cure for yaws not only changed the people’s beliefs on the efficacy of western medicine, but it also caused them to reimagine the situations of those that had intractable diseases in their midst like leprosy. If they could be cured, and their bodies restored, it implied that they could participate meaningfully to the augmentation of life.

However, the successful treatment of yaws in the 1920s only attracted more people to the leprosy centers; it did not really impact people’s thought on leprosy. Despite the miracle of curing yaws, the persistence of finding a decisive cure for leprosy made Igbo people to continue imagining leprosy disease within the supernatural realm. During this period, chaulmoogra oil,

²¹² Ibid.

²¹³ Geoffrey Johnston. *Of God and Maxim Guns: Presbyterianism in Nigeria, 1846-1966*. Vol. 8. (Wilfrid Laurier University Press, 2006) 198.

extracted from the ancient hydnocarpus tree from India, was used to treat leprosy sufferers, but treatment was not effective until the 1940s, when dapsone was introduced. As such, even the expectation of those suffering from the disease did not change until the post-World War Two period when the credibility of western medical technology advanced unprecedentedly.

In the 1950s, leprosy colonies became more effective in dealing with leprosy disease in Nigeria. With improvement in the health conditions of the leprosy sufferers, they cultivated the land, and created another community of their own in the colonies, where they participated in the augmentation of life. As occurred in the precolonial period, when leprosy sufferers were sent to the bad bush, families became more willing to send the afflicted among them to these leprosaria. For one thing, they preferred to support them in these environments where they could not only survive but build a community, and a family. They also married among themselves and had children. However, these changes did not correspond to radical ideological changes on leprosy as a disease. Igbo people minimized their contact with leprosy sufferers who now found new homes in these leprosy settlements. Similar to the precolonial period, they refused to accommodate them even when they were healed, explaining why many recovered patients remained in settlements. Most of the Igbo people preferred that leprosy sufferers stayed in these separate communities, as in the precolonial period, instead of reintegrating them back into society. The new religion introduced the leprosy sufferers in Igboland to another cycle of life different from what was obtainable in the Igbo society. Most people who accepted Christianity in Igboland continued to practice their traditional religion. For leprosy sufferers, who already could not participate in the Igbo cycle of life, Christianity offered another place to go after death.

Conclusion

The crux of this chapter has been to situate leprosy disease in the worldviews of Igbo people from the precolonial period to the colonial period. Imaginations about leprosy in precolonial Igboland revealed a shocking similarity between the later Judeo-Christian identity and perception of leprosy that dominated the area during colonialism. The use of medical dapsone as a treatment for the disease proved effective, bolstering profound catalyst that impacted internal imaginations and perception of leprosy disease. Once the leprosy sufferers began to show signs of recovery from the disease, society accommodated some western ideas about the disease, but it did not lead to total acceptance of the sufferers. As C.N Ubah had noted, the introduction and acceptance of Christian religion by the Igbo during the colonial period did not dissuade them from practicing their traditional religion. Because the cure of leprosy disease went hand in hand with the establishment of Christian faith in Igboland, the ideas in which the people had about the new faith affected how they thought about the disease.

At the present, an old leper who was interviewed at Oji River Leprosy Center in Enugu, Nigeria noted that although he is allowed to preside over the meeting of his kinsmen as the oldest person in the family group, he would not travel back home despite having recovered. He could only visit intermittently mainly during festive seasons. In his view, during the over sixty-five years he has lived in the colony, little had changed in the way that the wider society perceive leprosy even though they accommodate him in some ways. And this was why they preferred to stay and eke out a living in the leprosy colony rather than integrating back into the society.²¹⁴ Just like how many people keep their distance from the “Osu” in Igboland, people keep their

²¹⁴ Romanus. Interviewed at Oji River.

distance from the person and families that had been confirmed with a leprosy sufferer. The ideas of leprosy sufferers formed in the precolonial period have continued to dominate the minds of the people even though they have been accommodated in churches and some social functions. In some ways, the colonial idea of segregating leprosy sufferers even reinforced the ideas of the Igbo about the disease, and this explains why many leprosy sufferers would prefer to die in the segregated camps than join the outside world. If there was a revolutionary change in the imaginations of leprosy disease in Igboland, the chronic ostracization would not remain visible in the society today. It is worse to the extent that even a recovered leper could not engage in meaningful economic activities outside the leprosy camp as people would not patronize them. What had happened in the colonial period was in many ways was an “adaptation and accommodation”²¹⁵ of ideas of the disease just with the Christian faith.

²¹⁵ Ubah. *Religious Change*, 71.

GENERAL CONCLUSION

The control of leprosy disease was one of the major episodes of colonialism in Nigeria. At a time when European medicine was finding its way into the interior of Africa, leprosy disease presented the best opportunity for experimenting with European biomedical ideologies and praxis in a way that, it was hoped, would further entrench the superiority of Western therapeutic procedures against traditional medicine. In the 1920s, several reports informed the colonial government of the existence and prevalence of leprosy in Nigeria, but they were often ignored because of its low mortality rate. The government attitude accounted for the reasons why Christian missionaries dominated the sphere of leprosy control until the late 1930s. Consequently, Christian missionaries saw it as an opportunity to consolidate their grounds, to spread their faith while using leprosy sufferers as a tool for God's work. This has made several scholars to characterize missionary medicine in binary lexis of saving body, saving soul. Many scholars have pointed out that these disjointed efforts of missionaries, coupled with the inability of the colonial government to provide the resources for confronting the problem of leprosy disease, resulted in ultimate failure.²¹⁶ The success of leprosy control therefore only became feasible in the postwar period.

However, this thesis is not concerned with how the missionaries, or how colonial government confronted the problem of leprosy in Nigeria. It has attempted to project the people of Southeastern Nigeria at the vanguard of leprosy control measures in Nigeria, but also

²¹⁶ Manton. *The Roman Catholic Mission*.

recognizes the role played by missionaries. Public health policies were always centered on the people and leprosy sufferers. Enormous evidence affirms that harmonizing the indigenous people was the only way that anti-leprosy campaign would triumph in the British Empire. In Southeastern Nigeria, the people engaged with these policies in varied way. Even as they encountered colonial medicine, techniques, and technology, they were not passive to them. Indeed, their actions and inactions dictated the rhythm and pace of the colonial government especially in Southeastern Nigeria where colonial rule was very unpopular. As demonstrated in Chapter one, the Igbo people of Southeastern Nigeria through the village councils, the smallest units of the Native Administration after 1932 when the Warrant Chief system was dismantled, responded heterogeneously, reflective of the complex relationship between the colonizers and colonized. It was not in every circumstance that their relationships were fraught, and exception exist even in such places characterized by violence during colonialism. To understand the engagement of Igbo people with the disease in colonial period, one must revert to the construction of leprosy disease in precolonial period and the mutation of ideas on the disease especially with Christianization in colonial period.

With regards to the healthy population, their ideas about leprosy disease did not sharply transit from ostracizing leprosy sufferers to accommodation. As chapter three demonstrated, their relationship with the colonial government demonstrates this ideological position. Where they offered assistance with setting-up segregation settlements, it provided them the best opportunity to finally expunge the afflicted among them as they had done during the precolonial era. The Igbo people mainly reacted negatively to the establishment of leprosy centers when they perceived threats that these leprosy settlements threatened their common resources like arable

farmlands, access to drinking water and proximity to healthy populations. As John Manton observed:

Underlying the stylised representation of anthropological rectitude and of the grateful reception of the leprosy village programme visible in the film and literary propaganda of Catholic missionary organisations was an intensely contested vision of the local significance of leprosy control. This vision was fought out and elaborated at the level of petitions, representations, and council debates, as well as over control of access to labour, land, and markets.²¹⁷

African notions, visions, and actions in negotiating how leprosy scheme operated in Southeastern Nigeria bemoaned the limitations and scope of missionaries and colonial government. Through correspondences, articulated through letters of petitions, council debates and reports, Igbo people brought their own ontological and epistemological crucibles into the administration of leprosy control. In Chapter one, I detailed the difficulties inherent in finding resolutions to a variety of demands surrounding the borders of administering leprosy disease in Southeastern Nigeria. It is evident from the series of correspondence analyzed in this thesis that “any attempt to deal with a range of issues raised must take into account the structure and hierarchy of medical and religious practice, and the various ways in which individuals and groups sought to negotiate their relations with one another.”²¹⁸

In contrast, for leprosy sufferers, the hope of living independently from the healthy population in segregation settlements may have ignited a radical change in their perception of themselves and place in the colonial society, especially after the Second World War. As I argued

²¹⁷ Manton. *The Roman Catholic Mission*, 248.

²¹⁸ Manton. *The Roman Catholic Mission*, 249.

in chapter two, leprosy sufferers took advantages of the sermons of being “saved” from damnation to life, according to Christian missionary messages to rekindle their lost imaginations of afterlife, and their material relations with Igbo culture. Despite that until 1950s, only preventive therapy could be offered to leprosy sufferers, they remained where they received better care than the outside society. Difficult relationship between leprosy sufferers and missionaries mushroomed during World War II and tacitly evolved from sufferers seeking minimal changes, to their radicalization in the 1950s when dapsone was introduced. The leprosy protest in Oji-River in 1956 attests to this development. From this vantage point of view, leprosy offers one of the best grounds for understanding how Christian and traditional ideology about a disease manifested and how different actors operated in their own ends.

Overall, in this thesis, I have tried to write the indigenous people, and leprosy sufferers into these complex intersections of events during the era of leprosy control in Southeastern Nigeria. In undertaking such task, one of the monumental challenges, particularly in the history of leprosy is “finding the voices of those yet largely unheard; the sufferers of the disease.”²¹⁹ This research has attempted to represent the voices of these category of people in this narrative. Locating these voices has inadvertently led to sieving out the broader implications of African initiative during colonial domination. I have employed these letters of petitions, correspondences, and official reports in recapturing the extent that colonial power operated in Southeastern Nigeria.

African engagement or reaction to colonial rule were not violent all the time, there were other means that they engaged the sovereignty of colonial regimes. African historiography on

²¹⁹ Inglis, Kerri A. *Ma'I Lepera: Disease and Displacement in Nineteenth Century Hawai'i*. (Honolulu: The University of Hawai'i Press, 2013): 6.

leprosy disease have often time celebrated the welfarism of European medicine, portrayed Africans as a burden salvaged by European medicine and technology, and represented as mere appendages of colonial biomedicine.²²⁰ Analysis tailored towards this trajectory omits the people who negotiated with European medicine and disease, most importantly as their cooperation was paramount in the success of anti-leprosy programs.

In the quest of recovering the voices of the people in anti-leprosy campaign in colonial Nigeria, future research may direct its focus on the roles played by nurses and leprosy inspectors. These workers mostly recovered leprosy patients featured prominently in many archival records. Similarly, this work did not establish how leprosy disease laid the foundation of Nigeria's modern public health institutions, which became more apparent as I surfed through the records.

²²⁰ See Vaughan. *Curing their Illness, Introduction*.

BIBLIOGRAPHY

BIBLIOGRAPHY AND FURTHER READINGS

Archival Materials

E. Muir. *Leprosy Control: A Manual for Teachers, Children, and Parents*. BERLA, London – England.

———*Leprosy in Nigeria: A report on Anti-Leprosy work in Nigeria with suggestions for its development*. Lagos: Government Printer, 1936.

Frank Oldrieve. Reports on the Leprosy Problem in Nigeria, 20 February 1926, CSO 26/3, File no. 20902, vol. 1, National Archives Ibadan, Laws of Nigeria, 1923, Cap. 52, sec. 8, Schedule, 71.

Leprosy Relief Work: Nigerian Branch, British Empire Leprosy Relief Association. Source: Educational Programs and Services- Lane Medical Library. DocXpress Document Delivery Services Stanford University MC: 5123 <http://docxpress.stanford.edu/>, Retrieved 09/25/2020.

Leprosy Review. *Leprosy in Nigeria: A Report on the Anti-Leprosy Work in Nigeria with Suggestions for its Development*, 1936.

National Archives Enugu (NAE) Ministry of Health. 71/81, September 12, 1956.

NAE. D.5.2. Leprosy. Health, 5/1/7.

NAE. MH 71/S.1. *Care and Treatment of Leprosy*, Ref 679/12/59.

NAE. Nsukka Division, 8/1/52, Nskdiv, file no. 343 vol. 2. 1938-1955.

NAE. Ogoja Division (O.G). *Correspondence on Leprosy control*. 137/28/D/29.

NAE. O.G. 137/28/D/43.

NAE. O.G. 137/1932D/51.

NAE. O.G. 137/1932D/61.

NAE. 5084. *Native Administration Leper Settlement, Owerri Province*.

NAE. Sc/a (1936) 3, *Scheme for the Control of Leprosy in Nigeria*.

NAE. Sc/a 1956/1, *Leprosy Conference Enugu*, November 18, 1939.

Oral Interviews

Chukwuemeka Nnadi. 63 years, Medical Doctor. Interviewed at Orba Road Nsukka, Enugu State on March 3, 2021.

Eze E. Isaac. 69 years, Retired Civil Servant. Interviewed at Ezimo, Enugu State, December 22, 2021.

Isiani Alexander. 67 Years, Retired Banker who resides in Onitsha. Phone Conversation on December 15, 2020.

Ogala Grace. Ugwuoke Chinyere, Onyionwu Nwasi, Roseline Ike, Walter Mmaduka, Johnson Okorie, Ifeanyi Odomegwu, Alexander Chuwhwudebele, and Eze Romanus. Group interview with leprosy sufferers at the Oji-River leprosy center. Interview conducted by the author on July 7, 2022.

Romanus Eze. 76 years, interviewed at Oji-River Leprosy Center, Enugu State in February 2020.

Ugwuoke Chinyere,.77 years. A Recovered leprosy patient. Interviewed at Oji River Leprosy Center, Enugu State, Nigeria.

Unpublished Dissertations

Flavius Mokake. *Isolation, Control, and Rehabilitation: A Social and Medical History of Leprosy Treatment and Leprosaria in Cameroon, 1916-1975*. Ohio University, 2018.

John Manton. *The Roman Catholic Mission and Leprosy Control in Ogoja Province, 1936-1960*. (A Dissertation, Nuffield College, University of Oxford, 2004): 97.

Sylvester Gundona. *Coping with the Scourge: The State, Leprosy, and the Politics of Public Health in Colonial Ghana, 1900-mid-1950s*. University of Texas at Austin, 2015.

Memoir and Published Primary Sources

Andrew M.B. *In His Name: The story of a Doctor in Nigeria*, London: Oldbourne co. ltd, 1964.

Cochrane, R.G. *Leprosy in Europe the Middle and near East and Africa*, (London, 1928)

Davey, T. F., C. M. Ross, and B. Nicholson. "Leprosy: A changing situation in Eastern Nigeria." *British Medical Journal* 2, no. 4984 (1956):56.

Russell, C. E. B. "The Leprosy Problem in Nigeria." *Journal of the Royal African Society* 37, no. 146 (1938): 1-15.

Books and Journal Articles-Secondary Sources

Achebe, N. *Farmers, Traders, Warriors, and Kings: Female Power and Authority in Northern Igboland, 1900-1960*. Portsmouth, NH: Heinemann, 2005.

Adell Patton. *Physicians, Colonial Racism, and Diaspora in West Africa*. Gainesville: University Press of Florida, 1996.

Afigbo A.E. *Groundwork of Igbo History*. Lagos: Vista Books Limited, 1992.

- _____. *Ropes of Sand: Studies in Igbo History and Culture*. Ibadan: University Press Limited, 1981.
- _____. *The Igbo and Their Neighbours: Inter-group Relations in Southeastern Nigeria to 1953*. Ibadan: University Press Limited, 1987.
- _____. 'The Warrant Chief System in Eastern Nigeria: Direct or Indirect Rule?', in *Journal of the Historical Society of Nigeria*, III, no. 4 (1967), pp. 683-700.
- Ajayi, J.F.A. *Christian Missions in Nigeria 1841-1891: The Making of a New Elite*, (Evanston, 1965)
- _____. "Colonialism: An Episode in African History." *Colonialism in Africa 1870-1960*, Vol. 1 (1969) 507.
- Allen, Isaacman. "Social Banditry in Zimbabwe (Rhodesia) and Mozambique, 1894-1907: An Expression of Early Peasant Protest." *Journal of Southern African Studies* 4, no. 1 (1977): 1–30.
- Anne Digby and Helen Sweet. "Nurses as Cultural Brokers in Twentieth-Century South Africa," in *Plural Medicine, Tradition and Modernity, 1800-2000*, ed. Waltraud Ernst. New York: Routledge, 2002, 113-29.
- Anne Digby. *Diversity and Division in Medicine: Health Care in South Africa: A Transnational History of Catholic Medical Mission and Social Change* New Brunswick, NJ: Rutgers University Press, 2015.
- Anderson, W. 'Immunities of Empire: Race, Disease, and the New Tropical Medicine, 1900-1920', in *Bulletin of the History of Medicine*, 70, no. 1 (1996), pp. 94-118.
- Ayandele, E.A. *The Missionary Impact in Modern Nigeria, 1842-1914: A Political and Social Analysis*, (London, 1966).
- Bechelli, L.M. 'Advances in Leprosy Control in the Last 100 Years', in *International Journal of Leprosy and Other Mycobacterial Diseases*, 41, no. 3 (1973), pp. 285-97.
- Beer Kumwenda, L. 'The Development of UMCA Medical Work in Northern Rhodesia, 1910-1950, with Special Reference to the African Medical Personnel', *Basler Afrika Bibliographien Working Paper*, (Basel, 2000).
- Beck Ann. *A History of the British Medical Administration of East Africa, 1900-1950*. New York: Harvard University Press, 1970.
- _____. "The role of medicine in German East Africa." *Bulletin of the History of Medicine* 45, no. 2 (1971): 170-178.
- Binns, Colin, and Wah Yun Low. "Leprosy: Feared and Forgotten, but Still with Us." *Asia Pacific Journal of Public Health* 28, no. 7 (2016): 560–61.
<https://www.jstor.org/stable/26686306>.
- Briggs, Laura Jeanne. *Reproducing Empire: Race, Sex, Science and United States Imperialism in Puerto Rico, 1880-1960*. Berkeley: University of California Press, 2002.

- Buckingham, Jane. "The Pacific Leprosy Foundation Archive and Oral Histories of Leprosy in the South Pacific." *The Journal of Pacific History* 41, no. 1 (2006): 81–86.
<http://www.jstor.org/stable/40347366>.
- Burrows, Edmund H. "A History of Medicine in South Africa up to the End of the Nineteenth Century (Cape Town, 1958), 334." *Burrows, A History of Medicine in South Africa up to the End of the Nineteenth Century* 1958.
- Chinua Achebe. *Chi in Igbo Cosmology, in Morning Yet on Creation Day*. New York: Doubleday, 1975.
- _____. *There was a Country: A Memoir*. London: Penguin, 2012.
- Chinwe M.A. Nwoye. "Igbo Cultural and Religious Worldview: An Insiders Perspective." *International Journal of Sociology and Anthropology* 3, no. 9 (2011): 304-317.
- C.H Kraft. *Christianity in Culture: A Study of Dynamic Biblical Theologizing in Cross-Cultural Perspective*. London: Longman Press, 1972.
- C.K.Meek. *Law and Authority in a Nigerian Tribe: A Study in Indirect Rule*. London: Oxford University Press, 1937.
- Chuku, G. "Crack Kernels, Crack Hitler': Export Production Drive and Igbo Women during the Second World War." In *Gendering the African Diaspora: Women, Culture, and Historical Change in the Caribbean and Nigerian Hinterland*, 18 eds; Judith A. Byfield, LaRay Denzer, and Anthea Morrison, 219-244. Bloomington, IN: Indiana University Press, 2010.
- _____. *Igbo Women and Economic Transformation in Southeastern Nigeria, 1900-1960*. New York: Routledge, 2005.
- _____. "From Petty Traders to International Merchants: A Historical Account of the Role of Three Igbo Women of Nigeria in Trade and Commerce, 1886 to 1970." *African Economic History*, 27, (1999):1-22.
- _____. "Women in the Economy of Igboland from 1900 to 1970: A Survey." *African Economic History*, 23, (1995): 37-50; Daggers, J. "Transforming Christian Womanhood: Female Sexuality and Church Missionary Society Encounters in the Niger Mission, Onitsha." *Victoria Review*, 37, (2011):89-106.
- Clyde, David F. "History of the Medical Services of Tanganyika." *History of the Medical Services of Tanganyika*. (1962).
- Coghe, "Sleeping Sickness Control"; and Sarah Cook Runcie, *Mobile Health Teams, Decolonization, and the Eradication Era in Cameroon, 1945–1970*, PhD thesis, Columbia University, 2017.
- Cooper, F. 'Conflict and Connection: Rethinking Colonial African History', in *American Historical Review*, 99, no. 5 (1994), pp. 1516-45.

- Daniel R. Headrick. *Power over Peoples: Technology, Environments, and Western Imperialism, 1400 to the Present*. Princeton: Princeton University Press, 2010.
- David Baranov. *The African Transformation of Western Medicine and the Dynamics of Global Cultural Exchange*. Philadelphia: Temple University Press, 2008.
- David K. Patterson. *Health in Colonial Ghana: Disease, Medicine, and Socio-Economic Change, 1900-1955*. Waltham, Massachusetts: Crossroads Press, 1981.
- Davis, R. Hunt. "Interpreting the Colonial Period in African History." *African Affairs* 72, no. 289 (1973): 383–400.
- Dike, Kenneth Onwuka. *Trade and Politics in the Niger Delta, 1830-1885: An Introduction to the Economic and Political History of Nigeria*. Clarendon Press, 1956.
- Duggan, A. J. "A survey of sleeping sickness in Northern Nigeria from the earliest times to the present day." *Transactions of the Royal Society of Tropical Medicine and Hygiene* 56, no. 6 (1962): 439-480.
- _____. "The occurrence of human Trypanosomiasis among the Rukuba tribe of Northern Nigeria." *Journal of Tropical Medicine and Hygiene* 65, no. 6 (1962).
- Ebenso, Bassey, Gbenga Adeyemi, Adegboyega O. Adegoke, and Nick Emmel. "Using Indigenous Proverbs to Understand Social Knowledge and Attitudes to Leprosy among the Yoruba of Southwest Nigeria." *Journal of African Cultural Studies* 24, no. 2 (2012): 208–22. <http://www.jstor.org/stable/42005286>.
- Edmond, Rod. *Leprosy and empire: a medical and cultural history*. Vol. 8. Cambridge University Press, 2006.
- E. I. Metuh. "Ritual Dirt and Purification Rites Among the Igbo." *Journal of Religion in Africa* (1985): 3-24.
- Elizabeth Isichie. *A History of Igbo People*. New York: St. Martin's Press, 1976.
- Falola, T. and Heaton, M. "Afigbo's Scholarship: An Introduction" in *Myth, History, and Society: The Collected Works of Adiele Afigbo* edited by Toyin Falola. Trenton: Africa World Press, (2006):3–19.
- Feenstra, S. G., Q. Nahar, D. Pahan, L. Oskam, and J. H. Richardus. "Social Contact Patterns and Leprosy Disease: A Case-Control Study in Bangladesh." *Epidemiology and Infection* 141, no. 3 (2013): 573–81. <http://www.jstor.org/stable/23360715>.
- Foster, William Derek. *The early history of scientific medicine in Uganda*. East African Literature Bureau, 1970.
- Feierman Steven and John Janzen. *The Social Basis of Health and Healing in Africa*. California: University of California Press, 1992.
- H.O.H. Vernon-Jackson. "A Leprosy Transmission Belief Amongst the Angas in Northern Nigeria", *Man*, 61 (1961): 55-56.

- International Leprosy Association-History of Leprosy. Uzuakoli (Nigeria). Geographical Region. https://leprosyhistory.org/geographical_region/site/uzuakoli
- Janzen, John. *The Quest for Therapy: Medical Pluralism in Lower Zaire*. Berkeley: University of California Press, 1978.
- J.C.U. Aguwa. "Taboos and Purification of Ritual Pollutions in Igbo Traditional Society: Analysis and Symbolisms." *Anthropos H.* 4. /6 (1993): 539-546.
- Hokkanen, Markku. "Quests for Health and Contests for Meaning: African Church Leaders and Scottish Missionaries in the Early Twentieth Century Presbyterian Church in Northern Malawi." *Journal of Southern African Studies* 33, no. 4 (2007): 733–50. <http://www.jstor.org/stable/25065248>.
- International Leprosy Association-History of Leprosy. *Uzuakoli (Nigeria). Geographical Region*. https://leprosyhistory.org/geographical_region/site/uzuakoli
- Jennings, Michael. "‘Healing of Bodies, Salvation of Souls’: Missionary Medicine in Colonial Tanganyika, 1870s-1939." *Journal of Religion in Africa* 38, no. 1 (2008): 27–56. <http://www.jstor.org/stable/27594444>.
- John Illife. *The African Poor: A History*. London: Cambridge University Press, 1987.
- Johnston, Geoffrey. *Of God and Maxim Guns: Presbyterianism in Nigeria, 1846-1966*. Vol. 8. Wilfrid Laurier Univ. Press, 2006.
- John N. Orji. Transformations in Igbo Cosmology during Slavery: A Study of the Geneses of Place-Names, Totems & Taboos. No. 196. *Éditions de l'École des Hautes études en Sciences Sociales*, 2009.
- Kanu Achinivu. *Ikoli Harcourt Whyte, the Man and his Music: A Case of Musical Acculturation in Nigeria*. Vol. 1. Verlag der Musikalienhandlung Wagner, 1979.
- Karen E. Flint. *Healing Traditions: African Medicine, Cultural Exchange, and Competition in South Africa; 1820-1948*. Athens: Ohio University Press, 2008.
- Kerri A. Inglis. *Ma'I Lepera: Disease and Displacement in Nineteenth-Century Hawai'i*. Honolulu: The University of Hawai'i Press, 2013
- Korie C. J. "May It Please Your Honor: Letters of Petitions as Historical Evidence in African Colonial Context." *History in Africa*, vol. 37, *African Studies Association* (2010): 83-106.
- . *The Land Has Changed: History, Society and Gender in Colonial Eastern Nigeria*. Calgary, Canada: University of Calgary Press, 2010.
- K. O. Kalu. "Beauty for Ashes: Presbyterian Leprosy Work in South-Eastern Nigeria, 1926–56." *A Century and Half of Presbyterian Witness in Nigeria* 1996 (1846): 193-219.
- . *The Embattled Gods: Christianization of Igboland, 1841-1991*. Trenton, NJ: Africa World Press, 2003.
- . "Gender Ideology in Igbo Religion: The Changing Religious Role of 20 Women in Igboland." *Africa*, 46, (1991): 184-202.

- K.R.S Morris. "The Movement of Sleeping Sickness Across Central Africa," *Journal of Tropical Medical Hygiene* 1963.
- Kwasi Konadu. *Indigenous Medicine and Knowledge in African Society*. New York: Routledge, 2000.
- Laidler, Percy Ward, and Michael Gelfand. *South Africa: its medical history 1652-1898: a medical and social study*. C. Struik, 1971.
- . "History of Medicine." *South African Medical Journal* 10, no. 20 (1936): 677-689.
- Lachenal, *Médicament*; Philip J. Havik. "Public Health and Tropical Modernity: The Combat against Sleeping Sickness in Portuguese Guinea, 1945–1974," *Manguinhos. História Ciências Saúde* 21, no. 2 (2014): 641–666.
- Laura Jeanne. *Reproducing Empire: Race, Sex, Science and United States Imperialism in Puerto Rico, 1880-1960*. Berkeley: University of California Press, 2002.
- Leslie A Hadfield. *A Bold Profession, African Nurses in Rural South Africa*, Madison: University of Wisconsin Press, 2021.
- Leung, Angela Ki Che. "Epilogue: Leprosy, China, and the World." In *Leprosy in China: A History*, 214–22. Columbia University Press, 2009.
- Lockwood, Diana N J, Vanaja Shetty, and Gerson Oliveira Penna. "Hazards of Setting Targets to Eliminate Disease: Lessons from the Leprosy Elimination Campaign." *BMJ: British Medical Journal* 348 (2014).
- L. H. Gann and Peter Duignan. 'Introduction', in *The History and Politics of Colonialism, 1870-1914*, edited by L. H. Gann and Peter Duignan, in Vol. I of *Colonialism in Africa, 1870-1960*, edited by L. H. Gann and Peter Duignan, vols 5; Cambridge, 1969.
- Manton, John. "Administering Leprosy Control in Ogoja Province, Nigeria, 1945–67: A Case Study in Government–Mission Relations." In *Healing Bodies, Saving Souls*, Brill (2006):307-331.
- . "Making Modernity with Medicine: Mission, State, and Community in Leprosy control, Ogoja, Nigeria, 1945–50." In *The Development of Modern Medicine in Non-Western Countries*, Routledge (2009): 174-197.
- . "Testing a New Drug for Leprosy: Clofazimine and Its Precursors in Ireland and Nigeria, 1944–1966." *Evidence, Ethos, and Experiment: The Anthropology and History of Medical Research in Africa* (2011): 125-58.
- . "Trialing drugs, creating publics: medical research, leprosy control, and the construction of a public health sphere in post-1945 Nigeria." In *Para-States and Medical Science*, Duke University Press, (2015): 78-100.
- . "Global and local contexts: the Northern Ogoja Leprosy Scheme, Nigeria, 1945-1960." *Historia, ciencias, Saudi-manguinhos, 10 Suppl 1*, (2003): 209-223.
- McNeill, William Hardy. *Plagues and people*. New York: Anchor, 1998.

- Megan Vaughan. *Curing their Ills: Colonial Power and African Illness*. Stanford, California: Stanford University Press, 1991.
- Michael Worboys. "The Colonial World as Mission and Mandate: Leprosy and Empire, 1900-1940", *Osiris*, 2nd Series, 15 (2000): 20.
- Mizell-Nelson, Michael. "Treated as Lepers: The Patient-Led Reform Movement at the National Leprosarium, 1931-1946." *Louisiana History: The Journal of the Louisiana Historical Association* 44, no. 3 (2003): 301–24. <http://www.jstor.org/stable/4233938>.
- Moblo, Pennie. "Leprosy, Politics, and the Rise of Hawaii's Reform Party." *The Journal of Pacific History* 34, no. 1 (1999): 75–89. <http://www.jstor.org/stable/25169428>.
- Moore, Barrington. *Social Origins of Dictatorship and Democracy, Lords, and Peasants in the Making of the Modern World*. Boston: Beacon Press, 1966.
- Nwankwo, Ignatius Uche. "Effects of Traditional Religious Belief System of the Igbo Group on the Effectiveness of Leprosy Control Programs in Anambra and Ebonyi States of Southeast Nigeria." *Journal of Religion and Human Relations* 7, no. 2 (2015): 81-94.
- Oduwobi, Tunde. "Tackling Leprosy in Colonial Nigeria, 1926–1960." *Journal of the Historical Society of Nigeria*, 22 (2013): 178–205.
- Ogechukwu Williams. "The Politics of Labels: Imperial Categorization and Marginalization of Ethnomedicine in Nigeria, during the Twentieth Century." *Social History of Medicine*, vol. 34, no. 4 (2001): 1297-1316.
- Ohadike, Don C. "Igbo culture and history." *Things Fall Apart* (1996): 236-57.
- Okonkwo, Uche Uwaezuoke. "Not Every Extramarital Sex Is Adultery: An Ethno-Historical Survey Of The Igbo Of Southeastern Nigeria." *Trames* 23, no. 1 (2019): 41-50.
- Olaudah Equiano. *The Interesting Narrative of the Life of Olaudah Equiano*. Boston: Bedford, 1789.
- Ola Rotimi. *Hopes of the Living Dead: A Drama of Struggle*. Spectrum Books Limited, 1988.
- Osmund A.C Anigbo. "The Igbo Idea of Death in Relation to their Social Order." *Africa: Rivista Trimestrale di Studi e Documentazione dell'Istituto Italiano per l'Africa e l'Oriente* 37, no. 4 (1982): 515-527.
- O.U Kalu. "Precarious Vision: The African's Perception of his World" in Kalu OU (ed) in *African Cultural Development, Reading in African Humanities*. Enugu: Fourth Dimension Publishers, 1978.
- O.U Kalu. *Gods, Oracles and Divination: Folkways in Chinua Achebe's Novels*. New York: Africa World Press, 1992.
- Patterson, K. David. "Disease and Medicine in African History: A Bibliographical Essay." *History in Africa* 1 (1974): 141-148.
- Phillip Eichman. "The History, Biology & Medical Aspects of Leprosy." *The American Biology Teacher* 61, no. 7 (1999): 490–95.

- Roland Oliver. 'Epilogue', in *History of East Africa*, Vol. I, edited by Roland Oliver and Gervase Mathew, Oxford, 1963.
- Ruth J. Prince and Rebecca Marsland, eds. *Making and Unmaking Public Health in Africa: Ethnographic and Historical Perspectives*, Cambridge Center of African Studies Series. Athens: Ohio University Press, 2014.
- Schram, Ralph. "A history of the Nigerian health services." *A history of the Nigerian health services*. (1971).
- Shankar, Shobana. "The Social Dimensions of Christian Leprosy Work among Muslims: American Missionaries and Young Patients in Colonial Northern Nigeria, 1920–40." In *Healing Bodies, Saving Souls*, pp. 281-305. Brill, 2006.
- Shankar, Shobana. "Medical Missionaries and Modernizing Emirs in Colonial Hausa land: Leprosy Control and Native Authority in the 1930s." *The Journal of African History* 48, No. 1 (2007): 45–68. Doi: 10.1017/S0021853706002489.
- Shiloh, Ailon. "A Case Study of Disease and Culture in Action: Leprosy Among the Hausa of Northern Nigeria." *Human Organization* 24, no. 2 (1965): 140–47. <http://www.jstor.org/stable/44125005>.
- Silla, Eric. "People are not the same": Leprosy, identity, and community in colonial and postcolonial Mali." Ph.D. diss., Northwestern University, 1995.
- Stacey Langwick. *Bodies, Politics, and the Matter of Maladies in Tanzania*. Indiana: Indiana University Press, 1986.
- Steven Feierman. "Struggles for Control" The Social Roots of Health and Healing in Modern Africa," *African Studies Review*, 1985, 28, 73-147.
- Steven Feierman and John Janzen. *The Social Basis of Health and Healing in Africa*. Berkely: University of California Press, 1992.
- Ubah, C.N. "Hope for the Despondent: A Colonial Health Care Scheme at Uzuakoli, Eastern Nigeria." *Transafrican Journal of History*, 21 (1992): 51-68. <http://www.jstor.org/stable/24520420>.
- Uzukwu, E. Elochukwu. "Igbo world and ultimate reality and meaning." *Ultimate Reality and Meaning* 5, no. 3 (1982): 188-209.
- Watts, Sheldon. "Dark Hidden Meanings: Leprosy and Lepers in the Medieval West and in the Tropical World under the European Imperium." In *Epidemics and History*, 40–83. Yale University Press, 1997. <http://www.jstor.org/stable/j.ctt1nq8qw.7>.
- Webel, Mari K. *The Politics of Disease Control: Sleeping Sickness in Eastern Africa, 1890–1920*. Athens: Ohio University Press, 2019.
- . "Medical Auxiliaries and The Negotiation Of Public Health In Colonial North-Western Tanzania." *The Journal of African History*, vol. 54, no. 3, 2013, pp. 393–416.
- Wilcocks, Charles. *Medical Advance, Public Health, and Social Evolution: The Commonwealth and International Library: Liberal Studies Division*. Elsevier, 2013.

- Wilks, Lauren. "Missionary Medicine and the 'Separatist Tradition': An Analysis of the Missionary Encounter with Leprosy in Late Nineteenth-Century India." *Social Scientist* 39, no. 5/6 (2011): 48–66. <http://www.jstor.org/stable/41289407>.
- World Health Organization. Leprosy (Hansen's disease). World Health Organization, 2021. <https://www.who.int/news-room/fact-sheet/detail/leprosy>.
- _____. "Global Leprosy Situation." *Global Consultation of National Leprosy Program Managers, Partners, and Affected Persons on Global Leprosy Strategy 2021–2030*: _____ . *Report of the Virtual Meeting 26-30 October 2020*. World Health Organization, 2020. <http://www.jstor.org/stable/resrep30110.5>.
- _____. "References." *Leprosy/Hansen Disease: Management of Reactions and Prevention of Disabilities*. World Health Organization, 2020. <http://www.jstor.org/stable/resrep30122.13>
- _____. Introduction to Leprosy Reactions and Neuritis." *Leprosy/Hansen Disease: Management of Reactions and Prevention of Disabilities*. World Health Organization, 2020, <http://www.jstor.org/stable/resrep30122.7>.

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- *Research Assistant:* Sourced and organized relevant research materials for research and courses for Dr. Ngozika Obi-Ani

PUBLISHED ARTICLE(S) AND AWAITING BOOK REVIEW ARTICLES

- Odinaka Kingsley Eze, Ngozika Anthonia Obi-Ani, Paul Obi-Ani. “The Chickens Have Come Home to Roost: The COVID-19 Experience in Nigeria.” *Journal of the Historical Society of Nigeria*, 2022
- Odinaka Kingsley Eze. Review of Leslie Hadfield, *Bold Profession, African Nurses in Rural South Africa*. *African Studies Quarterly*, 2022.
- Odinaka Kingsley Eze, Ngozika Anthonia Obi-Ani, and Mathias Isiani. “End-Time Prophecies and COVID-19 in Nigeria.” *Nigeria Journal of Social Science*, 2021.

ACADEMIC CONFERENCES AND WORKSHOPS ATTENDED

- Faculty of Arts, University of Nigeria International Conference and Chinua Achebe Memorial Lecture, 8–13 April 2018 at the University of Nigeria, Nsukka, 2018
- Association of Commonwealth Universities Summer School (ACUSS), 29 June–12 July 2018 at
- Annual Conference of the Historical Society of Nigeria (HSN), September 2019 at Delta State University, Asaba, Nigeria Paper presented: Farmers-Herders Crisis and Climate Change in Postcolonial Nigeria Reconsidered
- History Graduate Students' Association Conference, May 2022 Paper presented: Theorizing Leprosy Disease in Igbo Cultural Worldviews
- Annual Lagos Studies Association Conference (LSA), June 21–25, 2022, Paper Presented: Crossroads: Leprosy and Igbo Cultural Worldviews, 1927–1960
- LSA, June 20–24, 2023, Paper Presented: “Our Case Explained”: Petitions in Leprosy Centers in Southeastern Nigeria, 1927–1960
- LSA, June 20–24, 2023, Co-chaired a panel on Rethinking Migration: Japa: Rethinking Migration and Identities among Youths in Postcolonial Nigeria

LEADERSHIP POSITIONS AND PROFESSIONAL AFFILIATION

- Director of Strategic Partnership/ Diversity, Equity and Inclusion, University of Mississippi Graduate Council, August 2022–May 2023
- Director of Communications, History Graduate Students Association, August 2022–May 2023
- University of Mississippi Ambassador, February 2022–May 2023
- University of Mississippi Graduate Council Senator/Member of the Diversity, Equity and Inclusion Committee, September 2021-May 2023
- Vice President, Editorial and Publicity Group, Sokoto, National Youth Service Corps, June 2019–February 2020
- President, Faculty of Arts Students' Association (FASA), University of Nigeria, Nsukka, June 2017-July 2018
- Clerk, Faculty of Arts House of Representatives (FASA), University of Nigeria, Nsukka, July 2015-June 2016
- Treasurer, Students' Historical and International Studies Society of Nigeria (SHISSN), July 2015-June 2016
- Public Relations Officer, SHISN, June 2015–July 2016.

AWARDS AND BURSARY

- \$500 Diversity, Inclusion and Equity Award for Pitch Presentation at the Graduate Council Symposium, April 2022
- \$1,500 Department of History and \$3,000 Arch Dalrymple Research Travel Award, April 2022
- \$2,000 Logistics grants by the Enugu State Scholarship Board, July 2021
- Award of Excellence by the Editorial and Publicity Group Sokoto, National Youth Service Corps, Sokoto, Nigeria, March 2020
- Best Graduating Student, Department of History and International Studies, University of Nigeria, Nsukka, 2018
- Best Faculty President, University of Nigeria, Nsukka, 2018
- Full Bursary, Association of Commonwealth Universities Summer School, Chinese University of Hong Kong, 29 June–12 July 2018

VOLUNTEERING EXPERIENCE

- **Shalom Academy, Obollo-Afor** **September 2019-February 2020**
 - Taught history to the senior classes in high school as a way of giving back to my alma mater
 - Mentored students towards making career choices
- **Avila College, Obukpa, Nsukka** **September 2019–February 2020**
 - *Taught Government/Economics*
- **Editorial and Publicity Group Sokoto, NYSC** **November 2019**
 - Organized the group members for a visit to the Kware Local Government to sensitize the people on how to prevent malaria
- **All Nigeria United Nations Student’s Association, University of Nigeria Chapter (ANUSA), 2016-2018**
 - Co-chaired the committee that organized a talent hunt program in collaboration with project 234
 - Organized themes that visited high schools and spoke on various aspects of the Sustainable Development Goals

REFERENCES:

- On Request