

**THE ACTIVITIES OF THE S.I.M./S.U.M. AMONG LEPROSY PATIENTS  
IN NORTHERN NIGERIA 1928-1988**

**PAULINE M. LERE (MRS) B.A. (HONS) REL. STUD., (JOS), PGDE,  
(JOS), M.A. CHURCH HISTORY (JOS)  
PGA/UJ/8731/95**

**A THESIS SUBMITTED TO THE SCHOOL OF POSTGRADUATE  
STUDIES, UNIVERSITY OF JOS, JOS IN PARTIAL FULFILLMENT OF  
THE REQUIREMENT FOR THE AWARD OF DOCTOR OF PHILOSOPHY  
IN CHURCH HISTORY, UNIVERSITY OF JOS.**

**JULY 2005**

### **CERTIFICATION**

This is to certify that the research work for this thesis and the subsequent preparation of the thesis by Pauline M. Lere PGA/UJ/8731/95 were carried out under my supervision.

---

**Supervisor**  
**Prof. G.O.M Tasié**

---

**Date**

---

**Rev. Dr. J. Kangdim**  
**Ag. Head, Dept. of Rel. Stud.**

---

**Date**

## **DECLARATION**

I hereby declare that this work is the product of my own research efforts, undertaken under the Supervision of Professor G.O.M. Tasié and has not been presented elsewhere for the award of a Degree or a Certificate. All sources have been duly distinguished and appropriately acknowledged.

---

**Mrs. Pauline Mark Lere**

---

**Date**

## **ACKNOWLEDGEMENTS**

To God be the glory great things He has done. He provided me with the needed resources for the completion of this study. Similarly, my dream would not have materialized without the assistance of my able Supervisor, Professor G.O.M. Tasié, who, despite his tight schedule devoted time to read through the work. He has been a source of inspiration to me, I sincerely appreciate his understanding, patience and constructive criticism at all the stages of the study. Without his guidance, suggestions and corrections the work would not have had the shape and focus it now has. I am proud to be associated with his calibre of scholarship.

I greatly appreciate the support and encouragement I received in the cause of this study from the following Deans of the Faculty of Arts, University of Jos; Prof. Ibrahim James, Prof. James Jemkur, and Prof. S.O. Aje. I equally thank my heads of Department in the Religious Studies who supported and encouraged me in the course of the study; Assoc. Prof. Ibrahim Musa Ahmadu, Assoc. Prof. Musa Gaiya and Rev. Dr. J. Kangdim.

I am indebted to Prof. C. Imo whose observations and contributions added some impetus to the quality of the work. Others are Dr. (Mrs.) A. Miri, and Dr. (Mrs.) E. Iwekwetok their contributions helped in shaping the work.

I am appreciative of the goodwill support and the encouragement of my friends Dr. (Mrs.) C. Best, of the Theatre Arts University of Jos, Mrs. Martha Bulus of F.C. E. Pankshin, Mrs Nanlop Musa Gaiya, Mrs hanatu

Danfulani, Mrs. B. Mangwat, and several others that are not mentioned here.

I am grateful to the Medical directors of Molai Leprosy Settlement in Borno, Dr. D.N. Bintube, the Yada Kunya Leprosy Settlement in Kano, Dr. T. Dahiru, Bayara Leprosy Settlement in Bauchi, Mr. Tijani Abdul who was the representative of the Director, Mangu Leprosy and Rehabilitation Centre, Mr. Musa Goyal, the Hospital administrator, Vom Christian Hospital, Dr. Peter Daindy, Sokoto Leprosy Settlement, and Dr. A. Ugwu. I also thank the heads of leprosy units of the hospitals for their cooperation. I am indebted to the Netherlands head office in Bukuru under the headship of Dr. H. Bonk for the elaborate informations he offered. I am grateful to Dr. Pic Onwuochei and his wife for the support prayers, and encouragement.

I am grateful to the authority of the Kaduna National archives, the National Library Jos branch, Plateau State Library, University of Jos Library, the COCIN Headquarters, the ECWA Headquarters, Borno COCIN office and several other areas that I received some materials. I appreciate the prayers and support of my family members, Dr. Mark Lere, husband and the children, Mr. Bitrus, Fwangshak, Nanbam, Panmak, Nankyer, Zugumnan and Moses Lere. Your prayers, support and desire have been respected by God Almighty.

I must not fail to thank Mrs. Anne Mpamah, who has painstakingly typed this work. Thank you all and God bless.

## **DEDICATION**

This study is dedicated to members of my family for their support and prayers for me, Dr. Mark M. Lere, Fwangshak, Nanbam, Panmak, Nankyer Zughumnan and Moses.



## **CHAPTER TWO – LITERATURE REVIEW**

2.1	INTRODUCTION	...	...	...	...	...	...	23
2.1.1	Views of Missionary Activities by the Missionaries	...						23
2.1.2	Views of Missionary Activities from Missionary Critics	...						28
2.1.3	The Developmental Activities of the Missionaries	...						37
2.2	LEPROSY AND STIGMATIZATION	...	...	...				40
2.3	THE CHRISTIAN MISSIONS AND LEPROSY WORK	...						43
2.4	THE EXPERIENCES OF THE EX-PATIENTS WITH THE PUBLIC	...	...	...	...	...	...	60
	NOTES	...	...	...	...	...	...	65

## **CHAPTER THREE – BACKGROUND TO LEPROSY DISEASE**

3.1	THE SOCIALLY DISADVANTAGED IN THE SOCIETY	...						70
3.1.1	The Slaves	...	...	...	...	...	...	71
3.1.2	Twins and their Mothers	...	...	...	...	...	...	72
3.1.3	A Brief History of Leprosy and Leprosy Patients	...	...					73
3.1.4	Classification of Leprosy	...	...	...	...	...	...	78
3.2	CHARITY WORK AND CHRISTIANITY	...	...	...				79
3.2.1	Why Leprosy Disease Attracted the Missionary's Attention	...	...	...	...	...	...	81
3.2.2	The Causes of Leprosy in Pre Literate Society	...	...					82
3.2.3	The Modern Understanding of Leprosy	...	...	...				84
3.3	LEPROSY RELIEF AND ERADICATION	...	...	...				86
3.3.1	The Leprosy Mission (TLM)...	...	...	...	...	...	...	86
3.3.2	The British Empire Leprosy Relief Association (BELRA) ...							88

3.3.3	Toc-h ... ..	90
3.4	LEPROSY WORK IN NIGERIA ... ..	90
3.4.1	The Christian Missions In Northern And Southern Nigeria	92
	NOTES ... ..	96
<b>CHAPTER FOUR – THE SIM AND SUM IN NORTHERN NIGERIA</b>		
4.1	INTRODUCTION ... ..	99
4.1.1	Why Northern Nigeria Attracted the Explorers and Missionaries ... ..	103
4.1.2	How Nigeria Became a British Colony ... ..	107
4.2	SLAVE TRADE AND SLAVERY IN PRE-COLONIAL NIGERIA	108
4.3	THE MISSIONARY SOCIETIES IN NIGERIA ... ..	110
4.4	THE CONFINES OF THE DENOMINATIONAL MISSIONARY SOCIETIES IN NIGERIA ... ..	111
4.5	THE INTER-DENOMINATIONAL MISSIONARY SOCIETIES IN NORTHERN NIGERIA ... ..	113
4.6	THE MISSIONARIES AND THE REACTION OF THE ADMINISTRATION ... ..	115
4.7	THE BIRTH OF THE SUDAN INTERIOR MISSION ...	118
4.7.1	Rolland Victor Bingham ... ..	120
4.7.2	His Marriage ... ..	122
4.7.3	SIM Further Attempts to the Sudan ... ..	123
4.7.4	His Transition ... ..	125
4.8	THE BIRTH OF THE SUDAN UNITED MISSION (SUM) ...	126
4.8.1	Karl Kumm ... ..	128
4.8.2	The Sudan United Mission Pioneering Members to Northern Nigeria ... ..	130





7.2	THE SOCIO-POLITICAL	SETTING OF THE SUDAN ...	234
7.3	THE TRADITIONAL MIDDLE BELT ...	... ..	236
7.4	THE JUSTIFICATION FOR MISSIONARY SERVICES	...	240
7.5	THE MISSIONARY'S IMPACT ON THE LEPROSY VICTIMS		246
7.6	THE TESTIMONIES OF SOME PATIENTS ...	... ..	250
7.7	GOVERNMENT EFFORTS ON LEPROSY WORK	... ..	256
	NOTES	... ..	261

## **CHAPTER EIGHT – SUMMARY, CONCLUSION, RECOMMENDATION AND SUGGESTION FOR FURTHER STUDIES**

8.1	SUMMARY	... ..	263
8.2	CONCLUSION	... ..	272
8.3	RECOMMENDATIONS	... ..	275
8.4	SUGGESTIONS FOR FURTHER STUDIES	... ..	276
8.5	CONTRIBUTION TO KNOWLEDGE...	... ..	277
	BIBLIOGRAPHY	... ..	279
	APPENDIX A(i) DATA COLLECTION	... ..	290
	APPENDIX A(ii): DATA COLLECTION...	... ..	293
	APPENDIX A(iii): DATA COLLECTION...	... ..	295
	APPENDIX A(iv): DATA COLLECTION	... ..	297

## **ABSTRACT**

Different scholars in the field of church history have tried to view the activities of the Christian missionaries in different perspectives. Some have branded them imperialists and others view them to have contributed to the social development of Nigeria. This study was intended to lend voice to the views of those who have argued that although the missionaries have had their weaknesses, they contributed immensely to the social development of Northern Nigeria. The study particularly examines the extent of the role played by the SUM and SIM missionaries in providing social amenities and medical treatment to those suffering from leprosy in Northern Nigeria. To examine this the researcher employed the use of questionnaires, oral interviews and visits to the relevant places under study. The researcher also used secondary sources available in the field. The study covers a period between 1928 and 1988. This was the period leprosy work received the needed attention in Nigeria. The findings of this study show that the early missionaries who worked in the North made enormous positive contribution in the social and economic development of the area as well as the lives of the patients. The missionaries did not only take over the leprosy centers established by the imperial government but set up new ones. They provided shelter, food, detergents and other such materials to the victims. They set up vocational centers where patients were trained in different skills. The missionaries gave the patients a new sense of belonging as they interacted

with them freely in the centers, a phenomenon that is strange to Nigerians. They provided recreational fittings for physical fitness of the patients. They organize prayers sessions, teaching and sermons in different vernaculars. These were aimed at providing the patients the means of livelihood and consequently reintegrate them into their societies; the findings proffer suggestions and recommendations to the church, government, philanthropic organization and spirited individuals on the plight of not only in-patients but also the ex-patients.

# CHAPTER ONE

## GENERAL INTRODUCTION

### 1.1 BACKGROUND

The Northern states of Nigeria have provided the church historian with interesting materials.<sup>1</sup> This study gives a historical analysis of one of these interesting materials "the Contribution of the Christian Missionaries Among Leprosy Patients in Northern Nigeria". The current research examines the work of the Sudan Interior Mission and the Sudan United Mission [the British Branch], in their bit to evangelize and integrate the leprosy patients in their societies. This study gives particular reference to leprosy patients who were the most hopeless set of persons in the society. The missionaries did not only work with the able bodied, but also with the depressed like the leprosy patients whom the missionaries thought as needing the gospel message as well. By so doing they offered hope and new lease of life to the victims. These evangelized leprosy patients later made some significant impact on their immediate environments and the larger community, as they were reintegrated into their communities and became self-reliant.

The researcher is aware of the fact that the above Christian missions were not the only missionary bodies who worked among leprosy patients in the area. The efforts of other missionary bodies like

the Church Missionary Society (CMS) the Brethren Mission (BM), the Dutch Reformed Church Mission (DRCM) and the Roman Catholic Mission (RCM) are also recognized. It is of note too that the Sudan Interior Mission and the Sudan United Mission did not only work among leprosy patients, but also among other handicapped people like the visually impaired, orphans, widows, the mentally retarded and slaves who were conceived by the society as "untouchables" or "outcasts".

These two missionary bodies had particular interest in the "Soudan" as their central focus for evangelism.<sup>2</sup> Thus, their names have Sudan as a target for evangelism. The two missionary bodies looked at the Sudan in the nineteenth century as "the worse manned mission field in the World". Thus, their work was shaped and conditioned by certain historical facts; the two missionaries' home background and their mission field.

The "Soudan" was the vast area that stretched some three thousand (3,000) miles across Africa to the South of Sahara. It covered modern Dahomey, [now the Republic of Benin], Nigeria, Chad, Cameroon and the Republic of Sudan. Initially the area consisted of Kordofan, Durfa, Waddai, kanem, Bugirmi, Adamawa, Borno and the Hausaland. It was an area conceived by the missionaries as a community where none of the free churches of Great Britain had done any

missionary work. The "Soudan" was three times larger than Great Britain and it is the most densely populated part of Africa.<sup>3</sup>

This area attracted European explorers; as a result, several expeditions were carried to the area. Courageous travellers like Mungo Park had travelled to various parts of these lands. Many travellers knew the boarder lines. Despite this, they derogatorily referred to the interior part of Africa as "the land of darkness". So unknown was the interior part of Africa to the Europeans that a scholar once described it as follows: "Africa's geographers, in making maps put savage to fill in gaps, and uninhabitable towns put elephants instead of town."<sup>4</sup>

It was after the scramble for Africa especially in 1884-1885 that the "Soudan" was partitioned into spheres of influence among three European nations – British, French and German nations. However, with the partition of Africa, Nigeria became a British colony. The missionary medical work among leprosy patients was instrumental to the operation of the SIM and SUM as missionary bodies in Northern Nigeria among leprosy patients (hereafter referred to as "North"). Northern Nigeria was their first point of call. This was because, when they arrived around the twentieth century, the Southern part of the country was flooded with several other missionary bodies, especially the CMS, Methodist, Baptist, Presbyterian, and the Roman Catholic missions. More so, the north was attractive to many and those in the south were making efforts to the

north. Their work in the North was initially confined in the pagan areas by the British administration under Lord Lugard.

## **1.2 NORTHERN NIGERIA**

This part of the country was divided into two sub regions: the extreme northern part of Nigeria and the extreme southern part. The former was known as "the Middle Belt" the later was a "pagan area". The former has the Hausa-Fulani, Kanuri, and old Kanem Borno, while the latter has over two hundred and fifty ethnic groups concentrated on Plateau, Bauchi, Kaduna, Zaria, Adamawa, Niger and Benue. The northern part of the country was traditionally considered a Muslim block.<sup>5</sup> This concept however, would seem partially exaggerated because, considerable Christian communities have arisen as a result of the work of the Christian missionaries. The missionaries who championed the conversion of the native of Northern Nigeria diffused their efforts as widely as possible, producing a fairly widespread Christian ethos.

Nigeria, the most populated nation in African continent came into being when in 1914 Sir Lugard amalgamated the Northern and Southern protectorates. The country had a multiplicity of "pagan tribes" and a number of great kingdoms that had complex system of government

independent of contact with Europe.<sup>6</sup> Some of its established kingdoms included Kanem, Borno, the Sokoto Caliphate, Benin, Oyo and Warri.

The Northern part of Nigeria is the area above the confluence of the great rivers Niger and Benue and the central part of the Sudan. It lies in a Savanna Belt, which covers a vast land. It is made up of the Sudan states of the seventh century that flourished in the Western and central Sudan. "Soudan" was the derogatory name given to the area by the Arab traders meaning the "Land of the blacks". It formed part of the large Belt of the country stretching right across to the equatorial forest.<sup>7</sup> As a result of the Trans-Saharan trade; Islam penetrated the region as early as the eleventh century, and by the nineteenth century, most of the northern areas were swept by Islam particular the Hausa land. The area is bounded in the North by the republic of Niger and Lake Chad, in the South by the rivers Niger and Benue.<sup>8</sup> It was the largest of the three regions of Nigeria that made up the then Federation of Nigeria. It covers an area of about 924,000 square kilometers and occupies three quarters of the country. Since Nigeria gained political independence in 1960, the Northern region has been subdivided into several states. Currently, the North has nineteen states including Abuja the Federal Capital of Nigeria.

### **1.2.1 The People, their Origin and Religion**

The Northern region had over three hundred and fifty ethnic groups as earlier stated. The largest is the Hausa/Fulani. Others included the Kanuri, Nupe, Gbwaggi, Kwararafa, Jukun and the Tiv people. Many of these ethnic groups had the traditional religion as their religion.<sup>9</sup> They could be divided along linguistic and cultural lines rather than ethnic lines. There are considerable similarities among the ethnic groups with some minor differences. Majority of the ethnic groups traced their origin to the Middle East, Baghdad, Syria, Saudi Arabia, Mecca and other places in the Near East, while others claimed the Bantoid group. The light skinned Fulanis are from the Wolof speaking groups, while the Hausas are clearly of the Negro stock of the Hamatic language in North Africa.<sup>10</sup>

### **1.2.2 Their Belief and Practices**

These ethnic groups have different beliefs and practices with most, if not all, believing in a Supreme Being named differently by each ethnic group. The Supreme Being is known as the creator and sustainer of the universe. Other forces they believed include the deities or the nature gods, the ancestral spirits and the religious functionaries who mediate between the societies and the spirit world. These ethnic groups and their communities believed that the ancestors commune with them at societal and individual ceremonies. Like any other Africans, their

religion was not by choice or conversion as obtained in other word religions like Islam and Christianity, a process, which involved the denunciation of some social values of the natives, particularly Christianity. The traditional religion is the product of the thinking and experiences of their forefathers'-institutionalised pattern of beliefs and worships practiced by the natives from time immemorial. It is handed down from generation to generation orally before the advent of Islam and Christianity. An individual did not found it, but the forefathers formed religious ideas, formulated religious beliefs, observed religious practices, and evolved laws and customs that safeguarded the life of the individual and the community.<sup>11</sup>

Like any other African community, their chiefs or rulers were not the ordinary secular rulers, but those enthroned by the gods in conjunction with the ancestors. Thus, religious functionaries must work out the installation of a new king among them, as it is obtain in many African ethnic groups. The gods must sanction the chief as the ideal candidate for the seat. Some traditional rites are also performed on the royal stool. The king was the embodiment of the whole community and a symbol of unity and corporate life of the society. Thus, the kings are venerated and well respected by members of the society.

One significant religious event in the history of the North or Nigeria in general, was the Fulani Jihad. Of all the nineteenth century

Jihads, the Usman Dan Fodio Jihad was the most spectacular because it remained the living traditions of reform and the basis for administrative system in Islam<sup>12</sup> The Jihad was a fight against unbelievers and those with lukewarm attitude to Islam. It is incumbent upon every Moslem; this phenomenon later engulfed the whole north.

### **1.3 STATEMENT OF THE PROBLEM**

In a typical Nigerian society, the general attitude towards people with some deformity has been negative.<sup>13</sup> Many of those who are disadvantaged physically in one way or the other have been having life difficult with members of the society in which they live. Some of the negative attitudes as earlier mentioned were based on some misconceptions that stem from some traditional understanding of these categories of persons, most of which are superstitious.

The basic need of a man has been traditionally identified as food, clothing and shelter, but psychologists like Blair and Simpson have added to these and come up with other needs of man that are basic to his existence. These are man's socio-personal needs like security, status, attention, independence and achievement.<sup>14</sup> In line with this principle the work of the Sudan Interior Mission and the Sudan United Mission among the leprosy patients in Northern Nigeria has greatly addressed this. The missionaries provided the needs of the patients like, food, love

and shelter. They equally helped them to be useful to themselves. These two missionary bodies made concerted efforts to gain entry into the exclusively Moslem districts of Northern Nigeria (where majority of the patients lived) and not only for evangelism, but also to work among the leprosy patients whose plight were most pathetic. They were able to provide these persons with the socio personal needs mentioned above, a phenomenon that was strange to the traditional community.

In their missionary principles, particularly in the north, they never thought of undertaking leprosy work as part of their missionary endeavour, but it turned up to be the only factor that allowed them into the Northern part of Nigeria particularly the exclusive Muslim emirate of the area. Here, they dramatically emancipated the patients giving them a new lease of life by providing them not only with the immediate needs as mentioned above, but set programmes that helped in integrating them back into their society. Above all, they were healed of the incurable disease.

In the past, it was viewed that the majority of the people in various Nigerian cultural settings might not know the needs of the socially disadvantaged, and as such the general tendency was to offer them some token of food and money as alms, which met their immediate needs only. In the case of leprosy patients, such offer was thrown to them like dogs to avoid any physical contact with them.

Others still, felt that shunning them would be better. As a result these categories of persons suffered the following:

- a. Complete abandonment by being literally malhandled or even thrown away. This was the case with the abnormal babies, twins, and those born with some physical deformities.
- b. Some were used as sacrificial victims particularly the slaves. In the case of leprosy patients, they were considered unfit for service as they were "contaminated" persons.
- c. Some of them with physical defects were secretly sold out as slaves. This was also the case with criminals and prisoners of war.
- d. In a situation where they were not abandoned, sold and killed, they were merely tolerated, but treated with high contempt. This was because the society believed that the conditions and the circumstances around the victims were transferable, or contagious particularly leprosy disease. Members of the society therefore were sceptical of any form of interaction with them. Marital associations with such victims were boycotted while members of their families were avoided. The society could impress upon the guardians of the victims to dispose of them for fear of being contaminated or contacting the disease<sup>15</sup>. As a result, such victim, in prelite rate Nigerian society died

unwanted, unknown, and their talents were lost to the society. Under such harshness, victims became psychologically, mentally and socially unbalanced in the various societies they belonged.

Despite the growing awareness in Nigeria that these persons deserve better care and treatment, the rate of the attainment among Nigerians has not fully adapted the provisions of rehabilitative services as an essential social value to the desired level. This is not unconnected with the fact that the teeming population in Nigeria, has not matured to the level of impressing on its leadership the needed commitment to this fact, particularly for the fact that everyone is a potential victim. The arrival of the Christian missionaries however, heralded the beginning of a new beginning not only in the life of leprosy patients but also to the depressed classes of people like those mentioned above. In several cases, their habitations are found outside the society.

#### **1.4 AIMS AND OBJECTIVES OF THE STUDY**

Several scholars have written much on the contributions of the Christian missionaries. Ajayi portrayed their contributions using some agents of change particularly education and civilisation thereby creating a new African community out of the traditional ones. Ayandele too portrayed how the cultural society was changed with the presence of the

Christian missions; he also maintained that this change varied from one sector of the country to the other.<sup>16</sup>

However, despite the positive contributions of the Christian missionaries, their works have been critically analysed. While there is no doubt on the limitations of the missionaries, there is no need hammering on that as this will amount to gross misrepresentation of facts and unnecessary upliftment of African past which equally has its share of the blame. The risk, which the missionaries took to evangelise Nigeria, particularly the Northern part and their work among leprosy patients, deserves to be better appreciated.

It should be noted too that these missionaries were not angels; more so, they had no sufficient manpower at this early stage, which made them insufficiently equipped for the task ahead of them. However, coped with the several mitigating factors, they were able to work effectively in the area. The risk which they undertook in evangelism have been attested to and much justified. They did not only improve the health status of leprosy patients, but they equally offered them the gospel truth and later rehabilitated them through their socio-economic programmes. This study therefore, is aimed at:

- a. Presenting the missionaries as those who were not only pathetic to the situation of the leprosy patients, but were ready to involve themselves by using some socio-

economic programmes to improve, integrate and civilize the victims.

- b. Demonstrating the success of the missionary principles of wholistic liberation that is inherent in their mission with particular reference to the leprosy patients.
- c. Creating public awareness on the impact of the missionaries on the lives of the victims and the challenge it poses to the Nigerian society, the church and the government. This provides each to embark on more meaningful programme that could enhance the economic situation of the victims particularly the ex-victims of leprosy disease.
- d. Assessing the socio-economic impact of the missionary enterprise in Northern Nigerian among the leprosy victims.
- e. Assessing the level to which medical work helps improve the social status of the patients.

## **1.5 SIGNIFICANCE OF THE STUDY**

In recent years, the craving for education and socio-economic improvement on the lives of people in our society has been much emphasized. This has consequently minimized the over reliance of

people on the government for the provision of educational facilities, employment opportunities and other social amenities and infrastructures like roads, water, electricity among others. This was practiced by Nigerians particularly in the Northern area where the people at a stage looked up to the government for such provisions. In recent times, the government calls on its citizens at various levels to provide such amenities for themselves through individual or private as well as communal efforts. This has been necessitated by the fact that the government is unable to cope with the rising population of its citizens and the global economic recession. Many communities in Nigeria have risen to the challenge of augmenting government efforts.

The church, right from its inception, made efforts to provide some basic necessities to the natives they evangelised after christianizing them. This is seen in its laudable programmes as it provides education, medical and vocational centers where the church is engaged. The European missionaries established these few institutions and after they left, the local churches continued with these programmes. The SIM and SUM missionary organisations under study have made a landmark in the history of the North. They made impact on the life of the leprosy patients of the area within the shortest time.

The researcher is not aware of any comprehensive historical study of the activities of the Christian missionaries among leprosy patients in

Northern Nigeria. The materials for such a study although fragmentary and unpublished exist, hence the present study is aimed at extending the frontiers of knowledge on the work of Christian missionaries among leprosy patients in northern Nigeria. The study therefore hopes that,

- a. The church, researchers, historians and the government as well as individuals, would find it a useful document not only for historical purposes but as a legacy.
- b. It will enable the public to appreciate better the work of the Christian missionaries in providing leprosy patients with what was needed most – a new lease of life, hope and sense of belonging.
- c. It will stimulate the general public too, to be supportive of programmes that will be supplementary to missionary programmes where necessary.
- d. It will uplift and promote the general welfare of the leprosy patients not only in Northern Nigeria, but in other parts of the country and beyond.
- e. It will point out the fact that the Christian missionaries did not only work among the able-bodied people but also with other rejected persons by the society.

## **1.6 SCOPE OF THE STUDY**

This study covers the northern part of Nigeria, with particular attention to some selected areas where the two missionary bodies established leprosy settlements. These were settlements in Molai in Borno State, Vom Christian Hospital and Mangu Rehabilitation Centre in Plateau State, Bayara in Bauchi State, Yada Kunya in Kano and Amawa leprosarium in Sokoto State. The missionary bodies whose work will be closely studied are the Sudan Interior Mission, and the Sudan United Mission the British branch. Although the work is in Northern Nigeria, particular interest is focused on the Muslim dominated areas. More so, this was the period that government had problem with leprosy work and needed the help of the missionaries, which was readily available. Majority of the population in Northern Nigeria were inflicted with leprosy disease. The period of study is 1928-1988. The reason for periodising is because one is handicapped in providing all the necessary information for a longer period of years. Tasiu reiterates this:

Historians however, have this business of limiting studies to periods and this is partly because no one can do an infinite work and more over, the archives from which we obtain the materials limit us completely.<sup>17</sup>

The work of the SIM and SUM missions among the leprosy patients in Northern Nigeria summed up the work of other missionaries

in the area and gives insight on Nigeria at large. These centres are a reflection of the work of missions in other areas too.

These missionary bodies as earlier mentioned had the Sudan as their main focus for evangelism and by their names: they had Sudan as their target. Their work among the leprosy patients in the area forms part of the interesting materials to many, most importantly where the programmes is one of the unique missionary programmes that is dynamic in catering for the down trodden and the needy members of the society. The author decides to select three out of the seven SIM centres and three from that of the SUM.

## **1.7 METHODOLOGY AND DATA COLLECTION**

This study gives a comprehensive historical analysis of the Christian missionary work among leprosy patients in Northern Nigeria. The method that is used in this research to collect information includes reviews, oral interview, archives and other data that are relevant.

### **Oral Interview**

Oral interviews were conducted with individuals and groups of people who were either patients or ex-patients in the leprosy settlements. Other categories of persons interviewed were those who at some level were involved either as workers or eyewitnesses to the setting up of the programmes in the areas under study.

## **Visits**

Visits were made to relevant areas like; the Netherlands leprosy Relief Association headquarters at Bukuru in Plateau State and the leprosy settlements manned by the missionaries, which have been taken over by the government. Both oral and structured interviews were conducted with the medical officers in charge of the leprosy units of the centres. The researcher also visited the two missionary headquarters here in Jos for some relevant information.

## **Archives/Documentation**

A visit was made to the Kaduna National archives to consult the missionary records on the work of the SIM and SUM at these centers. The missionary minutes of meetings, diaries and hospital records were used. Communications between the colonial administration and the missionaries on their work in exclusive Muslim areas were also used.

## **1.8 ORGANISATION OF THE STUDY**

The first chapter of the work gives a general background of the study. This includes the brief description of the people of Northern Nigeria, their origins, occupations as well as their religious belief and practices.

Chapter two gives a literature review of the available records related to the divergent views held by scholars on the activities of

Christian missionaries in general. It also discussed the plight of leprosy patients and their treatment by the society.

Chapter Three gives a brief background on those with some social problems in the society. An understanding of leprosy and leprosy patients is highlighted. The missionary principle on charity work and its place in the Church and the causes of leprosy in the preliterate society is outlined.

Chapter Four considers the background and the basic principles of the S.U.M and S.I.M. Missionary bodies. The formation and the penetration of the two missionary bodies were outlined. Their work among the natives in the "Soudan" was examined and the reaction of the patients and the then administration were examined. The success and alternatives of the programmes of the missionaries were examined.

Chapter Five discusses the establishment and growth of the Sudan Interior Mission Leprosy Centres in Northern Nigeria. These included the leprosy centres in Yada Kunya in Kano, Bayara in Bauchi and Amawa leprosarium in Sokoto.

Chapter Six gives a cross examination of the leprosy centers established by the Sudan United Mission in Borno and Plateau States. The beginning and development of the centres is discussed.

Chapter Seven gives a cross examination of the fundamental principles of the Christian missionaries under study. Their gospel

message, in relation to the concept of wholistic salvation and the achievements made by the missionaries in the centers were considered. This is aimed at evaluating the contribution and achievements of the missionary work among leprosy patients.

Chapter Eight gives a summary of the work, suggestions and recommendations to relevant institutions like the church, the government and the society. This will enable these organizations to assess their performances in rehabilitating these categories of persons in the society. The following appendices were provided as part of authentication to the work. These include samples of structured questionnaires to patients, ex-patients, and medical directors of the centers visited and their responses.

There are provisions of maps where these missionary organizations made their influence. The map of Old Sudan where the Missionaries had their focus and the map of Northern Nigeria where the leprosy centers were located.

## NOTES

1. E.P.T. Crampton, *Christianity in Northern Nigeria*. London: Geoffrey Chapman, 1979, P.1.
2. The current variant spelling of "Soudan" is "Sudan" This therefore must not be confused with the country now called Sudan.
3. M.E. Tett, *The Road to Freedom: The Story of the Sunday United Mission, 1904 – 1908*, London: Longman, (ed.), P.8.
4. *Ibid.*, P.8.
5. E.P.T. Crampton, *op. cit.*, P. 26.
6. J.F.A. Ajayi, *Christian Missions in Nigeria: The Making of a New Elite*. London: Longman, 1965, P. xiv.
7. E.P.T. Crampton, *op. cit.*, P. 26.
8. *Ibid.*, P. 2.
9. *Ibid.*, P. 2.
10. J.B. Grimley and Gordon E. Robinson, *Church Growth in Central and Southern Nigeria*. Michigan: William B. Erdmans Publishing Company, 1966. P. 18.
11. E.I. Metuh, *Comparative Studies of African Traditional Religions*. Nigeria: Imicco; 1968, P. 60.
12. J.C. Anene, *Africa in the 19<sup>th</sup> and 20<sup>th</sup> Centuries*, Ibadan: Ibadan University Press.
13. Y. Blair and H. Simpson, *Educational Psychology*. London: Macmillan, 1975, P.364.
14. Theresa A. Abang, *op. cit.*, P.2.
15. E.A. Ayandele, *The Impact of Christianity in Nigeria: A Socio-political Analysis*. London, University Press, 1968, P.399.
16. J.F.A. Ajayi, *op. cit.*, P. 56.

17. G.O.M. Tasié, *Christian Missionary Enterprise in the Niger Delta 1864- 1918*. Belgium: E.J. Brill, 1978, P. iv.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 INTRODUCTION**

The history of the activities of the early Christian Missionaries has been a central phenomenon in Christian circles. However, many scholars have written elaborately on this as earlier stated. Most of these scholars are anthropologists, social psychologists, political scientists, historians who have the ability of finding a way of clarifying some of the process by which modernization had taken place in Africa. However, they viewed Christian missionary activities in different perspectives. These perspectives were the views of missionary activities from missionaries and their protagonists, and views of the critics of missionary activities from their critics. These views are presented below:

##### **2.1.1 Views of Missionary Activities by the Missionaries**

The information on the activities of the early Christian missionaries came from the missionaries' accounts. Their protagonist also wrote, using missionary sources, like letters, diaries, and minutes of meetings and some historical accounts of the missionary activities. Scholars like Beidelma considered such sources of information as account that are:

Hardly objective though some are perceptive and subtle, other missionaries written surveys of missionary work which also play considerable insight, though not in any consistent and sustained

manner with meaningful reference to social theory outside the missionary content.<sup>1</sup>

Their own accounts of their activities among Africans as rightly observed by Kalu was; "Focused on a defended accounts of the labours of nurturing the message and the level of success." He further reiterated the fact that;

The ulterior motives might be to preserve and record, boost morale and material support, provide entertainment or build up the ego of the author. The motivation may also be evangelical or the work may carry the hidden agenda of showing how Europeans have born the white man's burden which manifest destiny laid on them.<sup>2</sup>

Here Kalu recognizes the error of the white missionaries in portraying much about themselves with little or no consideration for the people they evangelised. He therefore asserted that an objective African church history must be "the study of the past and present experiences of Africans with the gospel, both during and after the end of the missionary period." Thus, Kalu frowns at the fact that the Europeans had no concern for native agents. To him, the authors of such writings fail to understand that Africans were the real agents who spread Christianity in their area. Many of who would have been labelled by the people "black skinned in white mask" as a result of the efforts they put in evangelising their fellows. The success of the native agents in evangelising their areas was visioned paramount when Buxton call out "that Africa must be evangelised by Africans" True to this vision; it was the Africans who later

spread the gospel in Africa with an unprecedented success. The activities of the Christian missionaries in the 15<sup>th</sup> century, compared to that of the 19<sup>th</sup> century portrayed this. In line with Kalu's opinion, Ayandele intoned by saying that;

Most of the writings on African church history have so far depended almost entirely on the erroneous rich mission sources. African history was potently biased, in favour of European activities. It was fashionable to believe that Africans history began with the European presence. This belief was heavily reinforced by the documents left by the ethnocentric, white missionaries who saw Africa as a tubular rassa.<sup>3</sup>

This is to say that the writings of the European missionaries were centered on them and all the efforts they made among the evangelised. Such activities included their arrival in a community, setting up missionary centers, built up congregations, and all other evangelistic activities, while Africans took no part in the shaping of events.

Bendt Sunkler later highlights on his notion of the missionaries thus; "Christian mission looked and are treated as largely as a religious accompaniment of the political, economic and cultural expansion of the west."<sup>4</sup>

This is to say that the missionary effort was viewed as not more than a part of the imperial establishment in Africa. A phenomenon decried by many scholars. Jean and John Camarcoff described the missionaries' perception of themselves in the following words;

"Missionary narratives often opened with the passage from civilisation to the regions beyond." The regions beyond were uncivilized compared to theirs. They illustrated that at a meeting with a Tswana chief in South Africa the white missionary in the pride of whom he was and what his land was, stated:

As we gradually lost sight of England, favoured isles in my heart, I send; farewell honoured and beloved England with all thy churches, gospel ministries, Christian privileges and means of grace, thou, who art queen of nations and the bull work of eternal truth. Mayest though be ever faithful to thy calling in bringing forth to the regions beyond the pure gospel of Christ.<sup>5</sup>

In this case they are the high churchly, civilized and their land the greatest in all ramification. With this pride, they subsumed the cultural values of the evangelised. This they did by converting the natives into European image. Thus Beidelma reiterated;

The Missionaries invariable aimed at over all changes in the beliefs and actions of the native people at colonization of heart and mind as well as body. The complex of motives involved in European man's relation to non-European man and his world is intricate. The dichotomy of the European souls an essential part of the complex.<sup>6</sup>

It is a known fact that the past of every given people is his or her identity. That is what makes them what they are without which they are not what they ought to be. To the missionaries this was not the case, the outcome of this made varied their level of success among the African natives. Basically their early endeavours failed in almost all the African

communities in which they worked. Thus Ryder ascertains this when he lamented; "Not one of the Christian missionaries for all their devotion come near the adequate understanding of the complex religious system they were trying to displace".<sup>7</sup>

The European missionaries failed because they considered Africans as non-religious people, and those who have no culture of their own. As a result, they wanted to change them to a carbon copy of European peoples. They under estimated the rate at which African religious system had engulfed the whole being of the people. Andrew Walls substantiated this saying:

Within the shrine lie that peoples history, its traditions its corpus of recognized literature oral or written. If a nation is to be discipled the commanding heights of a nations life have to be opened to the influence of Christ for Christ has redeemed human life in its entirety. Conversion to Christ does not isolate the convert from his or her own community; it begins the conversion of that community.<sup>8</sup>

Walls gives a right perspective for evangelism. He like St. Paul, advocated for the enculturation and adaptation. The gospel must speak to the people in their peculiar situation.

To worsen the situation was the writings of the protagonists of the missionaries as earlier stated. These are those who wrote on missionary activities using the missionary accounts. They were mostly

the early converts and those who in one-way or the other worked with the missionaries. They particularly echoed the missionaries' achievements with little or no attention given to the role of the natives. They could not convey much about the activities of the missionaries at the grassroots by providing information on the social background, beliefs as well as the day to day running of the missionary stations. These involved things like their problems, economic situation and their attitudes particularly where the missionaries involved themselves negatively in the process of evangelising. Such information hardly feature in their writings. Instead, they wrote on the achievements of missions giving the broad historical narratives of missionary exploits on national or regional bases, with theories of proper methods of missionary endeavours among the natives. As a result, the story remains one sided as the missionaries did everything. Impressive as that appeared; the story remained that of massive conversion of the natives to Christianity. In essence, these reports ignored the roles of African agents in the development of the Church in Africa. It also ignored the revelation of the limitations of the Christian missionaries in the centers.

### **2.1.2 Views of Missionary Activities From Missionary Critics**

It was the recognition of the lapses discusses above, that a few number of scholars took bolder steps to fill in the gap that existed in the

accounts of the activities of the Christian missionaries. Such sets of scholars included Piobaku, Dike, Ajayi, Afigbo, and Ayandele among others.

These scholars provided a more objective version of the activities of the Christian missionaries. They sometimes criticize the work of the missionaries and viewed in most cases that in the third world, the relationship that existed between the Europeans and the Africans was one of "cultural domination with enforced changes."<sup>9</sup> The remarkable thing about their discovery was what specifically dominated their work was the concentration on a row of subjects areas identified by them. Such areas bothered on trade, politics and the revolution of Islam. As a result, they wrote expressing their views, with the common goal portraying the glory of the Nigerian past and the context of European expansion.<sup>10</sup>

They recognized that the Nigerian past was not of general interest to those who first wrote its history especially the expatriate scholarship, as the activities of Africans in this case Nigerians did not fit into the main stream of historical narratives. The African continent figured in historical reconstruction only in areas where the European imperialists featured.

Ayandele in his advocacy for the reconstruction of African Church history admonished that:

An African church history must necessarily be the products of an organic growth in the African soil, an institution in which Christianity is incarnate within the African milieu. This was how the historic churches introduced into Africa had developed in their metropolitan countries.<sup>11</sup>

He considered the churches established by the European missionaries in Africa as prototype of the churches in European countries. They therefore, remained the imitations of their mother Churches in Europe. This was because they never used African institution in planting the gospel message. And the European considered those Churches later established by Africans themselves as separatists, rebels and at best independent African churches. Among the early African scholars who were able to identify this problem in person of James Johnson in 1905 stated:

Christianity is a religion intended for and is suitable for every place and tribe of people on the face of the globe. Acceptance of it was never intended by its founder to denationalise any people and its indeed its glory that every race of people may profess and practice it and imprint upon it its own native characteristics, giving it a peculiar type among themselves without losing anything of its virtue. And why should not there be African Christianity as there has been a European and an American christianity.<sup>12</sup>

To James Johnson Christianity should speak to every race in their peculiar ways and situations. The gospel message should be interpreted within its cultural milieu, as a result of the denationalising aspect of Christianity as these scholars viewed it, most African natives could not see the difference between the European missionaries and the colonial

administrators. Thus, in many African areas, missionary endeavours failed as the missionaries were seen as not more than a part of the imperial establishment in Africa. In his writings Bendt Sunkler, stated that the missionaries were seen and considered largely as those who aided the imperialists. Ayandele, in his own analysis stated that the missionaries were viewed as imperialist by most Nigerians and were described as birds of the same feathers flocking together.<sup>13</sup>

The missionaries also persuaded closely the individual kind of faith. This was a process where a convert was separated from his host community the moment he profess to be a Christian. This was against the African principle of cooperate existence. Every member of the society does not live for himself but taking the society into consideration.

On arrival the missionaries created centers where converts were kept away from their relations. Such villages were named after the missionaries like Kent, Wilberforce, Bingham, Kumm, Burthurst, Granvile and other such names. The converts were detribalised as they were made to wear European dress, lived in European houses or environment influenced by European mode of dressing and they were considered a literate community with a common language of communication which was English though not well spoken by the converts, which was also called by the European "broken English" as the converts were not fluent. They were made "black European".

When the converts began to speak fluent English grammar, many of the Europeans felt that these Africans when given the opportunity are capable of improving themselves. This encouragement came to them when a figure like Samuel Crowther impressed them as revealed by Walls:

When the large grave figure of Samuel Crowther, clad in immaculately clerical black, spoke convincingly on English public platform had audience with Queen Victoria and answered all Prince Albert's intelligent questions about commerce in Africa, the whole missionary enterprise seemed justified. The future operations of missionary in Africa must be directed to producing more of the same.<sup>14</sup>

As a result of the detribalising process adopted by the European missionaries, many of the early native converts abandoned all that concerned their cultural practices; and identified with the missionaries newly introduced religion. This was to the case of the CMS among the Bantu people as identified by Thomas Beidelma.

"The mission work is the undermining of traditional way of life. In this the missionary represents the most extreme thorough going and self-conscious protagonist of cultural innovation and change."<sup>15</sup>

He further stated that:

The missionaries at least in the past were unashamedly ethnocentric, though he saw the struggle to impose his values as loving and altruism. He was cruel to be kind. His ethnocentric in and proselytisation represents a blend of exclusion and inclusion, domination and brotherhood and exploitation sacrifice.<sup>16</sup>

The missionary philosophies and principles were achieved based on set goals, which the missionaries had from their home background. However, some of these strategies, which were mostly formed from their home, were later reshaped on the field. This is to disabuse the minds of people who feel that the history of the Christian missionaries can be composed without considering the home base of the missionaries. It is also significant to note that the missionaries' policies, which were formulated based on their views of other societies and peoples were reshaped on the fields.

These early missionaries lived in a society that was influenced by the raging philosophies of the day, one of which was the evolution optimism among the whites, devised by the Darwinian theories of evolution. This later developed into a racial theory. The author does not intend to give a detailed account of the race theory, but mention must be made that as a result of these theories, the black race was subjected to scientific examination. In this theory, the whites believed that they were the superior race. Cases of such presumptions of racial superiority abounds. Thus one Stephen Neil stated:

Missionaries in the 19<sup>th</sup> century had to some extent yielded to the Colonial complex. Only western man was in the full sense of the word; he was wise and good, and members to other races; in so far as they become westernised, might share in the wisdom and goodness. But western man was the leader, and would remain for a very long time, perhaps be forever.<sup>17</sup>

These presumptions by the Europeans later became the basis of their colonization of other nations particularly Africans. Thus, the European attitudes towards African custom, culture, and religious practices and appearances, left much to be desired. The early missionaries along with their home governments in their quest for colony decided to explore the African continent. This explains why some observers – Christians and non-Christians alike, have criticized the work of the early missionaries. The Western view of Africa as a dark continent also attracted the attention and sympathy of Christian missionaries. Such views were published in European periodicals. One of such news was “the burden of the Sudan” as a region without the gospel message. Among the several missionaries who responded to this call were the SIM and SUM. They viewed the Sudan as an area, which was poorly, if not non-affected by the missionaries’ influences.<sup>18</sup> Hence, African natives needed to be saved wholly. As a result, the early missionaries along with their own government in their quest for colony decided to explore the African continent.

It is significant to note that ethnological adventure and the numerous voyages carried out by the Europeans brought to bare the needs of Africans and Africa, and other heathen lands. This had its impetus from the renaissance, and the emergence of industrialization. This brought about a shift of power from the Mediterranean region to

the Atlantic Ocean for trade and colonialism. The plight of Christianity during such times varies from one place to the other. In Africa it was a mixed blessing to the missionaries. While the missionary activities were aided and protected in some places by the colonial power, some of the missionaries' work became vulnerable to attacks by the colonial powers, particularly the case of northern Nigeria. The fact that the colonial power and the missionaries were products of the same society posed some problem of interpretation of issues by the natives. To worsen the case of the Sudan, the imperialists and the missionaries penetrated the area simultaneously.

As a result of their "high" views about themselves, the Europeans considered other races and their cultural practices particularly Africans, as animists, savage, barbaric and such other derogatory terms were used in describing the African natives by the whites. Their description of Africans was widely read in European writings or publications. Such periodicals include: the "Sudan Witness," *"Africa Now," "The Annual report of the European"* and some Resumes from the various missionaries' stations in Africa. A scholar once reported on such European views of the African natives:

All aspects of African culture were to be down, drumming was an abomination, nakedness sin, African music praise the devil; the true convert would show his mettle by casting away all wives but one, observing the Sabbath and no other day eschewing nakedness and wearing European dress,

speaking, reading, and writing English, and paying little or no attention to the social obligations of his tribes, clan, or extended family. Such converts, cut off from the society in which they had grown to adult years, naturally developed a relationship of dependence towards their new missionary mentors, a relationship which because these people were under-going processed of re-education, took on a childlike quality.<sup>19</sup>

It was easy for the missionaries (when appealing for support), to simplify this situation, and create the picture of the Africans as one that could have appealed to the heart of their audience oversea. Alongside with the high view for self esteem, and exoneration, the European quest for socio-economic improvement of other nations led to the exploration of other towns and cities by the European powers to serve as markets. This was acquired in the most competitive manner among the European powers. These markets so acquired later became the colonial grounds to the Europeans as earlier indicated.

Apart from the economic factor, the thirst for the extension of powers among the European nations in line with their beliefs as a superior race was there. These and other features influenced the European beliefs, assumptions and views about their society positively and otherwise. Above all, these issues opened up the "New world" not only to the traders, explorers, anthropologists and others, but also to the missionaries themselves.

### **2.1.3. The Developmental Activities of the Missionaries**

It is significant to note here that the Christian missionaries certainly played a significant role in the development of African society and Nigeria in particular. In addition to their educational programmes among others, the missionaries involved themselves in medical services. In this case they worked among the leprosy patients in Northern Nigeria where they discovered that the disease was rampant and had eaten deep into the fabric of Northern Nigerian populace. They did not only set up hospitals and clinics as centers of healing for all kinds of diseases, but approached the colonial government to run their existing leprosy centres that were poorly managed by the government of the day. The missionaries did this in two phases. In the first phase, they made it in the north, in the second phase; they made some concerted efforts to gain entry into the exclusively Moslem areas of Northern Nigeria. In 1927, they finally gained entry into the exclusive Muslim districts. Both the government and the victims appreciated the immediate impression they made. This was in their attempt to give a new lease of life to victims of leprosy. The missionaries got so absorbed that they were not too keen in making converts, but they instead worked tirelessly to provide better living conditions to the patients. Reports on one of such activities among the Bura in Bauchi hills in 1930 by Webster stated:

Proselytising at present takes a secondary place to the enhancement of the material welfare and health of the people and it is this, which has contributed so greatly to the popularity and success of the mission among the Bura and Margi tribes. They do not make a strong point at the outset rightly maintaining that a healthy and prosperous people is the first desideratum.<sup>20</sup>

Also one Lonsdale the resident of Plateau in his annual report of 1928 stated:

Mr. and Mrs. Cooper may be described as Princess amongst missionaries their twenty years residence amongst the plain Yergams has transformed this tribe and uplifted them beyond compare in other quarters. The pagan women now undertake midwifery on their own account.<sup>21</sup>

It is also on record that the Garkida Medical centre receives about one hundred pounds from the colonial government in furtherance of medical work. This is a clear indication that a huge success was recorded from the medical work of the missionaries in northern Nigeria.

Nigeria is one of the famous countries of modern Africa that has a larger number of leprosy patients. This is due largely to the climatic conditions of the area. The evolution of the social services over the years depends on many related factors like the history of the country's geographical exploration, colonization, and pacification of the development of its trade, commerce, industry, political administration, evangelisation and above all, the reaction and zeal of the men and women who first pioneered the early activities. This was true of the health services in Nigeria. The history of the medical service can be

traced back to the age of the explorers like Mungo Park, William Balfour Baikie, and Magregor Liard. This was overwhelmingly followed by the work of the Christian missions, which also marked the beginning of medical services in Nigeria. As earlier stated, the Christian missionaries were the first to establish organized medicine in Nigeria.

Infectious diseases like leprosy, is among the biggest diseases that caused disability globally. They have caused disability in millions of people around the globe and serve as major obstacles to socio-economic development. This is seen, particularly when children are kept away from school and adults from their work. It is a known fact that a repeated attack of illness and its long-term disability is a major source of underdevelopment in many countries. Leprosy is one of such infectious diseases. It is one of the oldest scourges known to humanity that causes problems to underdeveloped countries like south East Asia, Africa and Latin America. Over half a million cases occur every year and about two million people are made disabled by Leprosy. It can cause severe and irreversible mutilation of the face, damage to the bones, eyes, nerves and the internal organs. Those affected do not only suffer pain and disability but are also victims of stigmatisation, shame and anguish.<sup>22</sup>

## **2.2 LEPROSY AND STIGMATISATION**

In recent years, leprosy victims do not need to announce their presence or appearance in the public, yet they are greatly feared. Thus one Eileen Egan who worked among leprosy patients in Calcutta in India stated, "while affliction men no longer have to worry of their unclean presence by ringing a bell, the stigma of leprosy falls heavily on them"<sup>23</sup> The situation was not different at the time of Jesus. Victims cured by Jesus during his years of ministry on earth were directed not to advertise their blessings of healing to the public, but rather Jesus requested them to go and show themselves to the priest who would confirm them cleanse in accordance with the law of Moses before they were allowed to move freely in the society.<sup>24</sup> Also, the biblical records of the plight of Naaman the Syrian army commander who was infected by leprosy indicated that despite Naamans's achievements, he was feared and segregated by his president. The single three-letter word "but" was a tragedy to all that Naaman had achieved. The fact that this disease did not and still does not respect age or rank, of its victims, it also portrayed the fact that anyone inflicted by this dreadful disease is estranged. Naaman had to seek for healing in order to be accepted by his master and people.<sup>25</sup>

The ill perspective of leprosy and the plight of its victims cuts across various socio-cultural societies. Thus, leprosy is conceived as the

“world serious scourge” because of its deadly nature. While it is ascertain medically that it is a disease like other diseases like malaria and yaws, it is still feared because it is a disease that mutilates the flesh. It does not kill instantly, but through a slow process of gradual mutilation of the body that can lead to disability and ultimately death. It has a loss of sensation because the bacillus organism attacks the nervous system and renders the patients insensitive to feelings as well as destroying other valuable organs of the body.<sup>26</sup> A scholar once describe the disease as one of “the most dangerous and deadly diseases commonly found in Africa”. One of Teresa’s colleagues, Eileen Egan, in her fears stated, “For many of us leprosy was the first disease we dreaded most.”<sup>27</sup> Eillen Egan worked in India with mother Teresa as missionaries among the leprosy patients. In another development a report from one of her workers in the leprosy clinic stated: “Frankly, I was scared, so scared, that I donned surgical gloves before touching him”. This shows how the staff members themselves were scared by the destruction of the disease.

Leprosy patients in northern Nigeria, before the coming of missionaries, were feared and kept either in secluded places of the victim’s houses; thus, leprosy victims lived in perpetual isolation or taken to leprosy settlements, mostly located in a given section of the town. In a situation where they were kept in isolated settlement such isolated settlements are always located some few kilometers away from the

town. Such locations have little or no access roads and other basic facilities for living like good drinking water, electricity, shelter and good food. This was because the victims were greatly feared and subsequently rejected by members of their own families. This was similar to the case in India, where Eileen Egan described the plight of the victims in India thus "the lepers were the most classic rejected and imperially slummed human creatures".<sup>28</sup> Also one Mr. Jay described the victim's experiences as; "A most miserable existence, nothing can be done for their bodies, what could be has been done".<sup>29</sup> These and other negative attitudes towards the victims forced them to accept themselves as second-class citizens who are not wanted and loved by the society. In most cases they died un-helped, their resources untapped and those who died may not be buried in some of the societies. This results to some psychological effect on their lives. This is similar to the societal attitude towards those with some form of disability. As a result of this harsh attitude towards victims of leprosy, a scholar once noted:

The negative attitudes of members of the public affect the emotional well being of the disabled and consequently a negative impact on his willingness to accept rehabilitation.<sup>30</sup>

This he said because many leprosy patients were not willing to avail themselves at the centers created by the missionaries to cure them from the disease. In most cases they were either afraid of being known,

while others did not accept their situations for fear of ill treatment from the society. In another development one R.V. Warderker in his pamphlet on "the effect of leprosy on the victims" stated:

Within the limits of normality every individual loves himself in cases where he has a deformity or abnormality or develops it later, his own sense revolts and develops a sort of disgust towards himself.<sup>31</sup>

This portrayed the personality of the victim who finds himself in this accidental position. Leprosy itself is not a disability, but it can create psychological disability to the victim. The physical disability of the disease comes where the ulcers mutilate the limbs as earlier stated. This can lead to the amputations of such limbs. There is of course what is called "a burnt out case"<sup>32</sup>. This is a situation when the victim is badly affected by the disease.

### **2.3 THE CHRISTIAN MISSIONS AND LEPROSY WORK**

Several scholars have debated the concept of social gospel. The work of the Christian Missionaries as conceived by some scholars, is the call to engage in those activities designed to effect the expansion of the Church beyond its existing boundaries.<sup>33</sup> This is to say that evangelism is a human endeavour, and as human endeavour, it must involve methods and principles. This of course, varies according to the context, circumstance, place, time and the people. Thus in 1974 at the Synod Meeting in Rome, the African Bishops identified two types of

evangelisation; The missionary evangelisation and the pastoral evangelisation. The missionary evangelization concerns the oral message proclaimed by the missionaries while the pastoral evangelization concerned with those activities connected with nurturing and fostering the faith of the evangelized.<sup>34</sup>

This explains why scholars of contextual theology belief in meeting the needs of the evangelised at the nick of their situation and plight, particularly where theology seeks to clarify faith depending where it has not been kindled.<sup>35</sup> Hence, Horsch charged the new view of missions as inseparable from the social gospel. He considered the social gospel as an extreme form of liberal theology. Janets reiterated this view when she stated that:

The new view of missions includes more than mere interpretation of religion. Its burden is the social gospel. Instead of working for the salvation of the individuals by faith in our Lord Jesus Christ, it undertakes to save society by socialization and reforms of various descriptions.<sup>36</sup>

As the Christian missionaries arrived in Nigeria, they involved themselves in some social ecumenism. This is a system of evangelism that considers bread and the provision of the needs of the evangelised paramount. They believed that God's love is extended to man as a complete whole serving both the physical and the spiritual. Thus Gold smith noted, "If we are to do what he commended us then we shall need

to use all available means<sup>37</sup> In line with such needs and their provision to the evangelised, Mr., William Brooke in his own view stated:

Why all these apparatus of Temples and meeting houses to save men from perdition in a world which is to come while never a helping hand is stretched out to save men from the inferno of their present life.<sup>38</sup>

The above statements presupposed help to the needy, the sick, the rejected, the untouchables, marginalized and the dying as they will not listen to the message of a future home except a help is offered them to alleviate their sufferings in this life. Equally disturbed by the plight of such persons was William Carey who challenged the missionary bodies with the following philosophised questions:

- a. Will the Church only preach the gospel for conversion or should she minister to the victims by relieving their needs and doing work of mercy?
- b. Will the Church seek further to remove the causes of human needs and suffering seeking justice and political freedom and fairness or should she stop the persons inflicting the wounds?

The Christian Missionaries later answered these and other questions by redefining their principles in evangelism. They worked out their programmes based on the needs of those they evangelized. This immediately called for some social responsibilities from the Missionaries

to the evangelized. It is significant to note that most foreign missionary workers were concerned with education, and medical service as a social practice, they needed to provide to those they evangelised. The Telugu story giving by Janet of foreign missions in India illustrate this; This story has it that about 2222 people were converted as a result of the provision of such social services. A statement by Denis from his personal experience, "assumed that education and social services were integral to mission" he said further that:

It is a most adequate conception of the result proposed, that it is simply to proclaim the gospel in all human ears, and bear witnesses to its existence before all men. The result, which we should seek, is broader more comprehensive, more permanently fruitful than this. It is to plant Christianity among the nations. To bring individual souls entire communities and whole nations into living contact with its power. It is to propagate and establish the spiritual kingdom of our God through out the earth. And to develop supporting, self-propagating, organised agencies, which shall be Christian in their animus and influence and power.<sup>39</sup>

One of such social ecumenism provided by the missionaries in line with the needs of the evangelised was the development of modern medicine as earlier stated. In the Nigerian traditional setting, like any other medicine is as old as man. It was however practiced by specialists who were literarily referred to as "medicine men". Ralph Schramph makes reference to the "Wambai" among the Hausa ethnic group, the "Gozem" among the Nupe people, the "Aduhunse" and "Elesiyi" among the Igbo

and Yorubas respectively. However, these people are still in this business today.<sup>40</sup>

In the traditional African setting, medicine was conceived as god's gift particularly where the collection, dispensing and the application of the medicine was accompanied with some rituals. The medicine men were believed to have been called by the gods, as a result, they were very friendly to the people in any given society and are easily accessible.<sup>41</sup> In Nigeria like any other Africa setting sicknesses of all kinds have their causes. These causes ranged from the spirits, gods, disobedience, witches and wizards, and some mischievous persons. Leprosy as a disease was believed by many ethnic groups as caused by being poisoned. MacDonald reiterated this thus:

A disease which was a misfortune was believed by African natives to be as a result of some malevolent spirits but which the sufferers in attempt to vindicate themselves attributed to poisoning or sorcery and so went from one native doctor to the other to no avail.<sup>42</sup>

Among Nigerian societies there are many superstitions associated with leprosy disease. But modern medicine was able to uncover the cause of leprosy in later years. Part of the discovery showed that leprosy thrived most in dirty environments, congested areas or over- populated areas, and in countries with poor condition of living. To eradicate the disease among others will involve the provision of some education on personal hygiene and the improvement of environmental sanitation,

comparatively dense population, poor condition of living with particular reference to the poor environmental sanitation, which greatly spread the disease faster.

These and other factors made the problem one of real difficulty in Nigeria. This is reiterated thus, "though affecting people of all races and social levels 90% of leprosy occurs in the less developed parts of the world particularly Asia, Africa and South America".<sup>43</sup> This explains why the patients in the colonies were taught some simple personal hygiene by the missionaries in addition to the medical and social treatment they received at the colonies. Helser, was one of those who advocated that leprosy settlement should be set up to isolate the victims of leprosy from the host community. This was to enable the Christian missionaries in conjunction with the native administration to give special attention to the victims. Victims who have been discharged were free to stay at the settlements to avoid their roaming the streets as beggars.<sup>44</sup>

Most of these control units or settlements were set up by the government, but later handed over to the missionaries for better management. Hence, the missionaries in conjunction with the colonial government worked hand in hand. Thus in 1944, Sir Sydney reported:

This field (leprosy), which they (mission) have made peculiarly their own. It's also a field in which collaboration with the government and native administration has been closer and the amount of official support greater than the general medical work.<sup>45</sup>

Sir Sydney also noted further that it was the Christian missionaries who challenged the government to undertake leprosy work more seriously in Nigeria. Nigeria is believed to have gotten into contact with missionaries for this noble work in the following areas:

- a. The early contact of the country with the culture of the near east.
- b. The earliest contact of the country with the Western world like the Portuguese in the fifteenth century, the trans-Atlantic ocean trades, the explorers and the colonial government.
- c. The coming of the Christian Missions in the nineteenth century and their efforts to develop organized medical care in West Africa and Nigeria in particular.

Other Christian missionary personnels who contributed in this work included Hope Wadell, David Livingstone, Bishop Shanaham, and Thomas Bell. Thus by the 18<sup>th</sup> century, the missionaries have established healing centres and hospitals in Nigeria. This was one of the reasons that prompted Dr. Dike to highlight on the sincerity and firmness of the missionary's purpose:

The men who led the great missionary motion of the time were undoubtedly inspired by genuine idealism. Only a cynic could read the journals of the missionaries and explorers

and remained unconscious as to the sincerity of their motive.<sup>46</sup>

Thus in 1905, the Roman Catholic Mission established the hospital at Sao Tome. They built the Sacred Heart of Lagos in 1895, and earlier the Lagos hospital in 1893. It is significant to note that the time that modern medicine was introduced in Nigeria, the cure of leprosy disease was not part of the missionary's programme. This was expressed by MacDonald who was reported as saying "our knowledge of leprosy disease was just nil."<sup>47</sup>

This later led to the creation of leprosy settlement as the leprosy patients come for healing in the hospitals. The situation later necessitated the provision of the same medical services among the leprosy patients. Mother Theresa reiterated this situational provision of the cure of leprosy in 1905 at Calcutta in India. She worked among the "poor" whom she had a burden for. Enshrined in her prayers, was: "Lord make me a channel of peace, where there is hatred, let me sow love where there is despair..."<sup>48</sup>

To Mother Theresa, "the poor" included, the abandoned, the infirmed, the dying, the desperate, the sick, the lost, outcasts and the hungry. She devoted herself to working among leprosy patients - a category of persons she felt were the most rejected and neglected by the public.

In a similar incident, Dr. Parson Barnden of the Vom Christian Hospital on the Plateau in Nigeria was reported to have had such burden for leprosy patients and said; "we must do something for the lepers" when he witnessed the death of a leprosy patient in Vom.

Leprosy work proper began in Nigeria in 1926. The disease could not only incapacitate in several ways, but the attitude of the society was one that no one would wish to experience.<sup>49</sup> Jean Hamilton related the experience of a leprosy victim thus;

He could not believe his ears as his brother identified this by spotting a lighter part of the skin on David's forehead. David knew what that meant. He knew that, he was infected by leprosy – a dreadful disease among his people. He was disgusted at the sight of disfigured people in his village. Many of such persons lived by begging because their family members rejected them. Husbands could reject their wives and vice versa. What David feared most as Jean Hamilton expressed was: "The sunken bridge of the nose, lack of sensation, lost of fingers and toes. He perceived himself as a living dead."<sup>50</sup>

The Total rejection by his own people was David's area of fear. Thus is because leprosy a disease that was infectious and once one was infected by it, one was sure of dying as a victim. This was the belief held by many ethnic groups in Nigeria. Thus Dr. Brown who worked among the Igbo communities noted:

Death cures it. The Igbo cryptically said the kindest thing to do for the man so cursed by the spirits in this life was to speed his return to the next world so that he might be born again into the earthly tribe. So these people gradually dies to sound and sense whilst their bodies through disease and

ill-treatment rotted to an early and miserable death. Often homes were pushed on them and fired they cease to breath.<sup>51</sup>

That was the stigma leprosy could make on her victims. It was a disease of all diseases. The fear of such was what made the patients of leprosy disease psychologically unbalanced. The dreaded not only the disease but also the negative treatment that would be accorded the victims by the society. Another experience revealed by Mollie of total disgust by patients was:

It is a thing of great fear. You know what light patch on the skin means. I do not want to be a leper, just think of it, no finger, hardly any foot and badly disfigured face. Will I believe that? What shall I do?<sup>52</sup>

People could identify leprosy traditionally by observing the colour of the skin. The affected area is always lighter than the normal skin colour with loss of sensation. Victims of leprosy disease were and are still grip with fear. Apart from the fear of the body mutilation, the victims thought also of the public rejection they would suffer.

As earlier indicated, part of the problem was because of the infectious nature of the disease. As a result, they were mostly kept separately. A report by Dr. Helser on the contagious nature of the disease showed that:

By taking a careful history and much questioning of the patients, sixty-four percent give a definite history of near relatives having leprosy; members of the immediate family, twenty-two percent are doubtful, or gave a poor history and in some cases refused to answer, while only fourteen

percent denied close associations with sufferers of leprosy. One case had ten brothers and sisters who contracted leprosy sometimes in their lives. There are many brothers and cousins in the colonies. There are four cases of parents and children all helping to prove that leprosy is contracted after a long period of close contact...<sup>53</sup>

In all respects leprosy is proved to be a contagious disease when it is left untreated. This greatly caused the fear of the public towards leprosy patients. As a result, attempts were made to isolate them to avoid the spread of the disease. Thus victims of leprosy are often rejected, and ridiculed by the society. Thus, Kalu stated; "The effect of leprosy lasts for a life time". He stated further that "whatever the case, leprosy as a disease is very disastrous in all effects." What makes it dreadful is the damage to the nerves giving rise to deformities in the hands, feet, nose and eyes, which promote the awful stigma on its victims.

The issue here is that where the victims are cured the deformed parts of the body still show. Thus the Igbo people call it *Oria ocha*, i.e. "white sickness" and they scarcely call it by name, but where it becomes necessary, it is only whispered to listeners. This is to avoid the hearing of a bad thing. They refer to it as *Obiri na oja ocha*, i.e. "that which ends in death." Among the Mwaghavul people of the Jos Plateau the leprosy patient is called "*Lohomtu* that is one who is killed by leprosy" or *Ndad*, i.e. "one who is completely deformed by leprosy." This was how

the cruelty of leprosy fell on its victims. The victims bitterly passed through such descriptions, and in most cases they are affected by it. Odumegwu Ojukwu once made reference to Mother Theresa's opinion saying:

The biggest disease today is not leprosy or tuberculosis but rather the feeling of rejection, unwanted, uncared for and deserted by everybody. This greatest evil is lack of love and charity, the terrible indifference towards one's neighbour who lives at the roadside assaulted by exploitation, corruption, poverty and disease.<sup>54</sup>

In most cases their close relations for fear of contracting the disease reject these unfortunate members of the society. Spouses could divorce each other unceremoniously on discovery that the other is infected. A spouse once expressed himself:

I shall never forget the misery when I first saw the marks on my body. The very remembrance is fearful. My wife immediately divorces me. A battle began to wage in me, a battle of life and death, whether to go for treatment or end my miserable existence. I was taken to Kano with dark thoughts of suicide. Instead of entering a place of death, I found new life after four years of treatment; my name was read in the list of symptoms free patients.<sup>55</sup>

Leprosy patients suffer several problems. The wife did not only reject this patient, but the fear of what he will experience from the society. His dramatic cure after four years of treatment, gave him some relief and he later referred to this as "new life." They never had hope of any meaningful living. Little did they expect anybody could care to touch their body, as did the missionaries. This touch by the missionaries gave

the victims some sense of being loved, wanted and belonged. They were made to believe the missionaries that apart from the physical touch, the missionaries did encourage the patients that "no disease is beyond God's power to cure. God had cleansed lepers in time past and his arms are not shortened in our time. Nothing is too hard for God, not even leprosy"<sup>56</sup>

...Because the victims of the disease had no hope of recovery, they thought it futile to come to clinic. Many of the more serious neglected cases who suffered from gross deformity and ulceration, never were seen. Society had rejected them sentencing them to an isolated and most wretched existence outside the village often to live in extremely primitive condition...<sup>57</sup>

This statement further emphasised on the attitude of the society, which in turn stigmatized the victims. Generally the positive attitude of the Christian Missionaries towards the patients gave them some psychological healing, this also attracted more patients to the colonies where better care was offered them. However, before then many were ashamed of going to the colonies, they would prefer to be in hiding; but the presence of the missionaries gave them the courage to dispel their initial conception. They were relieved of the unbearable contempt and hatred from the society. Provisions like milk, cloths, feeding were given to them and they were treated free of charge in the colonies.<sup>58</sup>

This explains why the directive by the missionaries that all patients must be at the colony, which was not accepted at the initial

stage, was obeyed by the patients. At the settlements, arrangements were made by the missionaries for the newborn babies. There was a "clean home" where children of the patients were kept. This was to stop the babies from contracting the dreadful disease from their parents. On this, Helser reported:

Babies born in the settlement are at once removed from their parents to the clean baby house. If the mother's condition permits, she comes up to the nursery four times a day. She has to wear a gown with a slit for the breast and gloves, while the baby is attired in a bag with only the head showing<sup>59</sup>

This shows the commitment of the missionaries to the cause of the victims. This arrangement was to the babies from contracting the disease. Such babies were kept under the care of the missionaries. After this period of years they were examined to be sure they were symptom free before they were discharged and sent to the parent's relatives. Meanwhile, the parents continued with their treatment.

The 1908 Health Ordinance empowered the government to establish colonies for the cure of leprosy patients whenever and wherever necessary, this Health Ordinance also banned leprosy patient from any trade or any form of involvement, which could endanger public health. In 1916, this ordinance was re-enforced and it led to the establishment of leprosy colonies and by 1938, there were about fourteen leprosy colonies scattered all over Nigeria.<sup>60</sup>

While many were lured to be at the colonies as earlier stated, others feared being abandoned at the colony by their relations. They had to be lured because some patients felt that their cases were hopeless as reported by Sadiq Ibrahim of Kano colony above. Some were ashamed of being discovered as leprosy victims and so they preferred to be in hiding. For others they could not get the news of the missionary worker. As a result, the missionaries thought there were no many leprosy patients in Nigeria. Schramp describe a similar case in Eastern Nigeria, at the Uzuakoli and Itu leprosy settlements;

It was thought that there were little leprosy in Nigeria in 1927, but as soon as the news of hope of cure spread, the secrecy was broken and thousands of patients appeared around the settlements for treatment.<sup>61</sup>

This portrayed the position of the victims and the experience of the missionaries at the beginning the same situation was applicable to almost all the settlements in Nigeria. The estimated figure of leprosy patients in Nigeria in 1938 was about two hundred thousand.<sup>62</sup> This figure was underestimated, since many patients were still in hiding, either for shame or for not getting the news of the activities of the missionaries among the leprosy patients. They were hiding for the maltreatment they could suffer particularly where the disease was feared.

At one of the colonies, a patient reported that he contracted the disease from his brother. Also another reported that he was infected through his friends who were leprosy victims. One Luka was reported to have infected his three sisters, five brothers and one neighbour. There were however few cases of people who said they were not infected by others. As a result of this devastating effect of leprosy, the disease attracted to itself more attention than the several existing diseases of the period. A doctor in one of the leprosy settlements reiterated: "The valuable thing was for the patients to feel loved but the disease must be eradicated because of its devastating effect". The control of leprosy disease did not only attract the attention of the missionaries, but several other philanthropic and humanitarian organizations. In the colonies the leprosy patients were in categories based on the degree of damage the disease have incurred on them. In the early periods, all categories of infected persons were settled in the colony, but as time went on; only those whose cases were serious were admitted, while unserious cases were made to come for routine checks weekly to collect their drugs. There were those whom the missionaries referred to as "burnt out case". These cases were alternately referred to as "incurable and intractable cases". Such cases were treated only to discontinue the infection of the disease. These categories of patients were fed and clothed in the colony. On recovery, some few could go to their homes while some of them

found it difficult to get integrated into their societies with their family members as a result of their deformities. There were the able bodied whose case were not serious. These were in most cases made to work on the farms, so also those who were crippled and too weak to work. Thus A.B. MacDonald of the Church of Scotland mission and the Dean of leprosy workers in Nigeria described the categories of patients in his report thus:

There were three classes of patients. Those semi able bodied, those debilitated and those too weak or crippled. The first two could do two days work. This is the contribution they are asked to make to the colony in return for services rendered... if they are not fit they are supplied with food.<sup>63</sup>

From the above reports those with better cases were given some lighter work which included carpentry, blacksmithing, soap making, mat weaving and other works that the patients were capable of doing. Such works served as an exercise for their muscles. Patients whose cases were bad were considered incapable of doing anything. Plots of lands were given to those capable to work on them. The baby clean house was taken care of by some workers who were not infected with the disease. Most of the workers in the settlement were those who were ex-patients. Those whose case, were discovered at an early stage and treated are likely not to have any mark on their body. In one of the colonies, in

Southern Nigeria Ola Rotimi related a discussion between two leprosy patients in his book "Hopes of the Living Dead" as follows:

Your kind of leprosy is not the type that crushes the spirits. It is the skin type – just the surface, the "merciful" kind spares your fingers, saves your toes from going rotten while you still call yourself man.<sup>64</sup>

This patient was forced to consider the normal or mutilated persons as the most fortunate person. It is also significant to note that the leprosy patients who were kept in the settlements, were from different background, language and culture, but their common situation made them one.<sup>65</sup>

#### **2.4 THE EXPERIENCES OF THE EX-PATIENTS WITH THE PUBLIC.**

As was the case with the victims of leprosy, the leprosy patients who were certified free from leprosy disease by medical report could still be feared by members of the society and in some cases rejected by members of their families. This made it hard for many ex-patients to be integrated into the society in which they lived. This treatment cuts across numerous ethnic groups in Nigeria, with very few exceptions.

Among the Jewish community, tradition expects the cleansed leprosy patients to show themselves to the priest to certify that they had been healed. This was to enable the priest to declare them cleansed from leprosy. The responsibility of declaring someone cleansed from any

form of skin disease was vested only on the priest as part of his function. It was only when this was done that the leprosy patients had the right to claim their healing from the disease. This showed why Jesus referred the lepers he cured to the priests. This explains why ex-patients do not have it easy to join their family members after being discharged from the hospital. An ex-victim reported;

I do not want to go back home as my people feel I am still a leper particularly as the indelible marks of leprosy are still seen on my hands, feet and face.<sup>66</sup>

A report in the The News has it that some patients were harassed in their settlements by the near-by communities for fear of being contaminated by them. A report from one of the victims stated; "we live in constant fear here, because of incessant attacks from neighbouring villagers who say our presence will infect them".<sup>67</sup>

As they settled together, they involved themselves in one form of businesses or the other. Such petty businesses included, farming, trading among others to feed themselves and members of their families. In a situation where they are not able to cater for themselves, they are forced to street begging. This explains why many of them are seen mostly by the roadsides, in worship areas like the Mosques and Churches, and in the open markets. Despite the difficulties and the high risk involved in this, some of them reported that the high ways are still a "greener pasture." The reason for their being at the highways was

because their shelters in the colonies were inhabitable and sometimes such places were often attacked by robbers, who felt that the ex-patients were making some good living. Often times the little that they were given was robbed of them and female victims raped by the robbers<sup>68</sup>. Other risks suffered by this people included being run over by vehicles. There were instances when they were left to bleed to death without medical attention.

The social stigma of leprosy on the ex-patients was transferred to their children as well. The children were segregated and treated with contempt by members of the society. Also, many of the ex-patients who were rejected by their spouses got married to each other at the settlement. These relationships are often blessed with children. The missionaries also established schools for the children. This is because; the children were often ridiculed, as they were rejection by the society. A victim narrated his ordeal thus:

“People think our children are sick like us, but they are not. Look at them, they are very healthy and intelligent”.<sup>69</sup>

These categories of persons are not allowed by the society to enjoy some facilities like water, and their children were not accepted in public schools as well. The public often harassed them. A patient once appealed thus; “Let the government give our children education. We will at least die happy”. This expressed the needs for education by leprosy

victims for their children. A daughter of a victim reiterated the need as follows: "we want to go to school and be like other girls in our area."<sup>70</sup>

In one of the leprosy settlements the researcher visited, it was observed that each of the patients was not only in an over size clothing, but multicoloured. On inquiry, the leader of the settlement said that some spirited individuals and organisations gave these clothes to them. In an interview with, a victim decried:

We depend on the good will of people around us. Whatever they drop is shared equally among us here. The size of what each of us get is irrelevant to us. What we need is something to put on.<sup>71</sup>

The expression above and other similar ones showed the despair in which victims of leprosy as well as ex-victims go through in our society. Ola Rotimi in his book titled *Hopes of the Living Dead*, portrayed the demand of the leprosy patients thus:

This is all we ask a place we can call our own where we can keep ourselves to ourselves, feed ourselves, tend for ourselves perhaps one day our children will find the cure to that which makes us beggars, drifters, and what makes us the livingdead.<sup>72</sup>

There is therefore, the need to address the situation not only by the government but also the society in general. This will go a long way in showing the level to which Nigeria is civilized. This can go a long way in uplifting the society as well the patients. This, when attained, will help;

- a. Allay patient's fears of stigma that is associated with the disease. .

- b. Patients need to be educated on how they can help and carefully inspect themselves. They should inspect their limbs, eyes, feet and faces.

## NOTES

1. T.O Beidalma, *Colonial Evangelism: A Socio-Historical Study of an East African Mission at the Grass Roots*. Bloomington: Indiana University press, 1982, P. 6.
2. Ogbu U. Kalu, (ed.); "African Church Historiography: An Ecumenical Perspective", A paper presented at a workshop on African Church history. Nairobi, August 3<sup>rd</sup>-8<sup>th</sup> 1988; P. 15.
3. E. A. Ayandele, "Writing African Church History". *Journal of African Historical Studies*, P. 231.
4. *Ibid.*, P. 231.
5. Jean and John Comaroff, *Of Revelation and Revolution: Christianity, Colonialism and Consciousness in South Africa*. London: Chicago University Press, 1991, P. 172.
6. T. O. Beidelman, Op Cit: P. 6.
7. Father Cipriuno, quoting Ryder, *Journal of Historical Society*. Vol., 2 No. 1, 1960. P. 3.
8. Andrew F. Walls *The Missionary Movement In Christian History: Studies In The Transmission of Faith*. New York: Obis Books, 1996, pp. 44-45.
9. *Ibid.*, P. 51.
10. T.O Beidelma, "Social theory and the Study of Christian Missions in Africa." *Africa* Vol. xlv, 1974, No. 1 pp. 235-236.
11. Paul E. Lovejoy, "Nigeria; the Ibadan School and its Crisis" in *African Historiography* by Bugumu Jewsiewcki and David Newbury (ed.), London: Sage publications, 1986, Pp. 197-198.
12. E.A. Ayandele, *African Historiographical Studies* P. 230.
13. E.A. Ayandele quoting James Johnson. P. 231. Also *The Missionary Impact*, p. 230
14. Andrew F. Walls, *op. cit*, P. 104.

15. Thomas Beidelma, *op.cit.* P. 212.
16. *Ibid.*, P. 212.
17. Yusufu Turaki, quoting Jan Boer, *Missionary Messengers of Liberia in a Colonial Context. A case study of the Sudan United Missions.* Amsterdam: Rapoel, 1979, p.
18. Yusufu Turaki, *Theory and Practice of Christian Missions in Africa. A Century of SIM History and Legacy in Nigeria 1893-1993.* Kenya: International Bible Society, Africa, 1999, p.55
19. *Ibid;* p.128
20. National Achieves Kaduna, SNP 17 6826, Vol. 1, P. 93.
21. National Achieves Kaduna, SNP, 17 9037, Vol. P. 31.
22. WHO report on infectious disease Chapt. 3. P. 1.
23. Eilleen Egan, *Mother Theresa: Such a Vision of the Street.* Great Britain: Sidgwick & Jackson Ltd, 1986, P. 35.
24. The Gospel According to St. Luke 11:4.
25. II Kings 5:1-17. This is the story of Naaman the army commander of Syria who was inflicted with leprosy.
26. Linus A. *A Social Service to Persons who are Disabled.* USA: Mexico, University Press, 1983, P. 11.
27. Eilleen Egan. *Op.cit.* P. 82.
28. *Ibid.*, P.82.
29. Ralph Shrimp, *A history of the Nigerian Health Service.* Ibadan: Ibadan University Press, 1971, P. 146.
30. Cruickshank, W.M. *Education of Exceptional Children in Nigeria.* New Jersey: Practice Hall Inc. 1975, P. 53

31. Graham Greene, *A Burnt Out Case*. Great Britain: William Heinemann Ltd. 1961, P. 86.
32. *Ibid.*, P. 1.
33. Adolph Darley. *Encyclopedia of Theology of Missions*. Vol.IV, Beach Press, 1969, P. 86.
34. Paul III address to the Symposium of African Bishops in Kampala in 1969, P. 203.
35. E.I. Metuh. "Contextualization: *A Musicological Imperative for the Church in Africa in the Third Millennium Mission Studies* 12. P. 3.
36. Janet quoting John Horsch, *Modern Religion Liberalism*. Scottdale: Pa Fundamental Report, 1921, P. 181.
37. J.H. Boer, *Missionary Messengers of Liberation in a Colonial Context: A case study of the Sudan United Mission*. Amsterdam: Rapodi, 1979, P. 10.
38. J.H. Boer, *Ibid.*, P. 10, 17.
39. Janet quoting James Denis, *Foreign Missions After a Century*. New York: Revell, 2004, p. 215.
40. Ralph Shramp, *op.cit.*, P. 4.
41. E.I. Metuh, *Comparative Studies of African Traditional Religion*. Nigeria: Imicco, 1968, P. 60.
42. Kalu Kalu Ogbonnaya, "Case Study of Christian Missionary Work Among Lepers in South Eastern Nigeria", 1926-1956" An M.A. Thesis submitted to University of Nsukka, 1995. (Unpublished).
43. A.D. Helser, *Two Hundred Thousand Lepers in Nigeria*. Jos: Niger Press 1935, P. 80.
44. S.K. Noordeen & J.M. Hombach. P. 1 Source; is the Internet.
45. Linus A. *op.cit.*, P. 80.

46. Phillipson S, *Health Grants in Aids of the Medical Mission Agencies in Nigeria*. Lagos: Government Printer, P. 34.
47. James Lapsey, *Salvation and Health: The Interlocking Process of Life*. Philadelphia: P. 50.
48. A.B. MacDonald, *In his Name: The Study of a Doctor in Nigeria*. London: Oldbroen, 1964, P. 93.
49. Eilleen Egan, *op. cit.*, P. 16.
50. Linus A. *op. cit.*, P. 16.
51. Jean Hamilton, *A Stranger Came: An Account of the Missionary Enterprise of the Church of Christ in Nigeria*. Sidcup: 1984, P. 13.
52. Fox A. (ed) Uzuakoli: *A Short History: Nigeria*: Oxford University Press, 1964, P. 19.
53. Jean Hamilton, *A Lonely Lake*. Nigeria: 1948 P. 36.
54. A.D. Helser, *op. cit.*, Pp. 60-61.
55. Odumegwu Ojukwu E. *Because I was Involved*. Ibadan: Spectrum Books, 1959, P. 43. (Quoting Mother Theresa).
56. Ralph Shram. *op. cit.*, P. 102.
57. [http:// www.bomlep.org/home.htm/keith](http://www.bomlep.org/home.htm/keith) & Rwd report of their experience at the Bombay Leprosy Project.
58. A.D. Helser, *op. cit.*, P. 16.
59. *Ibid.*, P. 17-18.
60. *Ibid.*, P. 25.
61. Ralph Shram. *op. cit.*, P. 231.
62. Shown Gayus, "Rehabilitating Services in Northern States of Nigeria: Adequacy and Effectiveness" A. Ph.D. Theses submitted to Faculty of Education, University of Jos. 1986. (Unpublished)

63. Ralp Shramp, *op. cit.*, P. 231.
64. Ola Rotimi, *Hopes of the Living Dead*. Ibadan: Immico, 1993, P. 30.
65. A.D. Helser, *op. cit.*, P. 17.
66. Ola Rotimi, *Op.Cit.*
67. National Daily. *The News Magazine* May 15<sup>th</sup> 2000. Lagos: The House Press, P. 58.
68. National Daily. *The News Magazine* May 15<sup>th</sup> 2000. Lagos: The House Press, P. 58.
69. National Daily. *The News Magazine* May 15<sup>th</sup> 2000. Lagos: The House Press, P. 58.
70. *Ibid.*, P. 61.
71. *Ibid.*, P. 61.
72. *Ibid.*, P. 61.

## **CHAPTER THREE**

### **BACKGROUND TO LEPROSY DISEASE**

#### **3.1 THE SOCIALLY DISADVANTAGED IN THE SOCIETY**

The socially disadvantaged are those people the society considered as undesirable, abominable, untouchable and outcasts. In some cases they are called "disabled" referring to those with some form of deformity that does not allow them to effectively participate in all of human activities. Some other people call them "Exceptional people" as they have some special needs. These categories of persons include the visually impaired, the mentally retarded, and the motherless. Slaves, twins and leprosy patients are sometimes classified in this category because their society cannot relate with them easily, more so, that their situation has placed them in some disadvantaged condition. Their learning ability, social interaction, mobility and other general socialization phenomenon were adversely affected. These persons need some rehabilitative programmes to help minimize their disability and to develop adequately their potentials.<sup>1</sup>

The pre-literate Nigerian society, like any other African society had a way of categorising its members. This was in accordance with some scales of social work and cultural ideals obtainable in the society. In some societies there were those classes of people who by the culture

of the people were isolated and that ordered the pattern of interaction between them and the society. The societies have ranked some members of the society higher while others could condescend to a much lower status and simply became untouchables, undesirables as mentioned above, through no fault of theirs.<sup>2</sup> Although the degree of isolation varied from one society to the other, each African society had a general contempt for these categories of persons. In some societies they were either isolated or sometimes killed, while in others they were merely tolerated. This does not only have negative impact on the victims, but also had some serious negative impact on the socio-economic and political status of the society. These categories of persons as earlier stated included the slaves, twins, leprosy patients, blind, deaf and others. Few of these will be discussed.

### **3.1.1 The Slaves**

In W.R.G. Horton's view, slaves among African communities were chattels and not persons.<sup>3</sup> They suffered discrimination and contempt from the society particularly from the free burns. They were kept as livestock by their owners. In Yoruba land the wealthy had an average of about two hundred and eighty slaves. These slaves were used for sacrifices to idols or for burying a wealthy person or a king. The slaves in most cases were not allowed to interact freely with members of the

society. As second-class citizens they were to be seen not heard. They were like goods given marks with iron blade for easy identification by their owners.<sup>4</sup> The slaves constituted of bankrupt debtors, convicts of crimes, abnormal persons and war victims. In some societies, they owned nothing of their own.

When the missionaries arrived most slave owners willingly sent their slaves to the missionary centres but refused to send their own children. This was because they considered Christianity as a social stigma. It was considered as a religion meant for the down trodden, like the slaves. The slaves therefore, became the first persons to embrace Christianity and attended the missionary schools. This made them acquire the necessary skills and learning that enabled some of them to occupy prominent positions in modern society. The government generally employed others. Hence, in Yoruba land, most Christian converts were the freed slaves from Sierra Leone. Thus, most numerical increase reported in the missionary journals by the missionaries was the ex-slaves.

### **3.1.2 Twins and their Mothers**

In many African traditional societies, particularly Nigeria, the twins were instantly eliminated while in other societies the riverside abandoned them in the bush or. Their mothers were sent out of the society. This

was because twins were believed to be evil spirits while their mothers were considered wicked for contravening what traditions considered the natural order of delivering one child at a time. This is supported by a report from an Ibibio wife by her husband.

The chief and the people turned me out of the town. They complain about my having twins and said one thing after the other had come to the town since they were born. They say twins are bad...<sup>5</sup>

Among some other Nigerian natives, like the Ibibios, the mothers of the twins have their market days to avoid any contact with the society. Bishop Ajayi Crowther and J.C. Taylor had to fight the case of twins and their mothers among the Delta people. Among the Mwaghaavul people on the Jos Plateau, this calls for a special rite and ritual that the mother must pass through as a means of cleansing.

### **3.1.3 A Brief History of Leprosy and Leprosy Patients**

Lepers are those infected by leprosy disease. Leprosy is sometimes called "Hanseniasis disease." It is caused by an organism called mycobacterium.<sup>6</sup> This organism affects mostly the skin and nerves. There are several forms of leprosy ranging from the mildest to the severe lepromatus type. Patients are classified in two main categories – Pauci bacillary and Multi bacillary. The former is milder and the later more serious. Treatment of the disease involves three

antibiotics – (Dapson, Rifampicin and Clofazimine), called multi-drug therapy.

It is not certain where leprosy began. In India as far back as 1400 BC leprosy was referred to as “Kushtha” in the secret Vedic scriptures. Physician Shushruta in his book “Sushruta Samhita” in about 600 BC mentioned the disease. Similarly leprosy in the Old Testament was called “Tzaraah” a Hebrew’s description of possibly a horrible skin disease just as the Greek term “Lepra” did in the New Testament. Modern day leprosy in India is called “Kushtha Roj” affirming the ancient disease mentioned in the Vedas. Aractus and Galen called this disease “Elephantiasis Gracorum” in Europe around 150 BC. Leprosy and human beings have a shared unique history. It was identified that leprosy is transmitted only to human beings.

As early as the fifth century BC, the disease resembling Hansen’s disease with all its symptoms and signs is mentioned in India and Chinese medical treaties. An examination of Mummies in Egypt indicates that the disease existed there as early as the second century BC. It is believed that, in the first century following the fight between Egypt and Rome. Pompey’s soldiers contracted the disease. It is also believed that the disease from Italy spread through out Europe. Also, during the crusades, it is believed that the advancing troops and pilgrims

spread the disease suspected to be leprosy from Jerusalem where King Baudonim was reported to have suffered from it.<sup>7</sup>

Over 90% of people affected by leprosy live in developing countries where resources are scarce. In these countries leprosy risk is very high. Approximately 6,000 leprosy patients live in the United States with 95% of the people acquiring the disease in developing countries.<sup>8</sup> About 5.5 million cases of leprosy infected persons are said to be living within the tropic and sub-tropic regions. Eighty percent of the worldwide cases are found dominantly in five countries. These include India, Myanmar, Indonesia, Brazil and Nigeria.<sup>9</sup>

About forty years ago, there were more than 20 million leprosy sufferers globally. In Nigeria, 13,000 patients were registered for treatment in 1992. This figure increased to 200,000 patients. So acute was the suffering of those affected by the disease that the victims were stigmatized. The disease was highly contagious and so necessitated the isolation of victims from the rest of the society. Patients were confined to what was called Lazarets or Leprosaria and there were thousands of such plagues in Europe in the Middle Ages. Victims were forced to psychologically accept that they were unclean and under some sort of curse. In some cases, cruel practices required the victims to walk on a particular side of the road mostly in the direction of the wind. In some cases, too, they were required by law to dress in some attire with a

declaration sign around the neck to warn that they were “lepers” from whom people should flee. In some places victims were barred from entering worship places or made to seat at the back to avoid any contact with members since they were unclean. Leprosy patients were referred to as the “living dead” and were so treated.

When the king of Burma contracted Leprosy, Legend had it that he was advised by the gods to eat of the Kalaw tree’s fruit and was cured.<sup>10</sup> The oil (Chaulmoogra Oil) extracted from this tree was later used as treatment for centuries with little success. Thus, for centuries leprosy continued to take its toll in India and many of the sufferers were banished and sometimes killed. Hindu mythology had it that the god Rama contracted Kshtha but was cured by taking the Chaulmoogra oil.<sup>11</sup> It was uncertain that this fruit was found to be efficacious in China. One professor J.F. Mount was said to have used it on his patients and their condition was improved. Dr. Mouat wrote this trail in the Indian Medical Journal. He also shared some of the oil with his medical colleagues and news of the oil spread worldwide.<sup>12</sup>

This was a kind of skin disease that was most dreaded and disastrous in all effects. It affects the sensation of the nerves. It was deadly but would not kill instantly. Thus, Keith and Ruth once stated, “Although Leprosy can reduce one’s life span, only in rare cases of exacerbated reactions, can it be called a killer disease”.<sup>13</sup> In fact it was

a disease for which there was no cure and was believed to have been caused by misfortune and punishment brought about by the spirits, witches and sorceries. In some traditions, victims of leprosy diseases vindicated themselves that they were poisoned by a deadly concoction.<sup>14</sup>

Leprosy patients were simply segregated against. They were sometimes kept in thick forest far from homes, because they are infected by leprosy disease. This disease was dreaded, so were the victims. Every means of social interaction was closed against them. Where they were tolerated, they were kept in close section of the compound as earlier stated. In some societies, they were killed or burnt to death to stop their reincarnation into their families. It was a disease of all diseases as it mutilated the human body to an irreparable state.<sup>15</sup>

Their immediate family members were not left by the society because the disease was believed to be inherited and incurable. They were discriminated against in all ways. Their daughters got to remote villages to find husbands while their sons married far outside the community. Husbands of infected women divorced them, so also the wives of infected men. Everyone feared contracting the disease as a result of its devastating effect on the body.

### 3.1.4 Classification of Leprosy

A report from one of the officers in charge of the leprosy units in Mangu leprosy and rehabilitation center showed that leprosy disease and the patients were classified into four categories, but this was later redefined to two, namely:

- a. Tuberculosis leprosy; It produces patch spots on the body. It causes the degeneration of the nerves resulting to loss of sensation, especially in the hands and legs with consequent loss of muscular movement.<sup>16</sup> Few patches are seen between one to four:
- b. The Borderline Tuberculoid; This has more patches and has more nerve enlargement. Generally this is more common than the lepromatous leprosy.
- c. Boader Line Tuberculoid. It has multiple patients almost symmetrical in distribution. It has also modules with skin smell.
- d. Lepromatous Leprosy. This is the most infectious, and can cause the thickening of the skin over most parts of the body. It has multiple patches, which are symmetrical with little or no nerve enlargement. The skin smell is very strong.

However, the World Health Organization (WHO) had redefined the above classification in recent years. There are currently two types of

leprosy, the Pauci bacillary and Multi bacillary. The Pauci bacillary had more than five patches with one or more nerve enlargements.<sup>17</sup>

In the early period, all categories of leprosy patients were not only sent to the colony, but were admitted for close observation. The disease was feared for its deformity of the hands, legs, nose, toes and the skins and deadened the sensory nerve of the body too. In recent times, only those with complex cases are admitted, this is because non complex cases can adequately be cared for as out-patients. Complex cases include those with ulcers, reversal reaction or erathemer moderlisome leprosy (ENL) and those with eye complications.

### **3.2 CHARITY WORK AND CHRISTIANITY**

In recent times, this is referred to as social service. Jesus taught, commanded and demonstrated to the disciples that the work of charity is an integral part of their work among the people. The early church practiced this in the Acts of the Apostles when an organized system of relief was carried to the Judean Christians who were impoverish by famine.<sup>18</sup> The early church made charity work a focus and in fellowship committed themselves to it.

During the first three centuries of Christianity, the church cared for widows, orphans, slaves, the sick, the lame and other classes of handicapped persons. The church later developed this move and

committed itself to the cause of the needy. Thus relief of all classes of people was attended to. This later led to the establishment of charitable institutions. Basil the Great (AD 330-379) in the East set the pace as he set up schools, monasteries and churches where the inmates were cared for. Following this pattern, asylum homes were established for the sick people including leprosy patients.

The gesture continued in greater dimension until the church almost became the only responsible institution for charity work.<sup>19</sup> In the 13<sup>th</sup> century, hospitals for the blind were established in France. In 1375, hospital for the mentally retarded was built in Hambury. Around the 14<sup>th</sup> century still, many religious groups were formed like the Jesuits, the Capuchins and St John's brothers and all placed more emphasis on charity.<sup>20</sup>

Here in Nigeria, the Roman Catholic Missions founded an institution for the slaves. About 20,000 francs was granted annually to the Society of the Holy Fathers. They bought slaves from slave owners and settled them in the "Christian Villages" where they formed the nucleus of the Catholic community. Between 1879 and 1888 the Church Missionary Society drew up regulations in respect to slave holders in Nigeria. This was after a long struggle to stop slavery among nations by the British government from 1807. By the regulations, there could be no payment made to slave owners before the slaves were set free. Church

members who involved themselves in any form of slavery were no longer accepted into full membership of the church. The reason for the regulation on slavery was explained by the church missionary society:

We ventured to maintain that slavery in any shape or form was distinguished from voluntary hiring and service is thoroughly alien from the spirit of the gospel... The spirit of the Lord has eliminated slavery from this capacity.<sup>21</sup>

When the slave owners were not cooperating with the colonial administration, Sir Lord Lugard instructed the African Frontier Force (Soldiers) to set free the oppressed and the slaves forcefully without payment to their owners. Before then, missionaries or any philanthropic personnel must make some payment to the slave owners for the freedom of any of the slaves). However, as a result of the instruction from Lugard larger numbers of slaves were set free. Despite that, the social ills that resulted from this exercise became a problem to the administration. Lord Lugard preoccupied himself with this challenge as he set up freed home slaves in Northern Nigeria where they were taken care of.<sup>22</sup>

### **3.2.1 Why Leprosy Disease Attracted the Missionary's Attention**

The overseas missionaries found leprosy patients in large numbers in different places, particularly in the tropical areas like Asia, Africa and India. As the leprosy patients attracted attention, the missionaries made concerted efforts to provide the in-patients with food,

clothing and shelter to get them out of their wretched conditions. In the nineteenth and twentieth centuries, this effort increased, following the religious revivals of the 18<sup>th</sup> century. The revival did not only motivate men's heart for the spread of the gospel, but also to fight against all forms of social ills in human society. Thus the survey of the misfortunes of leprosy patients became most pertinent in this study.

### **3.2.2 The Causes of Leprosy in Pre Literate Society**

Among many ethnic groups of Northern Nigeria as in most African ethnic groups, leprosy was believed to have been some form of poison often used on victims by some mischievous person. This belief is true among the following ethnic people on the Jos Plateau: The Mwaghavul, the Ngas, the Berom, the Mapun and the Gomai people believe that it was caused by some mal violent spirits or by gods assumed to have been offended by the victim. More still, among the numerous factors traditionally conceived as causing leprosy are the following:

- a. Curse:** In most cases the curse comes from the gods, the society or parents of the victim on account of some disrespect or disobedience societal norm like marrying at an odd time as against the specified time by the societies, non observance of taboos and non compliance to set rules and regulations of the

society by the victims. These are likely to attract the wrath of the gods.

- b. Past Evil:** This could be an evil committed either by one's parents or one's relations and punishment is exerted on the parents or relations in this form by the gods.
- c. Parents' Sin:** This is similar to the past evil discussed above. Any of the parents who violated either marital norms or committed some form of crime is believed to be punished by the gods with leprosy. Alternatively he or she could have a deformed child. In some cases the parents are not only alienated, but also forced to abandon the child.
- d. Malicious Persons:** These are mischievous makers especially witches and wizards believed to have attacked someone or cause some harm to someone. Such person could poison the food, drink or anything edible that he or she could offer to his visitors. This explains why in most traditional societies food, drink or anything edible that is offered to visitors must first be tasted by the person doing the gesture before the offer is accepted. This is to show that the food so offered is not harmful. Different ethnic groups call the poison for leprosy differently. Among the Mwaghavul people they call it *Lohom*, and the person infected by it as *Lohomtu*. The Hausa called it *ciwonzafi* and the infected person

*mai ciwon zafi*. The Ngas people call it *Lohm* and the infected person *Lohmtu*. The victims of leprosy have no honour before members of the society rather; they were neglected by the society and greatly feared. Their properties were confiscated. As a result, they do not have ownership of any belonging. This was the plight of the "lepers" before the arrival of the Christian missionaries.

### **3.2.3 The Modern Understanding of Leprosy**

The disease that was believed to have been caused by the gods, the spirit forces, malicious persons, witches and the like by the traditional society was later discovered to have been caused by bacteria. Modern medical sciences have proved that leprosy, although an infectious disease is curable. Sir Amanuer Hansen discovered the leprosy bacillus in 1875. It was said to be infectious when it leaves the body of the victim through some discharges. Being conceived as incurable and infectious, it was dreaded by the society. Dr. Rogenn and Helser investigated the use of chemuloogra oil as drug for leprosy cure. Because the drug was not efficacious enough, the death toll of victims was high. This was in use in 1907 in India. In 1908, the diamino diphenyl drug was synthesized but was put to use in 1973. The discovery of drugs continued and the drug that finally revolutionized the treatment of leprosy was discovered in the early 1940s called Dapsone or Diamino

Phenyl Sylphon (DDS). It is the first anti leprosy drug to be taken orally. The current efficacious treatment of leprosy in Nigeria and indeed the world over is due largely to this new drug.<sup>23</sup>

Following the discovery of the bacillary, an attempt to eradicate the scourge was developed. A serious clinical attack against leprosy began after the Second World War. Medication is a constantly changing science and not all therapies are clearly established, as new research emerged, so also the drugs and treatment therapies for leprosy. Therefore the treatment for leprosy did not warrant a complete accuracy of the treatment. As earlier stated, only the lepromatus form of the disease is assumed to be infectious. Nasal discharges from the untreated victims is said to be the main source of infections. Other possible modes of transmitting these diseases include respiratory secretion, inert vectors and infected soils. For drug treatment purposes, patients are classified into two as earlier stated. The Pauci bacillary patients are treated with two drugs while the muti bacillary patients are treated with three drugs. The case of pregnant women and children has not been established. In recent years, the use of Chemotherapy has been established to stop the infection and minimize the deformities of the victims. Victims should be educated on how to do with existing nerve damaged and to observe the dosages of the drug. Emergency surgery may be necessary with patients who have profound nerve inflation.

It was after the 2<sup>nd</sup> world war that interest in relieving leprosy patients was renewed with the formation of many leprophil organizations. These organizations included the British Empire Relief Organization.<sup>24</sup> The leprosy mission and TOC –H.

### **3.3 LEPROSY RELIEF AND ERADICATION**

As earlier mentioned, the missionaries came across leprosy patients almost everywhere they went particularly in the tropics. In the sixteenth century, they established hospitals in Asia, America and Africa. In South Africa the Morovian Mission maintained a leper asylum in 1817 with Peter Leitner as chaplain.<sup>25</sup> The work was moved by the condition of the patient in 1864 when in India he contracted the disease. The attempt to offer some relief measures to patients became pertinent among their missionaries. Many leprophil organizations were formed with the aim of ridding the world of leprosy. The leprosy mission (TLM), the British Empire Leprosy Association (BELRA) and TOC-H as earlier mentioned. Each of these organizations would be discussed briefly.

#### **3.3.1 The Leprosy Mission (TLM)**

This is an international Christian Organization that believes in charity service and was founded in 1875. Today it brings healing and restoration to about 200 thousand people affected by leprosy in over 30

countries. The leprosy bacillus was first identified and isolated in 1875 by a Norwegian Scientist called Hansen as mentioned above. Before, then many thought leprosy was a curse from God, but Hansen demonstrated that a bacterium called a mycobacterium Leprae was spreading fast in a frightening manner in Norway was the cause of Leprosy. This organization began working in Nigeria in 1930s at Ekpene Obom in the southern part of Nigeria. It currently works in eighty states of the federation. It is a member of anti-leprosy organization (Ilep). This organization over sees the fight against Leprosy for the World Health Organization. (WHO)

Hansen's discovery marked the beginning of modern movements to free the world of leprosy. The systematic development of leprosy work began with the founding of an organization called Mission to Leprosy by a Scottish Missionary called Wellesley C. Bailey a missionary teacher who had interest in working among the poor sufferers to bring them the consolation of the gospel.<sup>26</sup> It was the first and largest Christian body solely responsible for the relief of leprosy patients and the ultimate eradication of the disease. This society embraced more than twenty-five protestant denominations in England and America.

In 1906, the American Mission to the lepers was formed; it was later incorporated in 1920 as the American Mission for the lepers". These two organizations worked together as one mission, and set the pace for

the relief of leprosy patients and the total eradication of the disease. It established hospitals, treatment centers and set the stage for a worldwide campaign against the disease.

The Mission trained "clean" dispensers and leprosy patients in each settlement to do all they could for themselves. By the 1930s, the society had established a network of one hundred and eighty eight (188) stations in forty-six different countries. Each of those settlements received support from the branches of the mission to lepers'. In 1965, the mission's name was christened "The Leprosy Mission" to avoid the social stigma of the word "lepers". Activities carried out by the patients included weaving, cooking, sewing, carpentry, farming, gardening and black smiting. This was in attempt to reintegrate the inmates into the society as self-reliant persons. This was successful as hundreds of the victims were restored to the society. It is in thirty countries with over one hundred leprosy centers, general hospitals and clinics in India alone. Dr. Bailey died in 1937, but not without the hope for the patients he had loved and served.

### **3.3.2 The British Empire Leprosy Relief Association (BELRA)**

Since the Second World War, interest in leprosy work greatly increased as stated above. Each year, fresh and startling discoveries of more drugs were made. Not before long, China, India and the far East

became noted for high rate of the occurrence of the scourging disease although more recently Africa is said to have more cases than India. It was also recognized that leprosy was a dirty disease and little progress had been made to eradicate it because of the lack of proper education of the individuals to personal hygiene and the general improvement in environmental sanitation. It has also been identified that the deficiency in the diet of the patients played a significant role in their susceptibility to infections. The dense population of a given place could worsen the problem. These factors are prominent in Africa and have not helped matters. For this, the task of both relieving the victims as well as eradicating the disease called for increased efforts.

Britain was in the forefront of setting up the machinery, which ultimately dealt effectively with the great scourge of man "leprosy". The British Empire Leprosy Relief Association was a health organization, but at some quarters, it was greatly animated by the missionary spirit. It was founded in 1923, with the motive of "ridding" the British empire of leprosy.<sup>27</sup> In 1926, the Association's branch of Belra was founded with Dr. T.T. G. Meyer as Secretary. It served as the coordinating board for leprosy control in Nigeria before the Nigerian Leprosy Services (NLS) took over the responsibility. The British Empire Relief offers support to the Missionary Leprosy work through financial aid and provision of staff. It engaged in sponsoring researchers on leprosy.

### **3.3.3 Toc-h**

This is an abbreviation of Talbort Honster. It was a leprophil organization originally made up of ex-service men. One Rev. P.T.B. Clayton founded it, after the 1914-1918 world war. This organization worked hand in hand with the British Empire Leprosy Relief Association and the Missionary Societies in Nigerian Leprosy control work.

In 1935, combined committee formed by TOC-H and Belra sent out five key workers who had received one year training from the Livingston College to start work at Itu in Eastern Nigeria. Later on, four others were sent to Kano, Oji, Katsina, and Maiduguri. Their contribution was quite remarkable as they displayed their skills, trades and profession as well as supplying the needed service in these settlements. In 1930s, the father of TOC-H visited Nigeria and through him financial support was received. It was reported later that the money sent could pay five men for five years.<sup>28</sup>

## **3.4 LEPROSY WORK IN NIGERIA**

Inherent in the missionary principles was the ability of the missionaries to make impact on the converts and their environments as they championed the cause of social reforms through charitable works. The first serious attempt to investigate the prevalence of leprosy in

Nigeria and to organize for its treatment was in 1928, when a Nigerian Branch of the British Empire Leprosy Relief Association was formed. A general committee and an executive committee were formed. Each province had its provincial committee with a resident chairperson. These officers functioned in varying degrees in their respective areas. The records show that due largely to the climatic difference there was lesser number of leprosy patients in the southern part of Nigeria than in the northern part. In the North, the disease was widely spread. Leprosy work in Nigeria started when the colonial government was advised to do something about the increasing epidemic of leprosy. The government in turn advised the Chiefs and Emirs to set aside lands for leprosy programmes in Northern Nigeria. Before then, the government initially requested Belra to assist in setting up leprosy programmes in Northern Nigeria. Belra ran into some problems and so the missionaries were allowed to take over. However, due largely to the relentless attack on the disease by both the African and European doctors, far reaching result was achieved especially as a result of the cooperation of both the government and the mission. Sir Walter Johnson, once reports:

Any epidemic disease, which reared its head promptly had that head so severely punched that it soon bobbed down again. How has this been done? I say without hesitation that the medical services as a whole – European and African from top to bottom has played the game whole heartedly.<sup>29</sup>

Leprosy has often been conceived as the "Cinderella" of tropical diseases. It was not easily cured as was the case with other diseases like malaria, yaws and syphilis. As a result, most leprosy patients then never dreamed that any would care enough to give them a fresh start and a new lease of life. The arrival of the missionaries made this feasible. They became convinced and hopeful of their situation when the first fifty percent (50%) and second ten percent (10%) treatment began their operation.<sup>30</sup>

#### **3.4.1 The Christian Missions In Northern And Southern Nigeria**

Christianity by its nature is missionary in outlook. The Old Testament message is centred on God's initiative to restore man's good relationship with God spiritually and physically. The New Testament great commission in Mathew 28:19 is an extension of God's restoration efforts. The Christian mission work began in the Mediterranean world. In the west, Christian missionary societies were formed to enhance the speedy spread of the gospel message. The objective of which was to declare God's mercy and saving grace to all men irrespective of their classes and races. The focus was to restore man to his initial (cordial) relationship with God. In one of his declarations to the disciples, Jesus stated emphatically that He came to set the captives free and those

under oppression of any kind and to restore sight to the blind.<sup>31</sup> Thus, the missionary movement was indeed a religious phenomenon.

The numerous missionary bodies formed throughout Europe and America in the later part of the seventeenth and early eighteenth centuries went to other countries beyond theirs to spread the Gospel. They reached Nigeria in the nineteenth century. Leprosy work began in Nigeria after some fifty to sixty years of the missionary's operation. There were no less than five missionary bodies in Nigeria by the nineteenth century. These owe their impulse from the Eighteenth century Evangelical Revival. The missionary bodies included the Methodist Missionary Society, the Church Missionary Society, the Baptist Mission, the Presbyterian Mission and the Roman Catholic Missions. Each of these missionary bodies contributed its quarter to the Christianisation of Nigeria according to its ability. However, they concentrated in the coastal areas of Nigeria.<sup>32</sup> The Christian religious penetration attempt was not only from the coastal area, evidence is being collected which showed that there were Christians in several parts of Northern Nigeria. In the seventh century, report had it that a Roman Catholic Bishop was appointed for a Borno Mission in the first decade of the eighteenth century. This early attempt was not devoid of the socio-religious, cultural and the political outcome of the period.<sup>33</sup>

However, it is generally accepted that the early European contact with Nigeria began in 1482, when the Portuguese explorers Roudé Seguína came to Nigeria. Alfonso de Alveira followed this. Their aim was to explore the interior part of Nigeria, evangelise it, and trade with the people, (the three Gs), God, Glory and Gold). This early contact was short lived as their efforts were bedevilled with problems. The more significant missionary enterprise began in the nineteenth century by the ex-slaves from Sierra Leone. In Nigeria they settled in Badagry. They later desired the Christianisation of their fellow natives. These ex-slaves requested to the missionary to send more missionaries to evangelise their kith and kin in Nigeria. One of such request read; "I know that I was once under light and now I am in darkness".<sup>34</sup> Their request was granted.

The work of the Christian missionaries left an indelible mark on the Nigerian society. Initially, both parents and children had to be persuaded to embrace the Christian missionary programmes. The gospel message later influenced the traditional society and it changed the worldview of many natives, as they abandoned the "yokes" of the traditional religion as the missionaries thought and embraced the new religion. In the colonial period, those readily sent to the missionary "villages" for modern education by the traditional society were mostly those who were socially disadvantaged. These included the twins, who

were mostly abandoned, the outcast who could not be allowed to associate with the public, the slaves who were treated as goods and their owners could readily relinquish them, the lepers who were considered to be of high social risk and many other categories of the handicapped people. These the missionaries kept either in the schools, or in the special centers for treatment and training. Some of the Christian villages were areas where the missionaries kept the “adopted” persons or converts who were sent away by members of their society. They were christianised, trained, and educated by the missionaries and later became useful within their immediate environments as they became cooks, cleaners, teachers, clerks and many other skills. Their children were better trained and they took to some professional courses like lawyers, doctors, and a host of other professions.

The missionary’s socializing programmes were the schools, healing centers and vocational centers that later changed the economic and social circumstances of the handicapped people. The hospitals proffered assuring hope to the patients of all curable diseases including the more dreaded one like leprosy. It is this all-embracing socio-economic significance of the missionaries that stimulated this research.

## NOTES

1. Theresa A. Abang, *Handbook of Special Education: Teaching the Visually Handicapped*: Ibadan: University Press Ltd., 1986, p.292.
2. *Ibid.*, P. 2.
3. W.R.G. Horton, "The Ohu System of Slavery in a Northern Ibo Village Group", *Africa* 24 (4) P. 334.
4. Kalu Kalu Ogbonnaya "Christian Missions and the Depressed class: A case study of Nigerian Mission work Among Lepers in South Eastern Nigeria 1926-1956", An M.A. thesis submitted to the University of Nigeria, Nsukka, 1995, (unpublished).
5. A.B. Macdonald, *In His Name: The Story of a Doctor in Nigeria*, London: Oldborne, 1954, P. 8.
6. Forum on Leprosy from Webspide  
<http://www.websp@wnern.com/users/leprosy/http://www.websp@wnern.com/users/leprosy/>
7. *Ibid.*
8. *Ibid.*
9. Unpublished Material on the Netherlands Leprosy Relief Association deposited at the Bukuru Office.
10. *Op.Cit.*
11. The Leprosy Missopm's Website at <http://www.leprosy-mission.org>
12. *Ibid.*
13. *Ibid.*
14. Oral Interview with Yakubu Kezak on 16/10/99 at Mangu Leprosy & Rehabilitation Centre, Age. 36.
15. *Ibid.*

16. *Ibid.*
17. Leprosy Website, *Op.Cit.*
18. Acts of the Apostles 6:1-6, 11:28-30.
19. Kalu Kalu Ogbonnaya, *op. cit.* P. 17
20. M. Scaduto, "Charity works" in a *New Catholic Encyclopedia* vol.3, P. 480-492.
21. E.A. Ayandele, *The Missionary Impact on Modern Nigeria 1842-1914: A Political and Social Analysis*. London: Longman, 1968, P. 399.
22. *Ibid.*, P. 334
23. Oral interview with Mr. Yakubu Kezak *op. cit.*,
24. A.D. Helser, *Two Hundred Thousand Lepers in Nigeria*, Jos: Niger Press 1935, p.18.
25. Kalu Kalu Ogbonnaya, *op. cit.* P. 17
26. A.D. Helser, *Op.Cit.*.
27. *Ibid.*, P.18.
28. A.B. Macdonald, *op. cit.*, P. 103.
29. A.D. Helser, *op. cit.*, P. 17.
30. *Ibid.*, P.1 8.
31. Luke 4:8, Here, Jesus declared his mission to his audience as that of setting all mankind free of all forms of depressions.
32. J.F.A. Ajayi, 1965, P. xiv.
33. Molie E. Tett, *The Road to Freedom: Sudan United Mission 1904-1968*. Britain: Wrights (Sandbank) Ltd. 1968. p.88.

- 34.** E.A. Ayandele, "Traditional Rulers and Missionaries in Pre-colonial West Africa" *Tarikh* Vol. 3 No. 1 P. 6.

## **CHAPTER FOUR**

### **THE S.I.M. AND S.U.M IN NORTHERN NIGERIA**

#### **4.1 INTRODUCTION**

This section of the study examines the formation of the SIM and SUM missionary bodies and their coming to Northern Nigeria. One of the orthodox churches in Africa was the Ethiopian church. One Mr. Mangena M. Mokone, a Methodist Minister from East Africa, formed it. The origin of this church had its influence from Psalms 68:31, which stated, "... Let Ethiopia heathen stretch her hand to God". Also Acts 8:27 which refers to the conversion of an Ethiopian chamberlain who responded to Christ message of salvation long before the European peoples did.<sup>1</sup> The Ethiopian ideology took root mainly from the South and East Africa.

Ethiopia is bordered on the West by the Sudan, on the South by Kenya on the East Somalia, on the North by the Afars and Issas. It had a population of 25,250,000 with agriculture as its main occupation. Its inhabitants belonged to the Coptic Christian church. The reigning dynasty of Ethiopia was related to King Solomon and Queen Sheba. The most famous of the Negus Ezana who ruled in the seventh century was converted to Christianity resulting to the influence of the Coptic Church making Christianity as the state religion after the seventh Century.

Ethiopia was interpreted to mean self-government for the African churches under African Leaders.<sup>2</sup>

Although this church existed for some period, it did not exert the desired influence on African continent, as the movement was sporadic. Ethiopia with its long history of black Christianity later became a model to both Africans and non-Africans alike.<sup>3</sup> Christianity came to Nigeria “a heathen land” as claimed by the Europeans in phases, with each of the phases having its impact on the natives. The first phase was in the fifteenth century when the Portuguese penetrated the area. The Christian priests accompanied the explorations sponsored by the Portuguese government. These priests served as chaplains and missionaries to the new trading stations so explored. Because they were dependent on the government of their nations, they had little or no freedom with regards to achieving their desired religious motives. The early aim of the movement was for Gold, Glory and God as earlier mentioned. The urge for politics and economic power and monopoly among European nations superseded the evangelistic motives of the era. As a result, their efforts were fitful and intermittent as it depended much on the colonial commercial expansion of the European nations of the period.<sup>4</sup>

However, by the end of the eighteenth century, their efforts had faded away almost completely. The main reasons for this failure included

the lack of manpower and high death rate of the European missionaries due to bad weather.

The second phase and possibly the most successful were in the nineteenth and twentieth centuries. As a result of the new awakening, of the eighteenth century, new strategies were adopted by the missionaries towards a more effective evangelisation of Africa and other foreign lands. The movement was more forceful and the missionaries this time were more independent of national interests of their home governments. This time too, the missionaries were able to pursue more vibrant missionary interests. However, based on the spirit of patriotism, the relationship between the Christian missionaries and their home governments remained closed. Latourette described this in the following words: "Seldom has the penetration of Christianity been so nearly separated from political objectives since the days of Constantine".<sup>5</sup>

The evangelical revival led to the unprecedented expansion of the Christian missions in Europe and other lands.<sup>6</sup> The initiative of the modern Protestant missionaries in Britain was customarily described to William Carey a shoemaker. He argued that the great commission was incumbent upon the church. So much was his effort that by the 1900, many Christian denominations had realized their missionary responsibilities.<sup>7</sup> Thus most of these missionary societies made frantic efforts to carry the gospel message to foreign lands, including Africa.

The planting of Christianity properly in Nigeria began with the settlement of the ex-slaves in Sierra-Leone. These freed slaves were from countries like Jamaica, Nova Scotia and Britain who settled in batches at different periods. They were already Christians from their various denominational backgrounds like Methodists, Anglicans, Presbyterians, Baptist, Augustinians, and some few others who continued with their worship traditions.<sup>8</sup>

The most influential thing was when these ex-slaves took their "new faith" with them to their "new home" in Sierra Leone. Here they shared their faith with those recaptives landed in Sierra-Leone. They were those whose ships were captured by the British Naval Swadron on the coast of Nigeria, Dahomey, Ghana, the Cameroon and all of West African coast. One of such recaptives was Samuel Ajayi Crowther of Abeokuta in modern Nigeria.

Within fifty years of founding Freetown, the Christian congregation was established in the coastal areas of West Africa, including Nigeria, Gambia, modern Ghana, Liberia and modern Benin Republic. This impact owed its origin to the twin movements of the "African evangelists" outward from Freetown and that of the white missionaries coming directly from Europe.<sup>9</sup>

#### **4.1.1 Why Northern Nigeria Attracted The Explorers and Missionaries**

Around the nineteenth century Northern Nigeria became a center of attraction to not only the Christian missionaries but also the British government. The pertinent question has been, why was the north so attractive to both the Christian missionaries and explorers? The followings are part of the factors that accounts for this.

- a. The North had an organized government with numerous emirates.
- b. It was a stratified society with class of chiefs, nobility, aristocrats that separates the masses similar to that of Europe.
- c. The area was a learned society with the presence of Arabic and Hausa languages used for official matters.
- d. There were law courts on sharia and Islamic law more over, there were Koranic schools.
- e. It also had international links with foreign lands like North Africa, the Sudan and other Arabic worlds. There was a strong belief that Hausa, who had allegedly reached a higher level of development than other Nigerians group would easily appreciate what was considered to be the innate superiority of Christianity to Islam and become useful instrument for the propagation of the gospel.<sup>10</sup> This illusion later brought frustration and bitter experiences to the missionaries.

- f. Missionary wise, the S.I.M., C.U.M.P, S.U.M and the R.C.M. all aimed at getting to the North each had its own shades of success.
- g. In Europe, Northern Nigeria was known as a vast land beautifully composed of endless open grassland inhabited by a highly cultured people. Rooms of the S.U.M. attested to this in propaganda thus:

The Sudan or land of the blacks is as large as Europe minus Russia, stretched across Africa for three thousand miles by a width of six thousand miles representing two million square miles and has a vast population estimated between fifty and eighty million, yet, the whole region has only seventy protestant missionaries, a ratio of a missionary to one million people"<sup>11</sup>

Karl Kumm the founder of the S.U.M. was more vivid in his description of the situation when he reported that large kingdoms existed here just as it did in Europe.

Besides these ten listed kingdoms, in the Sudan, with but a very few missionaries amongst them, the twelve missionary stations in the Sudan-Khartoum, Dolai, Hill, Bor, Lokoja, Zaria, Kuta, Bida, Pategi, Wushishi, Rock station [Wase], Ibi, and Wukari are about as far as if in Europe we have two stations in Sweden, one in Norway, three in the south of Spain and six in Portugal with no preacher of the gospel in England and none in France.<sup>12</sup>

In 1475, Portuguese ships crossed the equator and shortly after captain Diogo Cao came to the North of Congo River. Four years later Bartholomew Dias rounded the cape of Good Hope. Two years later Vasco Dagama went round Cape Bojador and crossed over to India in Calcuta.<sup>13</sup>

In West Africa the points of Portuguese contact were the Cape Verde Islands and the mainland lying along the coast between Senegal and Sierra Leone. In the Gold Coast, Portugal constructed a number of forts, the earliest was Elmina Castle. In Nigeria, a factory was set up at Gwato South of Benin and in 1485, Benin city was visited by the Portuguese and discovered the trade in Ivory and paper. Other European powers were not left behind. The French, the British, the Dutch, Danes and the Spaniards were all involved.<sup>14</sup>

In Northern Nigeria the European explorers made concerted efforts to explore the mythical interior part of the area with particular reference to the Niger. The militating factors against this were the non-existence of good inland roads, inadequate knowledge of the terrain of the area and the custom and language barrier between the explorers and the natives.

Thus the existence of the North was known to the Western world, but its actual course remained a mystery. With an assumed potential of the economic boom of the interior, the explorers resolved to solve the problem of the mystery of the Niger. They formed an association called the "African Association" in 1788 with a view to reach the interior part of Africa and the Niger in particular. Mungo Park, a Scottish doctor, made his fourth attempt after three unsuccessful ones to reach the Niger. He arrived the Niger on 20<sup>th</sup> July 1796. In a remark, he described the Niger

thus: "The long sought for majestic Niger... as broad as the Thames at Westminster and flowing slowly eastward"<sup>15</sup> Mungo Park who arrived the Niger could not determine the source or the terminal point of the Niger. He met his death at Bussa near Jebba.<sup>16</sup> Other reasons why the work attracted the missionaries and explorers included:

- a. The death of deposed General Gordon in Khartoum
- b. The establishment of Mahdism that swept the area to Islam.
- c. The long imprisonment of the Portuguese priest by the Khalifa.
- d. The missionaries conceived the Sudan as the only area left unevangelized.
- e. Islam was conceived to be winning more converts than all the efforts of the Christian missions put together.
- f. The accounts of many explorers particularly that of Karl Barth as well as Graham Wilmot Brooke which painted the people of Northern Nigeria particularly the Muslim as civilized, industrious, prosperous and large in population. E.W. Blyden reported that the Muslims were half Christians and would embarrass Christianity easily.
- g. The Northern area was said to be healthier than the coastal areas of the Southern region as Karl Kumm puts it; "the

upper Benue district especially is comparatively high and healthy, probably in this respect the best of the Sudan”

- h. Among the Church Missionary society circles, there emerged a myth that the Muslims and other inhabitants of Northern Nigeria would easily be converted.<sup>17</sup>

#### **4.1.2 How Nigeria Became a British Colony**

The colonization of Nigeria by the British had its origin in the penetration of the country by the Portuguese traders in the fifteenth century. The presence of the Portuguese in Nigeria did not go unnoticed by other European powers. This was caused by two factors.

John the Third of Portugal restrained two of his subjects from undertaking a voyage to Guinea.<sup>18</sup> Secondly; the censure of the trade monopoly of Portugal and Spain leading to British monopoly of the trade made Britain a champion in the trade. Britain sent over half the slaves supplied to America and West Indies. Britain had her first voyages to Benin in 1553 and by the seventeenth century, more lucrative business in slaves was developed between what became Nigeria and Britain.<sup>19</sup> Nigeria was later declared a British Colony at the conference in Berlin as a result of her much involvement in the area.

## **4.2 SLAVE TRADE AND SLAVERY IN PRE-COLONIAL NIGERIA**

Undoubtedly, slavery and slave trade existed in Nigeria as in other African countries before the arrival of the white slavers. This began with the practice of domestic slavery and voluntary services. Other practices were Pawn of depths [this was a system where an individual could enslave himself for unpaid debt]. Among the Yorubas Iwofa, which was also similar to the pawning for debts, was practiced. There was the devotion of the captives and local criminals to the gods. The treatments of these slaves at the time vary from society to society.

Among the Muslim community, the Koran permitted a Muslim to possess slaves. The more land a Muslim aristocrat possessed, the more slaves he acquired to cultivate the farmlands. Thus the sale of Africans as slaves began long before the coming of the colonial masters. These slaves were transported to Egypt, East Africa, India, Arabia and the Magrib.<sup>20</sup>

However, the arrival of the Europeans on the West Coast of Africa opened a new phase in African Slave trade. Liverpool boasted of being the principal slaving port not only to England but also to the entire Europe. After nearly three centuries of the obnoxious and illicit trade in human cargo, spirited individuals like Thomas Clarkson, Granville Sharp, John Wesley and William Wilberforce petitioned the issue in the British parliament. In the parliament a committee for the abolition of slave trade

was formed. Pitt the British Prime Minister reflected the growing influence of this committee in a speech thus:

“How can we hesitate a moment to abolish this commerce in human flesh which has so long disgraced our country and which our example will contribute to abolish in every corner of the globe?”<sup>21</sup>

In 1807 the British parliament declared the slave trade illegal to British and other European nations. However, other European nations were indifferent to this move. Thus the trade in “living tools” continued for several decades before it was abolished. In Nigeria, the abolition took place in about 1860 when both the British government and other European powers along with the people developed trade in goods step by step. This cost Britain huge resources both human and material.

During the three hundred years, between the sixteenth and nineteenth centuries of contact in slave trade between Nigeria and Britain, the interior part of Nigeria particularly the northern part remained unknown to the west with its wealth unexplored and unexploited.<sup>22</sup> The discovery of the Niger, brought about a new era of trade in earnest between Nigeria and Britain. Macgregor Laird formed a company for trading on the Niger called the Royal Niger Company. The militating factor against this was malaria, the European killer disease.

However, in 1854, the discovery of the quinine facilitated the situation. Meanwhile, Britain established some trading relations along the

Niger Banks in 1884 and 1886. The Royal Niger Company was vested with the authority to ensure peace and order in the Niger Basin and the whole of the area, which later became known as the Northern province of Nigeria.<sup>23</sup>

Meanwhile, in the Southern part of Nigeria, Britain had established trading stations in Benin, Brass, New Calabar, Bonny and the Cameroon (this area was for sometime part of Nigeria). John Beecroft was appointed to regulate the trade. When the European nations met in 1884/1885 at Berlin, the area that came to be designated as Nigeria was apportioned to Britain as a result of her influence in the area as earlier stated.

#### **4.3 THE MISSIONARY SOCIETIES IN NIGERIA**

The Christian missionary societies that came to Nigeria were of two major strands, the protestant and the Roman Catholic strands. The Protestant strand later split and several other missionary societies emerged to form other denominations. These denominations later adopted some form of outlook and formed themselves into inter-denominational societies. These included societies like the Regions Beyond (R.B.), the Missionary Union (M.U), the Sudan Interior Mission (S.I.M), the Sudan United Mission (S.U.M), the World Wide Evangelical Crusade (W.W.E.C), and a few others.<sup>24</sup> Some of these

interdenominational societies were not only ecumenical, but had joint-committees in several other countries for effective support. The Sudan United Mission had such support from countries like Germany, Danish, Norway, Canada, Britain, New Zealand, North America and Australia. The Sudan Interior Mission had the same support from similar areas.

Most of these interdenominational societies sprang from individuals. Their founders and supporters were not identified with any other church or a particular ecclesiastical tradition. They were conservative in their individual theological approaches as well as their Biblical interpretations. They were also considered as faith missionaries as they sought financial support for their missionary enterprise through prayers.

#### **4.4 THE CONFINES OF THE DENOMINATIONAL MISSIONARY SOCIETIES IN NIGERIA**

By the 1830s the pioneer denominational missionary societies had increased in number. However, most of their activities as earlier mentioned were confined in the coastal areas of West Africa. This was because they could not easily penetrate the interior part of the West African countries. They therefore championed the missionary activities in the coastal region. The natives who did not only give vibrant support to the missionaries, but also, became reliable vehicles of propagating the new religion supported each of these societies actively. This gave birth

to an early native initiative, which was encouraged by the missionary leaders, and decision-makers like Henry Venn of the church missionary society.<sup>25</sup>

The first of these denominational missionary societies to operate in Nigeria was the Methodist Mission. This was when the receptive and ex-slaves petitioned the missionary headquarters of Sierra Leone to send them missionaries to enable the citizens in their community to embrace the new religion. This they believed would help wipe away the slave trade, slavery and some barbaric customs of the natives that persisted, but that the people would know the way of salvation. The first batch arrived in 1839 and the first known communication was sent to the Rev. Thomas Dove of the Wesleyan Mission in Sierra Leone.

... I humbly beseech you by the name of Jesus to send one of the messengers of God to teach us more about the way of salvation. Because I am now in a place of darkness where no light are...<sup>26</sup>

On receiving this message, Thomas Birch Freeman, a Methodist missionary working at Cape Coast was sent. He landed at Badagry in September 1842, the ship "Wilberforce" cast its anchor in the port of Badagry. The ship had a set of missionaries headed by Henry Townsend of the church Missionary society. This mission was the first to desire to work in Nigeria but the Methodist were the first to come. The church missionary society worked among the Yorubas in Badagry and Abeokuta.

The third set of the missionary societies to arrive Nigeria was the Baptist missionary society. Captain Thomas Bowen was sent to Nigeria. He worked among the Yorubas at Ketu and Ijaye.<sup>27</sup> Following the Baptist mission, were the Roman Catholic missions. They arrived in 1482 when Francisco Borhero landed in Lagos. However, the beginning of the Roman Catholic Mission in Nigeria pre-dated the arrival of father Borhero. He organized Lagos as an out-station mission with its headquarters at Olli dah. Other missionary bodies included the Presbyterian, the Capuchin and some few others.

#### **4.5 THE INTER-DENOMINATIONAL MISSIONARY SOCIETIES IN NORTHERN NIGERIA**

By the 1850s, the interdenominational missionary societies tended to "leap frog" over the denominational societies already in the coastal areas into the interior parts of Nigeria such areas included the Hausaland.<sup>28</sup> Before this time several other attempts were made both by individuals and the societies to evangelize the interior part of Nigeria especially the North, but to no avail. It is on record that the early Christian religious effort to penetrate the country was not only attempted from the coastal areas as earlier stated. Evidence is being collected that there were Christians in several parts of northern Nigeria in the nineteenth century and a Roman Catholic Bishop was appointed for a

Borno missionaries in the first decade of the eighteenth century.<sup>29</sup> Anyandele outlined some of these efforts in this order.

T.J. Bowen of the pioneer mission of the Southern Baptist Mission in 1855 made an attempt to find a mission station among the Muslim in Ilorin. Samuel Ajayi Crowther, of the Church Missionary Society in 1857, desired to evangelize the North. Through his friendliness with the emirs, he established missionary stations at Lokoja, Egga and Kipo Hill.<sup>30</sup>

In 1879, one Allakura Sharpe a Wesleyan Kanuri agent had pleaded for the christianisation of Borno. Also in 1880, the Wesleyan and the C.M.S. had poised to develop the North and established Christian stations as far as Chad.

By 1888, both the Church Missionary Society and the Wesleyan missions who were already in the coastal area became interested in proceeding up the North around Borno and the Chad area respectively. In 1890s the Southern Baptist Mission again proposed to forsake the Southern area completely in order to devote her strength and resources in the Northern area.

At the institution of Graham Wilmo Brooke, stationed around the Niger, for whom the mission to the Sudan was an obsession, the church missionary society organized the "Sudan Party" under Bishop Tugwell to conquer the North for Christ in six months. This dream did not

materialize as the party met its ordeal at Kano as the Emir, Mallam Aliyu, humiliated them. He was recorded as saying:

We do not want you: you can go. I give you three days to prepare: a hundred donkeys to carry your loads back to Zaria, and we never wish to see you here again.<sup>31</sup>

Ayandele considered the move to Kano by both Miller and Tugwell as a foolhardy action that embarrassed Lugard and brought about divergences between him and the missionaries.<sup>32</sup> Both Miller and Tugwell later described their journey as a colossal blunder.<sup>33</sup>

In 1893, three British Canadians, Rolland Bingham, Thomas Kent, and Walter Gowans made frantic efforts to reach the Northern part of Nigeria called the "Soudan" but failed. They made other subsequent attempts, which later witnessed the formation of the conference of the Evangelical Missionary Societies in Great Britain officially called on the non-conformist churches to save Northern Nigeria from the grip of Islam.<sup>34</sup>

#### **4.6 THE MISSIONARIES AND THE REACTION OF THE ADMINISTRATION**

While the colonization of Nigeria was on, the Christian missionaries were not folding their arms either, they too made some efforts to evangelize the area, this time, they aimed at reaching the northern part of Nigeria. However, the case of evangelizing the northern

part of Nigeria was not an easy task as earlier stated. This was a result of the vastness of the northern region, and other problems such as difficulties in communication and transportation. The colonial administration had to divide the area into provinces, each with a British Resident Officer as head of the province for administrative convenience.<sup>35</sup> More still the area was a solidly Moslem dominated area that resisted the penetration of any religion particularly Christianity.

Lord Lugard the British High Commissioner pursued a closed-door policy against the Christian missionaries, particularly the white missionaries. The pursuance of his policy of non interference with Islamic religion while the Christian missionaries were refused the propagation of the gospel in the North or to engage in any Christian activities in the Muslim parts of the north was considered as a phenomenon meant to create some setbacks to the Christian missionaries. This action remained a controversial one among scholars. However, Lugard defended his action by these words:

The difficulty lies in the fact that if the advent of mission is authorized by the government, it is extremely difficult to avoid the conclusion in the minds of the people that they are under the special region of the government (sic).<sup>36</sup>

This was seen as a modification that created greater difficulty to penetration of missionaries in northern Nigeria. As a result, the missionaries were permitted to work among the "pagan tribes" of

Northern Nigeria. This aspect will be discussed in greater detail in the next chapter. However, the arrival of both the missionaries and the colonialist was significant in the following ways:

- a. It was meant to immediately suppress the practice of slave trade, slavery and raid among the natives of the area.
- b. It was also meant to immediately stamp out the practice of barbarism like human sacrifices and killing of twins other cannibalistic habits among the natives.
- c. It was also meant to put an end to the inter-ethnic wars that resulted in the destruction of lives and properties in the area.
- d. It was aimed at establishing a good and orderly government in the area.<sup>37</sup>

The above factors were the immediate ones while the long-term factors included among others the introduction of modern medication, modern education and the training of the natives in various skills.

It is worthy of note to recognize the fact that the Christian missionaries arrived in the Northern part of Nigeria much later; compared to the period they penetrated the southern part. They made some impact on the north at an earlier stage, but which did not last long. However, the history of the Christian Church in Northern Nigeria was further marred by the introduction of Indirect Rule introduced by the

British Administration under the leadership of Lord Lugard. This system of government allowed the Fulani rulers to continue in government instead of the Hausa or the Habe rulers who were the indigenous people.

Around this time too, most Christian missions had developed much interest in reaching the North with greater courage. This was because of the discovery of the cure of malaria by the use of the quinine as earlier mentioned.

Among the Missionary bodies, the first to develop interest in the North was the "Sudan Party." This was the first party that attempted to work in the "Soudan" an interior part of Nigeria. However, it could not record the desired result as earlier mentioned. The Sudan Interior Mission closely followed the Sudan Party in 1904 and later the Sudan United Mission in 1907.<sup>38</sup> They had this expedition under the auspices of the Church Missionary Society. They established missionary stations at Lokoja, Idah and Egga. The Hausa Association under Dr. Miller also contributed its part in evangelizing the Sudan as it toured the Sudan region and other parts of Africa.

#### **4.7 THE BIRTH OF THE SUDAN INTERIOR MISSION**

The Sudan Interior Mission was among the first pioneering Christian missions in Nigeria and in later years one of the largest

missionary bodies in Northern Nigeria. Its major area of operation was in the emirate area. By its name, it was aimed at evangelizing the interior part of Nigeria. The founding of this Missionary society began in 1893. This was when some few individuals had a vision for the missionary works in the Sudan. It all began when some three British Canadians indicated their interest at some time to evangelize the central Sudan. These were Rolland Bingham, Thomas Kent and Walter Gowans.

Inspired by the love of God they sought to storm the "heathendom" for Christ in a territory that was termed "the white man's grave" referring to the African continent. However, the Western part of Africa later proved itself so to both Thomas Kent, and Walter Gowans who could not leave to see the growth of the association. The Sudan Interior Mission was formed much later by Rolland Victor Bingham the survivor of the initial three-man party. This Christian organization by its nature and tradition laid great emphasis on the Personal conversion of all men from sin to God's grace. It recognizes "new birth" as the final authority for the belief and conduct of the Christian community. It also had great interest in conquering other parts of the world for Christ.<sup>39</sup> It was this quest that led to the formation of the mission.

#### **4.7.1 Rolland Victor Bingham**

He was born in 1872 in England. He went to school at an early age and got converted in Greinstead in Southern England through a Jewish speaker. Rolland Bingham had a strong Christian background, which greatly influenced his life. His life was also influenced by great men like William Carey particularly Carey's motto of "Attempt great things for God and expect great things from God". Another important personality that influenced his life was Mrs. Gowans, the mother of Walter Gowans. She informed Rolland of her child's intention Walter Gowans to be in the "Soudan" a heathen ground. After listening to her, Bingham also presented the challenge to Thomas Kent. Kent was Gowans schoolmate and he also accepted to reach the Sudan. These three became bound in a common vision, love and call. They were zealous to carry the gospel message to the Sudan. Their areas of influence were in the central Sudan. This initial attempt ended almost in despair as Thomas Kent and Walter Gowans died almost immediately on arrival in the Sudan. However, they succeeded in laying their lives for the Sudan at the first outing of the mission. In a prophetic and radical manner, Walter Gowans earlier stated this:

Our success in this enterprise means nothing less than the opening of the Sudan for the Gospel, our failure at the most nothing more than death of two or three deluded fanatics. He uses deaths as well as lives to the furtherance of his

cause. After all, is it not worth a venture? Sixty million souls are at stake.<sup>40</sup>

The three left for the Sudan in 1893 and landed in Lagos in December 1893. Here, they met the Methodist superintendent who prophesied the dire calamities and ascertained that the three Missionaries were undertaking an impossible task in the following expression.

"Young men, you will never see the Sudan, your children will never see the Sudan, your grand children may."<sup>41</sup>

These words really discouraged them. However, they were not despaired. They gathered courage and pressed on in greater faith trusting God that they would see the Sudan. The leader of the group Rolland Victor Bingham later wrote to express their situation:

All sought to dissuade us from our purpose as long years before others had sought to dissuade David Livingston. Prayer brought us to the same conviction that had been this. "I will open up central Africa to the gospel or die in the attempt."<sup>42</sup> (sic.)

They left Lagos and moved up to the North. Two of the three party members died in Bida and Girku respectively. Thomas Ken and Mr. Walter Gowans. Later, Dr. Bingham took up the challenge of founding the society as a product of their efforts, which accomplished more than their lives. Rolland Victor Bingham later fell sick and was sent back home. The first attempt ended with little or no impact on the Sudan.

Rolland Victor Bingham took the report of the death of the two colleague's home. On hearing the report of her son's death Mrs. Gowans took solace in God's word and remained prayerful to the mission in central Sudan. She specifically prayed that the very place where her child died would receive the gospel.<sup>43</sup> She reiterated thus: "I will rather had Walter go out to the Sudan and die there all alone, than have him disobeyed the Lord"<sup>44</sup> The two died as a result of difficulties encountered as they journeyed up the North after the seeming failure. In this challenge amidst discouragement, Bingham later expressed himself thus:

My faith was being shaken to the very foundation. For I had gone out as I thought trusting in promise of a healing that seemed plain, clear and explicit in the Bible and yet I have left buried in the Sudan two of the most faithful Christians whom I have ever met.<sup>45</sup>

#### **4.7.2 His Marriage**

The Sudan interior Mission was founded three days after the wedding of Rolland Victor Bingham to one Miss Helen Elizabeth Blair on 24 May 1898.<sup>46</sup> The two formed the Sudan Interior Mission. Roland Bingham availed himself for some theological and medical training in a seminary to help the African natives in understanding the gospel message as well as curing them from the numerous deadly tropical diseases and sicknesses. Elizabeth Blair was a lady who shared in the

vision of Bingham. She was supportive to the vision of evangelizing the heathen natives of "the Sudan". She had an undimmed faith and she was sacrificial in her duties. She could convince Bingham on matters affecting the mission and she was cooperative in all the phases of their Missionary work. These and other qualities displayed by Elizabeth portrayed her as the true helpmate of Rolland Bingham. The two laboured zealously in the towns of central Sudan in Nigeria, particularly in Hausa land.

#### **4.7.3 SIM Further attempts to the Sudan**

Initially, there were no Missionaries for the newly formed Mission. They saw the need for a Home Board and recruitment of new members. Dr. Bingham and Elizabeth appealed to people's minds to join the Association in 1889. By 1900, two people Mr. Moline and Taylor joined the missionaries to East Africa and Tripoli for language study and to gain some experiences in evangelism. They sailed and reached Lagos in 1900. This second attempt was equally tragic. Dr. Bingham felt sick while the other two were invalidated home.

A third attempt was made in 1901 after Dr. Bingham's recovery from malaria. Four missionaries this time joined the mission. Mr. E.A. Andrew, Mr. Charles Robinson, Mr. Taylor and Mr. A.W. Banfield. This team made some appreciable impact as they established the first

missionary station at Pategi.<sup>47</sup> Pategi in Nupe land was opened in 1902. It was an area that was predominantly Muslim and quite resistant to the gospel. This station served as a center of activity for a while. From here, the missionaries evangelized other areas and founded other stations like Bida in 1903, Wushishi in 1904, Kpadai in 1906. It was also from here too, that the influences of the missionaries were felt in Yaba land, Abguyi land and other areas.

In less than one year, Dr. Stirret joined the team as medical personnel. This was when the British government sent a medical team less than one Major Ross to the Niger in 1854. They discovered the cause and cure for malaria. From the bark of Cinchona tree came the Quinine.<sup>48</sup>

Dr. Bingham, a member of the Brethren Mission was the founding father of the Sudan Interior Mission, Mr. Kent was a Congregationalist while Mr. Walter was a Presbyterian. The initial efforts of these three and the subsequent formation of the association led to the formation of an international body, but the founders themselves recognized the Church as the body of Christ.<sup>49</sup> The first missionary station established at Pategi was quiet small, but it later became a mighty organization under which multitudes of men and women were able to find not only the spiritual health for their soul, but also the physical satisfaction.

Dr. Bingham later established institutions in memory of the two colleagues. These institutions were some homes for children of the S.I.M. missionaries. These homes were meant to provide some suitable training and education for the children of the serving S.I.M. missionaries in the Sudan. Many of these children later served as missionaries overseas while others served as teachers in the homes and in the schools.<sup>50</sup> These children's homes were located in several places in the Sudan. One was cited at Miango in Jos called Kent Academy.

#### **4.7.4 His Transition**

After Bingham's survival from the tragic beginning, he was able to form one of the greatest interdenominational missions called the Sudan Interior Mission. To Dr. Bingham, the aim of the mission was to meet what was set forth in the Great Commission "to make disciples of all nations" He did not visualize the Mission to Africa as primarily bringing civilization to the superstitious, cannibalistic and savagery African natives, but as light heralded first of the gospel of grace that will liberate the soul of men in Africa Bingham could not spare his life, like Paul, he was journeying often and was involved in several perils. He took very literally the words of Christ saying; "this gospel first be preached for a witness to all nations and then the end come". He retired to Ferndale in Canada in 1942 after a fruitful service where he fell ill. His illness was

brief and his transition to eternity was not long delayed. On December 4<sup>th</sup> 1942, Bingham was stricken. It was at first thought of as a temporary seizure from which he could recover, but his condition speedily deteriorated. He was buried on December 8<sup>th</sup> 1942.<sup>51</sup>

#### **4.8 THE BIRTH OF THE SUDAN UNITED MISSION (SUM)**

The introduction of this society is closely linked to the founder of the missionary body that the two have to be introduced together. The founder and initiator of the Sudan United Mission was Dr. Harman Karl Kumm. He did not link himself with a given denomination. He was born a Lutheran but he became an Anglican, who also had sympathy for the Quakers. He did not think in a denominational term but epitomized a kind of "Catholicity" of religion.

He was born on October 19, 1874 at Esterode in Germany where his father was an officer of the guards. Karl Kumm was clever at school, and after his examinations, he went as a Volunteer with the army. He paid a visit to friends in England. From there he went to a mission Hall in Britain, where a conference was taking place. Here, he heard Mr. Glenn of North African Mission spoke of his work in Africa. As Karl listened, he was kindled to the challenge of the Mission. Mr. Glenn ended his speech with a call on the audience to the work in Africa.

Dr. Karl Kumm immediately made up his mind and made doubled response. He first offered his life to Christ and decided on a Missionary

career. He thus abandoned his initial Medical Career and his interest in journalism and writing and took to Missionary work. As part of his preparation, he studied Arabic in Egypt for Muslim apostolic.<sup>52</sup> Karl Kumm was optimistic in the outcome of his new mission. He perceived that Islam was likely to welcome Christianity among the unevangelised natives of the Sudan. From this time on, Dr. Kumm carried on his mind the picture of a "suddenness man". He visualized his mission field, the Sudan with high prospect. This became the symbol of his hope, vision and the certainty of the path, which God planned for him. However, he was naive and had this behind his mind against the natives.

Is there hope for all these people no Christ or God? No Jesus? Is there for them no new life? Set free from sin and fear? The vast Sudan – 3000 miles across 100 land 100 languages all, all no Christians to this hour...<sup>53</sup>

It is worthy of note here that this misconceived idea about the African natives was the case with many other missionaries. While they had the zeal and burning desire to evangelize the natives, they had little or no idea about the culture of the natives. The report sounded contrary to the traditionally established African religion. More so the traditionalists had material reason for showing interest in Christianity. Thus a letter from an African Chief read:

I hope your majesty will write to the priest of the company of Jesus sent here by you to receive me into the church. I hope also that you will send some troops of which you have

so many in order to destroy the forces of this enemy of ours who already have caused great damage.<sup>54</sup>

The traditional chief wished to destroy his enemy by the use of European arms. Ryder also described a similar situation in Warri: "Not one of the Christian missionaries for all their devotion came near an adequate understanding of the complex religious system they were trying to displace"<sup>55</sup> However, this was the early form of Christianity that existed between the European missionaries and the African natives. The missionaries did not have an idea of the African religion and custom. The thought of the Sudan obsessed Karl Kumm and he was determined to start a missionary enterprise in the area. He was aware of the significant and magnificent work already done in Africa by both individuals and corporate missionary societies. His challenge was that the Sudan was an inescapable area to him.

#### **4.8.1 Karl Kumm**

Meanwhile in England God was preparing for Dr. Karl Kumm a wife for the great task in the Sudan. She was Lucy Grattan Guinness. Dr. Grattan Guinness was a leader in the evangelical world. He established a college for the training of missionaries called "Hurle House". His daughter Lucy schooled for sometime and became the editor of his magazine "*The Region Beyond*". She was widely travelled and had accompanied her father to Egypt where they visited many missionary

stations. They travelled up the Nile, the Palestine, Joppa and Jericho and back to Egypt.

It was in Egypt that she met Dr. Harman Karl Kumm and the two fell in love with each other. Karl Kumm and Lucy Guinness showed great love for the Sahara and countries beyond. They finally joined their hands in marriage in the presence of two of their African students on 11<sup>th</sup> January 1900. Lucy recalled: "On that dear beautiful day by the Nile, over two dark hands, our two hands were joined. We stood for Christ in Africa"<sup>56</sup>

The wedding took place in Cairo. Some ten days after the union jack was planted in Nigeria. The couple considered the task of evangelizing the Sudan the most pressing missionary task of the hour. As they prayed, God gave them the vision of a mission society called the Sudan Pioneer Mission in 1902. In 1904, a committee was formed consisting of interested men and women from all the Protestant denominations. At a meeting of the 15 June, 1904, at Edinburgh, they expressed their inability to meet the challenges of the Sudan. They expressed also their hopes to do something more tangible particularly where they believed that Islam was fast absorbing the "animist" population. At this meeting, they agreed that the new effort should be called, "The Sudan United Mission" (as many denominations came together to meet the needs of the Sudan). This resolution was signed by

leading members of the various protestant denominations. Dr. Karl Kumm was recognized as leader of the Sudan United Mission (S.U.M).

This new missionary society was born, but with very few members as was the case with the SIM. Although it had the great sense of urgency on the part of the council to take off, Lucy and Karl spent much of their resources travelling over England, Scotland, Island, and Wales appealing to the conscience of the people to join the mission. With their appeal, many young men began to realize that God wanted them to take the gospel message not only to a land of slavery but one in danger of being completely engulfed by Islam.<sup>57</sup> This was their assumption, but they had no missionaries. Lucy died on 11<sup>th</sup> August 1906. Her death was too sudden and a great loss to the young mission that began barely two years before her death.

#### **4.8.2 The Sudan United Mission Pioneering Members To Northern Nigeria**

In response to Karl and Lucy Kumm's appeal in several cities in Europe, a number of young men offered to serve as missionaries in the Sudan. These included Mr. Lowry Maxwell. Dr. Ambrose Bateman and Mr. John Burt: Mr. Lowry Maxwell recorded that Dr. Kumm challenged his life to this task. Also challenged to this cause were Rev. and Mrs. Pope. On July 23<sup>rd</sup> 1904, they sailed with Karl Kumm as the leader in the sailing ship "Akabo". The Akabo dropped her anchor in the mouth of the

Niger at Burutu on August 10<sup>th</sup> 1904. They were in the Sudan by its west gate – Nigeria doubtless, they were familiar with the statement “Beware of the Bight of Benin for many few come out though many go in”. they moved up the Niger to Lokoja in a steamer. At Lokoja the British Merchant Company under Mcgrego Liard offered them a bungalow. Here they had one Tom Aliyana as house help. Tom was a run away slave. He came from Kukawa around the Lake Chad, found by the pioneers of the Sudan United Mission as he run away from his master. He became their first African convert. At this time, slave trade and slave raiding were rampant in the Sudan. Slaves were used in settling tributes by the emperors or sold to rich Arabs in Tripoli, Asia Minor and Constantinople.<sup>58</sup>

Dr. Kumm went further north to meet Sir Lord Lugard, the British High Commissioner. Kumm intimated Lord Lugard on their mission. While Karl Kumm travelled round the Sudan, Mrs. Lucy Kumm kept praying at home. She wrote many poems and articles on the Sudan, which stirred many men to action. Some of her poems read:

Far across trackless desert, far beyond the bright blue sea,  
in the wide Sudan they’re waiting. Lost to light and liberty,  
Jesus died for them, as truly as he died for you and me.  
None hath told them, a whisper, how the Lord can set them  
free.<sup>59</sup>

She coveted every young man for the work in Africa. She once wrote her husband concerning a young man saying, “This is the finest in

Sheffield. He had a Bible class every Sunday let us pray him out to the Sudan”.

Lugard recommended that the team of missionaries should begin their work among the “Hill tribes” of Northern Nigeria. They began around Wase, some eighty miles from the Niger banks.<sup>60</sup> No sooner had the missionaries begun, than they fell ill with malaria. The others were able to reach Wase. On reaching Wase, they raised their voices in praise to God. Wase being a Muslim dominated town, Dr. Kumm had to go home and request for some more missionaries. His hope was that each ethnic group should have at least three white missionaries. However, this station did not last long as the Muslim community opposed the missionaries. The station was burnt down in 1909. They later moved to Damparin Langtang North of Plateau State where Dr. A. Bateman was repatriated home.

#### **4.8.3 His Transition**

At the dawn of Karl Kumm’s existence, the church in the Sudan had greatly developed. Conferences were held by the mission he planted not only for achievements, but also to embark on the training of the natives to take up the work of evangelism from the white missionaries.

In 1923, Karl Kumm paid his last visit to Nigeria and attended the conference at Wukari. After this meeting he visited several other mission stations of SUM. War suddenly broke up between German and Britain and had a devastating effect on the mission. It was assumed that Karl was stressed-up by the war. He was attacked by dysentery during one of his travels, since then his health deteriorated. In 1925, he left for home. In 1930, he was taken to a hospital where he gave up. It is on record that he told the nurse these words: "I have visited five continents of the world. I think I am going to explore the sixth now. I send my love to my friends, my family and to all the world."<sup>61</sup> With these words he slept in the Lord, which was apparently his visit to the sixth continent after visiting five continents in this world.

## NOTES

1. Inun Daniel, *Quest for Belonging: An Introduction to a Study of African Independent Churches*. Zimbabwe: Mambi Press, 1981, P. 34.
2. B.G.M. Sunkler, *Bantu Profets in South Africa*, London: Oxford University Press, 1961, P.39.
3. Ninian Smart, *The World's Religions: Old Traditions and Modern Traditions*. New York: Cambridge University Press, 1989, p.524, See also E. Isichei, *History of West Africa since 1800*. London: Macmillan, 1978, P. 220.
4. Richard Gray "The Origins and Organization of the Nineteenth Century Missionary Movement". *Tarik* Vol.3 No.1, P. 16.
5. K.S. Latourrett. "Distinctive Features of the Protestant Missionary Method of the 19<sup>th</sup> & 20<sup>th</sup> centuries". Vol. iii; London: Oxford University Press, 1939, P. 21.
6. K.S. Latourrette. *Ibid.*, vol. iv Pp. 2-24.
7. J.H. Boer, *Missionary Messengers of Liberation in A Colonial Context: A Case Study of the Sudan United Mission*. Amsterdam: Rapold, 1979, P. 84.
8. J.H. Herscovits Kopytoff, *A Preface to Modern Nigeria*, London: The University of Wisconsin Press, 1965, P. 27.
9. J.H. Boer *Op. cit.*, P. 84.
10. C. N. Uba. Problems of Christian Missionaries in The Muslim Emirates of Nigeria, 1900 – 1928. *Journal of African Studies*, vol 3 No. 3, Fall, 1976, p. 352
11. Roome, 1909, P.3 f.
12. Karl Kumm, P. 63.

13. J.C. Anene, "Slavery and Slave Trade in Africa in the 19<sup>th</sup> and 20<sup>th</sup> Centuries" in J.C. Anene and Godfrey Brown (ed.) *Africa in the 19<sup>th</sup> and 20<sup>th</sup> centuries*. Ibadan University Press, 1966, Pp. 98-101.
14. J.C. Anene, *Ibid.*, Pp. 99-101.
15. O. Awolowo, *The People and Republic of Nigeria*. London: Oxford University Press, 1971 P. 8.
16. O. Awolowo, *Ibid.*, P. 9.
17. E.A. Ayandele *op. cit.*, Pp. 119-120.
18. O. Awolowo *op. cit.*, P. 13.
19. J.C. Anene and Godfrey Brown (ed.) *op. cit.* P. 103.
20. *Ibid.*, Pp.95-97.
21. J.C. Anene and Godfrey Brown, *Ibid.*, P. 03.
22. O. Awolowo, *op. cit.*, P. 10.
23. E.P.T. Crampton, *op. cit.*, P. 24.
24. E.A. Ayandele, *The Missionary Impact on Modern Nigeria: A Political and Social Analysis*. London: Longman, 1971, Pp. 180-183.
25. James Fugerson to Rev. Thomas Dove 2<sup>nd</sup> March 1841 NRO ECC 2/1096 quoted by Jean H.K. *op. cit.*, P. 48.
26. Ogbu Kalu, (ed.) *Christianity in West Africa: The Nigerian Story*, Ibadan: Daystar Press, 1978, P. 275.
27. T.A. Beatham, *op. cit.*, Pp. 18-19.
28. E.A. Ayandele, "Traditional Rulers and Missionaries in Pre-Colonial West Africa" *Tarik* vol.3 No.1 p.23.
29. E.A. Ayandele, *op. cit.*, P. 118.

30. E.A. Ayandele, *Ibid.*, P. 118.
31. E.P.T. Crampton, *Christianity in Northern Nigeria*, London: Geogrey Chapman Press, 1979, Pp. 39-40.
32. E.P.T. Crampton, *Ibid.*, Pp. 38-42.
33. Ayandele, *op. cit.*, P. 134.
34. E.P.T. Crampton *op. cit.*, P. 36.
35. C.L. Temple, *Native Races and Their Rulers: Sketches and Studies of Official Life and Administrative Problems in Nigeria*, London: Frankass & Co. Ltd., 1968, P. 2.
36. O. Awolowo, *op. cit.*, P. 20.
37. J.H. Ayandele *op. cit.*, P. 118.
38. E.A. Ayandele *op. cit.*, P. 118.
39. A.B.Gaiya "Missionary activities on the Jos Plateau 1900 – 1960", A Ph.D Thesis submitted to the Department of Religious Studies, University of Jos, 1996 (unpublished).
40. J.H. Hunter *op. cit.*, P. 56.
41. *Ibid.*, P. 81.
42. *Ibid.*, P. 52.
43. J.B. Grimley & Gordon E. Robinson, *Church Growth in Central and Southern Nigeria*, Michigan: William B. Erdmas Publishing Company, 1966 P. 6.
44. J.H. Hunter, *Ibid.*, P. 62.
45. J.H. Hunter, *Ibid.*, P. 65.
46. J.H. Hunter, *Ibid.*, P. 56.

47. R.V. Bingham, *Seven Sevens of Year and Jubilee: The Story of Sudan Interior Mission*. Canada: Evangelical Publishers, 1943, Pp. 29-30.
48. J.H. Hunter, *op. cit.*, Pp. 89-90.
49. Rev. Bingham *op. cit.*, Pp. 108-116.
50. J.H. Hunter, *op. cit.*, P.291.
51. *Ibid.*, P. 296-301.
52. Harman Karl Kumm, *The Sudan* London: Marshall Brothers Ltd., 1907, P. 12
53. Harman K. Kumm, *Ibid.*, P.11.
54. A.F.C. Ryder, "Portuguese Mission in Western Africa" *Tarik* vol. 3 No.1 P.7.
55. A.F.C. Ryder, *Ibid.*, P.6.
56. J.F.A. Ajayi, *Christian Missions in Nigeria 1842-1891: The Making of A New Elite*, London: Longman, 1965. p.4. Also in E.A. Ayandele, *The Missionary Impacts on Modern Nigeria 1842 – 1914*, P. 6.
57. H.K. Kumm, *op. cit.*, P. 8.
58. E.T. Mollie, *The Road to Freedom: Sudan United Mission 1904-1968*, London: Longman, (N.D) P. 14.
59. E.T. Mollie, *Ibid.*, P. 23.
60. E.T. Mollie, *Ibid.*, P. 13.
61. H.K. Kumm, *op. cit.*, P. 45.
62. E. T. Mollie *op. cit.*, P. 106.
63. The annual Report of the SIM 1911-1912, P. 11.

## **CHAPTER FIVE**

### **SIM LEPROSY SETTLEMENTS IN NORTHERN NIGERIA**

#### **5.1 INTRODUCTION**

The penetration of the SIM in Northern Nigeria has been highlighted. One of the areas the mission worked extensively was Kano. Apart from setting up a leprosy settlement, they also set up an eye hospital. Thus, they worked among the blind and the leprosy victims.

Kano began as a small ancient city and developed into a great city. This was because it attracted strangers within and outside the country. Kano falls within the region often referred to as the Sudan of the nineteenth century. It was a major state of the Hausa Fulani Emirate. By the fifteenth century, the main Hausa cities were Kano, Zaria, Katsina and Gobir. These polities remain the nominal subordinate to the Mai of Borno.<sup>1</sup> Kano was also the most important Emirate of the Sokoto caliphate. It came under the British colonial rule at the beginning of the nineteenth century, between 1900 and 1907. Before then, Kano had a long history of independent kingdom in which Islam played a dominant role since the time of Mohammed Rumfa in 1443<sup>2</sup>. The statistics of the 1952 census which showed the religious affiliation by provinces indicated that Kano had a population of 4.8 million people out of which ninety-eight percent were Muslims, with only 1.4 percent

Christians and 1.6 of those designated as animists. Thus, Kano was assumed to be a Muslim theocratic area.

The Emirate of Kano was popularly called Kasar Kano by the people. It formed part of the state, which occupied the central position of the northern area of the Federal Republic of Nigeria. It lies between latitude 20° and 30° north and longitude 20.4° and 10° east. It has an area of about 1,2099 square miles. It is about 1,520 feet above sea level. It is the largest town in Northern Nigeria and the third largest in Nigeria.<sup>4</sup> Farming forms part of the major occupation of the majority of the people. The land is fertile and this supported the increasing population and its needs.<sup>5</sup> The chief crops grown here included millet, guinea corn, beans and cassava. Groundnuts and cotton were the major cash crop.

## **5.2 THE PEOPLE AND THEIR ORIGIN**

The "Hausas" are the dominant ethnic group in Kano and Hausa land in general. Tradition traced their origin to the cohabitation of a legendary hero called "Bayajida" the prince of Bagdad who married the Queen of Daura and adopted the title "Sarauniya".<sup>6</sup> Their inhabitants were believed to have formed the seven Hausa States called Hausa Bakwai literally meaning "Seven Hausas". These included Kano, Gobir, Zazzau, Katsina and Rano. Kano inhabitants were conquered by the

Bagauda dynasty, which established itself as the third ruling class. Giji Musa the III who existed between 1095 and 114 began the building of Kano walls. Legends have it that they were originally idol worshippers.<sup>1</sup>

Around the fifteenth century, migrants visited Kano. Some of them were merchants like the Tuaregs, Arabs, Nupe and the Kwararafa people. As a result, Kano became the center of settlements, which grew into a cosmopolitan city. As Kano became more pronounced, several industrial and commercial centres developed in the area. This attracted more migrants from far and near.<sup>8</sup> The growth of the city and its accompanying prosperity resulted into increasing economic, political, social and religious contacts with other parts of Hausa land and beyond, particularly North Africa.<sup>9</sup>

### **5.3 DEVELOPMENT OF ISLAM AND COMMERCE IN KANO**

The most important effect of socialization in Kano was the penetration of Islam as a religion. It is uncertain when the first Muslim came to Kano, but linguistic evidence suggest they came from the eastern world.<sup>10</sup> However, the inhabitants were believed to be idol worshippers under *Sumburbura*. *Sumburbura* was said to be the leader of the idol worshippers with *Barbushe* as the deputy. He was believed to have prophesied the coming of some group of people who would

conquer his people and establish Islam as the religion of their land.<sup>11</sup>

The Kano chronicle stated in affirmation concerning the migration thus:

In Yaji's time, the Wangarawa came from Belle bringing the Mohammedan religion. The Sarki commanded every town in Kano to observe the time of prayer so they all did so.<sup>12</sup>

Kano had also an existing relationship with Sokoto, based on some Islamic ideas sanctioned by the Muslim laws and the traditions of the Sokoto caliphate.<sup>13</sup> Although Kano was Islamically theoretic but paid tribute to Sokoto as a vassal state. Hence, in the 1880's Kano was the largest vassal state and revenue generator to Sokoto due largely to her industrial and commercial activities. The largest industries that made Kano famous were the clothing; weaving and dyeing industries.<sup>14</sup>

Robinson once reported that:

Kano clothed more than half the population of the Central Sudan and no traveller had any difficulty in purchasing it and made clothes.<sup>15</sup>

The industrialization of Kano was faster because everybody was involved in industrializing the area. While the women spun the cotton into thread, the men did the weaving. Next to this all-important phenomenon was the leather factory and the production of farming implements by the black smiths who were skilled in craftsmanship.<sup>16</sup> As a result, trading contacts between Kano people and other parts of Nigeria, particularly the Southern part also developed. Kano could export hides and skin, potash and Hausa gowns to North Africa. Goods exported by

Kano to other parts of the world were said to have been estimated at fifteen million cowries. As a result, several trade routes developed. Kano imported kolanuts, European dyes, needles, pins, matches and a host of other items.

Further development of the railway lines in 1912 further boosted the trade contacts between Kano and the outside world. The British for example, established a commercial base at Kano. By 1915, there were about fifteen European firms in Kano, four Syrian firms and three African firms. Consequently, Kano witnessed the influx of many Nigerians and other foreign nations. As a result, Kano socio-political outlook changed, particularly where these people were commercially oriented, with many of such persons coming from the other parts of Nigeria, like the Ibo and Yoruba.

As people continued to troop in, a separate layout was allocated for them to settle for their businesses. The new settlement was named Sabon Gari, located outside Kano City. Majority of such settlers were non-Muslims. They were so isolated to avoid some conformity to the Islamic way of life with its legal administration. This new layout began in 1911 under the British law.<sup>17</sup> The new settlement grew in size to the detriment of the city market, which was located within the city walls. A British bank then called Bank of British West Africa (Now First Bank

Nigeria PLC), was established in 1914 to boost the commercial activities of the area.

#### **5.4 THE BRITISH CONQUEST OF KANO**

Although the European contact with Africa dates far back as the 15<sup>th</sup> century, the direct European occupation of Kano was in 1903. Between the 1884 and 1885 European partition enabled the British to have control not only over the Northern Nigeria in 1896, but made the Fulani Empire part of the British protectorate and the final amalgamation of the whole country.<sup>18</sup> Meanwhile, each Emir was the defensor fidei of the area within his authority. This explained why both the colonial and missionary entry was difficult. (An aspect, which the missionary never paid attention to). Apostacy not only to the Emir but to every Muslim was a grave sin in Islam.<sup>19</sup> Ayandele considered the action of the administrators as a design to prevent the advance of the competing group of European authority so that they may keep on manipulating the Emirs (this was an oversight). However, by 1917, none among the early Christian Missions to the North was able to gain entry in the exclusively Muslim areas. By this year also, a bulk of the Protestant Missions had decided to come together to gain access to the emirate regions, using the principle of religious toleration. This seemed good to Graeme Thompson who suggested to the administrators to allow missionaries to

identify sites in Muslim territories for mission activities, but the administration refused his opinion.<sup>20</sup>

Colonial rule therefore turned out to be a special agent to the spread of Islam in Northern Nigeria. The pro-Islamic policy of the colonial administration speedily spread the Islamic faith. These included factors like the appointment of resident Muslim District Heads in the Emirate areas and non-emirate areas, the recognition of the Islamic Leaders by the colonial powers, the use of Islamic laws for administrative purposes and the use of Hausa language. Above all, the fact that Islam remained the most protected religion throughout the colonial period resulted to massive conversion of several ethnic groups in the North to Islam.<sup>21</sup>

The making of the Northern Protectorate coincided with several other events. These included; the attempt by the missionaries to take the gospel to Hausa land. The CMS was the first to arrive in Northern Nigeria, the second team set in 1900 under Bishop Tugwell and the team set for Kano on horses from the Niger. They settled at Girku where Mr. Gowan died where also a church was built. While Bishop Tugwell and the Sudan party entered Sudan, a West African Frontier Force (otherwise called the Royal Niger Company), was making its way up the Kaduna Rivers looking for a place for the New High Commissioner to establish his headquarters. While the Christian missionaries were not aware of the

military action on the Kaduna Rivers by the British government, the Emir of Kano and his people felt that both the missionaries and the government had planned to unseat the Emir. However, it turned out that the Christian missionaries were confined to the banks of the Rivers Niger and Benue in spite of the hospitality the British government made to the missionaries. On assumption of office, Lord Lugard subdivided the Northern Nigerian province into three. These were the middle Niger Province, Benue Province and the Kano Province.<sup>22</sup> The middle province was to cater for Borgu and Borno in the North Eastern part of Kano.

Lord Lugard at first fought slavery when he took over the leadership of the Northern province. Among other problems that were pressing hard too was his ability to persuade the Emir of Kano and his people to subject to his sovereign power peacefully. The Emir rejected this request and imported arms from North Africa as well as re-walling the city<sup>23</sup>. The Emir, Aliyu Baba, advocated for a Hijra to avoid European rule, but this did not materialize. His resistance was due largely to Islam principle.

The death of an English officer, Captain Meloney, catalyzed Lord Lugard's march against the city of Kano. Lugard quickly sent a message to the colonial office in Britain informing them of the impending military attack on Kano. In a telegraph message, he conveyed the following:

Information received stated that Kano preparation was completed for prevailing wars demonstration in favour of the murder of Meloney. Paramount Chiefs in this country awaits result and if action deferred they would attribute to fear of them<sup>24</sup>. (sic)

A request for reinforcement reached Lagos, Gold Coast, London and Northern Nigeria. Thus an expedition under Colonel Morland set out for Kano on 29 January 1903. The great walls of Kano were scarcely damaged; but when a weak spot was found, the city collapsed<sup>25</sup>. Thus Kano surrendered to British rule. Lugard later appointed one Mallam Abbas as the new Emir of Kano in place of Aliyu Babba. Lord Lugard assured the subjects that he had nothing against them and promised the new Emir that his religion and custom would not be interfered with so long as he and his people do not work against the laws of the protectorate.

## **5.5 MODERN EDUCATION IN KANO AND THE REACTION OF THE PEOPLE TO MISSIONARY ACTIVITIES.**

The British government saw with keen interest that the efficiency of the officers of the Native Authority left much to be desired. The government therefore decided to provide such officers with the elementary education. This, the government thought, was possible when the Native Authority was agency for educational development. The Native Authority was then charged with three basic responsibilities.

- a. To educate the Mallam class to qualify them to replace the clerks draw from other West African counties like Sierra Leone.
- b. To educate the ruling class who were likely to become chiefs or emirs.
- c. To provide elementary education for the children of the ruling class to ensure continuity with some industrial teaching as curriculum<sup>26</sup>.

With these in view, the British government set up the first educational experiment in colonial Kano, in 1901 a school was opened for sons of the Native Chiefs. The government pleaded with all dignitaries with their sons to attend the school<sup>27</sup>. While the government cautiously handled their schools, they were suspicious of the role played by the administration. As a result, the government, by way of attracting the natives made Arabic as a core subject in the school curriculum<sup>28</sup>. Despite this gesture, modern education was unpopular among the Muslim people of Kano and the North in general. Around the late 1940s, the Emirs favoured education. All the first class chiefs under Sultan Abubakar's generation were educated.

Meanwhile, the Church Missionary (CMS) had without success applied for permission to establish a Christian center, a dispensary and a school in Kano. In Kano like any other Muslim area, the British political

staff were quick in turning down the request of not only the Church Missionary Society, but of all other Christian Missionary Organizations<sup>29</sup>. This was to further protect the policy of the Administration. The British residents of Kano summarized the reasons for the rejection of the missionaries' request in the following words;

If the missionaries (CMS) be permitted to establish itself in the city of Kano or any other town in the province, I refer there is only one possible view of such permission in the eyes of the Chiefs and people of the country but government has broken its solemn promises publicly and repeatedly made that it will not interfere with their religious beliefs<sup>30</sup>.  
(Sic)

In cases, where they were allowed, they were given the condition of not converting the people to Christianity. The colonial office endorsed this view. Lugard considered allowing the missionaries to advance *peripasu* with the government forces, a difficult thing to do and feared that it would amount to an attack on Islam.

Although Lugard showed his personal kindness to the Christian missionaries, the government did not allow the missionaries to advance into the exclusive Muslim areas of the Northern Provinces of Nigeria. This reluctance to allow the missionaries to establish Christianity in Muslim areas later became a definite policy to the administration<sup>31</sup>. This policy however, was applicable mostly only to the Christian Missionaries

with regard to the Muslim emirates of Bauchi, Kano, Katsina, Sokoto and Zaria.

The missionaries were encouraged by the government to first operate in the pagan areas to influence the people by way of civilizing such areas. This would make them attractive to Muslim areas and later they may find their way into the emirate areas. Bishop Tugwell established a mission station at Bida, a slave area on the initiative of the Emir. Also in 1905, Dr. Miller was requested to establish a Christian Station at Zaria. These cases were strictly on the invitation of the Emirs. Such invitations were made from time to time and for specific needs<sup>32</sup>.

## **5.6 THE S.I.M. MISSIONARIES IN MUSLIM EMIRATES**

It is a known fact that the Christian missionary interest in the Muslim Emirates long predated the coming of the British government in Northern Nigeria. Earlier in 1855, Rev. T. J. Bowen's request was turned down by the Emir of Illorin. Even those who had no intention of proselytising were refused entry in the area. Although the government remained friendly to the Christian missionaries at some points in time, the Christian missionaries were not given free entry into the Emirate areas to operate. There was the unsettled District ordinance that was passed throughout the provinces to restrict the Missionaries from operating in Muslim areas except with the prior permission of the

administration<sup>33</sup>. It is significant to note that this later became lasting theoretical base of opposition to Christian missionary propagation in the area. Although the Administration worked hard to stop the missionaries, the missionaries' activities attracted the attention of both the Administration and the people.

The Church Missionary Society, which played a significant role in the beginning of Christianity in the Central Belt of Nigeria, did very little in the area in leprosy work. The Sudan Interior Mission, which arrived later, became the largest missionary body in the North that had a wider geographical coverage. Much of its success was credited to the leprosy work in the area. It soon had as large as over one hundred missionaries and several missionary stations in 1958. Seven of the missionary stations were established south of the central belt, with thirty-seven stations north of central belt and fifty-one within the central belt. This extension began from the first station that started at Pategi as earlier stated. The Sudan Interior Mission involved itself in the area by providing essential social services to its converts; such services included education and medical services.

It had over five government-approved dispensaries and opened two others as part of its social services to the converts and the community in which the organization operated. Thus, one Olatayo commented on the social services of the SIM in this way:

We really want to play our part in the development of our great and beloved country Nigeria both spiritually and mentally. To God be the glory great things he has done<sup>34</sup>.

The SIM station in Kano was highly institutionalised as earlier stated. It had schools, hospitals and leprosarium. Earlier, the Native Authority did not only fund education, it also provided fund for public health and other amenities like electricity and water supply. One of the major problems that preoccupied the British administration on Kano was that of public health services and sanitation. This problem predated the establishment of the educational experiment of 1909.

Just as the British government saw the establishment of education as a priority in other areas so did government view the case of health matters in Kano. The government saw the urgent need in establishing health facilities. The first colonial dispensaries were set up in Kano, Katsina and Hadeja in 1906. The one in Kano was unsuccessful because the Muslim community was suspicious of the Modern Medical Services<sup>35</sup>. What possibly contributed to this fear was the fact that most of the workers were Christians from Southern Nigeria. Another possible reason was the fact that the workers were not professionally trained. Some still were afraid of the fact that their faith would be tampered with by the Christian workers. In an attempt to alley the fears of the Muslim communities, Mr. E.D. Morel stated this to the Emir:

The English people and the Hausa people worshipped the same almighty creator of the universe. The English people followed the teaching of Jesus. The Kano people the teaching of Mohammed. Some of my people thought Christianity could be preached in Kano and no moral pressure will be put on the people of Kano to change their religion<sup>36</sup>.

In respect to this, the Emir was quoted as responding to Mr.

Morel thus:

Mohammedan is a matter of the heart. Our fathers and our forefathers were Muslims. For many generations we have been Muslims. What is the need of preaching when there is no converts (sic)<sup>37</sup>...

The non-mutual trust between the two religions continued in the history of the North. The implication of these is being experienced to this day. In a similar vein, this trend continued to affect the development of Christian missionary endeavours from the time of the white missionaries and even after they left the country. In the same vein, an imam in one of the Nigerian National dailies maintained; "The colonial lords came to the North and defeated our leaders. They fought our heritage and imposed a value pattern different from ours." This shows that despite the favour that missionaries claimed was made to Islam, the Muslim Umma still blame the Lugard administration.

Much of the blame given to the British and Missionaries for the barrier that existed between the two faiths is attributed to Lord Lugard, and his pronouncement in favour of Islam. The missionaries viewed this as a harsh measure to bare them from operating in some parts of

northern Nigerian. They considered the administration as a stumbling block to the propagation of the gospel in the Emirate zones. The natives who were trained by the Christian missionaries as clerks, nurses, doctors, teachers and others still felt robbed of the opportunity to exercise their professional capabilities. It restricted the scope of secretarial judicial and military activities as well<sup>38</sup>.

## **5.7 THE ESTABLISHMENT OF KANO LEPROSY SETTLEMENT**

Old Kano layout had close houses with narrow streets or footpaths. This could not allow for good drainage system. There were no good public rubbish disposal systems, the pit latrines were almost adjacent to the wells and this resulted in the contamination of their drinking water. This favoured serious mosquito-breeding environment in the area. Kano was the least sanitary town in the Northern protectorate<sup>39</sup>.

As earlier stated leprosy disease thrived most in dirty environments, Kano's case was quite pathetic in this regard. The administration then went into a deliberate sanitation campaign on hygiene. These included keeping refuse in some specified locations, digging good wells, distant from pit latrines and other personal hygiene. Apart from attaining good environmental hygiene, the administration by its land ordinance of 1916, through the Native Authorities set up a

leprosy settlement to control the free movement of the leprosy patients in Kano and its environs.

Leprosy as earlier stated thrived in the northern region as a result of the climatic conditions, dense population, coupled with the sanitary problems. The creation of a settlement for the patients was to stop much of the spread. This move was encouraged by the 1908 ordinance, which empowered the government to establish colonies for leprosy patients wherever and whenever necessary<sup>40</sup>. This ordinance did not only allow the setting up of colonies but further empowered the government to ban leprosy patients from any trade or involvement in any activity that could endanger the health of the public. This ordinance was re-enacted in 1916 to further reinforce the earlier provision for the leprosy patients<sup>41</sup>. This led to the establishment of various leprosy settlements in the country.

As a result, by the end of 1938 there were fourteen leprosy settlements scattered all over the country. This reduced the danger of health hazard to the public; particularly leprosy as a communicable disease. Kano leprosy settlement was founded in 1935. Before then, the founder of the Toc.H Rev. Tubby Clayton visited Nigeria and was in Kano. He set up leprosy settlements. There were about three of such settlements in Kano province. One of these was the Samuila leprosy settlement, located some fifty miles away from Kano located in the

Southeastern part of Kano. The settlements were under the care of one Dr. C.N. Latham. Dr. A.C. Haward was in charge of the Samulia leper settlement. This settlement began with some sixty beds. The Kano Native Authority supported it financially.

In one of the communications the government in its secular number 45365, titled "Relationships between government and the missionaries and voluntary societies with regard to the ten year development plan", the government clearly stated that for medical and health development, the government would allow missionaries to make some expansion. The administration also agreed that no fund would be made available to the missionaries except for leprosy control, for which arrangements had been made<sup>42</sup>.

Earlier, the Sudan Interior Mission had written, requesting the government to allow it work in the area, but Sir Donald Cameron turned this down in 1931. In an interview in Katsina with the representative of the SIM missionary bodies, Sir Donald suggested and encouraged the missionary body to work in non-Muslim areas until the Emirs were made to understand and give recognition to other religions. This was to avoid possible problem for the missionaries. After some time, the missionaries were permitted to work in Kano. This was after the government had reported that SIM was one with the worst reputation in 1930. The Church Missionary Society had earlier made an appeal to establish a

Christian center, which the government turned down for its policy of non-interference with the Islamic religion. In general, the argument was that:

- a. The area was predominantly Muslim
- b. The Native Authority will be undermined.
- c. The missionaries, if permitted, will breach the peace of the area.

However, in areas where permission was granted, it was so allowed on the following conditions:

- a. That the people must not be compelled or made to attend Christian worships.
- b. The missionaries must not interfere with the affairs of the administration and its laws.
- c. No church structure must be set up in the center so established<sup>43</sup>.

Later, a concession was given by the administration to leprosy work. This was when the administration considered the several applications made by the Missionary bodies to work in the area. The applications of the SIM to open an eye hospital and a leprosy settlement in Kano were considered and approved. In a letter to the residents of the northern province, Mr. F.F. Smith the then secretary of the British government stated; that "no money will be made available to the

missionaries except for leprosy control for which arrangement has been made". The acceptance to take over the Samuila leprosy settlement came to the SIM on June, 4, 1937. The meeting between Dr. Ernest Muir, and Dr. Johnson the Principal Medical Officer of Nigeria to Northern Nigeria, with Dr. Helser and Reverend C. Gordon Beecham of the SIM yielded some fruits to this effect. This resulted in SIM taking over the leprosy work in Kano. The then Emir of Kano approved this move. The mission later transferred Samuila leprosy settlement to a site called; Yada Kunya.

Mr. Feelben the district officer with J.G. Stanley the superintendent of the leprosy settlements, Dr. C.W.J. Morris, the medical superintendent and Miss J. Schimdter a nursing sister were the first staff of the center. They were later joined by Dr. and Mrs. Harris who took over the Sokoto Leprosy Settlement. One Mr. William Afolabi a dispenser replaced the government dispenser who returned to Kano hospital. Other staff included Mr. and Mrs. Harold Saul who were in charge of the agricultural, industrial and religious sectors of the settlement. The center later served as a referral center and a training ground for African nurses. The facilities here included;

- (i) **Laboratory:** This was an area where a variety of tests were carried out particularly skin microscopic leper test was made on patients on admission at the settlement. Other tests included

blood test, urine test, and stool test. All the nurses were made to learn the techniques involved in the laboratory.

- (ii) There was an **industrial site** where industrial activities were initiated. Those included woodwork, leather works, weaving, spinning, rope making, tailoring and cookery. These products were bought by the hospital staff. Farming was general to all the patients. Other services offered by the patients included temperature taking, teaching in the school, sanitary men and women, clerks and cotton spinning<sup>44</sup>. Crops produced by the patients included cotton, maize, groundnut, guinea corn, and millet. They used oxen for heavier labour.
- (iii) Some elementary education on personal and environmental hygiene was given to the patients. These were regular bathing, cleaning of one's environments and washing of clothes. They were taught how to read and write and were made to render some professional services by the superintendents. Religious Education was given to the patients daily. Sunday services were held on Sundays and Bible classes were conducted for the Christian patients in the settlement.
- (iv) The Missionaries had a separate area for unaffected children born by the patients. Such children are examined and treated. At first, the mothers did not like keeping their new born babies in the

“Clean Baby Homes”, but they were forced to do so by the missionaries. This, the missionaries did to avoid the new born from contracting the disease from their mothers.

- (v) Public health leper work was undertaken at the centers by the staff. They move to out stations on weekly bases to the surrounding villages and market areas within Kano emirate for the purpose of treating leprosy patients. They gave lectures on personal hygiene, leprosy control and carried out skin tests to identify new patients. Such patients were treated on the spot, either of leprosy or other diseases. Such out stations included Garko, Roni and Kano town. Serious cases were referred to the leprosy settlements where the patients were admitted for treatment.
- (i) Patients were given physical exercise to aid in the cure of the diseases. They were urged to take part in some form of work, play or walk and in things that involved the movement of the hands, legs, feet and the muscles. They played games like football. They were settled in villages or compounds in the settlement. Each of the compounds had its leader who settles disputes among them and reports and such to the medical superintendent. The leader oversees the distribution of items like

milk, sugar, soap and goods supplied by the missionaries to members of his village to sure that each has his or her share.

- (ii) Training was one of the services rendered to the patients by the missionaries. They received training in vocational jobs, and in the medical sector as well. They could dress ulcers, in tradermal, intra muscular, intra venous and sub coetaneous injections. In some cases, such trained persons were employed by the missionaries on discharge. Patients were discharged at the end of six negative bacteriology examinations on monthly intervals if sufficient evidence of recovery is established. They were required to visit the center at three months intervals for re-examinations. If they were found to be free for a period of one year they would be discharged and declared free of leprosy. After three to four patients were discharged yearly. The superintendent determined their status for discharge.<sup>45</sup>

In 1938, the Samuila leprosy settled was abandoned. The patients, staff, and all equipment were moved to the new site at Yada Kunya, about ten kilometers south east of Kano. The reason for this was due to better water supply, larger treatment room, nearness to Kano town, better accommodation and adequate farmland. Moreso, the new settlement was able to absorb all the patients from other settlements. Support from this new settlement came from the missionaries and also

the government and the America Mission to Lepers.<sup>46</sup> The settlement has been taken over by the government at the time of this research. This took place in 1976, when the Federal Government decided to take over voluntary and missionary organizations as a means to keep same under secular atmospheres. At the time of this research, the hospital had the staff strength of forty-two serving staff, mostly ex- patients with sixteen retirees.

The leprosy unit is currently under the care of the Netherlands Leprosy Relief Association in conjunction with the Kano State Government. Feeding is free, drugs and other materials are also free. Other sectors include limb fitting, out patient departments, pharmacy, dispensary, ex-ray, and physio-therapy.<sup>47</sup>

## **5.8 BAUCHI SIM LEPROCY SETTLEMENT**

### **5.8.1 The Founding of Bauchi**

One Yakubu was believed to have been the founder of Bauchi. Since 1848, the process of urbanization in Bauchi has been when Yakubu founded Bauchi, the area was inhabited by the Garawa to whom he belonged. Bauchi was said to have derived its name from a hunter called Baushella who lived in Dutse Ide Hills outside the town where joint muslim prayers were said. Tradition has it that Yakubu was searching for a suitable site to establish a capital town. In the process, he came across

a hunter called Baushe, so he named the capital Bauchi after Baushe the founder.

Other sources have it that the word Bauche was used to describe the hunters of the area before and after the Jihad. One Aliyu viewed that the word Bauchi was probably used to describe the area infested with dirt and in where hunting occupy a significant place in the life of the people.<sup>48</sup> However, the making of Bauchi as the capital city could be attributed to several factors like;

- a. Flat land, thus making it good for building of houses to accommodate the increasing population and also for the grazing of animals.
- b. The area was enclosed by the several detached hills, which served as a means of protection.
- c. It had a better supply of water to meet the needs of the increasing population of people and animals.
- d. It was also located in a partially strategic position for effective administration.

The first buildings in the area were a mosque, a place and compound for judges. Yakubu later erected four gates – Koofar Tirkil, Tirwun, Wase and Wunti with each facing the direction to which it was named. The mosque was built by a Kanuri migrant. It was built by the set model of the prophet at Medina and Kaliph of Sokoto.<sup>49</sup> Permanent

guards were kept at the four gates to alert the authority of possible enemies.

The coming of some prisoners of war to Bauchi attracted traders to the area. People came to buy slaves, horses, swords and clothes. More so, the city was situated on the trade routes to various parts of the caliphate, linking Hausa land particularly Kano and Zaria with Gombe, Fombina, Muri and the belt region of Bauchi valley. After some few years, Bauchi developed into a cosmopolitan city with several ethnic groups like the Hausas, Kanuri, Fulani, Garewa, Ngas, Jukun, Mufawa Arabs and others. To accommodate the increasing population, Yakubu the founder of Bauchi added five more gates. These were Kofar Ran, Jahun, Wamba, Nasarawa and Dumi. Yakubu ensured constant supply in dry season by digging wells. Each ward was allowed to specialize in a trade. This was to boost the economic development of Bauchi. Saraki and Nasarawa wards were good in iron smelting and clothing.

To develop the city, Yakubu invited scholars outside Bauchi who were versed in sharia. These scholars were mostly from the Sokoto caliphate and beyond. They boosted the religious life and greatly influenced the status of Islam in Bauchi.

However, misfortune befell Bauchi in the second half of the nineteenth century during the reign of one Ibrahim Ibn Yakubu between 1847 and 1849. This came as a result of some political instability. This

was when one Mallam Hamza from Kano arrived Ningi in Bauchi and mobilized some non Muslim against their rulers. These included Kanem, Kantana, Duguri and Das to revolt against the ruling houses. This problem bedeviled Bauchi throughout the nineteenth century.<sup>50</sup> Mallam Hamza was said to be a rebel who had revolted against the Kano authority. While at Bauchi he succeeded in causing confusion and destabilized the political set up.

This political problem had devastating effect on the economic and social set up of Bauchi. As a result, economic activities declined as the market routes were closed. Thus resulted to the mass exodus of traders to other places like Kano, Zaria, Sokoto and other Hausa land. However, normalcy returned to Bauchi during the reign of Emir Umar Ibn Salami between 1885 and 1902. This brought back to life the economic life of Bauchi.

### **5.8.2 Geographical Location**

Bauchi town is situated on the plateau in the central high lands of Nigeria.<sup>51</sup> It is about 914 metres above sea level with fairly mild climate. It is a savannah area sparsely covered with wood and thorn bushes. The area is favourable for animal breeding, thus, it was patronized by the Fulani herdsmen. The land is fairly fertile; crops like sweet potatoes, guinea corn, millet and rice are grown. Seasonal fruits like dates

permanganates, lemons and tama are produced. Cotton, groundnuts and beans were also cultivated. The local weaving industry depended on the locally produced cotton in the area. After a few years, Bauchi developed into a cosmopolitan city.

### **5.8.3 Islamic Influence**

Before the coming of the Europeans in Bauchi, Islam had civilized the area in its own way, with the presence of religious judges and scholars from places like Sokoto and Borno which were considered as the home of Islam. Bauchi was greatly influenced by Islamic religion. Since 1848, the process of urbanization was set in motion. This process was triggered by the introduction of British rule in 1903; but when the emirate adjusted to the colonial rule, urbanization was fashioned by the improvement of network of communication lines between the rural and the urbanization areas.

## **5.9. EUROPEAN CONTACT AND CONQUEST OF BAUCHI**

By the 1880s, Bauchi had established some contacts with the European on the Niger-Benue valleys as well as the coastal areas of Nigeria. European goods such as guns and gunpowder, glassware and clothes could reach Bauchi through the middlemen. By 1885, the National African Company, later named the Royal Niger Company, began a treaty with Bauchi. Bauchi later had some commercial privileges as its

local goods were transported to the coastal areas to European traders particularly salt while European goods were equally transported from the coastal areas to Bauchi. This interaction greatly influenced the historical life of Bauchi politically, socially and economically. In 1886, following the recruitment exercise by the West African Frontier Force (WAFF) in Bauchi and other emirate areas, the Emir of Bauchi, like most other Emirs, opposed to it. He thereafter developed a hostile attitude towards the Europeans who visited the town and, the Bauchi emirate generally.

By 1901, the British decided to occupy the Bauchi areas as part of its plan to forestall French occupation of the area. In February 1902, the British occupied Bauchi through conquest during the reign of Umar. The Emir was deposed and a new Emir installed in his place by the British government. This marked a turning point in the history of Bauchi. A British garrison was established outside the city walls.

On assumption of power, the British administration announced the abolition of slave trade and slavery. This greatly undermined the economic status of Bauchi as Bauchi relied heavily on slave labour and its sales. With the colonization of Bauchi by the Europeans, Bauchi headquarter was transferred to Naraguta in Jos In 1911 because of the British exploration of the tin mines of the Jos Plateau. They returned to Bauchi in 1917, but again moved to Jos in 1924 until 1926.<sup>52</sup> The British government created Bauchi province in 1906 and Bauchi was made

capital of the Bauchi emirate. This emirate was one of the four administrative divisions of the province. Construction of roads and railways increased the prestige of Bauchi; as a result, Bauchi was linked to Jos, Gombe, Kano and Zaria. People and goods flowed to Bauchi for purposes of trade.

### **5.10 INTRODUCTION OF MODERN EDUCATION**

Like any other emirate, Bauchi emirate was resistant to modern education, but had the Koranic education with established Islamic schools in the area. Islam was influential in Bauchi, right from the reign of Yakubu the founder of Bauchi. To develop the religious life of the people, he invited scholars and judges who were versed in sharia to establish Islam in Bauchi. These scholars were from Sokoto, Borno and beyond as earlier stated. The hostile attitude of the exclusively Moslem emirates was the same. Mr. Herman Hodge's Summary of the situation in Ilorin is similar to the situation in Bauchi when he wrote:

Education was still unpopular and the emir and leading men showed little interest in it. Complaints were frequent that Christian boys were molested and jeered at in town. More than one attempt was made to burn down the school compound. Needless to say, education was no more popular with the pupils. Absentees were the rulers rather than ... Boys were continually running away<sup>53</sup>. (sic)

This was the same situation in Bauchi. While the administration wanted to educate the Emir, their children and serving chiefs, were resistant to it.

The British administration later established a middle school, and subsequently, a Teacher's Training College. As a result, the educational sector later witnessed great success. Bauchi became the first base of *Jamiar Mutanen Arewa* – a cultural organization founded in 1952 by some teachers in the middle school of Bauchi. Notable among them was Alhaji Aminu Kano, Abubakar Tafawa Balewa and a host of others, the organization later developed to become a political party, (NPC) with one of them Abubakar Tafawa Balewa becoming the first Prime Minister of the Federation. When states were created in 1967, Bauchi was temporarily made the capital of the then North Eastern State before its transfer to Maiduguri. When more states were created in 1976, Bauchi was the capital of Bauchi state giving it the prominence it had since or before 1902.

### **5.11 THE SIM MISSIONARIES IN BAUCHI EMIRATE**

It is significant to note that the SIM Missionaries' singular goal to reach the emirates was because they felt that both the pagans and the Muslim needed the gospel message. To the SIM, like the SUM, the care for lepers was the key to its entry into the exclusively Muslim areas in

Northern Nigeria. However, divergent views exist on this fact among the Missionaries themselves. This is because some considered the fact that the SIM missionaries were already in the North as far back as 1927, while others felt that leprosy work in particular, began later and better impact was made. The view of Mr. Guy Play-fair refuted the opinions of Dr. A.D. Helser and that of Rev. Gordon Becham who held that the care of leprosy was the key to the SIM entry to the emirate areas. This argument was based on the fact that before the SIM could start the leprosy programmes, the SIM missionaries were already operating in Kano and Garko and that they were offered Mallumfashi for operation before Mr. Brown was Governor of Kaduna.<sup>54</sup> Also, they were in Jega before Commander Corrow heard of anything about leprosy proposals. More still, that the Emir of Gwandu had accepted their choice to start work in his domain in Birnin Kebbi before he knew about the leprosy project.

Be this as it may, the researcher feels that it appears obvious that the care of leprosy was the key to their operation in the emirates. This is because, I feel strongly that the SIM missionaries were likely going to be sent out of the emirate if not for their services in leprosy work. The case of the Sudan Party in 1889 is very much fresh to us. Moreso, the seriousness with which the colonial administration viewed negatively the operation of the missionaries in Muslim areas and the conditions given is

still on record. The SIM would not have escaped the colonial policy. This is seen in the communications of the administration to all the Missionaries operating in Muslim areas.<sup>55</sup> The powers given to the Emirs by the administration and the regulatory ethics of the administration points to this. Of particular reference is the administration's policy on religious instructions in schools, which was in defence of an earlier promise of the government to the Muslim leaders that the administration would not interfere with Islam. Therefore, the care for leprosy patients, which was government problem, was what became obvious for allowing the missionaries to be considered relevant in the emirate areas. The question there is this, why were the emirate areas 'closed' to the missionaries for about three decades, even where they wanted to work there? More so, where they were operating, no meaningful achievements were made until the quest for leprosy problem was clear to the government over the help of the missionaries. This notwithstanding the SIM missionaries worked for over three decades in the pagan areas.

Bauchi was penetrated by the SIM in the third decade of their being in Nigeria. While in Bauchi they worked among the pagan natives before they were finally allowed access to the emirate area. Kaltungo in Tangale land was opened in 1917 by the Rev. and Mrs. S. Hall and the Rev. Gordon Beecham. The natives were predominantly traditionalists and were more receptive to the gospel. The Kaltungo station later

became the most successful and progressive in the North Eastern part of Northern Nigeria. It was from here that other mission stations were established. These included Biliri in Dass in 1923, Balengu in 1924, Tangale Warji in 1926, Biliri in 1928, Zalanga in 1940, Bursali in Bedde land in 1952 and several others.

### **5.12 THE ESTABLISHMENT OF BAYARA LEPROSY SETTLEMENT**

Bauchi province was one of the provinces in the North in which the SIM missionaries worked with the natives in medical activities. This they did, both in treating various diseases, particularly leprosy. Their leprosy work was concerned with preventing leprosy and treating infected patients. They did this in collaboration with the colonial administration through the Native Authority. It should be noted that leprosy work in Nigeria, and in the North in particular, was begun when the colonial government was advised to do something about the increasing epidemic of leprosy in Nigeria and the North in particular. It was in compliance with this advice that a policy was developed. The Emirs and Chiefs were requested to offer some pieces of land as leprosy centres. In 1930, they were also told to grant assistants to the agents that would be sympathetic enough to treat the patients. As a result, the government requested the British Empire Leprosy Relief Association (BELRA) to assist her in setting up the programmes of leprosy in

Northern Nigeria. For some difficulties, faced by BELRA, the programme could not start, BELRA decided to call on the SIM to take up the challenge. In 1936, the SIM organization and the colonial administration entered into negotiation to this effect.<sup>56</sup> For the SIM, this was an opportunity to evangelize the Muslim areas as it opened up unlimited opportunities for evangelism. Commenting on this great privilege Mr. Playfair stated:

The leper camps will open up the Muslim areas in a new way and give opportunity not only to reach the leprosy patients but also reach with the gospel to every village where lepers may not be found and there are two hundred thousand of these in Nigeria.<sup>57</sup>

This invitation by BELRA marked the beginning of SIM leprosy work in Northern Nigeria. As such, they worked to the best of their ability. The SIM considered this "northern Advance". The mission used Dr. A.D. Helser to "bulldoze" the SIM medical work in the area. He was the director of the SIM Northern advance. When he was on furlough, he was able to secure the help of the leper mission;

I found a group of keen men and women in America associated together to fight the scourge of leprosy. They called themselves American Mission to lepers. They encouraged me to press the battle to the gate against leprosy in West Africa.<sup>58</sup>

With the Brethren Mission, Helser had earlier set up the leper camp at Garkida in Adamawa province. This experience gave him the needed background to move the SIM mission to greater heights in

Bauchi. With his efforts, the mission grew to have the largest medical staff, leprosy hospitals, segregation villages and clinics among the missionary societies in Northern Nigeria. To Helser, neither himself nor the mission could have achieved much without the help of the American Mission to lepers. "The mission continued to be the keystone for our leprosy programmes". In another dimension, Helser reiterated: "Without the resources and support of this leprosy mission work, the SIM leprosy work could not have been much success". The mission committed a large sum of money and other resources to the SIM annually for all its leprosy hospitals in Kano, Sokoto, Katsina, Bauchi and Kabba. With this, the mission applied officially to the government to operate the Bauchi area. The administration and the SIM mission therefore went into negotiation for the hand over to mission.

Negotiation for the Bauchi leprosy settlement in Bayara started in the late 1930s. The then Emir of Bauchi gave the formal approval to the SIM to start the leprosy work in 1939. The negotiation was not completed and suddenly, the colonial administration deprived the mission the opportunity to take over the settlement. It was reported that the American mission to leprosy had designated an amount for the take off. In 1951, the assistant director of the administration one Mr. Bland requested the mission to undertake the "supervision and operation" of the provincial leprosy settlement in Bauchi and Niger provinces as he had

done in the case of Kano, Sokoto, Katsina, Oji Rivers and Omua Aran which the mission accepted.<sup>59</sup>

Bayara in Bali land was therefore opened in 1952 as a leprosarium when the mission took over from the joint administration of the government and the native authority. Bayara is about fourteen kilometers south east of Bauchi town. The natives here are called Balewa and mostly traditionalists. Sources have it that the term "Bayara" for the settlement was a Hausa derogatory description of the "lepers" settled in this location. The phrase was "*Ba yara sai manya*", meaning: "no children only adults" referring to the patients. This was the stigma associated with the disease and those who were afflicted by it.<sup>60</sup>

At the time of writing this project work, the settlement at Bayara is no longer under the SIM mission. It has been taken over by the Bauchi State government as a general hospital; the Netherlands Leprosy Relief Association is in charge of the leprosy unit of the hospital in conjunction with the Bauchi state government. Other sections of the hospital include:

- a. **The limp fitting (shoes) workshop:** The officer in charge of this section was one Mr. Tijani Abdul Faggo, a Sierra Leonian. He was an ex-patient of the center. He was trained in this section. Specific foot and hand fitting wares for the limps are produced here for the patients.<sup>61</sup>

- b. **The physiotherapy sections:** Here some exercise for both patients and ex-patients are given in this section.
- c. **Laboratory section:** Meant for testing of stools, skin, urine and blood of all patients.
- d. **The Out Patient Department:** This is the first general section to all patients before they are referred to other units for further examinations.
- e. **Eye Section:** Here eye problems are treated.
- f. **Ex-ray Section:** Serves all categories of patients.
- g. **Pharmaceutical or Dispensary:** Where drugs are kept and dispensed to patients.
- h. **Wards:** There are two wards for males and females patients on admission.
- i. **Village Settlement:** This settlement was in two categories. One was for the ex-patients who settled there and the other was for patients on admission.
- j. **Store:** This is used for keeping the equipment of the hospital.

At the time of this research, the hospital had a staff strength of about two hundred workers serving in the different sections of the hospital. A larger number of these workers were ex-patients of the hospital.

### **5.13 SOKOTO LEPROSY SETTLEMENT**

Sokoto was popularly called "Birnin Sakkwato". It began as a settlement in the Rima basin as a result of the establishment of Gwandu in 1809. The term "Sakkwato" was an anachronism of Sokoto. The Rima basin was affected by the Jihad of Usman Danfodio, which established Sokoto as "Dareslam" in 1804. This was an Islamic movement aimed at reforming the area. As he conquered the area, he established Islam as the state religion. Born in Gobir on 15<sup>th</sup> Dec, 1754 Usman Danfodio was a corrupted word "Fodyer" or Fuduyi" meaning "the learned".<sup>62</sup>

Rima basin consisted of several cities and towns in the period between the early nineteenth and twentieth centuries. These included Surname, Birnin Laka, Gungu and Kebbi. Others were Kiawa, Birnin Zamfara, Gobir, Guran, Rami, Birnin Lalle, Birning Yay and Alkalawa. These cities flourished and developed into great cosmopolitan areas. They attracted migrants from other neighboring states and beyond in commerce, handcrafts and industries.

New towns developed after the Jihad. Among such new settlements were Sokoto, Wurno, Gwatu Tsibir and Argungu. The emergence of these towns and cities was as a result new political and social orders, which came along with the age. One Mohammed Bello built the city walls of Gwantu and he was the one that built that of Sokoto.

Sokoto was located at a strategic position and steep escarpment, which provided it the needed protection against its enemies. The town dominated the broad lowland where the two rivers Rima and Sokoto meet. This is the junction from Gobir in the north Kebbi in the South, Birnin Zamfara from the east and Kano from the west. The natives of Sokoto are called Kadirawa.<sup>63</sup>

The strategic position of Sokoto later made some positive impact on its commercial, cosmopolitan and industrial sections of the town. This was because the conquered regions by the Jihad were divided into two. This marked the beginning of Sokoto development. Many merchants like the Tuaregs, Arabs, Gobirawa, Adarawa, Zoramawa and a host of others were attracted to it. This was for its provision of recovery and economic prospect.

In 1815, Shehu Usman Danfodio moved to Sokoto from Sifawsa at Bello's desire. In 1927, larger city walls were built for security to the teeming population in Sokoto. This new suburb was called Sabon Birnin. Side by side with this development was the building of Ribats (a protected settlement). This was an Islamic obligation possibly to serve as a refuge to people. Nomads were encouraged to settle there. Among the Ribats that sprang up were Wurno, Rabbah, Wamino, Silam and Isami. They all served as satellite towns to Sokoto.

Mohammed Bello became the caliph of Sokoto and the Sokoto caliphate came under his jurisdiction. The caliphate was established in the nineteenth century, other Muslim emirates in Hausa land drew their political, religious and judicial inspirations from caliphate. The caliph of Sokwatto also served as the supervisor of the entire emirs of the emirates. He shaped the policy decision of the emirates and the disposition of their emirs. Thus, Sokoto was not only considered the seat of Islam but center of Islamic education, not only in Hausa land but in West Africa.<sup>64</sup> Central to the ruling class of Sokoto is the Sultan who is the commander of the faithful. The Sultan was advised by an advocacy council called "Majalisar sarki" consisting of Waziri, Mgajin Gari, Magajin Rafi, Ubandina and Galadima. The caliphate also had an international fame in the religious and commercial matters. This prominence suffered set backs in the early parts of the twentieth century.

#### **5.14 THE EUROPEAN CONQUEST OF SOKOTO CALIPHATE**

The British conquered Sokoto with all its religious, political and social position in West Africa in the nineteenth century in the 20<sup>th</sup> century. This resulted to the destruction of the caliphate. This episode ended the phase in the history of Sokoto as the metropolis of a sovereign state. Before the British government arrived, the Mohammedan areas, in Hausa land were knitted together by the 1804

Jihad. After the British had conquered other lands particularly the pagan areas, they realized that the exclusively Muslim areas could not be persuaded peacefully. They therefore resorted to using some forces to achieve this. In 1902, after conquering Kano, the British quickly faced Sokoto (possibly the second most resistant area). As a result, the British conquered the seat of the Sultan in 1903<sup>65</sup>. Sokoto was one of the main Hausaland with the seat of Islam, it was believed to have been established in 1335. Although Islam was first introduced in Kano, and Katsina before Sokoto, Sokoto became the seat of Islam as a result of the influence of Usman Danfodio's jihad.

### **5.15 THE SIM MISSIONARIES IN SOKOTO**

The policy of the administration prevented the entry of the Christian Mission in the emirate areas. Sokoto province was the seat of Islam as indicated above. Thus the resistance to the missionaries was greater. The Fulani leaders of the Jihad founded Sokoto caliphate. Despite the resistance, the British colonialists destroyed the caliphate after their subjugation of other areas as earlier stated.

Sokoto province was opened to the Christian gospel in about 1938. Other areas reached included Talata Mafara, Gusau, Kambe, Kangiwa, Kalgn, Gunmi and a host of others. The Sokoto leper's settlement was located in Amawa, some twelve kilometers south east of

Sokoto. Dr. and Mrs. C.W. Moris, Dr. G.A. Sokoto and Miss A. Sumner opened the home.

In February 1937, an approval was given by the colonial administration for the establishment of the Amawa leprosy settlement. The above-mentioned SIM staff arrived in June 1937. Leprosy patients were officially received here in July 1937, and among the first patients to be admitted was a deaf and dumb leprosy patient<sup>66</sup>. At the initial stage, not many patients wanted to be there but as time went on there was an influx of patients. In November that same year the leper farm in Gusau was transferred to Amawa and served as a referral hospital. Also in December leprosy patients all over the Sokoto province were transferred to Gwandu, Argungu while others were settled in Amawa, which started with three huts used as storeroom, dispensary/office and laboratory. As time went on the following departments were opened.

a. **Children Work Unit.**

Huts were set up to keep children of patients under the care of non-leprosy patients. This was to avoid constant physical contact with the infected parents.

b. **Public Health Care.**

Regular visits made by the medical superintendent to the outposts. In such places they could detect new patients and treat people with other sicknesses. Sokoto state is divided into four

zones, north, south, east and west covering the twenty-three local governments and beyond. Clinics were set up in such places while the Amawa settlement was the referral hospital. Here they organize health education to enlighten the communities on some basic health care and how to detect leprosy patients.

c. **Social Activities**

These included creation of recreational areas, like football pitch, sporting, games. Patients are made to participate. Where they are unable to, they are made to watch others do it. A site for their market is created where they could buy and sell.

d. **Wards.**

There are two wards A and B; one for males and the other for females. At the time I visited, there were seventeen males and twenty-three females on admission. The few number was said to be as a result of the efficacious nature of the new drug which takes many patients a duration of twelve months to be discharged.

e. **Pharmacy/Dispensary.**

This is where drugs are kept and dispensed to patients. The hospital had a staff strength of. This is where drugs are kept and dispensed to patients with all kinds of sicknesses. The staff were

mostly ex-patients, or children of ex-patients with very few who were not outside the settlement environments.<sup>67</sup>

f. **Laboratory.**

This section is used mainly for investigation of all types of diseases. Here examination or testing of skin, urine, blood, stool and others are made.

g. **Outpatient Department.**

Here all categories of sicknesses are examined. Cases discovered or detected are sent to the appropriate department for further investigation. New leprosy patients are also identified and treated. Serious cases were admitted.

h. **Industrial Sector.**

Patients are taught some vocational skills like keeping poultry, building, carpentry work, cookery, tailoring, mason, farming and other types of vocations. One Mr. Haruna Adamu an ex-patient was in charge of training those for tailoring.<sup>68</sup> The leprosy mission was founded to minister the love of Christ to the patients.

Patients were also introduced to educational programmes. They were taught how to read and write. Able-bodied patients were given larger farmlands to cultivate. The mission provides free feeding and drugs to the patients and they help to oversee the work<sup>69</sup>. Dr. and Dr. Mrs. H. Anthony were the Medical Doctors. They also supervised the

leprosy units within the state. They helped in rehabilitating patients as well<sup>70</sup>.

#### **NOTES**

1. Victor M. Law, *Three Nigerian Emirates*, Illinois: North Western University Press, 1972, pp3-4.

2. Adamu Mohammed Fika, *The Kano Civil War and British Overrule 1883 – 1940*. Ibadan: Oxford University Press, 1978, p.1.
3. John N. Paden. *Religion and Political Culture in Kano*. London: University of California Press, 1973, p.1.
4. *Ministry of Information Kano State 1968*, p.6.
5. *Ibid.*, p.5.
6. Adamu M. Fika, *op. cit.*, p.6.
7. C.H. Palmer Memoirs vol.III p.133.
8. Adamu M. Fika, *op. cit.*, p.6.
9. *Ibid.*, p.3.
10. J. Greenburg, "Evidence for the Influence of Kanuri from Hausa Land" London: *Jak 12*, 1960, pp.205-212.
11. J.N. Paden, *op.cit.*, p.46.
12. C.H. Palmer, *op.cit.*, pp.104-105.
13. Adamu M. Fika *op.cit.*, p.29.
14. *Ibid.*, p.44.
15. C.H. Robinson, *Hausaland: Fifteen Hundred Miles Through the Central Sudan*. London: Oxford University Press, 1896, p.30.
16. Adamu M. Fika *op.cit.*, p.45.
17. SNP/309/No/1916, p.1.
18. J.B. Grimley and Gordon E. Robinson, *Church Growth in Central and Southern Nigeria*. Michigan: William B. Erdmans Publishing Company, 1966, p.52.
19. Peter Kazenga Tibenderang, "The Emirs and The Spread of Western Education in Northern Nigeria 1890 – 1946". *Journal of*

*African History* (ed.), by Michael Brett et al. vol 24, 1983, No. 4  
London: Cambridge University Press, 1983, p. 518

20. Andrew E. Barnes, "Evangelisation Where it is Not Wanted: Colonial Administrators and Missionaries in Northern Nigeria During the First Third of the 20<sup>th</sup> Century." Leiden: *Journal of Religion in Africa*. XXV, 4. 1995, p. 414
21. C. N. Uba, "Islam in African History". London: University Press, 2001, pp. 300 – 302.
22. Peter Kazenga Tibendareng, *op.cit.*, p.518.
23. *Ibid.*, p.90.
24. *Lugard's Telegraph to Colonial Office*. p.90.2.
25. J.B. Grimley and Robinson *op.cit.*, p.52,
26. Charles Orr, *The making of Northern Nigeria*, London: Frank Cass & Co. Ltd, 1965, p.9.
27. J.B. Grimley *op.cit.*, p.237.
28. A.M. Fika, *op. cit.*, p. 236.
29. *Ibid.*, p. 236,
30. *SNP/1114/1912 or Kano Province Report of 1911*. Paragraph 80.
31. J.S. Coleman, *Nigerian Background to Nationalism*. Los Angeles: University of California Press, 1960, p.133.
32. *Ibid.*, p.136.
33. Ralph Shramb, *History of Nigerian Health Service*: London: Oxford University Press, 1956, p.143.
34. J.H. Hunter, *A Flame of Fire: The Life and Work of Rolland Bingham*. Canada: Hazolwatson & Winney Ltd, 1961, p.15.
35. SNP/1896/vol.1/p.9.

36. E.D. Morel, *Nigeria It's People and Its Problems*. London Track Cass & Co. Ltd, 1968, p.134.
37. *Ibid.*, pp. 134-135.
38. *Ibid.*, pp.139 .
39. Adamu M. Fika, *op. cit.*, p.245. Also *Temples Annual Report Northern Nigeria* 191, p.18.
40. Ikema, T., *Rehabilitating the Disabled, A Handbook for Special Education*: London: Hardwork Press, 1948, p.2.
41. *Government Circular* No 45635/35 (see appendix C).
42. "Memoirs on Entry of Missionaries into Emirates" 1932 pp.1&5.
43. Reports of Dr. Helser A.D. on Kano Leprosy settlements 1937, 1938, and 1939.
44. Interview with Mr. Ibrahim Sadiq, at Kano Leprosy Settlement on 20/11/1998. Age 54.
45. Kano Leprosy Settleme Reports, *op.cit.* p.5.
46. Interview with Sunday Ogwu, of Yada Kunya Leprosy Settlement Kano. On 19/03/2000. Age 42.
47. Mohammed Haruna. *Cities of the Savana: A History of Some Towns and Cities of Nigeria*. Savana. A Nigerian Magazine (ed) pp.89 & 94.
48. *Ibid.*, p.92.
49. *Ibid.*, p.94.
50. *Ibid.*, p.89.
51. *Ibid.*, p.96.
52. Herman Hidge Report p.255.
53. Yusufu Turaki, Quoting Herman Hedgey Report *op. cit.*, p.235.

54. Y. Turaki *op. cit.*, p.265.
55. Guy W. Play Fair Letter to Mr. C. Gordon Beecham, 15<sup>th</sup> October 1952. Quoted by Yusufu Turaki *op. cit.*, p.265.
56. Oral interview with Mrs. Zuwera Mainas the Kitchen Supervisor Amawa Leprosy Settlement Sokoto, at the hospital site on 30/10/2001 age 40.
57. Turaki, *Ibid.*, p.317.
58. Dr. A.D. Helser quoted by Turaki, *Ibid.*, P.4.
59. A.D. Helser, letter to general secretary to the African Missionary to lepers.
60. Oral Interview with Rev. Gayus in his resident in Bauchi on 10 October 1998 age 45.
61. Oral interview with Tijani Abdul Fago. Age 40. At Bayara leprosy hospital premises, Bauchi. *Op cit.*
62. Mohammed Haruna, *op cit.*, p. 22.
63. *Ibid.*, p.22.
64. *Ibid.*, p.22.
65. *Ibid.*, p.22.
66. "The Establishment of Sokoto Leper Camp." Deposited at the Sokoto Hospital and oral interview with Mr. Alhaji Haruna Saad, Amawa Leprosy Settlement Administration 29/10/2001 at the hospital premise, Sokoto age 50.
67. *Ibid.*,
68. Oral Interview with Mallam Haruna Adamu Age 45 at the Sokoto Leprosy Settlement. On 29-10-2001.
69. Oral Interview with Mr. A. Anthony on 21<sup>st</sup> October 2001, Age 35. at the Amawa Leprosy Settlement, Sokoto.



## **CHAPTER SIX**

### **SUM LEPROSY SETTLEMENTS IN NORTHERN NIGERIA**

#### **6.1 INTRODUCTION**

In chapter four, the researcher discussed the penetration of the two missionary bodies under study to the Northern part of Nigeria. The perspectives of the missionaries were categorically stated as well as their assumptions of the area they intended to evangelize. The grip of Islam on the people of Northern Nigeria was true at the period of the arrival of the Sudan Interior Mission and the Sudan United Mission in 1901 and 1904 respectively. The North was religiously demarcated into three, the emirate areas – where the Muslims were predominant, the non-emirate areas with the emir as the ruler and the pagan areas, which consisted of the non-Muslims. This provided Lugard a smooth takeover of the government of the North as he employed the system of indirect rule by allowing the Fulani rulers to continue to rule in the area.

This section of the study examines the work of Sudan United Mission (The British Branch) in Northern Nigeria. Although the British Administration did not allow the Christian missionaries to operate in the exclusively Muslim areas of Northern Nigeria as stated in the previous chapters, it later invited the missionaries to work among the people on a specific problem in the exclusively Muslim areas – the care of leprosy

patients. This was because the administration has a problem, which it could not adequately and effectively managed as earlier mentioned.

Since the British government took over the administration of Northern Nigeria, one of the serious problems it had to battle with, was leprosy. Although this cankerworm received the much-needed attention in the policy of the government, the missionaries were allowed to take over the settlements set by the government and they also set up new ones. In one of his memoranda, Mr. G.B. Williams the then secretary of Northern Province wrote:

I am directed to inform you that the whole policy with regards to missions in Northern Nigeria provinces and more especially in the predominantly Mohammedan parts of those provinces has recently come under review as a result of the inquiries from the colonial office regarding the present situation. The leper settlements are managed by the missions on behalf of the Native Authorities in Borno, Kano, Katsina and Sokoto provinces.<sup>1</sup>

One of the first areas where the S.U.M. British Branch set up a leprosy center was on the Plateau, an area in the central part of Nigeria which is demarcated as parts of Northern Nigeria, but predominantly, the pagan areas. The Central belt covered these areas called the "Pagan Areas."

## **6.2 THE CENTRAL BELT OF NIGERIA**

Unlike the SIM organization, the SUM worked mostly in the central Plateau in the central belt of Nigeria. What was called Plateau State included Plateau and Nasarawa State. Nasarawa State was carved out of Plateau in 1996, with Plateau on the East and Nasarawa state on the West. Plateau State like Nasarawa state falls within the central belt of Nigeria. It has extremes of topography and religious thought. The area covers about one hundred and sixty thousand (160,000) square miles. It stretches across Nigeria from the border of Dahomey on the West to that of the Cameroon Republic on the East. Much of the area has elevations that made it more favorable for living.

Jos in the central belt is about two thousand feet above sea level. It has been a haven from the extreme heat and insects of the North for both European missionaries and the government workers. There is a more fascinating variety of topography, having the rugged mountains and sweltering river valleys, with wide rivers and punched volcanic cones.

Volcanic eruptions have cut deep into many parts of the area; which patterned the roads in meandering manner. It has narrow bridges in downwards steps. To the southern area of the Central Plateau, there is the famous Wase Rock<sup>2</sup>. For several years, it has been a shrine for the natives of the areas; it was considered "The only god there is". This rock

has attracted both the Muslim and the Christian missionaries to its shade. The invading Muslim found it a natural site from which they exerted their power. The missionaries of the Sudan United Mission built their first station in 1904 at the foothill of the rock.

The isolation of the people of the Jos Plateau from the early contact with the missionaries played an important part in the comparatively late recognition of the gospel<sup>3</sup>. In some parts of the area a mountainous culture with terraced farming have developed through the centuries. The inhabitants have a wide spread of agrarian culture with a staple food made from sorghum flour<sup>4</sup>. The people have an ancient eastern Sudan origin. This explains why they have similar cultural practices with little or no difference with that of eastern Sudanic origin<sup>5</sup>. Plateau state is always considered as a miniature Nigeria, with a concentration of the various ethnic groups from all over Nigeria. This is because of the initial mining activities in the area. Thus, most of its land has been lost to mining.

Both the Christian missionaries and the government have developed the area by establishing modern structures. Modern roads have replaced the footpaths, the small round huts with thatched roofs were gradually displaced by those with the corrugated iron sheets. Modern educational centers with designed curriculum have replaced the orally transmitted form of education. In general, new sets of people have

emerged, who are found all over the federation as doctors, teachers, engineers, lawyers and the like<sup>6</sup>.

### **6.3 THE SUM MISSIONARIES ON THE PLATEAU**

In this "pagan" area, as the colonial government termed it, Islam and Christianity were in competition in terms of spread, unlike the case with the extreme Christian South and the virtually Muslim North. The missionary body that made the initial impact in the area about 1904 was the Sudan United Mission. The other two, the CMS and the SIM had their influence in the Hausa land. The SUM, as earlier, mentioned, was formed to meet the challenges of the Sudan for evangelism. In 1900, the leaders of the Evangelical Mission Societies met to consider this problem. The report of the mission of 1908 gives the decision thus:

...and in view of the fact that none of the missionary societies of the Baptist congregational, Methodist and Presbyterian churches of Great Britain... we should rejoice if the lord should enable the free churches of this country to join in a United Sudan Mission.<sup>7</sup>

Initially, Dr, Karl and Lucy Kumm had the Sudan at heart for evangelism. They had worked in Egypt, Libya, and the Eastern Sudan. Their attention was turned to Nigeria by Mr. C.L. Temple, the government official in charge of Bauchi area. At his invitation, the Kumms considered this area appropriate for evangelism. After establishing the first station at Wase as earlier mentioned, they moved

northward into Berom land. Lowry Maxwell described the situation in the following words:

We might then have settled at once among the Birom (Berom) and straight away hurled ourselves into direct mission work. Instead of spending life time and money at Wase, which was a Moslem town, it may well have been that Wase was God's place for us first in order that we should not be tempted to keep too long to one tribe<sup>8</sup>...

In early 1907, Mr. John M. Young and Dr. & Mrs. Emlyn left Wase and reached Bukuru with the aim of evangelizing the area. They established a missionary station at Forom as the first station at Du did not last. As a medical doctor, Dr. Emlyn opened a dispensary for a more effective evangelism, particularly where this denoted a wholistic concept of salvation. Medical medicine continued in the area to a level that the natives were no longer opposed to it.

#### **6.4 THE ESTABLISHMENT OF LEPROSY CENTRE IN VOM**

Vom town on the Plateau was built around a rocky hill that rises 5,000ft above sea level. Among the hills, stands Vom Christian hospital located in the southwestern part of Jos. The British Branch of the Sudan United Mission, the parent body of the SUM mission worked in Plateau and Borno. This branch owned two hospitals, one in each of the areas. The one in Vom in Plateau and the others in Gwoza in Borno. Other branches of the mission has six hospitals in their areas of influence.

Vom Christian hospital which was the earliest of the mission hospital was established in 1922. Earlier In 1916, Dr. Parson Barnden arrived Nigeria and worked with the Freed Slaves Home in Rumasha<sup>9</sup>. In 1920, he was requested to oversea the missionary station at Forom in Plateau. He later moved and settled in Vom. Here he developed interest in setting up a hospital. He made contacts with the native authority and obtained permission to set up a hospital. He first built a round hut, which he used as kitchen, living room and dispensary. Initially, the natives who are the Berom, were opposed to the work, particularly the traditional healers who were fast loosing their customers. Dr. Barnden however, got over this difficulty, as the natives became supportive to his work, hence more round huts were built. Soon it has twenty-four beds and the first surgery was done in 1926.

## **6.5 VOM LEPROSY SETTLEMENT**

The colonial government recognised Vom as a training institution for nurses, it also offered essential services to both the natives and the mining communities. It was the largest mission hospital in Northern Nigeria with about three hundred beds. As the work developed, many people gained confidence in modern medicine. Patients from far and near came to Vom for medical treatment. Vom hospital had no plan for setting a leprosy unit, but some circumstances warranted this.

In 1925, one Mazawayi from the Benue area heard of the healing centre at Vom. He was a leprosy victim. He decided to come to Vom saying, "maybe they can cure me at Vom" and left for Vom, a distance of about 200 miles. As a result of the long distance, he grew weak and more ill. He wearily stumbled at the doorstep of the hospital and dropped dead.

Dr. Barnden was moved by this and remarked, "We must do something for the lepers"<sup>10</sup>. He took up the challenge and built some huts outside the hospital premises. It was not long that the place was crowded with over one hundred leprosy patients. They were attended to and many got healed after some period of time. Dr. Barnden requested the government to allow his patients to build the roads. This was to serve as physiotherapy for the patients as well as a measure of supporting themselves. This was the first time that leprosy was treated officially in Northern Nigeria. Dr. Barnden's work in this regard greatly impressed the government administration.

At about the same time, the government sent out an official to make a survey of leprosy in Nigeria. He went as far as Maiduguri in the North Eastern part of Nigeria and discovered very little was being done for leprosy patients. He reported to the government that "nothing was being done for the leprosy patients except by the missions"<sup>11</sup>. Meanwhile, the leprosy work at Vom led to the creation of leprosy

outstations in other missionary centers of the Sudan United Missions. These included Bambur, Kabwir, Langtang and Panyam, all on the Plateau. Patients were made to visit these outstations for drugs and routine checks. These dispensaries were visited by the supervisor Dr. Barnden for regular supply of drugs. Vom therefore became a referral center. Dr. Barnden later remarked:

Our leper work is mainly at Vom hospital. Although a few lepers are receiving treatment at mission dispensaries at Panyam, Kabwir, Gurum and Bambur<sup>12</sup>...

On the suitability of Plateau or Vom for a leprosy settlement, Dr. Barnden says:

...in practice, Plateau is unsuitable for large leper work as it is cold and the natives need fires(for warmth) and clothing. The soil is barren, large area is difficult to obtain<sup>13</sup>.

The need for a large piece of land to settle the patients became eminent,<sup>14</sup>. Moreso, the settlement in Vom was not carried out in the most specialized way. Thus, E.W. Adeoka explained: "Leprosy work is undertaken in the area not in a special settlement, but as part of the work of a general hospital<sup>15</sup>.

As time went on, the missionaries felt the need to acquire a larger piece of land elsewhere, where these patients could be better settled. This was to enable the hospital to run its affairs more effectively. It was also to make room for the expansion of the leprosy unit. Leprosy patients in the settlement were offered the following services:

- a. They were offered free drugs and feeding.
- b. They were given Christian religious instructions on daily basis morning and evenings.
- c. They attended morning and evening prayer sessions.
- d. On Sundays, they attended the Sunday morning services and Sunday school programmes.
- e. Sunday services were conducted in Hausa, Berom and Mwaghavul languages to cover the different ethnic groups settled in Vom. Some activities undertaken by the patients included farming, evangelism, weaving, knitting, ditching, cleaning and repairing roads.
- f. Other social works included learning how to read and write, recreational programmes like table tennis and football. Talks on basic healthcare were given periodically to improve their health for faster healing.

It is on record that the SUM sphere of influence was most extensive in the area compared to other missions like the Church Missionary Society, the Sudan Interior Mission and the Worldwide Adventist Mission<sup>16</sup>. In a correspondence, this was reported:

The Sudan United Hospital for the natives at Vom dates from 1922. An extension for lepers was built in 1926... The hospital was assisted financially by the government<sup>17</sup>.

Like most other Christian institutions, Vom Christian hospital was taken over by the government in 1976, but was returned to the missionaries in 1980 after four years<sup>18</sup>.

## **6.6 BORNO SUM LEPROSY COLONY**

When the British government sent out its official to survey leprosy in Nigeria, the Sudan United Mission was still nursing the ambition of working among the Muslims. The work of Dr. Barnden among the leprosy patients in Vom became instrumental to allowing the mission into Borno by the British government. The obvious reason for the missionaries' fears was based on the established policy of the government with regard to missionary entry into the emirate areas. Earlier on, a memo to this effect was communicated to all the missionary bodies.

In October 1927, his excellency sir. Thompson gave certain assurances to the International Missionary Council as to the line of policy, which would be followed by the Nigerian administration in regard to missionary work in Northern Provinces. The council was assured that government, while it refrain from bringing pressure on the emirs to permit missionary work on their territories... The most promising method of influencing Mohammedan population was for the missionaries to do so by intensive practical work among the pagans<sup>19</sup>.

This, the government claimed was to attract the sympathy of he emirs. In another memo from the Secretary of the Northern Provinces to

all the Northern Provinces, it was clearly stated that: it is not the concern of government to help missionary societies to penetrate where they are not wanted...<sup>20</sup>(sic).

In pursuance of this policy, the missionaries were made to apply for their operation in Muslim areas awaiting the approval of the emirs. The Sudan United Mission was invited by the colonial administration to come to Borno in 1836. The care for leprosy patients was the key factor in making this initial contact with the people of Borno.<sup>21</sup> The missionaries had the impulse from a solemn declaration of Jesus, which reiterated the fact that the good news should be proclaimed to set all categories of people from their plights. This to them was the sole purpose of the message of the gospel. Salvation brings about total freedom and relief, and should be expected both physically and spiritually<sup>22</sup>.

## **6.7 THE EARLY BORNO KINGDOM**

Borno is situated in the Northeastern corner of Nigeria. The shores of Lake Chad bound it in the North. The Kingdom of Borno had its origin somewhere in the region of Borgu and Waidi. The rise of Borno from Wadai is dated between 780 and 800 AD with its capital at Kanem<sup>23</sup>. The rulers were chiefs who lived in tents and ruled over the nomads. Their ancestor (whoever he was), according to local tradition married a Barber woman, a tribe currently called Zaghawa (akin to the

modern Tuaregs). Mai Dunama Aunama Dabelemi extended the Kingdom in the thirteenth century, a period when Islam attained its golden age in Borno.

In the course of time, civil war ensued in Borno between the legitimate Kanem dynasty and their cousins, the Bulala, however, Idris Alooma re-established the royal house of Kanem dynasty. The kingdom of Borno reached its peak during his reign but declined after his death. The Kanuri people of Barber extract were the largest ethnic group in the kingdom. Next to them were the Arabs called Shuwa and the Fulanis.

Today nearly all the ethnic groups in Borno claimed to have migrated from Yemen. They are divided into two language groups – the Chadic and the Semitic groups. These ethnic groups reached the area called Kanem in 800 AD as earlier mentioned. The ruling classes were Muslims and the province had several independent emirs who all looked up to the Shehu of Borno as their spiritual head<sup>24</sup>. The civilization of Borno around the twelfth century could be compared favourably with that of the west at the period. The significance of Borno may be seen from the fact that Borno appeared on the Portuguese map of 1489<sup>25</sup>.

In 1884 and 1855, Denham and Barth respectively concluded a treaty with Borno of a vague description. After that mission, the Europeans did not visit until the Royal Niger Company in 1890

dispatched one of its officials to the area for a final conclusion of the political treaty.

Borno was the second largest area in Northern Nigeria (second to Kano). With an area of 166,589 square kilometers, it was subdivided into two in 1991 consisting of Yobe and Borno States. The two states are divided by a boundary running from the North to the South with Yobe to the west and Borno to the East<sup>26</sup>. The vegetation of the area is Sahel with dated grasses and thorns trees.

Since the penetration of Islam, it becomes the religion of the natives, Particularly the Kanuri people. There are few Christians and traditionalist from the southern part of Borno. Islam entered Borno in the eleventh century AD and brought literacy to the area. Thus the main phases of its history were documented. Borno became Islamic for eight centuries before the period Islam was brought into Nigeria in the nineteenth century<sup>27</sup>.

## **6.8 ATTEMPTS TO CHRISTIANISE BORNO**

The natives who migrated from Yeman to the Chad basin in Borno were already Christians. Yemen was already a Christian center in 342 AD and by 570, it already had a Christian governor called Abraha-al-Ashran. This also was a period around the time prophet Mohammed was born<sup>28</sup>. As time went on Christian influence in Borno ceased.

Later attempts were made to Christianize Borno. The next Christian attempt was in 1900 by the Roman Catholic Mission. This missionary body sent its missionaries to spend two years in Borno but they were called back to Tripoli due to the difficulties they encountered in Borno. Since then there has been no further effort to Christianize the area, until in 1923 when the Sudan United Mission mobilized the church of the Brethren mission (an American Christian Mission) in southern Borno to stop the advancement of Islam. This attempt did not go without some difficulties. Despite the opposition from Islam through the resident officer, Mr. Richmond Palmer, and the District Officer, Major Frank, the missionaries were able to establish a missionary station at Garkida near Biu with the intention of reaching Borno.<sup>29</sup>

Here, they had problem with the indirect rule employed by Lord Lugard. The emirates were formed with non-Muslim as subjects to the Muslims emirs. Another unfavourable situation was when the missionaries were ordered by the administration not to cross over to Borno for their activities, an area that was strictly Muslim. Rev. S. Kulp and his associates of the Brethren Mission concentrated on their efforts on the non-Muslim areas where they were able to set up mission stations, schools and hospitals in both the south-west and south-east area of Borno. In 1976, the name of this mission was indigenized from

the church of Brethren Mission to "Akklshiyar Yan Uwa a Nigeria" – (EYN).

## **6.9 THE SUDAN UNITED MISSION IN BORNO**

The Sudan United Mission, which was in the North in 1904, was made to set its mind on reaching the non-Muslim inhabitants of the "Soudan" as earlier advised by Lord Lugard at Lokoja. An unexpected opportunity came to the mission to work in the exclusive Muslim area when in 1936 the government requested the Mission to start the leprosy center in Borno. This came as a surprise to the mission. However, they took it as a great challenge and an opportunity to exert their works in changing the life of the people. The administration that was adamant to the entry of the mission in the Muslim areas at an initial stage was willing to allow the mission to work there. Although this was under some prescribed conditions, the permission was possible in line with the earlier policy between his Excellency, Sir Donald Cameron and the representatives of the missionary bodies at Kaduna in 1931, which stated:

The government desires that all missionaries who were refused access to Muslim area must work outside Muslim areas, until as a result of their work; they were invited to enter the more Mohammedan areas<sup>30</sup>.

This policy confirmed that the Emirs must first sanction the entry of the missionaries in the area.

Lowy Maxwell, a member of the mission, describe this opportunity thus; "In God providence before the one task is complete, we turn to the other". They had earlier desired to work in all the northern parts of Nigeria, but this was denied them by the administration. They therefore, worked among the non-Muslim groups of the North as allowed by Lugard's administration. Although it has been viewed that Lugard's reason for not allowing the missionaries from going into the emirate areas was for administrative convenience, this has been criticized. His action, to a large extent, was obviously seen to be discriminatory and uncharitable against the missionaries<sup>31</sup>. Lugard had pledged to the Sultan that his religion would be respected and that his administration would not be interfered with. It was in pursuance of this policy that the administration persistently restricted the work of the Christian Missions to the pagan areas and refusing missionaries entry to the seclusive Muslem areas.

However, Lugard's admirers viewed the indirect rule as a child of necessity as there was acute shortage of staff. Moreso, the institutions of Islam were firmly established since the Emirs were in authority. It was observed that Lugard was not ready to interfere with these institutions by allowing some other new ones that are capable of infringing on the

smooth running of the government<sup>32</sup>. He also feared that any disturbance could force the people to transfer their loyalty to either the French or the German governments who were British rivals<sup>33</sup>.

Meanwhile, to the missionaries, Lugard had sympathy for Islam as he refused the advancement of missionary activities thereby creating a growing tolerance to Islam with its political realities which had continued through the years. Lugard obviously considered the existing structures of Islam particularly the Fulanis as having some better capabilities for rulership and possessing so much intelligence that their continuance with the administration was best for the people, provided the excesses of the Fulanis could be checked by the administration<sup>34</sup>. This of course, was ensured by the power vested on the resident officers to conserve the existing machinery and to preserve all that was best. Lugard made the following pronouncement in his report:

I am anxious to prove to these people (the Fulanis) that we have no hostility to them and only to insist on good governance and justice and I am anxious to utilize if possible their wonderful intelligence for they are born rulers and comparable among the Negroid races in ability<sup>35</sup>.

The missionaries took up the opportunity gladly and it was no small enthusiasm and challenge to them. It was in pursuance of this objective that the SUM took over from the administration the care of leprosy work in the Muslim part of Borno.

## **6.10 MOLAI LEPROSY SETTLEMENT AND S.U.M. MISSIONARY ENTRY INTO BORNO**

The then Muslims in Borno who numbered about seven hundred thousand belonged to the Kanuri ethnic group. From these about two hundred thousand were leprosy patients<sup>36</sup>. It should be noted that the disease was in most cases recognized at its advanced state. It had and still has high social stigma on its victims as well as their family members. It was the most obdurate disease with high infections and had no cure then.

However, it was specifically proposed to the missionaries by the administration that they would establish a leprosy colony and not a hospital. The colony was well designed. It had a chief in charge of their affairs, a market and a courthouse. A farmland was provided around the colony. In general, it was an environment where the patients could psychologically feel satisfied which was consequently good for gradual cure from their ailments. The village was made pleasant to encourage the patients to consent to staying there<sup>37</sup>.

The missionaries realized that a large proportion of the populations of the leprosy patients in the colony were the Muslims. They also hoped to turn the eyes of those unfortunate categories or persons to their master and maker, who offer hope to the hopeless. They were equally determined to do their best to bring physical healing to the

patients and to introduce them to eternal salvation by the one who died for them. Here the missionaries were conscious of the wholistic healing of the gospel.

Accordingly, the building projects began at Molai in Maiduguri (the term Molai is in Kanuri, meaning leper area). Molai is about ten kilometers from Maiduguri the capital city of Borno. It is situated to the South-East of Borno. At the completion of the colony, the missionaries organized an opening ceremony. The then Shehu of Bornu opened the colony in April 1938<sup>38</sup>. He particularly thanked the missionaries for their sympathy for the leprosy patients. The Shehu of Bornu historically stood next to the Sultan of Sokoto among the chiefs in Northern Nigeria.

The first missionaries who arrived Borno for this task were the Rev and Mrs. Spencer and Rev. and Mrs. Muir. Dr. Francis Priestman (a lady missionary) joined them later within the year. She was made to take charge of the leprosy work. The Christian teaching and training were allowed only in the missionary station and in some pagan areas only. The missionaries learned the Kanuri language and made contacts with the natives. This colony became the headquarters of other leprosy units founded in Borno. These units included Gwoza, Bama, Yobe, Nguru and the neighboring Cameroon and the Lake Chad Republic<sup>39</sup>. Dr. F. Priestman visited these outstations periodically for routine checking of

the patients and supply of drugs. Serious cases were referred to Molai leprosy settlement, as it served as the headquarters for the outstations.

Initially, the missionaries had some two hundred leprosy patients in a camp outside the town. On examination of the patients by the missionaries, only forty-three cases were hopeful of recovery, ten had gone completely blind while the rest had neither fingers nor toes with a very bad case of recovery. This was referred to as "burnt out cases". The situation began with the forty-three patients. Majority of them were Kanuri. They left begging life to a more settled one where they were freely fed and clothed by the missionaries. They were happier in their new environment, which was clean and tidy. They also left the life of fatalistic belief that Allah had predestined them to such conditions<sup>40</sup>. A farmland was shared among those whose cases were not too bad. They produced crops like groundnuts, sorghum, maize, millet and beans. The crops were bought by the missionaries and stored for feeding the patients.

News of the colony widely spread and patients began to avail themselves to the colony as many came out from their hiding. This episode opened more opportunities to the Sudan United Mission, particularly in their Muslim areas like Bauchi, the Cameroon, Chad Republic and Nguru. The missionaries' activities were later confined to the following areas by the British government:

The missionaries were to teach their religious instructions in the colony to only those who were from Christian backgrounds. This problem ensued at the negotiation for the Christian occupation of Nguru station in Borno. The missionaries soon discovered that the "pagan tribes" readily accepted the gospel message than the Muslims thus, dispelling their notion that the Muslims were half Christians. Despite the opposition the missionaries believed that these people needed the gospel like any other person<sup>41</sup>.

Also, the government stated very clearly that those persons under eighteen years must not be taught any Christian instructions even when their parents so wished. Although this policy was meant for the schools in northern provinces, it affected the leprosy colonies as well. The missionaries had established schools in the colonies for the children of those who were victims of the disease. The missionaries viewed this policy as a denial of personal liberty and took it up with the administration and in 1906 the government allowed the teaching of the Christian Religious instructions in schools<sup>42</sup>.

The missionaries suggested to the government that parents of the children should be left to have their choice on the above issue. In response, the administration informed the missionaries that it had contacts with some influential emirs who said that this was against their religious injunction and must not be allowed. The government concluded that it wished to respect this view<sup>43</sup>. This issues baffled the missionaries as they looked at the government as giving favour to Islam, as it was allowed to spread to all parts of the North. The missionaries also

conceived this as infringing on personal freedom although the government was using the same principle to perpetuate its policy<sup>44</sup>.

This forced the missionaries to devise other means of contacting the people with the gospel. An opportunity came when a bookshop was set up in Borno in 1952. This opened up other opportunities for the missionaries to reach the people that they could not have ordinarily met through the leprosy work. They could sell books like the Bible, Christian literature books and Christian tracts to the people.

Another intimidating issue to the missionaries came when the colonial administration took steps to revise or review its constitution (the Richards constitution). Memoranda were requested from all people on how best the government could involve people in its programmes. This raised fears in the minds of the missionaries, particularly when they realized that the then members of the House of Representatives were mostly Moslems. The missionaries feared that any negative decision was likely to affect their work, particularly in the northern province. They took the challenge of developing a Christian community that would have some foresight.

Other strategies devised by the mission to contact the people included the Lake Chad project, the Kanuri project and other community based Christian programmes like the Farm and faith as well as the Rural Health Programmes. These projects were community based with a view

to propagated the gospel. While these and other Christian programmes were on, to enhance some influence a dawn of an era in missionary work appeared. The government decided to take over all the non-governmental establishments and institutions. As a result, most, if not all of the Christian schools and hospitals were taken over by government. This was in line with the government policy of indegenization. This episode took place in 1976, when General Ramat Murtala Mohammed was in head of the government of Nigeria. After that episode, there were series of appeal from several organizations and individuals to the governments to return these organizations to their owners. In recent time, the Plateau state government adhered to this appeal and returned to owners their schools in the year 2000.

### **6.11 MOLAI GENERAL HOSPITAL UNDER THE GOVERNMENT**

For about four decades, Molai leprosy center was manned by the Sudan United Mission. In 1976, this was taken over by the government. Since then it has been under the Borno State Government. The colony was converted to a government general hospital, and the leprosy unit is being run by the Netherlands leprosy and tuberculosis control in conjunction with the state government<sup>45</sup>. The leprosy mode of feeding and treatment is free as the organization provided free drugs and other

facilities as well as medical services to the patients. Such services include training, transportation, health and medical services.

Currently, the hospital has seven wards. Four of these are for the leprosy patients with three as general wards. This hospital provides primary, secondary and tertiary health care with a staff strength of about two hundred<sup>46</sup>. The hospital has six community settlements, consisting of discharged leprosy patients. They are Bulaburin, Anguwan Sarki, Gudusuri, Shuwari, Mamanti and Anguwan Molai. Most of the ex-patients are those who found it most convenient to settle in farmland communities. Some came from distant places like the Lake Chad and the Cameroon. Quite a number of them have become established traders and farmers.

They are free to visit the hospital when the need arises. Among the six settlements, only the members of Bulaburin settlement have bad cases. they are badly deformed and are fed mostly by the government, public spirited individuals and philanthropic organizations in Maiduguri town. However, they are sometimes forced to go into begging to support themselves when these other sources of support are not forthcoming.

## **6.12 THE KANURI PROJECT**

It is pertinent to briefly discuss the Kanuri project. Because most of the patients were and are Kanuri, and more so that the missionaries

had particular interest in reaching this large group of people numbering over three million<sup>47</sup>. This project began as early as 1936 when the missionaries were given the opportunity to render their services, but it received much emphasis in 1977. This was the year the mission discovered that for decades its activities among the Kanuri were not making the desired impact. This explains why the church in Borno is non-indigenous. Most of the church members and the church workers are drawn from other parts of Nigeria where the S.U.M. mission had earlier made some impact, particularly on the Plateau where the British branch of the mission began its work.

This project was set up with the aim of reaching the Kanuri people in the best and most effective, but non-offensive way. The programmes of this project included Bible reading, question and answers, testimonies, music, sermons and prayers in Kanuri language as a means of communicating the gospel to the Kanuri people. Translation work began in 1936. This work has been slow because of the difficult nature of the Kanuri language and lettering system. In 1981, the translation work received more emphasis. At the time of this study, the New Testament Bible in Kanuri language has been produced in addition to the earlier work translated by the missionaries. The church went ahead to developed the radio and television projects as well.

It is significant to note that despite the efforts from 1936, to the period of this research, there are only twenty Kanuri converts in the church. This to the project Director Rev. Hosea was an appreciable achievement considering the difficulty involved in evangelizing the Kanuri natives. The Director was particularly happy that about three of these twenty converts are deeply involved in the Kanuri project<sup>48</sup>. These included Mr. Wakil Madu, Mr. Iyagana Kashim and Mr. Tijani Abacha. The Kanuri people are said to be very difficult to evangelize. A missionary lady in charge of the entire Borno church has this to say: "It was unheard of for a Kanuri woman to change her faith..."<sup>49</sup>.

This is because the Kanuri were not easily dissuaded. They considered any change of faith a taboo that is capable of bringing a curse upon one's family. It should be noted here too that they were the first to be Islamized in Nigeria. As a result, they have imbibed so much of Islamic culture and practices into their culture. They are a people who are proud of their religion, culture and language. This accounts for the slow impact of Christianity among them. Moreso, that the Borno Government prohibited the airing of Christian programmes on he Television and radio stations some years back.

### **6.13 THE NETHERLANDS LEPROSY RELIEF ASSOCIATION**

The Netherlands Leprosy Relief Association in conjunction with the state government of Nigeria runs the leprosy units of various hospitals. In most, if not all of the missionary leprosy settlements visited by the researcher, the leprosy units are run by this organization.

The Netherlands Leprosy Relief Association was founded in 1967. The organization is non-governmental, non-religious, non profit making and non-political. The aim of the organization is to directly or indirectly promote and render assistance towards the prevention, cure and eradication of the leprosy disease and its effects in developing countries, irrespective of race, religion and political background<sup>50</sup>. It is based in the Netherlands and an effective member of the International Federation of Anti-leprosy Association, (IFALA).

The association is active in fifteen countries; its biggest projects are in Nigeria, Brazil and Asia. In Nigeria, it began its operation in the early 1970s, but an official status was not obtained until in 1988, when a memorandum of understanding was signed between the Association and the Federal Government of Nigeria<sup>51</sup>. The first state to sign this agreement with the Association was Katsina State on thirteenth February 1989. About thirteen states later signed the agreement. In Nigeria, the impact of the association is being felt in places like Kano, Kaduna,

Katsina, Kwara, Kogi, Borno, Bauchi, Benue, Adamawa, Jigawa, Sokoto, Yobe, Nasarawa, Plateau and Taraba States.

In these states, most of the hospitals were those taken from the missionaries by the government. In some hospitals there are some Christian influences including commitment to one's duty and the traditional prayers before attending to patients. This is so because the missionary staffs were given the option of either remaining as government staff or withdraw their services. Quite a number of them remained as staff of the hospitals under the government.

The association has its headquarters in Plateau State, located at Bukuru near Jos, the State Capital. The choice of Plateau was for the favourable climate and its proximity to other areas where the association operates. The general public in the Netherlands funds the programme. It received about \$10 million dollars annually from the public. Each state also sends in its aid for paying its staff on board. The organization provides transportation and other medical infrastructures as well as social amenities to the hospitals where the government is not able to provide such facilities<sup>52</sup>.

The organization works in areas where leprosy disease is serious and where the government has not done much for its control and final eradication. It has two main types of projects, the leprosy hospitals and the control projects. The latter covers each of the fifteen states

mentioned above. In Plateau, there are about one hundred leprosy control units, consisting of leprosy clinics and dispensaries. The patients are offered free treatment and they are served by leprosy attendants and assistants whose works are supervised by the supervisor. Serious cases are referred to the hospitals for admission.

Some of the problems faced by the organization include persistent superstitious beliefs among African ethnic groups on leprosy disease. This is a serious impediment to the progress of the work and the authority of the organization<sup>53</sup>. Leprosy by its current position is not more serious than any other ailment like the malaria fever and other sicknesses. This explains why the segregation policy of keeping leprosy patients in colonies or separate section of the hospital is abolished. The patients can be kept in the same wards and hospital with other patients who are not infected with the disease. The modern drugs MDT is so effective that the patients no longer pose any danger to the public once treatment has commenced.

The poor funding of most of the state hospitals is also a problem to the organization. This however, varies from state to state. Apart from the two projects above; the organization is handling two main projects – leprosy and tuberculosis. The director revealed that this has to be so because leprosy no longer poses a serious threat. In his words: “the disease will no longer be a problem in Nigeria in the next ten to fifteen

years. He emphasized further that handling the two will greatly help to minimize the cost of running leprosy that will soon be overcome.

#### **6.14 THE ESTABLISHMENT OF MANGU LEPROSY AND REHABILITATION CENTRE**

As earlier indicated, the leprosy unit in Vom was a child of necessity. As the unit developed the missionaries decided to transfer the leprosy patients to a separate site. This was to enable the hospital to manage its affairs more adequately. A place in Mangu was offered to the missionaries, some eighty kilometers northeast of Jos. The negotiation for this site began in 1948 during the district Headship of Data Radi Lere, alias (Mai-lere). The center was established in 1952. The first patients were drawn from the Vom Christian hospital and others from the SUM outposts stations earlier mentioned.

The center which began with about two hundred patients was sited some eight kilometers northeast of Mangu town. The first missionaries to start the settlements were Rev. and Mrs. Aquila. It began with three villages, Anguwan Arewa, Anguwan Gabas and Anquwan Kudu. They were so named possibly because of the colonial influence. Each village could settle about sixty patients. The choice of Mangu area was because of its centrality to other SUM mission centers where leprosy units were operating. News of the settlements spread widely, particularly for the good treatment and hospitality of the missionaries to the

patients. These attracted many patients who availed themselves of the opportunity for admissions to the center. Dr. Percy Barnden of the Vom Christian hospital was an overseer of the center, when he left; other missionary doctors took over his work<sup>54</sup>.

Dr. F. Priestman from Molai leprosy settlement in Borno was the resident doctor. She was invited from Molai to take charge of the Mangu center. This center did not only serve as a leprosy colony, but the missionaries introduced the treatment of other depressed classes of people as the need arose. One of such departments is the physically handicapped. Dr. Sprong took over Dr. Priestman's work and soon introduced the admission of poliomyelitis patients in the center. As time went on other departments were opened and they included the following:

**a. The out-Patient Department**

The section deals with the general public. It is the medical and health section of the settlement. Apart from its main task of diagnosing and treating general ailments, it could refer cases like eye, dental, physiotherapy, skin and tuberculosis to their respective units. This section conducts the morning prayers and sermons before patients are attended to.

**b. Theatre Section**

This is where surgical operations are carried out on all categories of patients including the leprosy patients.

**c. The Workshop**

This is an apprenticeship section. It is as old as the leprosy settlement, consisting of various sections among which are:

**d. Tailoring**

Here trained tailors are employed to train the leprosy towards self-sufficiency. On completion new sewing machines are given to the graduands<sup>55</sup>.

**e. Shoe Making**

All kinds of shoes are produced like boots and artificial limbs for use by both leprosy patients and accident victims. The trainees are also given new tools on completion.

**f. Carpentry**

Here household furniture are produced. Staff and outsiders bought the products at subsidized rate. The products made include chairs, tables, benches, cushions, stools, doors and other household wares. Graduands are equally equipped with the necessary tools on completion to start their own life on discharge.

**g. Metal**

This section takes charge of producing clippers for polio children admitted in the settlement, wheelchairs and elbow crutches.

**h. Ex-ray Unit**

This unit served all categories of patients.

**i. Ophthalmic Section**

This is mainly for eye problems. Treatment of all categories of ailments like cataract, eyelid repairs and optical workshops are carried out and eye glasses are fixed in various frames<sup>56</sup>.

**j. Laboratory Services**

This also is for general tests. The result could determine the unit to which the patients may be referred and subsequently the type of treatment to be given. It is noted for skin test to detect leprosy patients.

**k. Physiotherapy Section**

This section offers rehabilitative services to all disabled patients. It also gives post-operative mobilization as well as preventive ones to the patients<sup>57</sup>.

**l. Tuberculosis and Leprosy Control Unit**

Patients are admitted for the above cases for regular checking by the hospital. Necessary facilities like drugs are dispensed free of charge to patients whose cases are not all that serious. These two

sections are manned by the Netherlands Leprosy and Tuberculosis Association.

**m. Training Section**

This section concentrates on training workers from various unites particularly those in the eye and leprosy units. Students from other institutions like the school of Health Technology as well as Ophthalmic nurses are beneficiaries of this unit. They come for their industrial attachments.

**n. Community Based Rehabilitation Unit**

This is the youngest unit of the centre. This programme is designed to meet the basic needs of clients of various ailments. It was begun by the church in conjunction with the Christopel Blinden Mission. Field workers are given bicycles to enable them go from house to house, orientating the villagers. Mr. Paul Caswell the National Coordinator of the programme supervises them. The clients for these programmes are the physically disabled, visually impaired, epileptic, deaf, leprosy and tuberculosis patients. Training given to the officers is aimed at helping the clients to overcome their problems in their own environments. Other aims include:

- i. Directing the patients to hospitals
- ii. Lectures on basic healthcare

- iii. Offering patients the necessary physical and spiritual needs.

Ways of integrating the patients into the society

- o. Wards**

At the time of visit the hospital has five wards. Three are general and leprosy wards, while the other two are eye and tuberculosis wards respectively<sup>58</sup>.

- p. The Primary School**

This sector is as old as the settlement. The school began in 1954, two years after the establishment of the settlement. It was established mainly for the patients and their children. This was because the children of leprosy victims were not only segregated but rejected in the public schools<sup>59</sup>.

In 1976, the admission of post-poliomyelitis cases into the school was introduced. This was because most parents could not continue with the prescribed exercise for the children. The hospital decided to keep such children near the hospital to enable the physical-department to handle the children more professionally. As a result the name of the school was changed to "school for physical handicapped". Children from near villages as well as those of the staff are also admitted into the school<sup>60</sup>. While the school operates both boarding and day system, the handicapped children are usually admitted as boarding pupils with

the normal children as day pupils. Some of these pupils are sent to the apprenticeship section of the hospital, but they are not offered tools on graduation.

**q. Feeding**

The patients were and are still fed free. About thirty to forty patients may be on admission at a time. The relations of the patients are required to stay with them in the colony. Awareness lectures are given to the relations in order to provide appropriate orientation for them. This is because leprosy has a great social stigma not only on the sufferer but also on the relations.

The superstitious beliefs about the diseases as earlier mentioned, made relations afraid in associating themselves with the patients. This in spite of the fact that it has already been proved medically that leprosy no longer poses any danger to the public. Today leprosy patients are admitted in the same wards with other patients. This is because the drugs in use are hundred percent effective. Several patients were discharged as they are examined and tested to be symptom free.

**r. Funding**

The leprosy unit receives help from the Netherlands leprosy Relief Association. Helps also come from the Christophel Blinden Mission, Government and the church the proprietor of the center,

religious organizations, particularly the women fellowships also help from time to time. These aids in most cases come in cash or kind.<sup>61</sup>

### **6.15 GOVERNMENT POLICY AND THE MISSIONARY WORK ON THE PLATEAU**

This area was one of the "pagan areas" in the central belt referred to by the administration of Lugard as earlier mentioned. As a result the missionaries had a free hand to operate on the Plateau. However, this is not to say that the missionaries were not bound by the policies of the administration of the period: particularly the policy on religious instructions in schools as well as the policy restricting the missionaries from public preaching.<sup>62</sup> Where open preaching became necessary specified distance was given between the venue of the preaching and any public place like the Mosque and the market. Preaching was restricted in the churches.

These policies were binding on all the provinces in Northern Nigeria. One of the conditions given to the missionaries was that they were to involve themselves more in the "pagan areas" as a prerequisite to getting into the "Emirate areas." Sir Donald Carvaton insisted that the missionaries must wait until they were invited to work in the exclusively Muslim areas at the discretion of the emirs. The process of admission of

the missionaries was by application to the administration. In most cases these applications were turned down as it depended much on the good will of the emirs for approval.

The key to the missionary penetration of the Northern part of Nigeria with particular reference to the Muslim areas was the care of leprosy. The widespread of the disease posed a serious problem to the government until the missionaries came. The missionaries established and controlled the leprosy colonies and churches although the government aided in funding them particularly in supplementing the feeding of the leprosy patients.

Although the administration permitted the missionaries to operate in Northern Nigeria, the missionaries were to restrict themselves and their teaching of religious instructions to the colonies and churches. In some cases, they were to instruct those who were from Christian backgrounds only. In some other cases, the missionaries were to continue with such teachings in their residential areas only.

The European missionaries and the native converts were derogatorily referred to by the evangelized as "strangers". The Muslims on the other hand, had high contempt for the missionaries whom they tagged "kafirs" meaning unbelievers. The emirs, and particularly the Shehu of Borno and the Sultan of Sokoto were of the view that the

intrusion of these "strangers" must be stopped to avoid the assimilation of Nigeria into a British empire as was the case with India.<sup>63</sup>

The missionaries and the converts suffered and experienced several difficulties. These included bad roads, hot and dusty weather, mosquito bites with its attendant malaria. These were besides the strains of separation of the "strangers" from their parents, wives, children, relations and friends. They had to adapt to new environments, loneliness, frustrations and rejections.

The work of the missionaries in the centers greatly influenced the lives of many patients. Among those who were healed and discharged, many ex-patients took the challenge to serve in the church and become highly committed to the teachings of the missionaries. Some of these centres were taken over by the government the implication of which has been enormous. However, some are still owned by the church.<sup>64</sup>

## NOTES

1. A memo from the Secretary of Northern Nigeria to all Resident Officers of Northern Provinces p.1 deposited at the Kaduna National Archives.
2. J.B. Grimley and Gordon E. Robinso, *Church Growth in Central and Southern Nigeria*. Michigan: William B. Eerddman's Publishing Company, 1966, p.18.
3. *Ibid.*, p.25.
4. *Ibid.*, p.26.
5. C.L. Temple, *Native Races and Their Rulers: Sketches and Studies of Official life and Administrative problems in Nigeria*. London: Frankcass & Co. Ltd. P. 16.
6. J.B. Grimley, Gordon E. Robinson *op. cit.*, P. 20.
7. *Ibid.*, p.157.
8. J.L. Maxwell. *Half A Century of Grace: A Jubilee History of the Sudan United Mission*, London: Longman, 1954, P. 206.
9. G.O. Olusanya, "The Freed Slaves Homes: An Unknown aspect of Northern Nigerian Social Histories" of *Journal of the Historical Society of Nigeria* Vol. II No.3.Dec. 1966 P. 527.
10. Mollie Tett. *The Road to Freedom: Sudan United Mission 1904-1968*. Britain: Wrights (Sandbank) Ltd. 1968. P. 88.
11. *Ibid.*, P. 89.
12. Albert D. Helser, *Two Hundred Thousand Lepers in Nigeria* Jos: Niger Press, 1935. P. 77.
13. *Ibid.*, P. 78.
14. *Ibid.*, P. 78.
15. *Ibid.*, P. 77.

16. A memo on the "Missionary Activities in the Northern Provinces" from the District Officer in charge of Jos Division to the Resident Officer Plateau Province on May 16 194. Deposited at Kaduna National Archives.
17. *Ibid.*, P. 2.
18. Albert D. Helser. *op. cit.*, P. 80.
19. A Memo on "Entry of Missions into the Emirates" from the Resident of Plateau Province to all District Officers of the province, P.1 Dec. 195, Ref. No. 41/1927/106.
20. A memo from the Secretary, Mr. W. Morgan of Northern Provinces to all District Officers on the "Spheres of Influence of Missionary Societies" P. 2.
21. Jean Hamilton, *A Stranger Came*. Cheshire: Wrights Sandbank Ltd, 1984 P. 8.
22. Luke 4:28.
23. Charles Orr. *The Making of Northern Nigeria*. London: Frankcass & Co. Ltd. 1965, P. 6.
24. Office Conquered Capro Research office, *conquered by the Sword*, Jos: Baraka Press Ltd, 1991 P. 1.
25. *Ibid.*, P. 15.
26. *Ibid.*, P. 19.
27. *Ibid.*, P. 20.
28. J.L. Maxwell *op. cit.*, p.233.
29. Charles Orr *op. cit.*, 1968. P. xxxiii.
30. C.L. Temple. *op. cit.*, P. 16
31. Charles Orr. *op. cit.*, P. 92.
32. *Ibid.*, P. 93.

33. *Ibid.*, P. 93.
34. J.L. Maxwell, *op. cit.*, P. 206.
35. *Ibid.*, P. 93.
36. Oral interview with Dr. B.N. Bintube, the Principal Medical Officer, Molai General Hospital, on 2/10/98 aged 38.
37. J.L. Maxwell, *op. cit.*, P. 208.
38. *Ibid.*, P. 238.
39. *Ibid.*, P. 253.
40. *Ibid.*, P. 299.
41. *Ibid.*, p.300.
42. Oral interview with Yohanna Lawal, the Officer in-charge of Skin and Leprosy Unit Molai General Hospital on 5/10/98 aged 40.
43. Interview with Dr. Bintube. *op. cit.*
44. The Capro Research Office, *op. cit.*, p.15.
45. Interview with Rev. Ishaku Hosea the Rev in-charge of the Kanuri Project on 5/10/98 aged 40 years.
46. Oral interviews with Miss. J. Sweatman the Acting Administrative Officer COCIN Borno, on 3/10/98 aged 50.
47. Unpublished information on the Netherlands Leprosy Relief Association from their office at Bukuru, p.1.
48. *Ibid.*, p.2.
49. Interview with Mr. Hank V. Plomb. The Director and Nigerian Representative of the Netherlands Leprosy Relief Association on 17/10/98 aged 42.

50. *Ibid.,*
51. *Ibid.,*
52. Oral interviews with Mr. Calep Dasar on 16/10/98. A retired officer with Mangu Leprosy and Rehabilitation Center on 16/10/99 aged 42.
53. Oral interviews with Mr. Musa Goyal. The Administrative Officer of Mangu Leprosy and Rehabilitation Center on 16/10/99 aged 42.
54. *Ibid.,*
55. *Ibid.,*
56. Interview with Ayuaba Kezak Officer in-charge of Leprosy Unit Mangu on 16/10/98 aged 35.
57. *Ibid.,*
58. Interview with the headmistress Mrs. G. Musa Goyol on 16/10/99 aged 35.
59. *Ibid.,*
60. *Ibid.,*
61. Interview with Mr. Musa Goyol. *Op. cit.,*
62. Government memoirs. *Op.cit.,*
63. Jean Hamilton. *A Stranger Came. Op. cit.* P. 16.

## **CHAPTER SEVEN**

### **THE ACHIEVEMENTS OF THE MISSIONARIES**

#### **7.1 INTRODUCTION**

This section of the work gives a brief evaluation of the SIM and SUM work under study and the achievements made by them. Chapters four and five above centred on the struggle of the SIM and SUM with the colonial authority to penetrate the exclusively muslim areas in Northern Nigeria. It is significant to note that the missionary activity in the early period arose from many factors, fondly referred to as "for Gold, God and Glory". These concerned the quest by the European powers to expand their colonies and military power and markets as a result of the intensified industrial revolution of the era. Many of the early missionaries who volunteered to do the work, were zealous persons who were selected for their spiritual qualities and not for their theological expertise. This phenomenon later had detrimental effect on the early missionary work.<sup>1</sup> Alongside with the socio-political principle of the Europeans, particularly among African natives, the philanthropic and evangelistic groups also sought to further God's divine economy. They battled to stop slave trade and other social ills particularly among African natives. This principle later shifted to a more serious activity by the missionaries particularly when they decided to provide some social

services to the evangelized. To achieve this, they adopted the "Bible and the plough" principle.

To remedy the non-expertise among the evangelistic group, some Christian training institutes were later set up with a view to providing theological training to the missionaries. Although their penetration of the SIM and SUM to Northern Nigeria was not that easy, they were able to gain entry into the area after some persistence.

## **7.2 THE SOCIO-POLITICAL SETTING OF THE SUDAN**

Considering the socio-political setting of the Sudan is important, because it gives the reader(s) the understanding to appreciate the work of the SIM and SUM in the northern part of Nigeria. This will help the readers to appreciate the plight of the missionaries with regards to the complexities with which they operated in Northern Nigeria. Although some information on the Sudan was given earlier, it is essential that the Sudan be revisited. The Sudan as the focal point of the SIM and SUM Missionaries was not a hospitable area. The missionaries like Mr. Graham Wilmot Brooke and Mr. Robinson of the CMS were told of the unfavourable nature of the area. They defied these odds and were not deterred by the frightening stories of the area. Instead, the faith of the pioneers of the SIM and SUM remained firm and they were resolute in taking the gospel to the Sudan as they thought of the teaming

population of about "sixty million souls" in the pagan and Moslem enclaves. They were resolute that no obstacle would deter them from reaching the Sudan, not even death or lack of fund.<sup>2</sup> This was seen in the courage and effort of Bingham and that of Kumm, the founders of the organizations.

For the SIM, there was no name for the society at first, it was in Lagos that they decided to name their burden for the Sudan as the Sudan Interior Mission (SIM). This missionary body later had an indigenous name, "the Evangelical Churches of West Africa" (ECWA).

The SUM on the other hand also had changed its name to Eklisiyar Kristi A Sudan (EKAS). This name was later ineligenised and changed to EKAN. The English version of EKAN is the Church of Christ in Nigeria (COCIN). It is significant to note here that the two (SIM and SUM) at one point came together as a body to evangelize Nigeria. They later parted, but worked in harmony for the steady progress of evangelism in Northern Nigeria.

By the end of the Victorian age in 1832 – 1900, missionary work had started in China, Japan, Korea, India, South Africa and other parts of the world except the central Sudan. It has been said that the social and theological beliefs informing the formation of the SIM and SUM missions were deeply rooted in the evangelical mission. The ethnic groups the two organizations worked amongst were mostly in Plateau, Bauchi, Southern

Zaria, Adamawa, Niger and the Benue region.<sup>3</sup> This area was considered as the traditional Middle Belt region.

### **7.3 THE TRADITIONAL MIDDLE BELT**

In colonial context the middle belt region was called the "pagan area". And for this, much of the missionary work of the SIM and SUM were carried out in this area. They were able to gain entry to the North and operated meaningfully in the Muslim areas in 1930. Linguistically the people were classified as semi Bantu or Benue Congo. Thus, they exhibit similar characteristics in cultural ideals and religious practices as well as physical features. Other value systems of the people include the organization of the polities of their ethnic groups. This part of the Sudan was one of the six geo-political areas of the country.

On the other hand, the Hausas had their socio-historical and political set up. They had their origin from Bayajida of Baghdad. He was believed to have had seven legitimate sons who were credited with founding the seven Hausa states called "Hausa Bakwai as earlier stated": these were Kano, Rano, Katsina, Zazzau, Gobir, Daura and Gurum Gabas. These states were bound together by a common language and culture and they were also linked by trade routes.<sup>4</sup> The area was influenced by Islam between the fifteenth and nineteenth centuries, and the advocates were Fulani, Tuaregs, and Arabs. They arrived Hausa land

as merchants, judges, civil servants and scholars. This opened up a contact between the Hausa and the outside world.

The Hausa hegemony was overthrown and ruled by the Fulanis in 1800's and this ushered in the Emirate system under the Muslim rulers. Before the coming of the Fulanis, the Hausas had their traditional religions. Islam penetrated the area through the trade routes. Thus, Northern Nigeria was by and large Islamic before the arrival of the European colonialists and missionaries. The Islamic factor in particular became responsible for the missionary's zeal to reach the Sudan region.

Before then, several reformations had featured significantly thereby making the landmark in the history of Christianity. One remarkable feature was the evangelical revival of the eighteenth century, and its theological viewpoint was the conversion of the individual by personal experience of a new birth. Evangelicals like the Wesley and Whitefield became disciplined in their Christian society through a life of prayer, faith and total dependence on the work of the holy spirit. As a result, the impact of their work was to be seen in their organized Christian societies whose impacts were felt nationally and internationally. Their main objectives could be summarized as follows:

- (a) Evangelism, works of charity and the social improvements of the evangelized, were to be expressed in their medical, educational,

industrial and agricultural services among the natives they evangelized.<sup>5</sup>

- (b) Evangelism was to be done as open preaching of the gospel in churches and other places
- (c) Independence of missionaries from their home government was to be encouraged. This aspect was not only controversial, but complex to many missionary bodies.
- (d) Belief in the absolute authority of the Bible. In their schools, Biblical religious instruction was emphasized. In their primary and secondary schools, religious instruction was mandatory. The Bible is linked to all the curriculum of studies in the schools.
- (e) They opposed modernism and paganism; for these were considered secular, devilish materialistic and worldly. As a result, they taught the evangelized to shun all that was worldly.
- (f) Preaching the gospel message in deed and words showing compassion to the natives among whom they worked became cardinal.

On arrival in the mission field, the missionaries often have the tradition of establishing missionary centers, providing learning facilities especially, classrooms and teachers to teach both the converts and their children how to read and write. The main aim was to enable the converts read the Bible. They often start with adult education class and

later on, the elementary schools were established by the missionaries to cater for the children of the converts. On their part, the missionaries embarked on learning the vernacular languages of the natives in order to be able to communicate properly the gospel message to them. As a result, the missionaries translated portions of the Bible, particularly the four gospels: Mathew, Mark, Luke and John. The significance of this was to enable the converts read the salvation message in their own vernacular. This helped to internalize the message of the gospel by the converts.

The SIM and SUM, like any other missionary organization, adapted the general principle of the three selves: self-propagation, self-supporting and self-governance. This principle was used to develop the native agency aspect of the missionary work, which in due course was to help the evangelized develop and maintain the missionary centers established by the European missionaries, while the missionaries moved to new grounds.

The missionaries maintained friendly relationships among themselves. This explains why the SIM and SUM came together as an organization at a point in time. In areas where they did not literally come together as a body, the individual missionaries could work in any of the missionary bodies on grounds of mutual understanding as the need arose. Cordial relationships among the missionary bodies were

maintained through alliances and conferences at local and international levels.<sup>6</sup>

#### **7.4 THE JUSTIFICATION FOR MISSIONARY SERVICES**

Several scholars as earlier stated, have criticized the use of social services as an ideology in missionary enterprise. This arose from the principle of establishing the kingdom of God on earth, a place where there is non-suffering. This was in the belief that there are social problems and that the provision of social services could help in alleviating the suffering of the evangelized. This, however, received emphasis in the first half of the 19<sup>th</sup> century. The Christian missionaries had this principle of evangelism as a cardinal point. Education and medical services became the integral part of their works. This was seen as a means of planting Christianity among the natives. It was also a means of developing self-support, self-propagation and self-governing for the church.

Although this was more prominent in the United States of America and matured between 1880-1918 the social gospelers focused on the social problem in America. The movement began in the United States and members were drawn from the Brotherhood of the Kingdom. They met once a year and were mostly Baptist members. Rauschenbusch was the best known leading member of the social gospel.<sup>7</sup> They had

ecumenism as a focal point. The objective was to transform the individual's life, and implant every where creating a better society, resulting in changed conditions, higher ideals and offered remedial measures to many sufferers and uplifting their conditions.

This was inherent in the evangelical proposal of the foreign missions immediately after the abolition of slave trade. It began with this principle of the Bible and the plough where the economic status of the evangelized can be improved. With regards to whether success in terms of genuine conversion was achieved, that remained a paradox. In the case of the present study, majority of those who really became Christians and took to evangelism as a career in the settlements were very few. They were mostly from the non-muslim groups, but the same influence was made on every individual. This was either through the gifts in the settlement, the vocational training and the sermons preached. However, some few cases of Moslems genuinely got converted. The case of Retired Rev. Akila Maman of Amawa leprosy settlement is a typical example of such rare cases. He was an indigene of Sokoto and was taken to the center for cure. Here he became a Christian and rouse to the rank of a Reverend Pastor. Rev. Akila was retired at the time of this study.

Social gospelers believed that genuine conversion should result in good works.<sup>8</sup> More so, Rauschenbusch, the best known social gospel,

never questioned conversion as part of evangelism. He saw it as a necessary agent in evangelism. The movement matured between 1880 and 1918.<sup>9</sup> Social gospelers concerned themselves more with the social problems of the evangelized. When it was later lifted out of missionary ideology, it gave a good ground to many critics of the movement for considering the impression that social gospelers were not concerned with the individual salvation aspect as necessary. This created further doubts in the methods and motives of the missions. Controversial as this might be, the fact remains that the principle of social gospel was embedded in mission theology right from the inception. It remained the best form of planting Christianity in the non-western world. E. Rauschenbusch demonstrated that social gospel was implicit in foreign missions before there was a social gospel movement in the United States. She looked at this as an applied Christianity where agents like education, a new basis for cooperative labour, liberating the oppressed, obtaining legal status for women, providing relief for people who were sick, the starving, by finding in a devotion to Jesus a new motive.<sup>10</sup>

The above missionary principle and practices helped the European missionaries in conveying the conception of salvation to the natives. They perceived salvation as a whole not part since only the socially balance person could listen to the message. This means that the evangelized need to be saved, both spiritually and physically particularly

where salvation is the crucial aspect of any given religion or belief system. Christianity more than any other religion lays much emphasis on this concept. However, this study does not intend to go into the liberation theology perse; rather, it will briefly look into the aspect of the SIM and SUM involvement with the natives in the central Sudan, with particular reference to the leprosy victims. Of special interest to this study are the services, which the missionaries provided to the victims in the different leprosy settlements.

Wambutda, in his analysis of the concept of salvation, make reference to the Greek dualistic Philosophy of the concept of "soul" which is considered as a totality, comprising the body and mind. In his analysis, he argued that the spirit need not be relegated to the background. The term "Yasac" or Nasac" conveyed the idea of saving the soul from a concrete physical destruction. This is collaborated by the Old Testament concept of sairah which holds the idea that the mind and body should be made to live in abundance.

The message of the Bible is centred on the salvation of man. The New Testament message of this good news is the continuation of the Old Testament salvation history where the two (soul and body) found fulfillment in the person of Christ. The evidence for the kingdom of God among men was typified in Jesus' testimony that the blind received their

sight, the lame walked, lepers were cleansed, the deaf heard, the dead were raised and the poor had the good news preached to them.<sup>11</sup>

The Christian salvation concerns both the physical and spiritual well being of the soul as stated above. Miracles of healing and feeding the hungry by Jesus during His lifetime showed that salvation of the physical far from peripheral is a vital force in the plan of God's redemption of man. Salvation portrayed in the Bible therefore sees man as an integrated whole and not a dichotomy. The Salvation message encompasses both the physical and spiritual well-being and in some cases the physical may even come first in order to make the spiritual a reality.

The concept of salvation therefore must be seen in the context within which it is expressed.<sup>12</sup> That is to say that, that which makes life better for man is at least a part of Man's salvation. Jesus being in human form knew the basic needs of man in every given situation and so addressed them. It is therefore inappropriate when Medical and social services are divorced from the gospel message. Among Africans, things, ideas make more sense when they are practicalized. Thus, J.D.Y. Peel, reiterated, "because the Aladura offered that which is this worldly, which is tangible, the movement has spread so widely".<sup>13</sup>

This principle is expressed in most African societies. Hence, John Phoebe once suggested that the key to understanding the ontology of

the African people is through the cognitive ego. The African therefore seeks for the concrete, the visible and the ascertainable, or in general, the empirical evidence that "it works". If the African is worth saving, he should be an African Christian. The God of the Bible should speak to him in his situation, for man was created in God's image. Man therefore, should not feel extrenched of the basic plans of God for him, which is having an abundant life in Him.

The Leprosy patients in Northern Nigeria, like in most parts of the world, were stigmatized making them uncomfortable and feeling very uneasy. The patients were poorly treated in the society. The Christian missionaries did their best to make the patients feel relaxed, loved belong and needed. They created the awareness that man generally, irrespective of his or her socio-physical plight, must be reconciled to God if man wants to escape God's wrath. The deepest need of man is also stated in John 10:10 which potrayed acceptance and its absent in life of the victims could be detrimental to him. Africans greatly appreciate acceptance of one in a given community. This fact in John's gospel assures man that he is not only being accepted by God but that his life is protected and set free from other forces that man cannot overcome.

In God's providence, he created man to belong to a given language and culture grouping and He so values man. These culture groupings have their origin in the creation story as the Book of Genesis

indicated. Also, the great commission instruction to the disciples to take the gospel to every nation referred to these groups of people. God therefore sees every person as belonging to a particular culture and sees each of these peoples as equal to the other.<sup>14</sup>

This is clearly, concurred in the work of the Christian missionaries among leprosy patients in Northern Nigeria. These patients were initially in hiding for fear of what the society would think and say about them and the poor treatment they would receive. To many leprosy patients, the fear of the poor treatment of the society is as much or even more than the fear of the disease. Not even their blood relations never accepted them. The missionaries therefore strove to provide a new perspective of life to the patients. Their attempt was in fulfillment of the gospel message in John 10 where Jesus declared that he came to offer life more abundantly to all. More often than not, people are disturbed over the increasing rate of pains, and suffering that tortures life. As a result, they are eager to secure a lasting solution to these.

## **7.5 THE MISSIONARY'S IMPACT ON THE LEPROSY VICTIMS**

The Christian missionaries were able to make the desired and needed landmarks in their endeavours among the patients. This has contributed much to the conversion of the natives particularly the victims. In Northern Nigeria, with particular reference to the area under

study, the missionary bodies were able to make some impact not only on the patients but also on the people generally in the various places they operated. Several patients were healed and converts were made as a result of the healing activities. The missionary control in the medical field had an inestimable significance in all facets affecting human life in the society as a whole. There was the general medical services that involved the treatment of other diseases. And for the leprosy work the general condition of the life of the patients improved, especially that of enhancing their social status.<sup>15</sup> They in turn impact their communities as they could contribute to the socio economic development of their environments.

Leper settlements were formed and one outstanding feature was that the settlements were religiously charged, to the extent that it was almost impossible to be at the center, without being influenced by the Christian religious activities. The missionary groups were resolved to evangelise victims inflicted by the scourge of leprosy. The love shown to victims of leprosy by the missionaries develop great interest and passion for what the Christian missions stood for in the area. This is not to say that the leprosy patients needed more hope and comfort from the Christian gospel than other categories of persons, but that the missionaries offered equal opportunity for the patients. They developed both their spiritual and physical life. Moreover, the negative attitude of

the society towards the patients and the fears they had were absent in the settlement. Also, the difficulties which the missionaries would have faced if the patients were left in their localities for treatment were not there either. Thus, the missionaries did much of their work with greater ease at the leprosy settlements. As a result, many of the patients after being treated and discharged from the settlements, took to one trade or the other either in the Church or outside the church. A significant number of them came to occupy important positions in the settlements, their communities and beyond. Back in their homes and villages they engaged themselves in different socio economic activities. Others practiced evangelism at local levels thereby helped in spreading the gospel message in their localities. Thus Helser stated:

We hear of patients who have gone back to their own villages started or put more life into the work of the church telling what things the Lord has done for them.<sup>16</sup>

Some of the patients who were declared symptom free were awarded discharge certificates, which they took home to their relations, pastors, as well as their villages and family heads. By the 1950s, relatives of discharged victims could accept to grace the occasions of discharge ceremonies of their wards at the centers. Some of the patients were trained to give injection, dispense drugs and other arts of treating the disease. This was so because the work could scarcely attract healthy

medical and para-medical workers for fear of being infected by the disease. Some of the ex-patients took to business, while others still took to some form of work involving medical training as a means of livelihood.

Macdonald thus confirmed:

Several hundreds of our patients have obtained some insight into Modern medicine and nursing during these years which have proved of great benefit to their villages when they return symptom free<sup>17</sup>

Beside the vocations, which the patients took to, the missionaries set out some religious activities where every patient was involved. These activities were Bible studies, Prayer meetings, evangelism and outreaches, adult education programmes, formal education for children and converts, Sunday school programmes, and attending Sunday services. As a result, the patients were influenced by the intensity of the religious programmes at the settlements. They were encouraged to get involved in one type of programme or the other. The non-Christian patients mostly Muslims and few traditionalists were also involved in one religious activity or the other. Sometimes, the sermons and prayers said before drugs were dispensed to them, made some of them took to clerical service. Thus, the social welfare work of leprosy treatment was specially designed to cater for the socio economic well being of the patients.<sup>18</sup>

## **7.6 THE TESTIMONIES OF SOME PATIENTS**

Among those who felt the impact of the missionaries are the following. The testimonies of these patients will serve to illustrate the achievements made by the Christian missionaries. These patients were sampled from the settlements established by the missionary organizations under study.

One **Zephaniah Danang** was one of such beneficiaries of the Christian missionary programmes. He was trained as a patient in the medical sector. He was born and bred in Kipil on the Plateau. He noticed he was infected when he and his friend went to a stream in their village to bath. He spotted the "Light patch" on his body and whispered to his friend in a low tone that he was infected by leprosy. Danang immediately thought of the plight of people infected with the disease in the village. Already in his village, there was an old woman who had no toes, no fingers with a disfigured face, all lost to the disease. Danang believed his plight will not be different, particularly where there was no cure for such a disease among his people. As he shared his ordeal (sad news) with his friend, the friend encouraged him to be calm. Dashem, his friend instructed him to see the evangelist who came periodically to their village to preach.<sup>19</sup> Adamu, the blind evangelist was coming to Kipil from a missionary station in Panyam town for an outreach

programme in Kipil. Danang's friend had visited Panyam when he was sick. Where he was told that leprosy had a cure.

The evangelist took Danang to Panyam. The lady missionary Miss Cheal who was nicknamed by the native "Nakris" examined him. Miss Cheal, assured Danang that with regular treatment, his problem will be over. He could not believe his ears and visited the clinic regularly from his home, which was a distance of about twenty-two miles away. As he continued the treatment he soon noticed some changes in his health.

One day Miss Christian Cheal had a letter from Dr. Miss Priestman, the lady missionary in charge of Molai Leprosy Settlement in Borno. In her letter, Dr. Priestman was requesting for some leprosy patients who would be trained to work among leprosy victims as nurses. Among the few patients sent to Borno by Miss Cheal, was Danang.<sup>20</sup> Before then, he had joined the inquirers class and got baptized and took the name Zephaniah. He and his wife went to Molai where Danang was trained as a nurse by Dr. Priestman. While undergoing the training he was treated of his own ailment. He was cured completely and became a happy nurse treating his fellows.

From Molai, he was sent to the Chad region to work among patients and preaching around the missionary settlements. He was not only nursing the patients, but, was also in charge of the mobile bookshop, where Christian literature books were sold. This later led to

the establishment of (COCIN) Albishir Bookshop. He has since retired from work and currently owns a private clinic of his own at Mangu. He was one of those the researcher interviewed.

Another was **Tijani Abdul Fago** who was talented in art works. He was one of the officers in charge of the limp fitting and shoe workshop of the Bayara leprosy settlement in Bauchi. A teacher by profession, T.A. Fago later joined the force. Suddenly, he discovered he was infected by leprosy. He was advised to go to Bauchi for medication. On examination, Abdul was admitted at Bayara. He was treated for some few years and was discharged. At home, he got involved in some hard work and had to report to Bayara center again for a check up. During this second visit to Bayara, he was offered employment as an artist,<sup>21</sup> and was sent to Hillcrest School, Jos to be trained as a TSL staff. He was later sent to Zaria (Wusasa) for further training. On graduation, the Bauchi leprosy unit made him the supervisor of the state to oversee the MDT clinics in all the local government headquarters. He was later transferred from the MDT section to limp fitting and shoe workshop section of the hospital. He was sent to Garkida in Adamawa for his training in producing fitting sandals for the patients. He was also sent to Kano leprosy settlement for shoe production. Abdul Fago produced all kinds of shoes for the leprosy patients.

In Borno, the researcher was told of a patient that contributed greatly to the upliftment of the Church and the leprosy center. He was **David Telta**, a Chadic native. He was fourteen years when his elder brother spotted a light patch on his forehead and told him that he was infected by leprosy. It was a tormenting experience to David. Moreso, that he disliked the sight of disfigured persons crawling around the village. He thought of how it would be his turn to pass through such a horror as many of them lived by begging. His society, like any African society believed that there was no cure for this disease. What scared him most was how the disease could deform his physical status. He dreaded most the sunken bridge of the nose, Ulcers on the hand and legs, which often result in loss of fingers and toes. David thought himself "a living dead".<sup>22</sup>

David left in primary four and traveled to distant Molai where leprosy was treated. Though distant from Chad yet, the fear of leprosy was greater than the distance. He informed his parent and left for Jos on the Plateau where his elder brother worked. After some days, he travelled to Maiduguri and took a walk to Molai Leprosy settlement. David found himself in a new world. Dr. Priestman the medical officer examined David and started his treatment immediately.

He was later trained as a nurse and learned how to give injections to other patients. He could dispense drugs and, administered same to

the patients. As the years passed by in quick succession, David was tested and found free of the leprosy bacillus. He was at the verge of being discharged when he was given the opportunity to be in Gindiri to further his education. David promised to work hard if admitted. The Doctor processed his admission and David was told of his success. He then left Molai leprosy settlement for Gindiri where he studied for three years. On completion, David returned to Maiduguri. He worked in the SUM bookshop under the supervision of Mr. Robert Smith. They travelled far and wide selling Bibles and other Christian literature books. He worked in other substations like Geidam, Nguru and Bama where he met some of his townsmen and they got converted. As his preaching and teaching developed, the missionaries sent him back to Gindiri, this time to attend the Pastors' college.

He took his wife Martha, a Kanuri with him. On completion, he was ordained as a Pastor and worked at Bimberu Church in Maiduguri. Their work was successful as they visited their members and witnessed among them. Martha was trained at Gindiri as a Pastor's wife. David Telta was later made to oversee the works of the Churches in Borno State.

While David Telta was in Chad, his native land, the President of Chad, Tom Balbai ordered that every Chadian must observe the initiation rite of the traditional religion of the country, irrespective of one's

religion. The Chadian soldiers killed many who were Christians while some were buried alive, as they would not deny their faith. David was given five days to make his decision known to the officers concerned. Determined to live by the Christian ethics, he was ready to face the consequences. The Church in Nigeria heard of the incident and quietly arranged to move David back to Maiduguri. David still had concern for his people, particularly the Christian community in Chad. Those who out of fear submitted to the order were left unhurt. The period experienced a massive exodus of Chadians to other neighbouring countries, including Nigeria. Many settled in Maiduguri as a result of the political uprising in Chad. David worked very hard and when he died, the Church later immortalized him by naming a new secondary school after him called Telta Memorial Secondary School. It is located in Molai some few kilometers away from the Molai Leprosy Centres.<sup>23</sup> He is survived by his wife and children.

There are several other persons who as a result of their training by the missionaries were able to perform wonderfully well in their various societies after being discharged. Apart from the joy of being cured, they became helpful to themselves and they made impact in their societies. At the period of my visit to Molai, the ex-patients owned majority, if not all the shops set up around the hospital. It is significant to note here that the work impacted the lives of the victims in several

ways. However, with regards to conversion as the missionaries would love to have, very few Muslims were converted.

## **7.7 GOVERNMENT EFFORTS ON LEPROSY WORK**

Much has been said on the role government played in relieving the victims of leprosy. After the Second World War, the thinking of the colonial government was that Nigerian people had not reached the state of civilization at which the country could cater for destitute, in the society. However, the colonial masters with the help of the Christian missionary organizations tried to tackle this problem to a reasonable state. Among those problems that attracted the special attention of the colonial authorities were slavery, leprosy patients and lunatics. The colonial government to deal with the situation enacted several legislations. One of the ordinances to deal with the problem of the homeless and those drifted to towns was enacted in 1911.<sup>24</sup> In 1904 the proclamation for the removal of a custody of lunatic throughout the protectorate was made. This proclamation authorized the government to remove such persons to a safer place. The 1905 asylum ordinance was promulgated and was amended six times between 1918 and 1933. The first mental hospital was built in Yaba, Lagos in 1903, and was followed by the one in Calabar in 1904.

In 1908, the ordinance, which empowered the Governor-in-Council to establish leprosy settlements to keep the patients there, was promulgated. This ordinance was re-enacted in 1916. As a result, fourteen leprosy settlements were established all over the federation by the end of 1938 as earlier stated.

The period between 1920 and the Second World War was marked by the socio-political and economic activity in Nigeria leading to a greater improvement in the social welfare of destitutes in the country. A United Nation survey conducted in 1976 found out that there were over four hundred million disabled persons the world over. Of this about twenty million had leprosy, fifteen million were epileptic, 20 million suffered various forms of accidents leading to disability, while over three hundred million people were left permanently disabled from one form of ailment or the other including leprosy.<sup>25</sup>

Of these estimates about eighty percent came from the developing world. Africa has the highest number, most of whom are children. In Nigeria, there are no reliable statistics to determine the number of disabled persons. However, in 1971, the Government of Nigeria requested the United Nations to carry out the survey and advisory mission on the rehabilitation of the disabled. The consultant visited each of the then twelve states of the federation and the estimate

at that time was that the number of disabled persons in Nigeria could well be between five and seven million.<sup>26</sup>

This helped the Federal Government in its role of providing rehabilitation service to the handicapped during the Seventh National Development Plan. A quota scheme for the employment of the disabled was proposed and submitted to the government through the Ministry of Labour and Productivity and each state was to have a rehabilitation center. There was a proposal for vocational institutions, but it received little attention. The third National Development Plan achieved very little and in 1969, the National Commission for Rehabilitation was established. This Commission was not only charged with the responsibility of mobilizing and organizing the affected victims, but coordinating the activities of voluntary agencies engaged in relief operation as well. The Commission was also charged with the responsibility of supervising the voluntary agencies throughout the federation.<sup>27</sup> The aim was to enable the disabled persons to have their rightful places in the society as the case was with their able bodied counterparts. An educational programme was planned with syllabus, which was divided into three terms as obtained in the normal schools. The graduates were expected to be employed by government ministries, private companies and individually owned establishments.

However, in Nigeria, this could not materialize. This was because, the graduates were marginalized and in places where they were employed, they were treated with contempt.<sup>28</sup> This called for new techniques by the government in its orientation of the people of Nigeria. The government can adopt the policy in harmony with that of Sweden, USA, and Great Britain where a welfare package and social security and other benefits are provided by legislation to the handicapped persons. Lesley, has identified some areas of rehabilitating the handicapped persons – such areas included medical and surgical treatment, psychological adjustment and motivation activities of self care, recreation, housing and other social activities. From my findings, from the various centers so far visited, there are inadequate facilities for the patients including staffing, funding and a host of other problems. A rundown of such facilities are as follows;

- a. In Bauchi, the study revealed that educational services to the victims of leprosy are inadequate, especially with regard to work guidance, vocational services, marriage counseling and legislative services. This is due largely to the take over of such centers by the government, which later resulted in poor maintenance. Free treatment and feeding are however, still enjoyed.
- b. In Kano, at the Yada Kunya leprosy settlement, recreational services, vocational services and counseling services are also

inadequate and some of the services are completely absent. This calls for the attention of both the government and the church as well as public spiritual individuals.

- c. In Borno, in Molai, the educational services and recreational work guidance are inadequate. Religious services and marriage counseling are absent.
- d. In Sokoto, the Amawa leprosy settlement vocational services, counseling and the provision of legislative services are inadequate. Those services, which are absent, are marriage counseling, work guidance and psychological counseling.
- e. In the Mangu Rehabilitation center, the services are not only in place, but also new ones have been introduced thereby creating out posts. The recently introduced service is the health care delivery. In the remote areas, some primary health care services are introduced. The missionaries through the indigenous Churches are still in control of some centres.

In all the centers visited by the researcher, the Mission to Leprosy and the Netherlands Leprosy Associations are doing a good job. Lack of funds, staffing, and social amenities like water, good roads and electricity were identified. In each of these centers, a large number of those incapacitated by the disease have taken to street begging as a means of livelihood.

## NOTES

1. Kalu O. Kalu (Ed.), *Christianity in West Africa*, London: Longman Group Ltd. 1980, Pp. 24-25.
2. Yusufu Turaki, Quoting Jan Boar – *Missionary Messengers of Liberation in a Colossal Context*, P.142.
3. John F. Flint, Nigeria: The colonial experience in C.H. Gann & Peter Trigan (eds) *Colonialism in Africa*. (2 volumes). Cambridge: The University Press, 1969, P. 40.
4. J.H. Hunter, *A flame of fire: The Life and work of Roland Victor Bigham*. Canada: Hazelwatson, P. 50.
5. J.E.G. Sutton, "Towards a less Orthodox History of Hautachin". *Journal of African History vol.20* 1979, Pp. 179-201.
6. J.C. Anene, *op. cit.*, P. 156. Africa in the 19<sup>th</sup> Century.
7. Yusufu Turaki, *Theory and Practice of Christian Missions in Africa: A century of SIM/History and Legacy in Nigeria 1893 – 1993*. Vol.I Kanya: International Bible Society in Afria, 1999, P.55.
8. *Ibid*, P. 221.
9. Wambutda, "Savana Theology: A Biblical reconsideration of the concept of salvation in the African context" *Journal of Theology of Liberation*, London: SCM Press, 1974, P. 145.
10. Luke 18.
11. Wambutda, *op. cit.* P. 145.
12. J.H. Peel, *The Aladura Movement Among the Yorubas*. London: Longman, 1969 P. 36.
13. Wambutda, *op. cit.*, P. 145.

14. Shramph Ralph, *A History of the Nigerian Health Service Nigeria*. Ibadan: University Press, 1971 P. 143.
15. Helser, *op. cit* P. 36.
16. Macdonall, *op. cit* P. 97.
17. Kalu, Kalu *op. cit*. P. 106.
18. Molia Tett, *op. cit*. P. 16.
19. *Ibid* P. 17.
20. *Ibid*, P. 18.
21. Oral interview with Abdul Fago on 3<sup>rd</sup> October 1998, at Bayara Hospital premises, Bauchi.
22. Jean Hamilton, *op. cit* P. 15.
23. *Ibid*, P. 20.
24. Visit of the school by the Researcher. Courtesy; Miss Jean Smeathman, the Principal of the Telta Memorial School Molai and also the COCIN General Administrator.
25. Dakum Shown: Quoting Government House Publication, P. 11.
26. *Ibid*, P. 11.
27. *Ibid*, P. 13.
28. *Ibid*, P. 13.

## **CHAPTER EIGHT**

### **SUMMARY, CONCLUSION, RECOMMENDATION AND SUGGESTION FOR FURTHER STUDIES**

#### **8.1 SUMMARY**

This research gives a historical account of the work of the Christian missionaries with particular reference to the SIM and SUM among leprosy patients in Northern Nigeria. The aim of the study is to provide one more single reference on the contribution of the missionary bodies under study and their impact on the life of the leprosy patients in Northern Nigeria. The advent of Christianity in Nigeria has contributed greatly to the reorganisation of the traditional order. Although this is a controversial matter in some circle, it is nonetheless an obvious fact.

The penetration of the Christian Missionaries to Northern Nigeria was not easy as was with the Christianisation of Southern Nigeria. This is due largely to a combination of factors earlier treated in this work. The north was the area above the confluence of the great rivers Niger and Benue. It lies in the Savannah Belt covering a vast land. It is made up of the seven states of the 7<sup>th</sup> century that flourished in the western and central Sudan.

The north is surrounded on the east by the Cameroon Republic, on the West by the Republic of Benin, on the north by the Republic of Niger and Lake Chad and on the south by he Rivers Niger and Benue.

Northern Nigeria as a political entity was the largest of the then three regions of the country. It covers an area of 925,000 square kilometers. It currently has nineteen states. It has over three hundred and fifty ethnic groups, the largest being the Hausa-Fulani the Kanuri, Nupe, Kwararafa/Jukun and the Tiv people. Majority of her ethnic groups trace their origin to the middle east, especially Baghdad, Syria and Saudi Arabia.

The earliest recorded contact of the missionaries with the north, especially with the Hausa area is traced to the efforts of the Belgian Franciscan Brothers, notably Peter Farde who visited Kano in 1688. But this attempt was a failure because of the opposition. This effort was closely followed by the "silent centuries" that were broken only by the Church Missionary Society in 1899 by a group led by Bishop Tugwell. This attempt aroused the interest of other missionary groups. Several other missionary societies were attracted to evangelise the area. Among those who were attracted were the missionary under study, Sudan Interior Mission and the Sudan United Mission. These two Christian organizations had Northern Nigeria called the Sudan as their area of concentration.

Before these missionary groups could penetrate the North, the area was considered a "Muslim block." As a result of the several attempts made by the missionaries to evangelize the area, the North is

no longer the Muslim block. This was done amidst opposition from the Moslems and the British Administration. The care for leprosy patients, however, provided the key to the penetration of the Christian missions in Northern Nigeria. This task was spearheaded by the SIM and SUM missionaries. Thus, this study is centered on the activities of the SIM and SUM Missionaries, among leprosy patients in Northern Nigeria. The work covers the period between 1928 and 1988, a period of sixty years of missionary operation among leprosy patients in the northern states of Nigeria. The year 1928 was the period when leprosy disease significantly received the needed attention in Nigeria both from the Christian organizations as well as the government. The missionaries therefore, decided to incorporate leprosy work as a major part of their wholistic approach to evangelism. This is to say that the physical as well as the spiritual aspect of the man needs to be attended to and be freed from all problems so that man can function well both in his spiritual and physical endeavours.

The study therefore, examines the work of the two missionary bodies in their bid through some social services to reintegrate the leprosy patients into their societies. Others who attracted the attention of the missions included the orphans, widows, the sick, the weak, the needy, the mentally retarded, the visually impaired and slaves, in short, they had concern for the under privileged and the handicapped. The

missionaries, as part of their strategy for action, set up vocational institutions for the training of the patients in the various centres particularly specified for them. They set up for the patients, vocational centers, built educational institutions for the education of their children, and physical activity areas like the football field games of various types.

These two missionary bodies as their names imply, had the "central Sudan" as their focus for evangelism. The Sudan of the period was the vast land that stretched some three thousand miles across Africa South of the Sahara. It was an area considered by the missionaries as a community where the missionaries' bodies had not done any missionary work. More so, it was inaccessible physically and spiritually to explorers and missionaries. This vast area was later colonized and partitioned among three European nations namely Britain, France and Germany. Nigeria fell under the British and became a British colony in 1900.

When the SIM and SUM Missionaries arrived Nigeria in 1901 and 1904, respectively, they headed for the Northern part of the country. This is because, the south was flooded with several other missionary bodies like the Methodist, Anglican, Presbyterian, the Baptist and the Roman Catholic, they had the Sudan at heart. To their surprise, the British Colonial Government then under the leadership of Lord Lugard confined their work to the pagan areas. This action by the British

government deterred the early penetration of the Northern part of Nigeria by the missionaries.

As they persisted, they finally gained entry to the exclusively Muslim areas. The natives of the area have their traditional religion, believing in a supreme being and his subordinates as the deities, then the spirits, ancestors and some religious functionaries. This was before Islam invaded the area in the 11<sup>th</sup> century. They had a traditional religion that was neither by conversion nor by choice as obtained in the world religions like Islam and Christianity. One significant religious event in the history of the north, and Nigeria in general was the 19<sup>th</sup> century Jihad of the Usman Dan Fodio. This Jihad swept the whole north to Islam. The role played by Lugard made it a no go area for the Christian missionaries. The use of indirect rule ended the rule of Islam in the area. Islam remained the living tradition of the reform and the basis for administrative system in Islam. This flourished in the Northern Nigeria and made it a Moslem block.

In the pre-literate Nigerian society as in any other African society, people were structured in accordance with some scales of social work and cultural ideals of the society. This phenomenon ordered the pattern of interaction in the society. However, this varied from society to society. In some societies there were people who by the culture of the society were isolated from the society and this had serious negative impact on

such members of the society. And this is particularly so where some members were ranked higher (not just in terms of birth or wealth) while others are reduced to a much lower status or simply become untouchables and undesirables with the attendant contempt for them. In some societies they were merely tolerated and called names, like the leper, the blind boy, the deaf, the dumb and such other unfortunate names, while in some societies such people were either banished or killed. These categories of peoples in the society included those with leprosy who were the most dreaded and the most unwanted in the societies. Such others in the societies included, the blind, the deaf, and all those with some form of physical deformities.

Leprosy patients in the preliterate societies were dreaded primarily because there was no known cure for the disease. Besides, it caused serious deformities of the body. It was believed by the traditional societies to have been caused by the gods as punishment on the victims. An infected person was considered a curse in the society. As a result, victims of leprosy disease were segregated and often kept in secluded areas like thick forests, caves or such places far away from the home to avoid any physical contact with the victims, where they were kept was considered unclean and no one got there. This was in the belief that this can help prevent physical contact and the spread of the infection. In some societies, they were made to have separate market all

in the bit to avoid physical contact with them. This attitude kept them away from enjoying some basic social amenities like light, good shelter, food, water and the use of facilities like cars, for easy movement. In some societies, food and some valuable things were thrown to them like dogs. Their sons and daughters got to remote villages to have their husbands. Married couples could divorce each other for fear of contracting the disease.

The disease was feared for its tendency to deform especially of the hands, legs, nose, toes etc. it deadened the sensory nerves of the body and mutilates them. Such was the social stigma which leprosy had on its victims. At the time the missionaries came, this was the sad plight of the victims of leprosy; they were rejected by their people and left to be consumed by the disease under harsh condition.

Charity work in Christianity is as old as Christianity itself. The early church practiced it when a system of relief was organized for the Judean Christians who were impoverished with famine. The disciples came together in fellowship for the course of the needy. This later led to the establishment of charitable organizations by the church and later, the missionaries. Such organizations set up places like orphanages, asylum homes, hospitals and the like. This gesture continued in greater dimension until the church later became the only institution for charity work.

Leprosy as a disease suddenly attracted the attention of the Christian Missionaries particularly in the tropical regions like Asia, Africa and India. The missionaries found leprosy patients in such areas in large numbers and in most unfortunate conditions passing through some undue hardship. They therefore, made concerted efforts to provide some relief measures to the patients. These included foods clothes and shelters to get them out of their conditions. They lived in dirty environments, which made Leprosy disease thrive more. Also the patients were greatly malnourished and in some cases, they were left at the mercy of the disease without help.

With the advent of the Christian Missionaries, the scientific cause of leprosy was established and some cure too became known, as against the African belief that there was no cure for the disease. The leprosy bacillus was first identified and isolated in 1870 by a Norweighin scientist called Hansen, hence the disease was called "Hansen disease". Leprosy became a curable disease. Hansen investigated and discovered the leprosy drug in 1875. Since then several other drugs have been discovered and in 1940 the great Dapsone was discovered, a multi drug therapy (MDT). As a result of these developments, the attempt to cure leprosy patients and to eradicate the disease became prominent. Consequently, leprosy organizations were formed with the aim of relieving its victims and ridding the world of leprosy. These leprosy

organizations include the British Empire Leprosy Association (Belra), The Mission to Lepers (TML) and Toc.

In Nigeria, the first serious attempt to investigate the prevalence of leprosy and to organize for its treatment began in 1928, when a Nigerian Branch of the British Empire Leprosy Relief Association was formed. This was a period when leprosy disease was a serious problem in the country, particularly in the northern region.

The work of the Christian missionaries left an indelible mark on the lives of leprosy patients in Nigeria today, since the disease is curable. Several patients have received their healing and since been intergrated into their society. Many took to trades like farming and other businesses. Some became evangelists, taking after the missionaries. It was discovered that there was ability in disability as the patients were offered hope in a completely hopeless situation. They never dreamt that anyone could care for their plight and touched them as the missionaries did. This touch by the missionaries offered the patients some sense of belonging, being loved and wanted. This offered them the psychological healing, which the missionaries referred to as the first healing. The activities of the Christian Missionaires attracted quite a number of patients to the leprosy "colonies". They were relieved of the unbearable contempt. They suffered from members of the societies. Many patients were not only excited at this gesture, but consequently took to missionary work.

Several became workers in the leprosy centers as cleaners, clerks, nurses and messengers. Others became successful businessmen and women in different areas. Some became successful farmers. They were integrated into the society and had meaningful living. Some relations of the discharged patients rejected them after being discharged. This made them remained at the colony. In general, the missionaries positively influenced the patients and they in turn made impacts in one way or the other, on their environments. This is seen in the lives of those discussed above.

## **8.2 CONCLUSION**

Leprosy is an infectious disease caused by a tiny rod-like germ called mycobacterium leprous. Dr. G.A. Hansen first described it in 1873. It is a disease that was most dreaded in the pre-literate society for many reasons, especially the deformities it caused. Relations could deny their infected members and many were sent away malhandled and maltreated. The development of science has, however, shown that it is curable like any other disease.

This study has given a historical account of the work of SIM and SUM among leprosy patients in Northern Nigeria. The two missionary bodies had the "Soudan" as their focus for evangelism, hence this was reflected in their names. They considered the area as a place where

evangelism was most needed, particularly with the influence of Islam on the large in the area.

The north was initially considered a Muslim block, but the activities of the Christian missionaries in the area have raised Christian communities whose numbers have become significant. The pagan areas where the missionaries began their activities served as the base from where further evangelism was launched, in spite of the obstacles constituted by the colonial British government. The North had its missionary attractions, especially as it was densely populated with over three hundred and fifty ethnic groups constituting a vast missionary field.

Charity work in Christianity grew to an extent that the church almost became the only institution that was immensely caring for the depressed, the oppressed and the suppressed. The Church set up Hospitals, Educational institutions and asylums to salvage the plight of the needy. In this regard leprosy work in Nigeria particularly Northern Nigeria, had a considerable attention in 1928.

The SIM and SUM had entry into the exclusive Muslim area because of their involvement in leprosy medical care. The British government which was earlier hostile to the missionaries' entry to the Muslim block was later constrained to permit the missionaries to set up leprosy colonies for the cure and care of the patients. At the leprosy

centres, the patients were not only treated of their ailment, but they were also trained in various skills of endeavours. This helped them become integrated into their various societies, with many of them turning out to be professionals in different fields. They could provide for themselves and contribute in the development of their societies. They, in due cause became "agents of civilization" in their various societies. They saw the leprosy settlements as the only place of hope where they were loved and cared for by the missionaries, a phenomenon that was strange to their traditional societies.

The government and good spirited individuals have worked harder towards realizing something significant to ameliorate the plight of leprosy patients. However, there is still much to be done, as most patients of leprosy today are left to the mercy of whoever is pleased to give them alms, particularly those of them with permanent handicap condition. They were mostly those with amputated limbs and those with severe cases. This condition is more pronounced now that the leprosy centers have been taken over by the government in 1976. Among the centers visited by the researcher, the government had taken over all except one. The conditions of the patients in the government-owned hospitals were bad compare to the one under the care of the church, because of negligence.

### **8.3 RECOMMENDATIONS**

Based on the findings from this study, the following recommendations are made, with utmost sense of responsibility. Nigerian streets are overwhelmingly filled with beggars some of who are leprosy patients. While much effort has been made by the government to improve the lot of the victims, the government still has much to offer in this regard. The government should as a matter of urgency translate much of the US theoretical framework to reality, provide adequate and functional equipment to the leprosy units to replace the obsolete ones and repair the centers.

Functional, adequate and effective machinery should be set up to create an awareness for the public on the need to accommodate victims of leprosy. Government should make it a point of duty to organize public lectures on the scourge of leprosy, more regularly other than on world leprosy day. The rehabilitation centers set up by the missionaries should be properly funded. Good counseling sessions should be resumed in the centres to provide victims with proper guidance for living.

Discharged patients should be given soft loans to set up small-scale businesses. Well-trained professionals who could effectively man the various sections of the leprosy units should be employed particularly now that the government has taken over these centers. In the

alternative, the government should hand over this noble project to the churches who the researcher believe would do a better job than what is obtained in the centers presently, more so, that the government has more than enough to do. Patients with permanent disability should be taken care of by the state governments. The government should make use of community based rehabilitation centres to provide and promote programmes of rehabilitation to the ex-patients.

#### **8.4 SUGGESTIONS FOR FURTHER STUDIES**

This research work makes no claim to have provided all that is needed on this research and other intricacies involved in the study. It however makes claim to the originality of the study and its contribution to knowledge. Our knowledge of the plight of leprosy victims in the centers have been provided. The activities of the SIM and SUM among leprosy patients in Northern Nigeria between 1928-1988 has provided one more base for further research in the field. The following suggestions for further studies are identified:

- a. The work of the CMS among the socially disadvantaged in Northern Nigeria.
- b. The role of Christian missionaries in the provision of social amenities to the less privileged in the Northern states of Nigeria.

- c. Utilizing community base rehabilitation centers as a means of rehabilitating the handicapped by the church.
- d. Creating avenues for generating funds to help curb street begging in Nigeria.
- e. The Problems and prospects of rehabilitating the handicapped in Northern Nigeria are worthy of investigation.
- f. The church and the ever increasing street begging in the Nigerian society.

## **8.5 CONTRIBUTION TO KNOWLEDGE**

The preoccupation of the church historian is that of reconstructing the past as it affects development in various ways. In this study the researcher tries to give a historical analysis of the activities of the SIM and SUM among leprosy patients in Northern Nigeria. As earlier stated, the missionary's fundamental objective was to provide the evangelized communities with the basic needs of life. This is seen in its usage of socializing agents like the establishment of educational institutions, provision of medical and other varied vocational services to the natives. Their efforts contributed greatly to the social upliftment of the patients.

1. The work of the SIM and SUM may be familiar to many but the study gives information on the plight of leprosy patients and their emancipation by the missionaries during the period under study.
2. This is a finding that is not in existence, the study has therefore added to our knowledge of the work of the missionaries among the leprosy patients in Northern part of Nigeria.
3. The Christian Missionaries worked successfully among leprosy patients in Northern Nigeria. Through them, they were able to evangelise the area.
4. The interaction of the SIM and SUM Christian Missionaries helped in relieving the patients with the problem of social stigma.
5. Several of these patients did not only become self reliant, but contributed to the development of their society.
6. The Missionaries helped the patients and the society at large to know that the disease is curable after all.

## BIBLIOGRAPHY

### BOOKS

Abang. A.B. *Educating Mentally Retarded and Gifted Children in Nigeria*. Jos: Claverianum Press. 1981.

Ajayi J.F.A. *Christian Missions in Nigeria: The making of a New Elite*. London: Oxford University Press. 1971.

Anene, J.C. and Godfree Brown, *Slavery and Slave Trade in Africa in the 19<sup>th</sup> and 20<sup>th</sup> centuries*. Ibadan: Ibadan University Press, 1966.

Ayandele E.A. *The Missionary Impact on modern Nigeria 1842 – 1914: A Political and Social Analysis*. London: Longman. 1965.

Awolowo. O. *The Peoples and Republic of Nigeria*. London: Oxford University Press. 1971.

Beatham T.A. *Christianity and the New Africa*. London: Pall Mall Press. 1967.

Beidelma, T.O. *Colonial Evangelism: A Socio-Historical Study of An East African Mission at the Grassroots*. Bloomington: Indiana University Press, 1980.

Bingham R.V. *Seven Sevens of Years and Jubilee: The story of the Sudan Interior Mission*. Canada: Evangelical Publishers. 1943.

Blair Y. & Sumpson. H. *Educational Psychology*. London: MacMillan. 1975.

Boer J.H. *Missionary Messengers of Liberation in a Colonial Context: A Case Study of The Sudan United Mission*. Amsterdam: Rapod. 1979.

Camaroff, Jeanard John., *Revelation and Revolution: Christianity, Colonialism and Conciousness in South Africa*. London: Chicago University Press, 1991.

Capro Research Office. *Conquered by the Sword*. Jos: Baraka Press. 1991.

- Coleman, J.S.; *Nigerian Background to Nationalism*. Los Angeles: University of California Press, 1960.
- Crampton E.P.T. *Christianity in Northern Nigeria*. London: Geoffrey Chapman Press. 1979.
- Cruickshank W.M. *Education of the Exceptional Children in Nigeria*. New Jersey: Perentice Hall Inc. 1975.
- Darley Adalph. *Encyclopaedia of Theology: Missions*. Vol. IV. London: Beach Press. 1969.
- Danis, James, *Foreign Missions After A century*, New York: Reveal, 1993.
- Ehusani. George Omake. *An African Vision: Ozokeche*. USA: New York University Press. 1969.
- Egan Eileen. *Mother Theresa: Such a Vision of the Street*. Great Britain: Sidewick & Jackson Ltd. 1986.
- Fafunwa A. Babs. *History of Education in Nigeria*. London: George Allen & Unwin Ltd. 1974.
- Fika, Adamu Mohammed, *The Kano Civil War and British Overule 1883 – 1940*, Ibadan: Oxford University Press, 1928.
- Flint, John F. *Nigeria: The colonial experience in C.H. Gann and Trigan (ed), Colonialism in Africa vol.2*, Cambridge: The University Press, 1969.
- Fox. A. (Ed) *Uzuakoli: A Short History*. Onitsha: Oxford University Press. 1964.
- Graham Soniah F. *Government and Mission on Education in Northern Nigeria. 1900-1919* Ibadan: Ibadan University Press. 1966.
- Green, Graham *A Burnt Out Case*. Great Britain: William Heinneman Ltd. 1961.
- Grimley. J.B. & Robinson. G.E. *Church Growth in Central and Southern Nigeria*. Michigan: William B. Eerdmans Publishing Company. 1966.

Hamilton Jean. *A Lonely Lake: The Story of the Lake Chad*. Sidwick: Sudan Mission. 1958.

Haruna, Mohammed; "Cities of The Savana: A History of some Towns and Cities Nigeria: Savana: *A Nigerian Magazine*.

Helser A.D. *Two hundred Thousand Lepers in Nigeria*. Jos: Niger Press. 1935.

Horsch, John, *Modern Religion Liberalism* Scottsdale: Pa Fundamental Report, 1921.

Hunter J.H. *A Flame of Fire: The Life and Work of Rolland Victor Bingham*. Canada: Hazolwatson & Winney Ltd. 1961.

Hunwick J.O. The Nineteenth Century Jihads in J. C. Anene and Geoffrey Drown. *African in the 19<sup>th</sup> and 29 Centuries*. London: Ibadan University Press. 1966.

Isichei Elizabeth. *History of West Africa Since 1800*. London: Macmillan. 1978.

Ikema. T. *Rehabilitating the Disabled: A Handbook for the Special Educator*. London: Headwork Press. 1984.

Kalu O. (Ed). *Christianity in West Africa: The Nigerian Story*. Ibadan: Day Star Press. 1965.

Kalu O. (Ed). *The History of Christianity in West Africa*. London: Longman Group Ltd. 1980.

Kumm. H.K. *The Sudan*. London: Marshall Brothers Ltd. 1907.

Kumm. H.K. *The Sudan: A Short Compendium of Facts and Figures About the Land of Darkness*. London: Marshall Brothers Keswick House Patenoster Row. 1907.

Kopytolf. Jean. H. *A Preface to Modern Nigeria*. London: The University of Wisconsin Press. 1965.

Lapsley James. *Salvation and Health: The Interlocking Process of Life*. Philadelphia: The Westminster Press. 1972.

Law, Victor M. *Three Nigerian Emirates* Illinois: North Western University Press, 1972.

Latourette K.S. *Distinctive Features of The Protestant Missionary Method of The Nineteenth and Twentieth Centuries Vol. III.* London: Oxford University Press. 1939.

Latourette K.S. *History of Christianity.* USA: Harper and Row Publishers Incorporate. 1983.

Linus. A. *A Social Service to Persons Who are Disabled.* USA: 1983.

Lovejoy, Paul E., Nigeria; The Ibadan School and its Crisis "in *African Historgraphy*, London: Sage Publications, 1986.

MacDonald. A.B. *In His Name: The Story of A Doctor in Nigeria.* London: Oldborne. 1954.

Maxwell J.L. *Half a Century of Grace: A Jubilee History of the Sudan United Mission.* London: Longman. 1954.

Metuh. E.I. *Comparative Studies of African Traditional Religions.* Nigeria: Imicco. 1968.

Ministry of Information Kano State, 1969.

Molie, E.T. *The Road to Freedom: Sudan United Mission 1904-1968,* London: Longman, (N.D).

Morel, E.D. *Nigeria its people and its problems,* London: Trace cess & Co. Ltd, 1968.

Ola Rotimi. *Hopes of the Living Dead.* Ibadan: Spectrum Books Ltd. 1993.

Orr Charles. *The Making of Northern Nigeria.* London: Frank Cass & Co. Ltd. 1965.

Philipson. S. *Grants in Aid of Medical Mission Health Services Provided by the Voluntary Agencies in Nigeria.* Lagos: Government Printer. 1950.

Philipson, S., *Health Grantrs in Aids of the Medical Mission Agencies in Nigeria.* Lagos; Government Printer.

- Paden, John N., *Religion and Political culture in Kano*. London: University of California Press, 1973.
- Peel, J.H. *The Aladura Movement Among the Yorubas*. London: Longman 1969.
- Robinson, C.H. *Hausaland, Fifteen Hundred Miles Through The Central Sudan*. London: 1896.
- Roome William J.W. "Look in the Fields: An Annual Reports and Review 1908 – 1909" In *The Light Bearers*. London: Paternoster Row 1907.
- Ryder A.F.C. *Benin and the Europeans 1484 – 1887*. London: Longman 1969.
- Sanneh Lamin, *Translating the Message: The Missionary Impact on Culture*, New York, Orbis Books, 2001.
- Schram. Ralph. *A History of the Nigerian Health Services*. Nigeria: Ibadan University Press. 1971.
- Scaduto. M. *Charity Works in a New Catholic Encyclopedia*. Vol.3. 1948.
- Smart Ninian. *The World's Religions: Old Traditions and Modern Traditions*. New York: Cambridge University Press. 1989.
- Sunkler B.G.M. *Bantu Prophets in South Africa*. London: Oxford University Press. 1961.
- Tasie G.O.M. *Christian Missionary Enterprise in the Niger Delta 1804 – 1918*. Belgium: E.J. Brill. 1978.
- Taylor. J.C. *Primalisation: Christian Presence Amidst African Religion*. London: SCM Press. 1962.
- Temple. C.L. *Native Races and their Rulers*. London: Frankcass & Co. Ltd. 1968.
- Turaki Y., *Theory and Practice of Christian Missions in Africa: A century of S.I.M/ECWA History and Leprosy in Nigeria, 1893-1993*. Kenya: International Bible Society in Africa, 1999.

Uba, C. N. *Islam in African History*. London: University Press, 2001.

Walls, Andrew F. *The Missionary Movement in Christian History: Studies in the Transmission of Faith*. New York: Oba Books, 1996.

Janet quoting John Hursch, *Modern Religion*. Scoftdale; Pa Fundamental Report, 1921.

Janet quoting James, Dawn, *Foreign Missions after a Century*, New York: Revell, 1893.

Who Report on Infections Diseases?

## **JOURNALS**

Ayandle. E.A., "Writing African church History" *Journal of African Historical Studies*.

Barnes, Andrew E., "Evangelisation where it is not wanted: Colonial Administrators and Missionaires in Northern Nigeria During the First Third of the Twentieth Century." Leiden: *Journal of Religion in Africa*. Vol.4, 1995.

Beidelma, T.O., "Social Theory and the Study of Christian Missions in Africa", *Africa Vol.XIIV, No.1*, 1974.

Greenburg, J; "Evidence for the Influence of Kanuri from Hausaland" London: *Jakiz*, 1960

Horton W.R.G. The Ehu System of Slavery in a Northern Igbo Village Group. *Africa*. 24(4)

Kalu O. "Images and Lences: The Image of Igbo Land in Early Missionary Writings 1841 – 1945". *Journal of Religion and Theology (JORAT) Vol.1*. No.1. Owerri: Omega Communications. February. 1993.

Metuh E.I. Contextualization: A Miosiological Imperative for the Church in Africa in the Third Millennium. *Mission Studies No.12*.

Olusanya. G.O. The Freed Slaves Homes: An Unknown Aspect of Northern Nigeria Social History. *Journal of Historical Society of Nigeria*. Vol. II. No.3. December 1966.

Ogbu Kalu, "African church Histography; An Ecumenical Perspective". A paper presented at a Workshop on African church History, Nenrabi; August 3<sup>rd</sup> – 8<sup>th</sup> 1988.

Sutton J.E.G., Towards a lessor bordox History Stautachin" *Journal of African History* Vol.20, 11979.

Tibenderang, Peter Kazenga, "The Emia and the Spread of Western Education in Northern Nigeria, 1890-1946". *Journal of African History*, Vol.24, No.4, 1983.

Uba, C.N., "Problems of Christian Missionaires in the Muslim Emirates of Nigeria, 1900 – 1928". *Journal of African Studies*, Vol. 3, No.3, Fall: 1976.

Wambutda "Savanna Theology", A Biblical reconsideration of the concept of salvation in African context" *Journal & Theology of Kibe ratio* London: SCM press, 1974.

## **UNPUBLISHED MATERIALS**

Gaiya A.M. Missionary Activities on the Jos Plateau 1900 – 1960". An M. Phil/PhD Thesis submitted to the Department of Religion Studies. University of Jos. 1996.

Gwamna J.D. The History of the SIM/ECWA in Nakushe. 1993. (Unpublished).

Kalu, Ogbu, (ed.) "African Church Historiography: An Ecumenical Perspective; A paper presented at the Workshop on African Church History. Nairobi, August 3<sup>rd</sup> – 8<sup>th</sup>, 1958.

Memos on Entry of Missionaries into the Emirates, 1932, "The Establishment of Sokoto leper camp" Deposited at the Sokoto Hospital.

Ogbonnaya Kalu Kalu. Christian Missions and the depressed class: A case study of Nigerian Missionary work among lepers in South Eastern Nigeria 1926 – 1956": An M.A. Thesis submitted to the University of Nigeria Nsukka. 1995, (Unpublished).

Pope Paul III address to the symposium of African Bishops in Kampala, 1969.

Shown. G.D. Rehabilitation Services in Northern States of Nigeria: Adequacies and Effectiveness. A PhD Thesis submitted to the Faculty of Education. University of Jos, 1986, (Unpublished).

Shown Dakum, quoting Government House Publication, 1987.

Tasie G.O.M. The Vernacular Church and Nigerian Christianity: An inaugural lecture presented on 2<sup>nd</sup> July 1998 at the Multipurpose Hall, University of Jos.

The Establishment of Sokoto Leper Camp deposited at the Sokoto Hospital.

Memo from Secretary of Northern Nigeria to all Resident Officers of Northern Provinces deposited at Kaduna National Archives.

Memo on the Missionary Activities in all Provinces from the District Officer in charge of Jos Division to the Resident Officer Plateau province, deposited at Kaduna National Archives.

Memos on Entry of Missionaries into the Emirates from the Resident of Plateau Province to all District Officers of the Province No.41/1927/106 deposited at Kaduna National Archives.

Memo from the Secretary Mr. W. Morgan of Northern Provinces to all District Officers on the spheres of influence of Missionary Societies deposited at Kaduna National Archives.

Memos on Entry of Missionaries into the Emirates, 1932.

Unpublished information on the Netherlands Leprosy Relief Association from the Bukuru office Jos.

## **INTERNET MATERIALS**

<http://www.bomlep.org/home.htm/keity> and rwd report of their Spenencis at Bombay Leprosy Project.

Forum on Leprosy from Website

<http://www.websp@wnern.com/users/leprosy/http://www.websp@wnern.com/users/leprosy/>

The leprosy missions' website at <http://www.leprosy-mission.org>.

## **ARCHIVAL MATERIALS**

The Annual Report of the SIM 1911 – 1912. Deposited at the Kaduna National Archives. Memoirs from C.H. Palmer vol. III.

A memo No. 41/1927/106 on the Entry of Missions into the Emirates of Northern Nigeria December, 195. Deposited at Kaduna National Archives.

A memo on the ruling for the teaching of Religious Instruction in Schools by the administration deposited at Kaduna National Archives.

A memo on the Missionary Activities in the Northern Province, on the May 16<sup>th</sup>, 1934. Deposited at Kaduna National Archives.

Lugards Telegraph to colonial office SNP/1114/1912 or Kano Province Report of 1911 SNP/1896/vol.1.

Government circular No. 45635/35 deposited memoirs on entry of Missionaries into Emirates 1932 deposited at the National Archives Kaduna.

Brief History of Telta Memorial Secondary School, Molai in Borno, deposited at the School Library.

87/1917 - Mission schools in the Northern Provinces progress report by F.D. Lugard

273/645 - Mission (SUM) spheres of influence 1934

281/072/96 - Leprosy Settlements 1936-38.

GRA/2vol.1 – Medical Mission Grants and assistance to SUM hospital Vom

5161 - SIM Yadakunya leprosy settlement 1943

Med./50- Kano Leprosy Settlement by SIM 1937-47

National Archives, Kaduna SNP. 176926, Vol.1.

National Archives, Kaduna SNP. 9037, Vol.1.

SNP/309/No/1916.

SNP/1114/1912 or Kano Province Report of 1911.

SNP/1896/Vol.1.

2864 – SUM leper farm colony 1941

3268/S2 – SUM leper colony Molai surgical 1945-56

4546 – Leper Settlement Sokoto Province – Compensations to owners of land required

4707 Nigerian Branch of the British Empire Leprosy Relief Association 1940-1953

2650/S1 – Provision Leprosy Board Minutes of meeting 1951-52, 1949-51.

3538 – Anti-Leprosy Schemes – Proposed ten years plan 1939-40.

3537 – Leper settlements – Religious instructions 1935-40.

4023 – Leper settlements Acts form 1937-40

C74 – SIM Leprosy work 1939-51

C254 – Leprosy control and leprosy matters in general 1950-57

1172 – Leprosy General Policy 1936-1938

1072 – Leper settlement proposed taking over by SIM

5686 – Leprosy Clinic at Sokoto Hospital

4305 - Mission and Development 1945-46

58/2 Relationship between Government and Mission and other voluntary societies with regard to development plan, policy and instruction 1945-57

BO/519 Missionary activities 1935- 65.

## APPENDIX A (i)

### LIST OF INTERVIEWEES

The underlisted names are some of those interviewed orally at the different leprosy settlement visited by the researcher.

<b>Date</b>	<b>Name</b>	<b>Sex</b>	<b>Age</b>	<b>Occupation</b>	<b>Address</b>
7/1/98	Tijani Abdul	M	37	C. Servant	Limp officer in charge of fitting & shoemaking in Bayera
7/1/98	Danazumi Useini	M	60	Store keeper	Bayara Lep.Hospital
7/1/98	Mal. MusaIbrahim	M	52	V.P. Prim. Health care	Bayara Lep. Hospital
7/1/98	Ma. Saidu Ab	M	71	Ex patient	Bayara Lep. Hospital Bauchi
7/1/98	Laraba Musa	F	50	Ex-patient	Bayara Lep hosp. Bauchi
7/1/98	Rev. Gaius Dogo	M	71	Reverend	Bayara Village
8/1/98	Hassan Bijik	M	55	Civil Servant	Chief CommunityHealth Officer
8/1/98	Mal. Inuwa Moh.	46		Civil Servant	Secretary to MD Bayara Hosp.
1/10/98	Rev. HoseaIshaku	56	M	Rev.-in-charge of Kassama	COCIN LCC Kasasama Borno
5/10/98	Jea Smithma	55	M	COCIN Administrator	Kasasama church
25/4/98	M. H. Ladan	35	M	Staff	National Archive Kaduna
2/10/98	Dr. D.N. Bintube	45	M	Medical Director,	Borno Hospital
20/8/99	Dr. Dahiru T.	Adult	M	Medical Director	Yada Kunya Hospital Kano
20/8/99	Sunday Ugwu	40	M	Civil Servant	Head of Physiotherapy Kano
20/8/99	Mrs. Aisha Ali	40	F	House wife Ex patient	C/o Yada Kunya Hospital Kano
20/8/99	Mal. Mohammed Sani	45	M	Farmer expatient	C/o Yada Kunya Hospital Kano
20/8/99	Karimatu Yusuf	47	F	House wife ex patient	C/o Yada Kunya Hospital Kano
2/10/98	Yohanna Lawal	Adult	M	Head of skin and lep. Unit Borno	Borno Gen. Hospital
2/10/98	Mr. Hank V. Plomb	Adult	M	Director, Rep. Of Netherland Leprosy Relief	Bukuru Office

				Assoc.	
21/10/98	Mr. Caleb Dasar	55	M	Retired public servant	Mangu Leprosy Rehab. Centre
21/10/98	Ayuba Kezak	43	M	Public servant (officer in-charge of leprosy unit).	Mangu Leprosy Rehab. Centre
21/10/98	Mrs. G. Musa Goyol	43	F	Civil Servant (Head Mistress School for the Physically handicapped).	Mangu Leprosy Rehab. Centre
21/10/98	Mr. Musa Goyol	58	M	Public Servant (Administrative officer)	Mangu Leprosy Rehab. Centre
3/11/98	Mr. Zephaniah	60	M	Retired leprosy attendant	COCIN Church Bunga Mangu
21/8/99	Mal Ibrahim Sadiq	54	M	Expatriant	C/o Yada Kunya Leprosy settlement Kano
28/10/01	Mrs. Zuwera Maina	42	F	Public Servant Kitchen Supervisor Amanawa Leprosy Settlement Sokoto	Amawa Sokoto leprosy settlement
28/10/01	Alh. Haruna Saad	M	M	Public servant Administrative Officer	Amawa Lep. Settlement Sokoto
21/8/99	Habiba Adamu	35	F	Patient	C/o Kano Lep. Settlement
21/8/99	Abdulahi Mohammed	Adult	M	Patient	Yada Kunya lep settlement Kano
21/8/99	Mohammed Ibrahim	49	M	Patient	Yadakunya lep. Settlement Kano
23/10/98	Dr. Peter Dainty	64	M	Dr in charge of Vom Christian Hospital	Vom Christian Hospital.
28/10/01	Alhaji Haruna Adamu	45	M	Patient	Amanawa Sokoto leprosy settlement
28/10/01	Mr. A. Anthony	35	M	Admin Officer (Public Servant)	Amanawa Sokoto leprosy settlement
28/10/01	Dr. & Dr. Mrs. Ugwu	40/35	M/F	Medical Directors in charge of Amanawa,	Amanawa Sokoto leprosy settlement

28/10/01	Kabiru Umar	40	M	Nurse	Amanawa Sokoto leprosy settlement
30/10/01	Mohammed Isa	40	M	Nurse	Amanawa Sokoto leprosy settlement
30/10/01	Shehu Mohammed	42	M	Patient	Amanawa Sokoto leprosy settlement
30/10/01	Yusufu Musa	20	M	Son of ex-patient	Amanawa Sokoto leprosy settlement
30/10/01	Mohammed Hamisu	36	M	Patient	Amanawa Sokoto leprosy settlement
30/10/01	Ibrahim Daraba	35	M	Lab. Staff	Amanawa Sokoto leprosy settlement
31/10/01	Rabi Abdullahi	45	F	Patient	Amanawa Sokoto leprosy settlement
31/10/01	Hauwa Ali	50	F	Patient	Amanawa Sokoto leprosy settlement
31/10/01	Zuwaira Mainas	45	F	Kitchen supervisor	Amanawa Sokoto leprosy settlement
31/10/01	Rev. Akila Maman	73	M	Retired Rev. & ex-patient	Amanawa Sokoto leprosy settlement

**APPENDIX A (ii)**  
**STRUCTURED INTERVIEW SCHEDULE**  
**FOR DOCTORS**

**INSTRUCTION**

I am an Mphil Ph.D candidate from the school of postgraduate studies University of Jos, Jos. I am undertaking a research on the activities of the Christian missionaries among leprosy patients in Northern Nigeria with particular reference to SIM/SUM

Please kindly respond to these questions.

1. What is your name?
2. For how long have you been a doctor here?
3. How many leprosy patients do you have in the hospital?
4. How many wards do you have for them?
5. How many workers do you have in the hospital?
6. What difference can you identify between what is in the hospital, under the missionaries and now that it is under the state government
7. When was the hospital established?
8. When was the hospital taken over by the government?
9. What reasons were responsible for government taken over the leprosy settlement?

10. How do you rate government efforts and commitment in taking care of the hospital?
11. What are the hospital sources of support
12. How adequate are the facilities you have on ground for the patients
13. How can government improve on this
14. What other sections do you have in the hospital other than the leprosy unit
15. What are the problems of the hospital
16. What are the challenges of leprosy disease.

## **APPENDIX A(iii)**

### **STRUCTURED INTERVIEW SCHEDULE FOR PATIENTS**

#### **INSTRUCTIONS**

I am an Mphil/Ph.D candidate with the school of postgraduate studies university of Jos, Jos. I am undertaking a research on the Activities of the Christian Missionaries Among Leprosy Patients in Northern Nigeria with particular reference to the SIM/SUM.

Do kindly respond to these questions.

1. What is your name?
2. Where do you come from?
3. How do you know about this settlement
4. How did you know that you were infected by leprosy disease?
5. What was your reaction when you learnt you were infected by leprosy?
6. What was your ambition in life before the incident?
7. For how long have you been in the hospital?
8. How do you feed and pay for your treatment here?
9. What types of vocational training have you received while here?
10. What was your trade before this time?

11. Are you aware of the Association of Leprosy Patients
12. What problems do you encounter in the hospital
13. What is your aspiration in life after treatment
14. What advice will you give to the government on the maintenance of the hospital
15. Are your children in school? If yes, how are you able to keep them in school.
16. What is your religion?
17. What is your opinion on the performance of the hospital administration when it was under the missionaries and now that it is under the government?
18. Are you aware that the Christian missionaries started the hospital?
19. What is your view on the call on government to return missionary hospitals to the church?
20. Where do you intend to be after being discharged?
21. What is your experience as a leprosy patient?

## **APPENDIX A(iv)**

### **STRUCTURED INTERVIEW SCHEDULE EX-PATIENTS**

#### **INSTRUCTION**

I am an Mphil Ph.D candidate of the school of postgraduate studies University of Jos, Jos. I am undertaking a research on the activities of the Christian Missionaries in Northern Nigeria with particularly reference to the SIM/SUM.

Do kindly respond to the following questions.

1. What is your name?
2. Where do you come from
3. What is your religion
4. For how did you know about this hospital
5. When were you here and how?
6. How long were you in the hospital?
7. Why have you not gone to your locality after being discharged?
8. Do your people know you are here even after being discharged?
9. Which vocational training did you receive when you were still in the hospital and how helpful is it to you?
10. How has this training help you after being discharged?

11. What do you do for living?
  12. What is your assessment of the hospital administration under the government?
  13. What advice do you have for the government, non-governmental organization and spirited individuals with regards to the plight of leprosy patients in general
  14. Are you children in school?
  15. What was the attitude of your people when you became infected?
  16. How do you feel now that you are discharged?
-