A MISSION TO SANITIZE

A MISSION TO SANITIZE: PUBLIC HEALTH, COLONIAL AUTHORITY, AND AFRICAN AGENCY IN WESTERN NIGERIA, 1900-1945

By

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A Dissertation Submitted to the School of Graduate Studies in Partial Fulfilment of the Requirements for Doctorate of Philosophy

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TITLE: A Mission to Sanitize: Public Health, Colonial Authority, and African Agency in Western Nigeria, 1900-1945

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LAY ABSTRACT

This dissertation is about the history of British preventive health in western Nigeria from the late nineteenth century to the end of the second world war. It contributes to the social history of medicine, health, and environment as it explores Africans' experience of British imperial hygiene and public sanitation programs. Specifically, the study focuses on how public health projects such as potable water, public latrine, and waste management shaped people's lives and how Africans shaped the health initiatives in return. The study argues that most of the preventive health programs the British colonial authorities introduced in western Nigerian towns during the period under review had a minimal impact on African health. This was because the colonial government and most Africans had opposing views on how public health initiatives should be executed in an environment of budget restraints and poverty. The study thus shows how Africans resisted some public health initiatives and negotiated others in an attempt to improve their health and social conditions. By exploring major colonial initiatives that sought to transform the Nigerian environment into a more healthy place and the people into environmentally responsible subjects, the study argues that colonized Africans were not passive onlookers during the transformation of their public health system. Rather, their politics of resistance shaped colonial health development.

ABSTRACT

Studies on empire have shown that colonialism generated new disease environments and complicated old disease experiences in Africa. These conditions necessitated a mission to sanitize Africans and their environment in British West Africa since the colonies had to be conducive for European colonial officials and their African labor, especially given the region's image as the "white man's grave." However, colonial administrations lacked the skills, adequate personnel, and materials to transform territories like western Nigeria into desired healthy locations for European personnel or colonized Africans. In the first two decades of the twentieth century, most Africans resisted the preventive health measures introduced in Yoruba towns, including environmental sanitation projects to reduce mosquito breeding spots. This was not simply because the initiative threatened African livelihood but rather because many Africans were too poor to pay the cost of the British modernizing projects, including pipe-borne water and odor-proof latrine buckets. As most Africans resisted some of these initiatives and negotiated others to improve their health and social conditions, their politics of resistance shaped public health development in western Nigeria. This is significant to African history because it reveals how the administrative policing of environmental sanitation and health adds nuance to our understanding of empire, particularly the complex relationship between Africans of different social classes and between Africans and the colonial governments in Western Nigerian towns.

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LIST OF ABBREVIATIONS

AMOH	Assistant Medical Officer of Health
BCGA`	British Cotton Growing Association
BLN	British Library Newsroom
CMS	Church Missionary Society
CO	Colonial Office
CSO	Colonial Secretary's Office
DO	District Officer
EUG	Egba United Government
Ibadan Div.	Ibadan Divisional Office Files
Ije Prof.	Ijebu Province Files
MBH	Municipal Board of Health
MH (Fed)	Federal Ministry of Health
MOH	Medical Officer of Health
NA	Native Administration/Authority
NAI	National Archives Ibadan
NFD	Native Forest Department
Oyo Prof.	Oyo Province Files
TNA	The National Archives, London
WAI	War Against Indiscipline
WHO	World Health Organization
WL	Wellcome Library

STATEMENT OF ACADEMIC ACHIEVEMENT

Adebisi David Alade is the sole author of this dissertation.

Chapter One

Introduction and Historiography

> What is most gratifying of all is a better appreciation by the people of the duties of the Sanitary Inspector. He is more acceptable to the people today than a few years ago and is being recognized as a friend instead of as an enemy and a nuisance.[1]

Colonial Hygiene, African Sanitary Inspector and Public Health in Nigeria

On March 21, 1945, Police Magistrate Samuel Ayodele Thomas of the Magistrate's Court of the Colony Area, Badagry Division, discharged and acquitted one Joseph Adefarasin, a 3rd Class African Sanitary Inspector who was charged for contravening Section 404 of the Nigerian Criminal Code of 1916.[2] The accused colonial agent in the service of the Badagry Health Department, western Nigeria, was arrested and subsequently charged to court by the Nigerian Police Force (NPF) on December 28, 1944, for corruptly demanding and receiving a bribe of two shillings and six pence (2/6d) from one Mr. Ahotin Hunpe in Aganmode Village as payment to delay the routine sanitary inspection of his village. The sanitary inspector was also accused of receiving another bribe of 5 shillings and 6 pence from the *Bale* (head/chief) of Iyafin village, Mr. Ketosu Hunsu, in a bid to pardon the villagers' uncleanliness after inspection.[3]

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[1] The National Archives, London (hereafter referred to as TNA), CO 657/60, "Nigeria Annual Reports for the Northern, Western, Eastern Provinces and the Colony 1946," S.P. No. 28/1947, 5.

[2] Section 404, sub-section 1(a-d) of the Nigerian Criminal Code Act of 1916 applies to public officials who corruptly demand or take money or other property from people "under the color of their employment." The Act pronounced such public official guilty of a felony, punishable by imprisonment for five years. See: Nigeria: *Criminal Code Act* [Nigeria], Cap C38 LFN 2004, 1 June 1916.

[3] National Archives Ibadan (hereafter referred to as NAI), Federal Ministry of Health (hereafter referred to as MH Fed) 1/1/4009, "Adefarasin, Mr. J. A. Personal Papers," March 21, 1945.

Throughout the trial, Mr. Hunpe, the *Bale*, alongside the other two witnesses, insisted they bribed the Sanitary Inspector to overlook filth in Iyafin village. During his testimony, the Chief narrated how the health inspector perpetrated the alleged corruption:

> [T]he accused shook hand with me and told me that the town was dirty. I offered him some cold water to drink and started to beg him. He agreed to my begging... He then demanded 20/- [shillings] so that he might not take action against the town. I could not give 20/- but succeeded to get 5/6d…Ahoti brought the accused to me and I therefore handed the money to him who gave it to the accused in my presence.[4]

In his defense, the accused sanitary inspector argued that the bribery allegation against him was "a fabrication and an outcome of conspiracy" by the Chief and his village. Without any witnesses to corroborate his testimony, Adefarasin stressed, "I went to Iyafin that day for the purpose of organizing Health Committee. I did not go to inspect the village but to organize Health Committee. I did organize a Health Committee at Iyafin that day. I did not receive any money from anybody in that area." In asserting his innocence, the accused remarked that he had once been summoned before the District Officer (D.O), who, relying on the report that he was too harsh in discharging his duties, advised him to be lenient with the local communities. Given this antecedent, it appears the allegation might have been an attempt to damage the inspector's reputation. By leveraging the existing resentment for him and his work in the village, it is also possible that the defendant tried to deflect the allegation of corruption against him as false and premeditated.

This study examines British colonial rule and the various attempts made by colonial officials to sanitize West African environments, which they considered a filthy reservoir of

[4] NAI, MH (Fed) 1/1, No 4009, "Adefarasin, Mr. J. A. Personal Papers," March 21, 1945.

disease-causing germs during the late nineteenth and early twentieth centuries. It draws from and builds on incisive studies that have explored the diverse discourses that European imperial powers employed in West Africa to rationalize the imposition of colonial rule. In her *A Mission to Civilize*, historian Alice Conklin argues that the European rhetoric of the mission to civilize and develop Africa in the early twentieth century was an instrument designed to legitimize French colonialism and mask her economic and political agendas in West Africa. Broadly, this "civilizing mission" was an ideology that helped the European imperialists advance their racist notion of white superiority with the ultimate goal of justifying empire-building by intervening and controlling non-Western societies, including Africa. Rather than consider what Europe shared with non-European societies, imperial powers inflated aspects of their culture and biological makeup, such as physical strength, intelligence, and scientific innovations, to justify the racial discrimination of the Other.

Furthermore, agents of European powers in Africa, including traders, missionaries, and explorers, defined these elements of their race and culture in stark contrast to what they perceived as cultural immaturity, stagnation, and savagery in the continent. Based on their ignorance, the "civilizing mission" became a camouflage for colonial rule through which Africa would "develop." The "mission to civilize" Africa particularly masked economic exploitation and other European socio-political interests, which they presented to colonized peoples as emancipation, progress/development, liberation, and equality. In this context, the "civilizing mission" legitimized racial and social differences between the European Same and the non-European Others. However, given the high mortality of Europeans from

diseases in West Africa, the reputation of the region's environment (as the white man's grave) became an obstacle to their "civilizing mission."

To rid the West African environment of preventable diseases, such as yellow fever and malaria, the French colonial officials launched some public health programs to sanitize the region.[5] Since Conklin's research only explores colonialism in French West Africa and, relatively, the European attempts to "improve" African health and environments, this study examines how the British dealt with a similar "insalubrious" landscape, which posed a threat to the "civilizing mission" in their colonies. In particular, the study focuses on towns where European colonial officials and trade faced threats from preventable diseases. More specifically, this study reveals that the British rhetoric of the "civilizing mission" in West Africa and western Nigeria came alongside a mission to sanitize African environments.

Like the French imperialists, the British captured West African territories relying on the late nineteenth-century knowledge of disease-causing germs and the practical application of sanitary science. In Nigeria, British colonial officials, like the Americans in the Caribbean, believed that importing metropolitan ideas and practices of public hygiene would help cleanse tropical environments of germs and filths, improve health, and engender effective administration of the region on a scale conducive to colonial interests. Conceived as part of "the white man's burden" by the Anglo-Indian poet and writer Rudyard Kipling in 1899, this study shows how the British colonial administrators employed environmental sanitation as an effective instrument for reducing preventable diseases and for social

[5] Alice L. Conklin, *A Mission to Civilize: The Republican Idea of Empire in France and West Africa, 1895-1930* (Stanford: Stanford University Press, 1997), chapter two.

engineering in Yorubaland. Moreover, it reveals that British public health programs did not only advance colonial wealth extraction in western Nigeria; their mission to sanitize the region also gave legitimacy to the redemptive power of colonialism in "the dark continent."

Furthermore, this work uncovers how the subaltern politics of the local population shaped the British mission to sanitize the "dangerous" environment of western Nigeria from the late 1890s to 1945. Evidence from the court case above, which stemmed from the African contestation of colonial environmental sanitation programs, informs us more about the outcomes of British public health interventions in the 1900s. Indeed, trials of public officials for corrupt practices had occurred in this region before 1945, but Adefarasin's case was significant for some reasons. First, it shows how the colonial public health and hygiene regime, introduced at the inception of British colonial rule in western Nigeria, was politicized. It also points to how colonial public health policies were keenly contested between the colonizers and the colonized and among Africans. Secondly, the trial of the sanitary inspector, Adefarasin, and the subaltern politics surrounding public sanitation and health in Iyafin village reflect African agency in the broader context of coercive colonial conditions. Thus, this underscores the debate on race, class, and "collaboration" as important analytical categories for critiquing British colonial rule in Africa.

Some Africanist historians have examined the political, financial, and judicial privileges accorded traditional African rulers during the British colonial rule, which turned the native authorities into "collaborators" and despotic rulers.[6] Yet, Adefarasin's case

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[6] Historicizing Africa's postcolonial problem of democratization, Mahmood Mamdani critiques the colonial rhetoric of "equality for all" under the British indirect rule system and shows how the financial autonomy and

complicates such analysis by showing the internal dynamics and contradictions of colonialism in Nigeria. Although the *Bale* had political power and jurisdiction over Iyafin village under the indirect rule system, he had little authority over the sanitary inspector assigned to supervise the cleaning of his town. In addition to enforcing public sanitation laws, African hygiene inspectors existed as the intermediary between the colonial state and the local population on public health matters. Given their contribution to the British "sanitizing mission" and, by extension, the imperial project in western Nigeria, the Magistrate's judgment that acquitted Adefarasin ostensibly protected the human infrastructure of public sanitation and health from what the Magistrate's Court perceived as conspiracy and gang-up. However, the assault on the powers of local chiefs and the imposition of the British hygiene regime on Africans resulted in the contestation of the inspector's authority to invade and inspect premises/towns with/without consent, even as public and personal hygiene became government business in the first half of the twentieth century. In this regard, the case reveals the politics and polemics of administrative policing of Africans and their attitude or behaviors regarding environmental sanitation during the British colonial rule in western Nigeria.

Finally, the trial of the sanitary inspector provides an entry point into understanding a complex debate about colonial health interventions, mismanaged urbanization, population growth, racial residential segregation, and the contributions of Nigerians to public health under British rule. Given the politicized duties conferred on African health

administrative absolutism of some tribal chiefs extended colonial hegemony. See: Mahmood Mamdani, *Citizen and Subject: Contemporary Africa and the Legacy of Late Colonialism* (Princeton: Princeton University Press, 1996).

inspectors to educate, inspect, and compel cleanliness, this study interrogates the environment and health conditions that justified the extension of the British sanitizing mission to Nigeria and the ideological baseline on which colonial sanitation was built and sustained. Therefore, the historical analysis in this study attempt to expand and enrich our understanding of African roles in the colonial politics of sanitation, disease control, and public health development in the first half of the twentieth century. Against this backdrop, this introductory chapter lays the groundwork for studying the British mission to "civilize" western Nigeria, an imperial project accompanied by a mission to sanitize economically significant Yoruba communities for colonial interests from the 1890s to 1945.

Background of the Study

By the time Joseph Chamberlin became the British Secretary of State for the Colonies in June 1895, and Dr. Patrick Manson was appointed as the Chief Medical Advisor to the Colonial Office in July 1897, bacteriology and sanitary science had reached an infant stage in Europe. Seeing the British colonies in Africa as an "undeveloped estate," Chamberlain tasked Manson with finding a solution to tropical diseases on the continent. This solution was to reduce the death of Europeans, which had made formal colonization difficult for Britain, particularly in West Africa. Although Dr. T. R. H. Thomson had experimented with quinine as a prophylactic against fever and malaria during the Niger Expedition of 1841, many European visitors continued to die during their stay in Africa.[7]

[7] Daniel R. Headrick, *The Tools of Empire: Technology and European Imperialism in the Nineteenth Century* (New York: Oxford University Press, 1981), chapter 3.

In December 1898, Manson declared, "I now firmly believe in the possibility of tropical colonization by the white races" because "the direct causes of ninety-nine percent of tropical diseases are germs."[8] According to the medical advisor, "to kill them [the germs] then is simply a matter of knowledge, and the application of this knowledge - sanitary science and sanitation in fact." He believed that a germ-focused sanitizing mission was all Britain needed to introduce and administer in its West African colonies to eliminate vector-borne diseases and transform the "white man's grave" into a healthy place for Europeans. Furthermore, Manson highlighted some of the public health problems this germ-oriented mission was to prevent. He argued in 1899 that "for the prevention of cholera, the facts indicate the policy of a pure water supply; for the prevention of malaria the policy of drainage, cultivation, and other methods of mosquito extermination; for the prevention of plague the policy of the rat-catcher."[9] After naming these disease control strategies his "sanitary creed," Manson stressed that "these measures must be employed in anticipation" for them to be effective. Since the mission to sanitize the environments in Africa was not an end in itself, the British efforts towards the mission supported their colonial interests.

Scholars of colonialism have researched how European disease control strategies impacted African health and made local environments more conducive to colonial interest. Maryinez Lyons and Vaughan show how colonial health programs aided the European "civilizing mission" in East and Central Africa.[10] Lyons' study shows that the aggressive

[8] Patrick Manson, Harry Johnston, J. A. Baines, Dr. Felkin, Alfred Sharpe, and J. W. Wells, "Acclimatization of Europeans in Tropical Lands: Discussion," *The Geographical Journal* 12, No. 6 (1898), 599-600.
[9] Patrick Manson, "Introductory Address: London School of Tropical Medicine," October 2, 1899, 16.
[10] Maryinez Lyons, *The Colonial Disease: A Social History of Sleeping Sickness in Northern Zaire, 1900–1940* (New York: Cambridge University Press, 1992); Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness* (Stanford, CA: Stanford University Press, 1991), 43-44.

exploitation of resources in the Belgian Congo became the driver of sleeping sickness among Africans. By relying on biomedicine for a solution, the Belgians displaced African "public health" practices that had earlier kept sleeping sickness down. The consequent medicalization of the crisis caused health inequalities in the colony as Africans resisted European colonial coercive and invasive health interventions. In Northern Nyasaland, similar denigration of local knowledge rendered British effort to end smallpox epidemics ineffective as Africans resisted compulsory vaccination. Thus, historian Diana Davis notes that the short-term study of environmental problems in Africa based on Western scientific knowledge legitimized colonial relegation of local management strategies and sanctioned colonial social engineering and control of Africans.[11] For John Farley, the effect of this was that solutions to health problems were summarily "defined and imposed" on Africans.[12]

Apart from Diana Davis, other environmental historians have studied this neglect of African ecological knowledge in managing the continent's health and productivity. In the edited volume, *The Lie of the Land*, Daniel Brockington and Katherine Homewood argue that European imperial powers rarely considered indigenous understandings of the African landscape because they needed to control African social life and advance their imperial economic and political objectives. The authors blame this European disdain for local knowledge on the received wisdom about Africans, which established the notion that environmental health does not feature in African consciousness and that "[d]egradation

[11] Diana K. Davis, *Resurrecting the Granary of Rome: Environmental History and French Colonial Expansion in North Africa* (Athens, OH: Ohio University Press, 2007), xii.
[12] John Farley, *Bilharzia: A History of Imperial Tropical Medicine* (New York: Cambridge University Press, 1991), 293.

does not concern them sufficiently to provoke preventive action."[13] European imperialists mobilized this "lie of the land" and received wisdom about Africans to legitimize their "civilizing mission," which masked the colonial exploitation of African resources.

Indeed, the "civilizing mission," which began with the European introduction of the "legitimate" trade in the nineteenth century, involved intensive exploitation of African environments. According to Gregory Maddox, the post-slave trade era witnessed extensive commodity production that fundamentally altered the human-nature relationship in African societies.[14] Discussing agricultural production and commerce, which expanded with the incursion of European colonizers in sub-Saharan Africa during the late nineteenth and early twentieth centuries, the environmental historian shows that local production processes previously managed by indigenous institutions came under the control of Europeans. The colonizers, relying on their "scientific knowledge," treated African land as untapped resources waiting to be exploited, local forests as commodities ready to be harvested, and African animals as trophies to be hunted. In British Africa, Europeans introduced new agricultural techniques and irrigation methods to intensify agricultural production. When Africans modified (or rejected) the new production techniques, most Europeans labeled them backward and lazy. This was the case in the Northern Cape, where the Tswana vernacularized the British irrigation system. Nancy Jacobs shows here that some Christian missionaries and farmers interpreted African initiatives as "lazy" methods of irrigation and

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[13] Daniel Brockington and Katherine Homewood, "Wildlife, Pastoralists and Science," in: Melissa Leach and Robin Mearns (eds.) *The Lie of the Land: Challenging Received Wisdom on the African Environment* (London: International African Institute, 1996), 103.

[14] Gregory Maddox, *Sub-Saharan Africa: An Environmental History* (Santa Barbara: ABC-CLIO, 2006), chapter 5.

agriculture. The historian condemns European cultivation of areas considered "untamed" environments in British Bechuanaland and demonstrates that African irrigation and farming practices "indicate[d] a hesitance to reshape the landscape to produce greater yields, an efficiency in human labor rather than land."[15] Truly, the English poet Rudyard Kipling wanted imperial powers to "bid the sickness cease" in the tropics.[16] However, the British exploitative economic system, which they portrayed as a "civilizing mission," endangered African health as the colonizer desecrated the African environment they set out to sanitize.

For this reason, some scholars argue that the imposition of colonial rule on Africa and the subsequent exploitation of the continent's human and material resources created new environments that favored the spread of old diseases and the emergence of new ones.[17] In British West Africa, when the old and new public health problems received the attention of colonial governments in the late 1890s and early 1900s, official interventions did not meet the needs of Africans. Whereas government social policies were supposed to address the living condition of Africans, the British colonial public health programs were instead driven by the necessities of the empire and the personal disposition of colonial officials on the ground.[18] Thus, despite the halfhearted attempts of the British colonial governments to sanitize the disease environments in Africa, complex socio-political and economic issues

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[15] Nancy Jacobs, *Environment, Power, and Injustice: A South African History* (New York: Cambridge University Press, 2003), 69.
[16] Rudyard Kipling, "The White Man's Burden," *McClure's Magazine* 1899 (Stanza 3, line 20).
[17] Randall M. Packard, *White Plague, Black Labor: Tuberculosis and the Political Economy of Health and Disease in South Africa* (Berkeley: University of California Press, 1989); Meredeth Turshen, *The Political Ecology of Disease in Tanzania* (New Brunswick: Rutgers University Press, 1985); Henrietta Moore and Megan Vaughan, *Cutting Down Trees: Gender, Nutrition, and Agricultural Change in the Northern Province of Zambia, 1890-1990* (London: Heinemann, 1994); James Leonard Giblin, *The Politics of Environmental Control in Northeastern Tanzania, 1840-1940* (Philadelphia: University of Pennsylvania Press, 1992).
[18] Joseph Morgan Hodge, *Triumph of the Expert: Agrarian Doctrines of Development and the Legacies of British Colonialism* (Athens: Ohio University Press, 2007), 46.

restricted their "benevolent" aspirations. In their analysis of factors that shaped British public health programs in West Africa, some historians point to the penny-pinching approach of colonial governments to African health. Their studies, which connect the unsanitary African environments to the amount devoted to public health infrastructures, show that the *laissez-faire* principle of the Colonial Office (CO) to the natives' welfare hindered the development of public sanitation and the social improvement of Africans.[19]

Other historians have studied Western biomedicine and the role of its administrators in finding a sustainable solution to the problem of diseases in colonial Africa. Taking the danger that schistosomiasis posed to public health as a case study, Farley condemns the selective approach of colonial authorities to tropical diseases in British Africa. He describes British health intervention as discriminatory given the neglect of schistosomiasis in Egypt, Southern Rhodesia, and South Africa, a chronic disease of poverty that did not threaten trade or the health of colonial officials.[20] Despite its endemic nature among Africans, colonial medical practitioners ignored the tropical disease until it infected Europeans in the colonies because schistosomiasis-causing worms were most prevalent in poor and rural African settlements. Similar to how colonial capitalist interests delayed bilharzia control in the early 1900s, leprosy, a chronic infectious disease, was not recognized as a public health problem in British Africa. For Michael Worboys, metropolitan medical experts attributed

[19] Festus Cole, "Sanitation, Disease and Public Health in Sierra Leone, West Africa, 1895–1922: Case Failure of British Colonial Health Policy," *The Journal of Imperial and Commonwealth History* 43, no. 2 (March 15, 2015): 238–66; Glen Ncube, "'The Problem of the Health of the Native': Colonial Rule and the Rural African Healthcare Question in Zimbabwe, 1890s–1930," *South African Historical Journal* 64, no. 4 (December 1, 2012): 807–26; Shula Marks, "What Is Colonial about Colonial Medicine? And What Has Happened to Imperialism and Health?," *Social History of Medicine* 10, no. 2 (August 1, 1997): 205–19.
[20] John Farley, "Bilharzia: A Problem of 'Native Health', 1900-1950," in: David Arnold (ed.), *Imperial Medicine and Indigenous Societies* (Manchester: Manchester University Press, 1988), chapter 9.

the increasing cases of leprosy among colonized Africans to their race and lack of modern sanitation facilities. Even when charitable groups like the British Empire Leprosy Relief Association pushed to include the disease in local health programs, colonial authorities refused. Hence, "only 1 percent of sufferers across the empire received institutional care."[21]

These perspectives on colonial public health are insightful and valuable for this study. The authors reveal the colonizing nature of biomedicine in Africa, similar to the British intervention David Arnold explores in India, where public sanitation and health policies were laced with racial discrimination.[22] Even in the Caribbean, Juanita De Barros shows that while officials blamed Georgetown's Indo and Afro-Guianese residents for the town's unsanitary environment, local elites targeted upper-class districts for anti-mosquito inspection and sanitation, neglecting the poor.[23] Parallel to the British approach in African and Asian towns, Georgetown's elites related sanitation to civilization, allowing them to describe the urban poor as uncivilized and racially immoral. This characterization allowed the city's officials to sweep political and economic inequalities under the carpet of race and class. In other colonized areas, such as Puerto Rico, imperial governments blamed such socio-economic inequalities on the perceived "backwardness" of the subject people. As American imperialism retarded social development on the Island, US officials interpreted the problem of international capitalism as overpopulation and uncontrolled reproduction.[24]

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[21] Michael Worboys, "The Colonial World as Mission and Mandate: Leprosy and Empire, 1900-1940," *Osiris* 15 (2000): 217.
[22] David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkeley: University of California Press, 1993).
[23] Juanita De Barros, *Order and Place in a Colonial City: Patterns of Struggle and Resistance in Georgetown, British Guiana, 1889-1924* (Montreal: McGill-Queen's University Press, 2002), 59.
[24] Laura Briggs, *Reproducing Empire: Race, Sex, Science, and US Imperialism in Puerto Rico* (Berkeley: University of California Press, 2002), 141.

This way, the American imperialists and their health officials turned the bodies of Purto Rican women into scientific test tubes via invasive birth/population control interventions.

Of course, these insightful studies on colonial health policies and programs contain much truth, but they also simplify a complex reality. Most of the studies on Africa do not adequately account for the complex history of public health in British West African colonies like Nigeria. By privileging a narrative of medical domination, they pay little attention to the transformation of environments in West Africa. Unlike other colonized places, this region had a reputation for harboring vector-borne diseases before and during colonial rule.[25] Interestingly, we are yet to know how colonial authorities mobilized environmental sanitation as a social engineering tool to advance preventive health and turn the environmentally hostile region into relatively healthy colonies for themselves. In fact, some scholars' preoccupation with biomedicine and the African experience of its failure leaves little room for them to identify public health programs that advanced preventive health among Africans, even if the purpose of such programs was to help the Europeans consolidate colonial rule and promote the colonial economy. For instance, by emphasizing the inability of the British colonial state to deal with African susceptibility to epidemic diseases, Vaughan asserts that colonial "medical departments continue to respond to sporadic crisis through sporadic campaign."[26] Although she focuses on East Africa, her general view of colonial health suggests that British attempts to prevent/control disease in Africa were irrational. Vaughan's reading of the early "great campaigns" also creates the

[25] Philip Curtin, *The Image of Africa: British Ideas and Action, 1780-1850* (London: Macmillan, 1965), chapter 14.
[26] Vaughan, *Curing Their Ills*, 45.

impression that the British colonial state lacked preventive health structures for reducing environmental conditions favorable to diseases. Even when epidemic diseases receded in the interwar period, Vaughan still attributes the progress to advances in medical services.[27]

Yet, before significant advances were made in tropical medicine and funding was provided for colonial social development in the late 1940s, some colonies in West Africa executed vital sanitation projects even though such initiatives hardly benefitted Africans. Confirming this, health historian Jonathan Roberts argues that "though Europeans invested little into the hospital infrastructure of West and Central African colonies, they did take vigorous measures to sanitize the colonial cities in the region."[28] Some of these small-scale projects introduced in the early 1900s, including swamp clearance, clean water supply, waste management, and health education, helped reduce filth diseases. Others have pointed to the value of the hygiene projects, mostly for Europeans and some privileged Africans.[29] We also know that where/when the colonizers required African knowledge to control some disease environments, British colonial officials/scientists set aside their rhetoric of racial superiority to collaborate with Africans, as they did in adopting the indirect rule system.[30] Though most public health projects from such collaboration contrasted African traditions and beliefs, they advanced public health, "even if distorted by colonialism's inequalities."[31]

[27] Vaughan, 35 and 47.
[28] Jonathan Roberts, "Western Medicine in Africa to 1900,Part I: North, West, and Cntral Africa," *History Compass* (2017), 6.
[29] David Nilsson, "A Heritage of Unsustainability? Reviewing the Origin of the Large-Scale Water and Sanitation System in Kampala, Uganda," *Environment and Urbanization* 18, no. 2 (October 1, 2006): 369–85; Ambe J. Njoh and Fenda A. Akinwumi, "The Impact of Colonization on Access to Improved Water and Sanitation Facilities in African Cities," *Cities* 28, no. 5 (October 1, 2011): 452–60.
[30] Helen Tilley, *Africa as a Living Laboratory: Empire, Development, and the Problem of Scientific Knowledge, 1870-1950* (Chicago: The University of Chicago, 2011), 184 and 187-190.
[31] Myron Echenberg, *Black Death, White Medicine: Bubonic Plague and the Politics of Public Health in Colonial Senegal, 1914-1945* (Portsmouth, NH: Heinemann, 2002), 7.

Historian Bruce Fetter critiques studies focusing mainly on the failures of colonial health in Africa. For him, "one scarcely need be a defender of colonialism to admit that precolonial Africa, like the rest of the pre-Pasteurian world, was a dangerous place, full of uncontrollable pathogens." He further notes that "since about 1905, the combined powers of medical technology, private hygiene, and public health ha[d] made it possible to reduce mortality and morbidity from infectious diseases, wherever money [was] spent wisely and in sufficient quantity."[32] In Nigeria, as in other African states, the introduction of colonial state medicine (improved water and sanitation system) reduced conditions favorable to preventable diseases. Indeed, these health programs were motivated by the socio-political obstacles to colonialism. Yet, they saved many African lives, especially children, and enhanced control over many disease vectors. Perhaps, this is why John Iliffe submits that "[t]he main success of European medicine before 1945 was against epidemic disease."[33] Other scholars who echo a similar sentiment have pointed to the period of colonial rule in Africa as the era the continent made considerable environmental and medical progress.[34] This secondary impact of colonialism was more evident in colonial towns of West Africa.

In British West Africa, most colonial administrative centers hosted schools, barracks, railway stations and government institutions, and trading firms where Europeans and Africans worked. The presence of these institutions in African towns made colonial

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[32] Bruce Fetter, "Pease Porridge in a Pot: 'The Social Basis of Health and Healing in Africa,'" *History in Africa* 20 (1993): 44–45; For more rebuttal of certain claims on African health, see: Bruce Fetter, "Pitfalls in the Application of Demographic Insights to African History," *History in Africa* 19 (1992): 299–308.
[33] John Iliffe, *Africans: The History of a Continent* (New York: Cambridge University Press, 1995), 247.
[34] The authors did not highlight these adavnces but Helen Tilley documents them in her study of the African Research Survey. See: Matthew Heaton and Toyin Falola, "Global Explanations versus Local Interpretations: The Historiography of the Influenza Pandemic of 1918-19 in Africa," *History in Africa*: 33 (2006), 207; Tilley, *Africa as a Living Laboratory*, especially chapter 4.

authorities provide public sanitation and health infrastructures, not only for administrative convenience but also to protect the colonial economy from possible disease outbreaks. This is why Ambe Njoh submits that colonial rule contributed immensely to urban development projects in Africa.[35] However, these projects had little impact on African welfare because they were chronically limited and outside the reach of rural dwellers. The living condition of Africans further worsened as more people migrated to urban centers. News of modern infrastructures and increasing opportunities for employment must have created high expectations in most migrants, which the colonial economic system failed to meet.

Many Africans saw the colonial economy in cities as an opportunity to secure well-paying jobs. Some women used it to escape abusive husbands and profit from the money economy.[36] However, these towns' underfunded infrastructures could not handle the influx of migrants as such urban population growth triggered ecological stress.[37] As land clearing for housing and food production intensified in these cities, deforestation brought people closer to disease vectors. In the absence of adequate hygiene facilities for Africans, unsanitary living conditions breed preventable diseases.[38] Efforts of colonial authorities to protect Europeans resulted in racial residential segregation, leaving the health of Africans unattended.[39] Thus, Africans lived under deplorable conditions worse than in rural areas.

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[35] Ambe J. Njoh, "Colonization and Sanitation in Urban Africa: A Logistics Analysis of the Availability of Central Sewerage Systems as a Function of Colonialism," *Habitat International* 38 (April 1, 2013): 209.

[36] Jean Allman and Victoria Tashjian, *"I Will Not Eat Stone": A Women's History of Colonial Asante* (Portsmouth: Heinemann, 2000).

[37] John R. McNeill and Peter Engelke, *The Great Acceleration: An Environmental History of the Anthropocene since 1945* (Cambridge: Belknap Press of Harvard University Press, 2014), 50-61.

[38] Fetter, "Pease Porridge in a Pot," 44.

[39] Thomas Gale, "Ségrégation in British West Africa.," *Cahiers d'Études Africaines* 20, no. 80 (1980): 495–507; Odile Goerg, "From Hill Station (Freetown) to Downtown Conakry (First Ward): Comparing French and British Approaches to Segregation in Colonial Cities at the Beginning of the Twentieth Century," *Canadian Journal of African Studies / Revue Canadienne Des Études Africaines* 32 (January 1, 1998): 1–31.

Apart from the pressure African migrants mounted on social amenities in colonial administrative centers, Africans also had difficulty securing decent housing. In Nigeria, most job-seekers squatted with friends/relatives. They performed household chores, usually in the morning in exchange for food/shelter, and at noon, they searched for jobs.[40] According to one scholar, "such migrants lived in the slum areas of the city" and "[a]t times, those migrants who had people that sent some money to them from home, decided to share rented apartments in groups of two or three."[41] Given that some migrants often retained this unsustainable arrangement even after securing employment, the health of the hosts and squatters gradually declined as they navigated the colonial conditions in cities. The significance of this analysis is that public hygiene and sanitary inspection, as the preventive arm of colonial health, became indispensable to the British "civilizing mission" in West Africa. The imposition of this colonial health and hygiene regime on Africans particularly became essential in western Nigerian towns to reduce and prevent filth diseases such as cholera, tuberculosis, and malaria from disrupting colonial wealth extraction.

Concerning the problem of malaria in Africa, some scholars attribute the persistence of the filth disease in the postcolonial context to the marginalization of Africans from global health programs. According to Helen Tilley, the exclusion of African states from the Global Malaria Eradication initiative of the World Health Organization (WHO) in the 1960s prevented Africans from achieving full-scale eradication of the disease.[42] The WHO

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[40] Olanrewaju Fapohunda, "Economic Consequences of Rural-Urban Migration in Nigeria," in: Olu Odumosu, S. Aluko, Aderanti Adepoju (eds.) *Problems of Migration in Nigeria* (Ibadan: Caxton, 1976), 58.
[41] Oluwole Omoni, "Formation of Town Associations among the Yoruba: A Response to Colonial Situation," *Odu: A Journal of West African Studies* 38 (1991), 131.
[42] Helen Tilley, "Medicine, Empires, and Ethics in Colonial Africa," *AMA Journal of Ethics* 18, 7 (2016), 748.

premised this “ethical” exemption on the potential risk of interrupting African adults’ partial immunity, which the local population had acquired through a lifetime of exposure to the disease. However, for medical historian Randall Packard, the persistence of malaria in Africa should be attributed to the heavy reliance on biomedical solutions instead of economic ones.[43] The author’s political-economy perspective, which focuses on poverty, land cultivation, deforestation, and their role in the persistence of malaria in postcolonial Africa, shows the need for a policy shift in disease control programs. According to Packard, “the array of biomedical weapons mobilized in the war against malaria needs to be joined with efforts to improve the social and economic conditions that drive the epidemiology of the diseases.”[44] Given the interconnectedness of poverty and the problem of international capitalism in Africa, which seems to be beyond the control of African leaders, scholars’ critique of local socio-political responses to disease control deserves further analysis.

Without considering the reluctance of Western donors to support global malaria control programs such as the WHO’s “Roll Back Malaria” in African states, some scholars connect the persistent problem of malaria to the weakness of African political leaders. Olukoya Ogen and Adeyemi Balogun blame the protraction of the preventable disease on Africa’s tropical environment, lack of disease control experts, and the ineffective national malaria control programs.[45] They point to the inability of local leaders to domesticate global health projects, the same way they could not sustain the relative health achievements

[43] Randall Packard, *The Making of a Tropical Disease: A Short History of Malaria* (Baltimore, MD, Johns Hopkins University Press, 2007).
[44] Packard, xvii.
[45] Olukoya Ogen and Adeyemi Balogun, “Persistent Malaria in Africa and the Poverty of Continental Response,” in: Richard A. Olaniyan and Ehimika A. Ifidon (eds.) *Contemporary Issues in Africa’s Development: Whither the African Renaissance?* (Newcastle: Cambridge Scholars Publishing, 2018), 43-65.

of the British colonizers. The authors reflect on the socio-economic cost of the disease to African development and how the political interest of leaders continues to undermine malaria control.[46] Their discussion of colonial sanitation programs that drove down filth diseases in the first half of the twentieth century indicates that some aspects of the colonial interventions, which served as disease control strategies, should not be confined to the past. However, postcolonial leaders failed to identify/retain those programs after independence. Also, they note that "except for the monthly environmental sanitation in Nigeria, for instance, no stringent environmental control of disease is in place," a public health crisis other scholars ascribe to systemic failure and issues of postcolonial state-building.[47]

The relegation of environmental sanitation and public health education to the background has, since independence, allowed filth diseases to assume epidemic proportions in many African cities before taking drastic actions to control them. A Nigerian scholar notes that "since the [colonial] sanitary inspectors disappeared from our society shortly after independence, most Nigerian cities are a mixture of a few clean areas and a lot of filth and squalor in most areas."[48] In August 2011, another environmental activist Bolarinwa Fagbade recalled with nostalgia the British colonial sanitation regime, stating that:

> people old enough in Lagos will remember when we had council health officers nicknamed "wole wole"; they inspect homes and environments to ascertain cleanliness, sanitation and general health condition of every household, it was an original, functional version of today's monthly environmental sanitation that was very effective especially because "wole wole" don't give notice before they swoop down on residents.[49]

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[46] Ogen and Balogun, 52.
[47] Ogen and Balogun, 55; Herbert H. Werlin, "Corruption in a Third World Country: Why Nigerians Cannot Handle Garbage," *World Affairs* 168, 2 (2005), 79-85.
[48] Joseph O. Irukwu, *Nigeria at 100: What Next?* (Ibadan: Safari Books Limited, 2014), 151.
[49] Muyiwa Olaleye and Gbubemi God's Covenant, "Nigeria: I Want to Bring Back Good Old Lagos, Says Fagade," *The Moment*: August 6, 2011. Retrieved from https://allafrica.com/stories/201108080855.html.

His view on the current sanitary condition of many Nigerian cities points to the urgent need to strengthen the country's public health beyond hospital buildings and curative medicine.

Of course, colonial sanitation did not address health issues that did not threaten colonial wealth extraction, such as poverty and malnutrition. Yet, Fagbade's historical reminiscence of colonial disease control strategies suggests that environmental sanitation was vital to the British "civilizing mission." Moreover, health programs subsumed under the umbrella word "colonial sanitation" reduced the breeding ground of filth diseases in West Africa to a large extent. Perhaps, this is why some Africans are now stressing environmental sanitation as a cheap and practical disease control method for curtailing new public health threats like Lassa fever and Ebola. These commentators are not the only group who shared this nostalgia. Between July and August 1985, the military government in Nigeria led by Muhammadu Buhari introduced environmental sanitation as part of its social reform campaign known as War Against Indiscipline (WAI) which started in March 1984. The popular five-phase WAI program aimed to teach Nigerians orderliness and queuing culture, hard work and integrity, patriotism, honesty, and environmental sanitation. The intention was also to improve the daily lives of Nigerians by arousing in them a nationalistic spirit and a sense of work ethics.[50] Interestingly, the fifth phase of this program, a calculated attempt by the military regime to improve public health through environmental sanitation, produced a caricature of the British colonial sanitary initiative.

[50] Toyin Falola and Matthew M. Heaton, *A History of Nigeria* (New York: Cambridge University Press, 2008), 214; Denis Chima Ugwuegbu, *Social Psychology and Social Change in Nigeria: A Systematic Evaluation of Government Social Policies and Programs* (Bloomington: iUniverse, 2011), 292-298; Matteo Figus, *A Normal Nigerian Anomaly* (Morrisville, NC: Lulu Press, 2017), 464-466.

The military government promulgated a decree that mandated three hours of environmental sanitation exercises for all Nigerians between 7:00 and 10:00 am on the last Saturday of every month. The initiative consisted of prescribed activities such as weeding open spaces, unblocking drainage paths, sweeping streets and the marketplace, and waste collection and burning. Whereas those roaming around during these exercises faced severe punishment such as fines, a million naira reward was allocated to the cleanest capital city, leading to competition among state capitals.[51] As the Nigerian government compelled its citizens to sanitize their environments, many people considered the exercise socially repressive. This was not only because some state officials used WAI brigades to intimidate political rivals but also to legitimize the forced eviction of traders and poor urban working-class from spaces designated as "informal."[52] Winning the cleanest capital city prize became more important to postcolonial state administrators than public health itself, giving many cities a superficial appearance that hides their sanitary decay and rot.

Despite the cosmetic improvement achieved through the revival of this colonial-era public health program, one wonders why some Nigerians continue to call for its return.[53]

[51] John Manton, "'Environmental Akalism' and the War on Filth: The Personification of Sanitation in Urban Nigeria," *Africa: Journal of the International African Institute* 83, no. 4 (2013): 611; Toyin Falola and Ann Genova, *Historical Dictionary of Nigeria* (Lanham: The Scarecrow Press, 2009), 359.

[52] Falola and Heaton, *A History of Nigeria*, 215; Eddie Iroh, "The Onslaught against Dirt and Disorder," *The Guardian* (London): Friday, September 13, 1985, 18.

[53] News Agency of Nigeria "Traders Call for Introduction of Sanitary Inspectors in Markets," *The Guardian*: January 15, 2016; Jide Owoeye and Y. M. D. Adedeji, "Poverty, Sanitation and Public Health Nexus – Implications on Core Residential Neighbourhood of Akure, Nigeria," *International Journal of Developing Societies* 2, 3 (2013): 96–104; Emma R. Kelly et al., "How We Assess Water Safety: A Critical Review of Sanitary Inspection and Water Quality Analysis," *Science of The Total Environment* 718 (May 20, 2020): 137237; Voice of Nigeria, "Kano Seeks Reintroduction of Sanitary Inspectors," November 9, 2019. Retrieved from https://www.von.gov.ng/kano-seeks-reintroduction-of-sanitary-inspectors/; Uzochukwu Amakom, "Sanitation Sector Status and Gap Analysis: Nigeria," Water Supply and Sanitation Collaborative Council, September 2009, 33; Ayodele Johnson, "VON Director General Calls for Reintroduction of Sanitary Inspectors in Schools," *Pulse*: November 3, 2017.

Is it that the colonial regime of public sanitation made some Africans more environmentally responsible? To what extent did the British sanitizing mission sustain public health in colonial western Nigeria? What lessons can postcolonial governments and policymakers in West Africa learn from the British public health programs between 1900 and 1945? Against this background, examining how the state-led sanitizing mission helped the British colonial authorities prevent certain diseases from disrupting the mundane task of wealth extraction in western Nigeria becomes imperative. Using the term "environment" in a commonsense way to refer to Africa's built and physical landscape, this study reveals how sanitation adds nuance to our understanding of the complex relationship between colonized Africans and the colonial state in western Nigeria. Moreover, the study tells us how the British colonial authority in western Nigeria subjected Africans to social engineering while sanitizing environments and local African practices they considered detrimental to public health.

Objective of the Study

This thesis explores environmental sanitation as a disease control and social engineering strategy in colonial western Nigeria and how the subaltern politics of the Yoruba people shaped its development. Given that "subject people must be the central focus of any true assessment of an empire," the study examines, on the one hand, the evolution of British sanitary policies and practices in western Nigeria, and on the other, Africans' responses to the British intervention from the 1900s to 1945.[54] The goal is not to tow the path of most unidirectional arguments on colonial oppression of "helpless" Africans but to emphasize

[54] Timothy Parsons, *The Rule of Empires: Those Who Built Them, Those Who Endured Them, and Why They Always Fall* (Oxford: Oxford University Press, 2010), 17.

the limitations of societies and their capacity to evolve a practical system for themselves. Thus, the study gives way to a social history of public health development in Nigeria.

The dissertation investigates how the British colonial state in western Nigeria managed public health vis-à-vis sanitary improvements. In the process, the thesis provides insight into the nexus between environmental sanitation and the management/control of preventable diseases like malaria, Ebola, Lassa fever, and COVID-19. Broadly, it adds to the scholarship on colonial health and medicine by bringing a subaltern perspective to the history of public sanitation in Nigeria, departing markedly from previous accounts fixated on colonial curative medicine and its limits. Moreover, this study highlights some disease control programs of colonial authorities in Nigeria, which contemporary administrators could decolonize, improve, and mobilize in line with present realities in Africa. Notably, the research highlights the limited impact of past public health policies and programs by providing historical lessons for postcolonial sanitation programs, which policymakers and public health professionals will likely introduce in the post-COVID era.

By standing at the intersection of health and environment, this study explores the socio-political context in which the British imperialists imported metropolitan hygiene practices into Nigeria. It reveals that as the European scramble for African territories intensified in the late 1800s, British mortality from filth and vector-borne diseases in West Africa became disturbing to colonial officials. Given the increasing death of Europeans and their little understanding of the region, Europeans sensationalized the landscape.[55] Many

[55] Anna Crozier, "Sensationalising Africa: British Medical Impressions of Sub-Saharan Africa, 1890–1939," *The Journal of Imperial and Commonwealth History* 35, no. 3 (September 1, 2007): 393–415.

Europeans discursively label West African environments as untamed, diseased, unsafe, and needed "modern" sanitation. This racial understanding and categorization of the tropical landscape at the end of the century motivated new scientific research and knowledge about the region. Since the imperial concern for West African environments was closely tied to the "civilizing mission," this study shows how the new knowledge of "tropical" diseases and the power of tropical hygiene/medicine became vital tools of empire from the 1890s.

The study further enlightens us on how the West African environment and the pursuit of its purity served as an avenue for expressing knowledge and power. As Michel Foucault had argued, knowledge does not exist independently of power. In his *Discipline and Punish,* the French philosopher submits that power re-creates its own fields of exercise through knowledge.[56] This field of exercise in West Africa was the disease environment, and British colonizers were the "knowledgeable" authority over its cleansing. Colonial officials imported their knowledge of germs and hygiene into western Nigeria, giving them considerable power over Africans and their environment. The management of the landscape involved transforming what the Europeans perceived as African unfriendly environmental practices. Colonial medical officials, sanitary engineers, and sanitary inspectors used their knowledge and power to control African actions/conduct, limiting people's use and control of their land, especially natives whose livelihood depended on the environment. The British imposed this form of governmentality on Africans through different sanitation tools such as public latrines, pipe-borne water projects, and imported metropolitan hygiene knowledge and ordinances, representing what Foucault described as technologies of power.

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[56] Michel Foucault, *Discipline and Punish: The Birth of the Prison* (New York: Pantheon Books, 1977), 27.

Using western Nigeria environments as a lens to examine how this British colonial power/knowledge operated, this study shows that colonial environmental governmentality profoundly shaped African lives. Colonial power/knowledge manifested in the excessive control of African domestic hygiene, the imposition of draconian health laws on their social and economic activities, and mandating regular environmental sanitation. Above all, the colonizers sought to transform Africans into environmentally responsible subjects. In this context, the British "civilizing mission" in West Africa and the notion of the white man's burden went hand in hand with a mission to sanitize African environments. But to fully grasp the processes/outcomes of the mission to civilize, we need to grasp the dynamics of the British mission to sanitize the African landscape - hence the need for this study.

Importantly, the study shows how European sanitary inspectors and their African trainees interacted with the African public in colonial western Nigeria. It critiques how the colonizers and the colonized people deployed the metropolitan language of hygiene and sanitation with reference to public health and its development up to the end of World War II. This would improve our understanding of the social and ideological impact of the British new regime of hygiene and health interventions in West Africa. While the study examines the dimension of race and class in this colonial landscape, it pays particular attention to the power dynamics between the colonizers and the colonized and among the colonized people of different classes in western Nigeria. Also, the thesis explores the contestation and negotiation over food and environmental hygiene in connection to public health.

The study attempts to answer important questions such as: what were the major strategies used by the African population for the maintenance of sanitation and public

health before the advent of colonial rule in western Nigeria? What condition justified and legitimized the colonial creation of administrative apparatus to oversee environmental sanitation in western Nigeria? How did western Nigerian people perceive the new sanitary regime? How did they respond to public health projects like pipe-borne water and public latrines? How did Africans under colonial rule conceive and negotiate colonial sanitary interventions, including the introduction of auxiliary health/hygiene officers who worked as environmental "police"? What were the unintended consequences of the administrative policing of private and public sanitation in western Nigeria? Finally, to what extent can the improvement in public sanitation and health recorded during colonial rule be attributed solely to the disciplinarian regime of colonial sanitation? Given the continued legacies of inequality in access to Water, Sanitation, and Hygiene (WASH) facilities in many parts of contemporary Africa, answers to these questions offer an opportunity to learn from past state-led sanitation initiatives and African experiences from the 1900s to 1945. By addressing these questions, this thesis tells us more about how the colonial state in western Nigeria deployed/imposed the discourse and practice of sanitation on Africans to advance its imperial interests. The consequent negotiation/contestation tells us how Africans interacted with colonial state-led sanitation initiatives in the struggles to improve their lives.

Historiography and Debates on Environment, Sanitation, and Health in Nigeria

The existing literature on colonial socio-economic policies in Nigeria is abundant, most of which have addressed British "development" programs and their consequences on the colonized people. Some of these studies have shown how the colonial economic system, production technologies, trade patterns, and land use imposed radical changes on Nigerian

society in the twentieth century.[57] From an environmental perspective, most of these changes stemmed from the clearing and cultivation of vector-infested regions, capital-intensive agriculture of the colonial state in rural areas, and their inability to manage the rapidly urbanizing towns in Nigeria. The poor planning of colonial cities in Nigeria was evident in the residential congestion and squatter settlements in these commercial centers.

Beyond their status as trade centers, the condition of environments in many economically important towns under the influence of British colonialism in Nigeria became the African version of Harold Platt's "shock cities."[58] Although Asa Briggs coined the term to describe cities as places that tell us more about the rapidly changing world, Platt deploys the term to explain Manchester and Chicago's urban landscape, which witnessed disturbing and rapid socio-economic changes in the nineteenth century. These cities reveal the struggle of working-class people against capitalist development, showing that vital social services and infrastructure often fail to keep pace with rapid change in most commercial centers. Those studying colonial socio-economic policies and programs in Nigeria and elsewhere in Africa have documented similar history, showing the intersectionalities of an economic development that benefited few elites, social inequality, and public health crisis.[59] Through

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[57] Bekeh Utietiang Ukelina, *The Second Colonial Occupation: Development Planning, Africulture, and the Legacies of British Rule in Nigeria* (Lanham: Lexinton Books, 2017); Michael J. Watts, "Ecologies of Rule: Politics, Political Economy, and Governing the Environment in Nigeria," in: Carl Levan and Patrick Ukata, *The Oxford Handbook of Nigerian Politics* (Oxford: Oxford University Press, 2018), 133-169; Rhuks Ako, "Nigeria's Land Use Act: An Anti-Thesis to Environmental Justice," *Journal of African Law* 53, 2 (2009), 289-304; Oliver Enuoh and Francis Bisong, "Colonial Forest Policies and Tropical Deforestation: The Case of Cross River State, Nigeria," *Open Journal of Forestry* 5 (2015), 66-79.

[58] Harold Platt, *Shock Cities: The Environmental Transformation and Reform of Manchester and Chicago* (Chicago: The University of Chicago Press, 2005).

[59] Akin Mabogunje, *Urbanisation in Nigeria* (London: University of London Press, 1968); Uyilawa Usuanlele, "Poverty and Welfare in Colonial Nigeria, 1900-1954," PhD Thesis, Queen's University, Kingston, 2010; Laurent Fourchard, "Urban Poverty, Urban Crime and Crime Control: The Lagos and Ibadan

their accounts, we now know how the self-interested colonial development programs of the British complicated existing health challenges in Nigeria and other colonies in Africa.

To deal with the public health threat posed by extensive land clearing, poor housing conditions, and the unsanitary environment in colonial Nigeria, other scholars in the medical and environmental humanities have explored colonial health interventions designed to care, first for the health of colonial officials and later, colonized Africans.[60] Given the European understanding of nature's capacity to disrupt colonial wealth extraction through disease outbreaks, these scholars illustrate how the British confidence in the power of science over nature's agency found expression in biomedicine and the social control of Africans. Their insightful contribution to the history of biomedicine in colonial Nigeria shows that apart from undermining the credibility of African medical knowledge, colonial public health interventions were geared towards the social control of Africans and a more "civilized" African social and environmental order.[61]

Cases,1929-1945," in: Steven Salms and Toyin Falola (eds.) *African Urban Spaces in Historical Perspective* (Rochester: University of Rochester Press, 2005), 291-319; Ayodeji Olukoju "The Travails of Migrant and Wage Labour in the Lagos Metropolitan Area in the Inter-War Years," *Labour History Review* 61 (1996), 49-70; Jan Kuhanen, *Poverty, Health and Reproduction in early Colonial Uganda* (Joensuun: University of Joensuun Publications in Humanities, 2005).

[60] Dennis Ityavyar, "The Colonial Origins of Health Care Services: The Nigerian Example," in: Toyin Falola and Dennis Ityavyar (eds.) *The Political Economy of Health in Africa* (Athens: Ohio University Press, 1992), 65-86; Samuel Agubosim, "The Development of Modern Medical and Health Services in Warri/Delta Province, 1906-1960," Ph.D. Thesis, University of Ibadan, Ibadan, 1997; Oluwatoyin Oduntan, *Power, Culture and Modernity in Nigeria: Beyond The Colony* (New York: Routledge, 2018), chapter 5; Helen Tilley, "Ecologies of Complexity: Tropical Environments, African Trypanosomiasis, and the Science of Disease Control in British Colonial Africa, 1900-1940," *Osiris* 19 (2004), 21-38; George Oduor Ndege, *Health, State and Society in Kenya: Faces of Contact and Change* (New York: University of Rochester Press, 2001), chapter 3; Lyon, *The Colonial Disease*.

[61] Spencer Brown, "A Tool of Empire: The British Medical Establishment in Lagos, 1861-1905," *The International Journal of African Historical Studies* 37, 2 (2004), 309-343; Saheed Aderinto, "Dangerous Aphrodisiac, Restless Sexuality: Venereal Disease, Biomedicine, and Protectionism in Colonial Lagos, Nigeria," *Journal of Colonialism and Colonial History* 13, 3 (2012), 1–14; Deanne Van Tol, "Mothers, Babies and the Colonial State: The introduction of Maternal and Infant Welfare Services in Nigeria, 1925-1945," *Spontaneous Generation: A Journal for the History and Philosophy of Science* 1 (2007), 110-131.

Despite the growing scholarship on environmental changes, the spread of diseases, and the British colonial health intervention in Nigeria, few studies deal with the nexus between the tripartite themes of diseases, public sanitation, and African agency. Scholars who note this blindspot have expanded our understanding of the link between knowledge production about the Nigerian environment, public health, and British colonial authorities' attempts to eliminate conditions favorable to diseases.[62] By exploring the role of colonial medicine in the British "civilizing mission," they show that sanitation was one of the British preventive health strategies in Nigeria due to the prevalence of filth diseases. They show how British officials used sanitation as a tool of colonial domination and control and how racial discrimination restricted African access to the modest sanitation facilities provided.

Still, most of these writings and debate on the local environment and colonial health interventions tells us little about the broader sanitary administration of the territories that became Nigeria in 1914. This is partly because their research on sanitation is either a part of a more extensive study of colonial government responses to specific instances of a disease outbreak or as a colonial strategy for eliminating a particular illness such as malaria. In this context, most scholarly accounts of colonial public health interventions in Nigeria are decidedly devoid of critical assessment of environmental sanitation-related themes such as water supply, waste management, and the local negotiations/contestations that shaped their development. We also know little about how colonized Africans, who worked as sanitary inspectors, add nuance to our understanding of the British colonial rule in Nigeria.

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[62] Abdul Mustapha, "Colonialism and environmental perception in Northern Nigeria," *Oxford Development Studies* 31, 4 (2003), 405-425; Olukayode Faleye, "Environmental Change, Sanitation and Bubonic Plague in Lagos, 1924–1931," *International Review of Environmental History* 3 (2017), 89–103.

Among the few exceptions to the above is Akpen Philip's chapter in the edited volume, *HIV/AIDS, Illness, and African Well-Being*. The author ties intestinal disease to environmental pollution and the unclean water provided by the colonial state in Nigeria. His study follows a similar account of how the ill-conceived colonial settlement scheme led to the spread of trypanosomiasis in Malawi.[63] Philip argues that the advent of colonial rule and the accompanying modernizing projects such as railroads polluted the environment of Makurdi, a central-eastern Nigerian city, causing waterborne diseases.[64] The inability of colonial officials to deal with waste and slum settlements in towns exposed African water sources, including springs, streams, and hand-dug wells, to pollutants. Philip emphasizes the *laissez-faire* approach of colonial authorities to African health and environment by showing that the colonizers viewed Makurdi merely as a railway joint linking Enugu (coal) and Jos (tin) mines and required little social amenities. Hence, the supply of poorly treated water to the local population. As funding for water supply reduced during the interwar years, colonial authorities disconnected Africans from the town's water network.

This perspective on the colonial water supply is significant for this study, but Philip's analysis leaves some crucial questions unanswered. Suppose the precolonial water sources in Makurdi were "safe from all forms of pollution," as Philip boldly claims. In that

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[63] John McCracken, "Colonialism, Capitalism and Ecological Crisis in Malawi: A Reassessment," in David Anderson and Richard H. Grove (eds.), *Conservation in Africa: Peoples, Policies and Practice* (New York: Cambridge University Press, 1989), 63-77.

[64] Akpen Philip, "Waterborne Diseases and Urban Water Supply in Makurdi, Nigeria, 1927–60," in Toyin Falola and Matthew M. Heaton (eds.), *HIV/AIDS, Illness, and African Well-Being* (New York: University Rochester Press, 2007), 45-54; For more on "modernity" and diseases in Nigeria, see: Tokunbo Ayoola, "The Price of "Modernity"? Western Railroad Technology and the 1918 Influenza Pandemic in Nigeria," in Toyin Falola and Emily Brownell (eds.), *Landscape and Environment in Colonial and Postcolonial Africa* (New York: Routledge, 2012), 148-165.

case, it is important to ask why the author describes these sources as "undeveloped"? Why did the colonial government invest its meager financial resources in pipe-borne water for its officials and other Africans in the town? Why did the sources of water that were professedly free of all pollution require "several hours…to settle and clear"?[65] Also, the author argues that Africans did not treat their rainwater except if it was exposed. Yet, he fails to explain what the "simple filtration" that "was required to purify it" meant in the precolonial African society of the nineteenth century. Even when Philip's oral informant noted that Africans in the Makurdi area used "filtration and chlorination with a chemical called alum" to purify their water, the author fails to critique such anachronism. Instead, like the nationalist scholars of the 1960s, the author summoned the "glorious" precolonial past by portraying the "undeveloped" water sources as better protected than colonial pipe-borne water. Philip asserts that "[t]hese springs were occasionally protected with *akombo* (witchcraft), especially during the dry season…to prevent anyone stepping in or bathing in the spring, particularly when seepage was slow."[66] Without evaluating the effectiveness of *akombo*, the author exaggerates the purity of local water sources while trying to essentialize the colonial intervention. Moreover, his claims on water treatment before the discovery of germ theory received one single (oral interview) citation despite the limits of this source.

Eddy Erhagbe and Simon Ehiabhi's study of the Uromi environment (a conglomeration of about twenty villages on a plateau in Esanland) complicates Philips's analysis of the British approach to water supply, environment, and health in colonial

[65] Philip, 46.
[66] Philip, 47.

Nigeria. The authors deviate from Philip's nationalistic view, which portrays African "undeveloped" local water sources as perfect, by recognizing the need for improved potable sources in Uromi. Discussing the modest attempt of the colonial administration in Benin City to provide water supply for the colonized people of Uromi, the authors argue that the town's history does not fit into the conventional argument of many Africanists about the British neglect of colonized people. Despite the resistance of Uromi people to colonial water rates after potable water became abundant, the authors argue that the colonial "period witnessed certain improvements in the people's social lives."[67] Their observation reflects what Frederick Cooper and Ann Laura Stoler describe as the dialectics of inclusion and exclusion.[68] In other words, social amenities such as clean water and waste infrastructure were essential to the British "civilizing mission" in Nigeria, not simply because of their usefulness as tools for dominating Africans or for excluding them from social improvement but also for facilitating their assimilation into European modernity. Thus, rather than take one case of exclusion in the colony as the unchanging norm of a colonizing power, Cooper and Stoler call our attention to the ambiguities of empire and the unstable policies of colonial powers. This tension explains Africans' conflicting and shifting experiences during the British sanitary administration in Nigeria.

Notwithstanding, Erhagbe and Ehiabhi tell us little about the impact of insufficient water supply on the health and sanitation of Uromi, given that the people had to walk a

[67] Eddy O. Erhagbe and Simon O. Ehiabhi, "The Search for Hygienic Water in Uromi District: The Colonial Attempt," *Canadian Social Science* 7, no. 5 (October 11, 2011): 61–67.
[68] Frederick Cooper and Laura Stoler, "Between Metropole and Colony: Rethinking a Research Agenda," in: Frederick Cooper and Laura Stoler (eds.) *Tensions of Empire: Colonial Cultures in a Bourgeois World* (Berkeley: University of California Press, 1997), 3.

distance of at least six miles to get drinkable water. In addition, the authors' short review of the complex colonial period does not reveal how the people dealt with waterborne diseases during the search for potable water. This dissertation thus aims to fill this gap by showing how lack of access to potable water became a cause of medical and sanitary concern in the early colonial period. It also explains the various remedial measures introduced during the first decade of colonial rule, including digging more public wells and enforcing public health laws. In so doing, this study tells us more about the local struggles over access to improved water, sanitation, and health facilities in Nigeria.

Some chapters in the *Nigerian Cities*, a book about the changing nature of urbanization in Nigeria, also contribute to framing this study. Critiquing the colonial politicized public health reforms under environmental sanitation and health rubrics, Adebayo Lawal assesses markets/street trading as a contested site where concerns about environmental hygiene played out between Lagosians and the Lagos City Council. His chapter complements Rufus Akinyele's account of how the Egba native authority responded to public health threats from poor sanitary practices in Abeokuta.[69] Rather than explain the British "civilizing mission" in colonial Nigeria as economic exploitation and environmental degradation, the author complicates the analysis, arguing that modernization in specific colonial contexts involved improving public sanitation and health.

First, Lawal shows in his chapter how the Lagos Town Council in the 1930s and 1940s mobilized the idea of hygiene to regulate the "dangerous practice" of the native stall-holders exhibiting their goods in Lagos's main thoroughfare. The British colonial

[69] Toyin Falola and Steven Salm (eds), *Nigerian Cities* (Trenton, N.J: Africa World Press, 2004), Chap 9, 12.

government couched its environmental effort to control the city's trading pattern in the language of sanitation. It also approached its environmental intervention from a public health perspective. According to Lawal, the municipal authority in Lagos during this period blamed African traders for spreading diseases (through contaminated foodstuff) and dirt (through poor sanitary waste management) in the town.[70] Scholars have identified a similar pattern in other colonial settings. Juanita De Barros uncovers the colonial social control of people through state-led sanitation programs in the Caribbean during the late nineteenth and early twentieth centuries.[71] She argues that the "white" elites' concern about sanitation and the risks of contaminated milk informed the racialist ideology of purity and filth in British Guiana (today, Guyana). As in Lagos, British sanitation officers/bureaucrats in colonial Georgetown attempted to control itinerant milk and the sanitary workers. In the Nigerian context, some African elites and European officials believed the non-conformity of local traders to the Western notion of urban life undermined urban sanitation and health.

By moving beyond the contestation between the oppressors and the oppressed, Akinyele's "Health and Sanitation in Colonial Abeokuta" illuminates the effort of the Egba native authority to discourage unsafe refuse disposal. One major problem the British colonizers encountered in Africa was how to rule the people without causing social unrest. The solution they found was the indirect rule system whereby existing traditional leaders (local kings/chiefs) ruled on behalf of the British. Although Egba and its monarchs did not

[70] Adebayo Lawal, "Markets and Street Trading in Lagos," in Falola and Salm, 238-241.
[71] Juanita De Barros, "Purity and Filth: Views of Indo-Guianese Labour in Colonial Georgetown, 1890-1924," (Association of Caribbean Historians, 1998); Juanita De Barros, "'To Milk or Not to Milk': Regulation of the Milk Industry in Colonial Georgetown," *The Journal of Caribbean History* 31, no. 1 (January 1, 1997): 185–208.

come under British control until 1914, enslaved repatriated indigenes had imported the Western idea of sanitation into the kingdom.[72] The author's analysis of how the European ideas/practices shaped Abeokuta's environmental hygiene suggests that the local authority was committed to people's health. While most chapters in the volume show how rapid urbanization and the colonial economy degraded the Nigerian environment, Akinyele reveals that the native authority in Egba modernized public sanitation through preventive health projects in the inter and postwar periods.[73] Nevertheless, Lawal and Akinyele's chapters fail to show how Africans negotiated colonial sanitary interventions despite the mobilization of cities as laboratories for hygiene experiments during colonial rule.

For Ayodeji Olukoju, contests and negotiations over colonial social policy as they affected the environment and health of Africans in Nigeria predate the Second World War. In his study of "Population Pressure, Housing, and Sanitation in West Africa's Premier Port-city," the author provides an in-depth analysis of the nexus between the crisis of unplanned urbanization and the problem of population reorganization, overcrowding, and disease in Lagos between 1900 and 1939. Based on the "professional" opinion of the city's European health officers, Lagos city planners came to see African quarters and their living conditions as a threat to public health. Thus, colonial officials deployed environmental sanitation and health rhetoric to legitimize draconian urban policies against the natives. Indeed, the Lagos lagoon and its economic values drew the colonizers and the colonized into Lagos Island, where everyone struggled for residential space. In their struggle to take

[72] Agneta Pallinder-Law, "Aborted Modernization in West Africa? The Case of Abeokuta," *The Journal of African History* 15, no. 1 (1974): 65–82.
[73] Rufus Akinyele, "Health and Sanitation in Colonial Abeokuta," in Falola and Salm, *Nigerian Cities*, 295-303.

advantage of the maritime trade in the colonial city, many Africans lived under poor sanitary conditions in congested and confined areas. Olukoju argues that their living condition was a recipe for disaster as the area was "filthy, swampy, overcrowded and infested with rats."[74] Eventually, the plague outbreak between 1924 and 1930 opened an avenue for the city planners to launch racist urban renewal/town planning programs. The city's Director of Sanitary Services ordered a controversial slum clearance based on the African quarters' poor sanitary and environmental conditions. The responses of Africans to the demolition of their houses, which Olukoju documents, reveal how colonial officials perpetrated racial discrimination under the guise of environmental sanitation and health intervention. What Olukoju does not tell us, however, is the position and the amount of power wielded by the colonial sanitation officers. We also know little about the role of African sanitary inspectors in the execution of the slum clearance he describes and whether their house-to-house inspection impacted sanitation in the slum. Given the gaps in Olukoju's analysis, this study illuminates the role of African sanitary inspectors in the context of African agency and their activities as a vital aspect of colonial social engineering.

Partly inspired by Maynard Swanson and Myron Echenberg, the idea of segregation is another lens through which scholars have examined colonial sanitary interventions.[75] Liora Bigon's work on colonial Nigeria finds parallels in the broader framework of the

[74] The colonial authority later put a bounty on rats as part of the broader anti-plague measures that resulted in the establishment of the Lagos Executive Development Board. The author reported that over 400 rats were killed in some days during the implementation of the town planning scheme. See: Ayodeji Olukoju, "Population Pressure, Housing and Sanitation in West Africa's Premier Port-City: Lagos, 1900-1939," *The Great Circle* 15, No. 2 (1993), 66-97.
[75] Maynard W. Swanson, "The Sanitation Syndrome: Bubonic Plague and Urban Native Policy in the Cape Colony, 1900-1909," *The Journal of African History* 18, 3 (1977), 387-410; Echenberg, *Black Death, White Medicine*.

socio-cultural history of colonialism in Africa. The urban studies scholar shows the clash of political motives with sanitation rhetoric between 1924 and 1960 in Yorubaland. Based on the need to maintain social order and sustain the "civilizing mission," a racialized notion of the "dirty native" was mobilized to order Africans living in cities and justify the creation of European reservation areas. She argues that "contrary to the prevalent presumptions of the British colonizers, the Yoruba had a clear sense of sanitary needs."[76] Indeed, sanitation in colonies was fused with ideologies of race and hierarchy of spatial order. However, Bigon did not critique African sanitary practices and conduct in her analysis.[77]

In theorizing the deteriorating sanitation in colonial Nigeria, Olukoju and Bigon seem to have ignored the roles of Yoruba women in domestic (home) sanitation, as documented by Nathaniel Akinremi Fadipe in his discussion of the Yoruba culture.[78] Although Olukoju and Bigon focus on the colonial government's neglect of African housing needs, we are still left with the impression that African hygiene and (un)sanitary practices did not play any role in the appalling physical conditions of some communities in Yorubaland. Significantly, the authors fail to shed light on the nexus between colonial economic activities in towns, gendered work, and residential organization and their connection to public/domestic sanitation during the period. Interestingly, William Beinart, a staunch critic of British colonial policies, argues in his critique of African historiography:

[76] Liora Bigon, "Between Local and Colonial Perceptions: The History of Slum Clearances in Lagos (Nigeria), 1924-1960," *African and Asian Studies* 7, no. 1 (2008): 54.
[77] Far from being used in a derogatory way described by Susan Fitzmaurice, I refer to Africans constantly as "natives" in this dissertation with a complete understanding of the word's ethnocentric connotation in the colonial context. See: Susan Fitzmaurice, "When Natives Became Africans: A Historical Sociolinguistic Study of Semantic Change in Colonial Discourse," *Journal of Historical Sociolinguistics* 3, 1 (2017): 1–36.
[78] As in other places in , the author argues that it was the duty of women to keep the home and its environment clean. See: Nathaniel A. Fadipe, *The Sociology of the Yoruba*, (Ibadan: Ibadan University Press, 1970), 87.

> a profound ambivalence can be detected in recent Africanist writing, by scholars both in Africa and outside. Many still emphasize the asymmetry of global relations, and the history of racist assumptions, but increasingly struggle to free historiography and social studies from narratives of dependency, victimhood and romanticism.[79]

Beinart's claim suggests that more studies of African agency, creativity, and resistance under colonial rule, particularly in the context of sanitation and public health, need to be revisited. Contributing to the debate here, the focus on African conformity to colonial public health ordinances goes hand in hand with a discussion of resistance and subversion of local environmental sanitation regulations. In so doing, this dissertation reveals which of the colonial sanitary policies and projects were practically effective for disease control and socially repressive at the same time.

The work of Jimoh Oluwasegun transcends earlier conventional arguments by shedding light on the specificity of colonial environmental sanitation initiatives and the unintended consequences they had on Africans in the interwar years. Commenting on the British mosquito eradication campaign in Lagos between 1902 and 1950, the author argues that while the colonial administrators of the city were committed to improving the environment and health of the colony through sanitary measures, many unhygienic practices among Africans provided a breeding ground for epidemic disease.[80] However, most unhealthy practices of Africans were a response to the growing urbanization and rural-urban migration that colonialism engendered in Lagos. Similar to the vector control

[79] William Beinart, "African History and Environmental History," *African Affairs*, Centenary Issue: A Hundred Years of Africa, 99, no. 395 (April 2000): 302.

[80] Though such public health projects were unprofitable for the British, they were necessary for easy extraction of resources for the metropole and for a healthy cheap labor force who also doubled as a market for imported European products. See: Jimoh Mufutau Oluwasegun, "The British Mosquito Eradication Campaign in Colonial Lagos, 1902-1950," *Canadian Journal of African Studies* 51, 2 (2017): 219-227.

program Amina Issa describes in colonial Zanzibar, Oluwasegun explains how the colonial government employed a malaria eradication brigade on a part-time basis and sanitary inspectors for disease control. They applied kerosene on ditches and waterlogged holes from the 1910s, blended diesel and copper aceto-arsenite (the Paris green) from the 1930s, Dichloro-Diphenyl-Trichloroethane (DDT) during the 1940s, and capital-intensive environmental engineering in the 1950s to improve public sanitation and health in Lagos.[81]

Complicating his analysis, the author demonstrates how Africans' socio-cultural approach to their environments shaped colonial health interventions. On the one hand, he attributes the colonial swamp clearance, drainage projects, sanitary education, and sanitary inspection to the people's demand for improved living conditions after the First World War. On the other hand, he notes that while the 1937 colonial forest ordinance aimed at controlling malaria-carrying mosquitoes, it imposed hardship on the people.[82] Thus, Oluwasegun tilts towards Echenberg's study, showing how Africans resisted colonial environmental sanitation programs that threatened their sources of income and livelihood, including the reclamation of creeks and swamps in Lagos.

Oluwasegun's study of how British officials acted on the environment in colonial Nigeria as they interacted with the local population aligns with the recent call by some scholars in the environmental humanities for historical analysis capable of showing the explanatory power of the environment. In this regard, Ellen Stroud and Nancy Jacobs theorized the physical environment as a locus of power, which should not be extracted from

[81] Amina Issa, "Malaria and Public Health Measures in Colonial Urban Zanzibar, 1900-1956," *Hygiea Internationalis* 10, no. 2 (December 19, 2011): 35–51.
[82] Oluwasegun, "The British Mosquito Eradication Campaign in Colonial Lagos, 1902-1950," 231.

the historical equation, but rather employed as a source and rich site for interrogating other axes of power and knowledge that had hitherto remained obscured.[83] They see an avenue for scholars to use the components of the physical environment, including germs, water, dirt, air, weather, and animals, to promote a sophisticated understanding of power relations among people. According to Stroud, the environment "is a site where power is expressed, and a tool for its expression." An understanding of this power requires multidisciplinary attention to how people's material existence intersects with the materiality of others. By revealing the connections and expressions, the author believes we can better understand how different categories of people have historically used the environment and concerns about environmental health as an instrument to control others. Jacobs demonstrates this by expanding our understanding of how different power structures in the Northern Cape: class, gender, and race relations, shaped African access to environmental resources. By reflecting on the importance of the environment in African lives and, at the same time, the European "civilizing mission," she reveals the colonial economic base for the power to dominate others.[84] This study draws from the arguments of these scholars, showing how the British used environmental sanitation to criminalize some regular economic activities in colonial Nigeria. It explains how the British connection of their health to African environmental health legitimized the sanitizing mission, which allowed them to control African social life. Notably, the study also shows the responses of Africans to the prohibition of certain cultural and environmental practices that had become a norm in their society.

[83] Ellen Stroud, "Does Nature Always Matter? Following Dirt through History," *History and Theory* 42, no. 4 (2003): 75–81; Jacobs, *Environment, Power, and Injustice*.
[84] Jacobs, 219.

In colonial northern Nigeria, Robert Stock typifies how European officials expressed their power over Africans through the environment. Drawing from the annual medical reports of the region, Stock argues that colonial environmental sanitation ordinances before 1914 were rigid and highly discriminatory because they prohibited African children and cattle keepers from European reservation areas.[85] While some scholars' analysis of environmental change reinforces the role of nature and (un)sanitary practices of Africans in shaping the disease environment in Nigeria, Stock's contribution indicts the colonial state.[86] His arguments on the failure of the colonial state to fund the provision of basic sanitary infrastructure for the colonized people closely mirror the racial ideology of the "contaminated Other" discussed by scholars in the medical and environmental humanities, including Arnold, Vaughan, Marks, De Barros, and Worboys.[87] My dissertation contributes to these works by describing the individual interests and attitudes that characterized the activities of African sanitary inspectors in their efforts to enforce sanitation rules among the natives despite the inconsistency of their methods with the rhetoric of "freedom" and "rights" that legitimize the British "civilizing mission." In negotiating power in the colonial periphery, this study shows how Africans turned the

[85] Robert Stock, "Environmental Sanitation in Nigeria: Colonial and Contemporary," *Review of African Political Economy*, no. 42 (1988): 19–31. Other studies which have discussed the political, cultural, psychological, economic, social, and ideological rationale for colonial racial spatial structure in Africa include: Christopher Winters, "Urban Morphogenesis in Francophone Black Africa," *Geographical Review* 72, no. 2 (1982): 139–54; Ambe J. Njoh, "Colonial Philosophies, Urban Space, and Racial Segregation in British and French Colonial Africa," *Journal of Black Studies* 38, no. 4 (2008): 579–99; Ambe J. Njoh, *Urban Planning and Public Health in Africa: Historical, Theoretical and Practical Dimensions of a Continent's Water and Sanitation Problematic* (New York: Routledge, 2016).
[86] Olukayode Faleye, "Environmental Change, Sanitation and Bubonic Plague in Lagos, 1924–31," *International Review of Environmental History* 3 (October 5, 2017): 89–103.
[87] Vaughan, *Curing Their Ills*; Arnold, *Colonizing the Body*; Marks, "What Is Colonial about Colonial Medicine?"; De Barros, *Order and Place in a Colonial City*; Worboys, "The Colonial World as Mission and Mandate."

discourse and practice of sanitation into a contested site during the British colonial rule in Nigeria. It also adds to our understanding of science, empire, and public health in Africa.

Other scholars have shown how the uncompromising effort aimed at disease control in colonial Nigeria resulted in the recruitment and use of Africans as sanitary inspectors. For instance, Elisha Renne discusses African sanitary inspectors as instruments colonial authorities used to check local unsanitary practices and diseases in Ekiti. Apart from portraying African sanitary inspectors under European supervision as the guardians of public health, her study of colonial biopolitics and the socio-cultural belief of the Yoruba about smallpox disease reveals how the British disciplinary regime of hygiene regulated environmental sanitation and health in Nigeria. Renne shows that the colonial regime transformed disease control through environmental policing, health education, and sanitary ordinances, classifying certain African practices as repugnant.[88] The Africans who worked as sanitary inspectors (*wole-wole*) conducted home inspections, fumigation, vaccination, and sometimes isolated disease environment and people. By sketching the contours of the new social relations that British rule inaugurated, Renne exposes the political economy of public health in Nigeria while submitting that the healthy population of Ekiti became productive labor in the colonial cash-crop dependent economy. What we do not know from her study, however, is how the new social process that empowered sanitary inspectors to enter houses under the guise of sanitation set in motion a new form of governmentality.

[88] Elisha P. Renne, "Sopona, Social Relations and the Political Economy of Colonial Smallpox Control in Ekiti, Nigeria," in Wale Adebanwi (eds.), *The Political Economy of Everyday Life in Africa: Beyond the Margins* (New York: Boydell & Brewer, 2017), 266-281.

Indeed, like other scholars reviewed here, Renne's contribution provides us with empirical data on the environment and health projects of the colonial state. However, beyond the debate on colonial policing, neglect, spatial hierarchy, and inadequate funding, we know little of how African actions, inaction, and reactions shaped the environment and health in colonial Nigeria. On the one hand, this suggests that colonial sanitation in Nigeria is still inadequately researched. On the other, there are new questions to be asked/answered about public hygiene before and during colonial rule. This is the historiographical gap my research seeks to fill by exploring the history of public health and the responses of Africans to sanitary initiatives of the British colonial authorities in Nigeria. By focusing on how the British mandated certain hygiene practices and local responses, this dissertation reveals how Africans understood colonial sanitation and engaged British sanitary intervention in the struggle to improve their health and environment against the dominant state-led public health initiatives. Most importantly, the study brings a subaltern perspective to the history of environmental sanitation and public health in Nigeria, departing markedly from most existing accounts fixated on European officials.

Sources and Methodology

This dissertation is located at the intersection of environment and health histories. It relies on oral evidence from African elders, among other primary sources. Jan Vasina recognized the value of this source when he argued that in places where the act of writing developed late, "oral tradition form the main available source for reconstructing the past."[89] In African

[89] Jan Vasina, *Oral Tradition: A Study in Historical Methodology*. Translated by H. M. Wright (London: Routledge and Kegan Paul, 1965), 1.

history, the source also offers scholars the opportunity to reclaim the neglected voices of the marginalized.[90] Following Ebiegberi Alagoa's assertion that "both the historian and the informant are important in the proper identification, appreciation and the use of oral tradition,"[91] I carefully selected informants knowledgeable in Yoruba/Nigerian history and conducted in-depth interviews with them. Though not scientific, this selection method was comprehensive. Interviewees included retired health inspectors, teachers, traders, academic historians, and those whose relatives had encounters with colonial sanitary inspectors. The interviews were conducted in English and Yoruba, the two languages spoken in western Nigeria. Most of the interviews lasted ninety minutes. A semi-structured interview method was used to ask open-ended questions, which enabled the interviewees to answer questions on their own terms. This method was useful for collecting oral data because it provided a coercive-free environment, allowing participants to offer unexpected but vital information.

Before the interviews, I followed the standard research ethics protocols established by the academic community to protect study participants from social or psychological risks associated with recalling a potentially sensitive topic. To secure ethics approval for this study, I submitted all interview questions to the McMaster Research Ethics Board for screening to ensure that participants were in control of how much or little they wanted to participate. The screening process resulted in the revision of some questions, making them sensitive to the political climate of Nigeria. Also, participants were informed of their right to withdraw from the study or ignore questions that made them uncomfortable. This study

[90] Barbara M. Cooper, "Oral Sources and the Challenge of African History," in: John Edward Philips (ed.), *Writing African History* (Rochester: University of Rochester Press, 2005), 206.
[91] Ebiegberi Joe Alagoa, "Introduction: Oral Historical Traditions in Africa," *Tarikh* 8 (1987), 1.

uses oral history, knowing that the source usually passes through a chain of transmission where collected oral data acquire unnecessary details and distortions. Jan Jansen notes this problem and agrees that the credibility of oral histories may indeed be tainted by human bias. However, these limitations do not make the source inferior to written sources. For Jansen, scholars should approach oral accounts with skepticism and scrutinize oral data collected for their study against other ethnographic data produced in the same area during the same period.[92] By subjecting the oral data from my informants to this scrutiny, the source reveals rich and hidden local knowledge about the Yoruba and their environment. It also sheds light on population movements, disease control, and environmental changes.

Other primary sources analyzed in this study include archival materials, ranging from colonial annual reports drawn from the Wellcome Library online archives and reports on health and sanitary matters. I also use colonial correspondences from the National Archives in Ibadan and Kew and newspaper reports from the British Library Newsroom in London. These sources were cross-examined and interpreted while upholding the historical method of objectivity, concise chronology, and textual criticisms. Secondary sources used in this study included books, journal articles, monographs, unpublished theses, seminar papers, and relevant internet materials. I employ a descriptive and analytical style of analysis to assess and interpret the data from these multiple sources. The approach allows me to capture the complex dialogue between the past and the present and how scholars have read, analyzed, and represented health and environmental data over time.

[92] Jan Jansen, "Narratives on Pilgrimages to Mecca: Beauty versus History in Mande Oral Tradition," in: Toyin Falola and Christian Jennings (eds.), *Sources and Methods in African History: Spoken Written Unearthed* (Rochester: University of Rochester Press, 2003), 249-267.

I also examine the socio-political dynamics that informed the British colonial environmental intervention and their resultant health challenges in western Nigeria using the "ecohealth" approach. This is because the ecosystem-based approach to human health considers local social history and conditions.[93] As a theoretical framework relaunched by the Canadian International Development Research Centre (IDRC) in the 1990s, it challenges ahistorical environment and health knowledge claims in developing countries. The concept particularly cautions scholars against simplistic analyses of social problems by situating local studies of environment and health crises within the interconnected environmental, economic and socio-political frameworks they belong. This analytical tool draws from geography, history, political ecology, public health, and development studies, among others, to encourage a holistic and transdisciplinary understanding of people's health and well-being through a critical examination of their interactions with the physical and built environment.[94] I blend the ecohealth analytical approach with Fernand Braudel's *longue durée* idea to explore change and continuity in the public health histories of the Yoruba, from the incursion of the British up to the late colonial period. This framework helps lay the contours for critical thinking about health in West African distressed environments where people struggle with water and sanitation issues.

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[93] Crescentia Y. Dakubo, *Ecosystems and Human Health: A Critical Approach to Ecohealth Research and Practice* (New York: Springer, 2011).

[94] G. Forget and J. Lebel, "An Ecosystem Approach to Human Health," *International Journal of Occupational and Environmental Health*, 7(2), 2001, 3-38; J. Lebel, "Health: An Ecosystem Approach," *International Development Research Centre*, Available at: http://www.idrc.ca/in_focus_health/; Allison Goebel, Belinda Dodson, and Trevor Hill, "Urban Advantage or Urban Penalty? A Case Study of Female-Headed Households in a South African City," *Health and Place*, 16 (3), 2010, 573-580.

Chapter Synopsis

Chapter one lays the background of the study. It outlines the research method, sources employed, and the justification for the study. Rather than a general review of the bourgeoning literature on colonial sanitation and health in Africa, the chapter presents recent findings on colonial sanitation and public health in Nigeria. This rigorous critique of thematic and conceptual arguments in health and environmental humanities shows the limits of previous works and the gaps this study fills.

The second chapter examines the complex interactions that precolonial Yoruba had with nature and how nature shaped the people's health in return. This leads to a critique of local medical theories in Yorubaland to understand how the people managed their health problems. It also explores the impact of the Atlantic slave trade and the consequent legitimate trade on the disease ecology in Yorubaland. This appraisal serves as a window through which the study examines the rise of germ theories in the imperial metropole and its policy implications - a "mission to sanitize" West Africa. The chapter places the early twentieth-century British "sanitizing mission" in Nigeria within its appropriate historical background. First, it summarizes the external/global factors that justified the importation of British public health practices into Nigeria. Secondly, it highlights the internal/local environmental conditions that legitimized the new British sanitation regime. The chapter closes with a critique of the approaches deployed by the two medical research schools created in the late nineteenth century in Britain to solve European mortality in West Africa.

The following two chapters examine the limited efforts of the British colonial government in providing sanitary services and infrastructure in western Nigeria. Chapter

three explores the colonial politics of dirt and sanitation in Lagos, using the administration of Sir. William MacGregor (1899-1904) as a window into the twentieth-century history of "state medicine" in the colony. Following the examination of swamp clearance and waste management in this chapter, chapter four discusses the British attempt to provide potable water in western Nigerian towns. As the two chapters focus on the responses of Africans to the new regime of hygiene and public health, they map the contour of the negotiations which shaped British public health interventions before the interwar years. Both chapters close with a critique of the politics of group protection which characterized Anglo-Yoruba contestation over toilets and water rates, emphasizing how Africans shaped the initiatives.

Chapter five argues that environmental-related diseases and public health threats were not only managed through imperial medical research and "underfunded" infrastructures. Africans who worked as sanitary inspectors also served as public sanitation and health infrastructures. In other words, the institutionalization of sanitary inspection and the employment of Nigerians as hygiene auxiliaries (known as *wole-wole* among the Yoruba) within the colonial civil service improved the capacity of the colonial authority to deal with public health threats. While Africans had worked unofficially as sanitary laborers during the early disease control programs/projects, this chapter examines the official introduction of Africans into the "sanitizing mission" as full-time sanitary inspectors. The chapter focuses on the selection methods, funding, training, and employment of the local environmental police in Yorubaland from the second half of the 1920s to 1930. Based on the role prominent Africans such as Dr. Isaac Oluwole played in creating the first School of Hygiene in Lagos, the chapter argues that Africans took the "mission to sanitize" from

colonial officials and expanded what used to be a predominantly white-led health program. Finally, though politicized, the work of the new African sanitary inspectors revealed what constituted sanitary (preventative) as different from medical (curative) problems in Nigeria.

Chapter six examines how the African public and their local chiefs perceived and related to the newly trained African sanitary inspectors in Yoruba towns from the 1930s to 1945. It shows that the British sanitizing mission transcended the conventional view of colonialism as white versus black and colonizers versus colonized Africans. I argue that despite the quality training local sanitary instructors received, a similar politics/polemic of sanitation, which played out between the African public and European sanitary inspectors, characterized the relations between African sanitary inspectors and the local population in the interwar period. Given the power of African sanitary inspectors to invade, inspect, and punish/quarantine dirty/diseased people/spaces, the chapter reveals how some privileged sanitary inspectors selfishly pursued their own interests, oppressing other Africans who got in their way. What is more, it sketches the varying strategies Africans deployed to shape the British sanitizing mission in their favor, including bribes, official petitions, and confrontation. The chapter concludes that African sanitary inspectors used the new regime of hygiene created by colonial authorities to pursue personal agendas while claiming to be working for the British colonizers and the development of public health in Nigeria. Moreover, it submits that the activities of African sanitary inspectors, though politicized, show what was sanitary (preventive) as opposed to medical (curative) problems in Nigeria.

By placing public sanitation within the socio-political context of the British colonial rule, the concluding chapter seven argues that sanitary policies in western Nigerian towns

were neither liberating nor completely discriminatory. Instead, they were determined and shaped by influences emanating from Britain, the decisions of the "men on the spot," and African agency. Thus, the chapter summarizes the complex relationship between rapid urbanization, population growth, race, class, and social development in the region up to 1945, when the Colonial Office devoted funds to the social improvement of the colonies. By ending the study in 1945, this dissertation focuses only on sanitary initiatives that served colonial preventive public health needs before the Colonial Development and Welfare Act provided funds for improving African living conditions. In other words, this study does not examine how the postwar development funds provided by the Colonial Office for African social improvement and welfare changed public sanitation in western Nigeria. The study submits that while colonized Africans framed the sanitary problem in the colony as strictly monetary, for the British colonizers, it was the colonized habits in matters of hygiene and sanitation that needed civilizing. Hence, policymakers should consider both perspectives when initiating social development programs in post-COVID West African communities.

Chapter Two

Diseases, Health, and the Evolution of British "Mission to Sanitize" Yorubaland

> The first step towards lightening the white man's burden is through the virtues of cleanliness. It is a potent factor in brightening the dark corners of the earth as civilization advances, while amongst the cultured of all nations, it holds the highest place.[1]

Introduction

Globally, what determines any society's health system, cleanliness, and hygiene practices are its changing culture and people's knowledge in that society. In precolonial Africa, south of the Sahara, the Yoruba people who occupied the region later known as western Nigeria had an indigenous health system that met individual and public health needs. The people knew the filth-disease nexus, and political leaders joined religious heads to manage public health.[2] An essential part of their public health system was sanitation and hygiene practices, dictated by the physical environment in which the people lived and their traditional beliefs about disease and illness, among other factors. During a public health crisis, indigenous political and religious leaders managed the collective health through their knowledge of the disease environment, traditional medicine, and culturally ingrained religious beliefs, including taboos, rituals, quarantine, and social distancing.[3] However, these indigenous management measures were not without their strength and limits.

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[1] An 1899 advertisement of Pears' Soap in *McClure's Magazine* Vol. XIII, No 6, (October 1899), 481.
[2] Interview with Dr. Sunday Ojewale, (69 years), Environmental Health Officer, Ibadan, July 24, 2019.
[3] Cheikh Anta Diop, *Precolonial Black Africa: A Comparative Study of Political and Social Systems of Europe and Black Africa, from Antiquity to Formation of Modern States* (Westport: Lawrence Hill and Co., 1987), 205-206; Gerald W. Hartwig and Karl David Patterson, *Disease in African History: An Introductory Survey and Case Studies* (Durham: Duke University Press, 1978), 4.

To better understand the Yoruba idea of healthcare in the precolonial context, this chapter examines the environments of the Yoruba, their beliefs about diseases, and their management up to the late nineteenth century. The survey is pertinent to this study because the British rhetoric of hygiene, its accompanying racial ideologies, and African resistance, which I examine in subsequent chapters, cannot be understood without discussing local medical knowledge and health practices in Yorubaland. The chapter argues that rather than the "unscientific" nature of the Yoruba healthcare, the health problems the British mobilized as part of their reasons for colonizing Yorubaland were due to nature's agency and the inadequacy of the local public health system in dealing with massive ecological stress. First, it discusses nature's agency in the context of the Yoruba socio-economic practices, pointing to how people's interaction with nature shaped their environment and health. Alvan Millson, the Assistant Colonial Secretary of Lagos and Commissioner to the Yoruba hinterland, hinted at one example of this anthropogenic ecological transformation in 1891, a few years before formal colonial rule started in the interior. He noted that except for areas with river valleys, the hardworking Yoruba had exploited the region's timber for centuries, and "[t]he hatchet, the fire, and the hoe have removed all traces of the original forest."[4] Millson's insinuation of African-induced ecological change could have been a "received wisdom" about the region's environments, advocating for or justifying external intervention. Still, sources show that Africans used fire to (re)shape their landscape to clear fields for cultivation, hunt/trap animals, or control harmful insects before the 1700s.[5] This

[4] Alvan Millson, "The Yoruba Country, West Africa," *Royal Geographical Society* 13, 10 (1891), 584.
[5] James McCann, *Green Land, Brown Land, Black Land: An Environmental History of Africa, 1800-1990* (Portsmouth: Heinemann, 1999), 18.

exploitation of the landscape on which their livelihood depended and where disease-carrying insects and animals lived increased people's contact with disease vectors.

Apart from explaining how the Yoruba adapted to nature's harsh realities before the eighteenth century, this chapter points to the breakdown of social order in Yorubaland, the impact of which undermined the local healthcare system, limiting its ability to deal with new health challenges. It examines how the Atlantic slave trade and its accompanying wars provoked massive ecological stress, aiding preventable diseases like malaria and yellow fever. Indeed, the Yoruba creatively dealt with some of the epidemiological impacts of the slave trade. However, given the population growth and (legitimate) trade expansion that followed slave trade abolition, the existing public health system became overstretched.[6] The resultant health issues, which were not entirely beyond the control of Africans, played a significant role in the European racist ideology of the "civilizing mission" that portrayed the Yoruba people as diseased and in need of European help. By evaluating the nineteenth-century British sanitary enlightenment, the rise of the germ theories in Britain, and their implication in Yorubaland, this chapter tilts towards Anne McClintock's study on the dynamics of imperialism and the European rhetoric of hygiene. The gender and sexuality scholar asserts that the European notion of the dirty Other and the accompanying mission to sanitize them legitimized the violent imposition of Western socio-economic values on Africans.[7] Beyond racism and capitalism in the empire, this chapter compares British and African ideas of sanitation and health before the 1900s. It shows how the British theories

[6] A. Adu Boahen, *African Perspectives on Colonialism* (Baltimore: Johns Hopkins University Press, 1989), 5-14.
[7] Anne McClintock, *Imperial Leather: Race, Gender, and Sexuality in the Colonial Contest* (New York: Routledge, 1995), 223-226.

of disease causation changed in the nineteenth century, allowing the Europeans to construct a racist narrative separating Europeans from the African Other based on medical/sanitary knowledge of diseases. It exposes the British "mission to sanitize" Yorubaland, not simply as part of the tools of empire but also as efforts to manage white health and the productive activities of Africans in ways beneficial to the colonizers. As the imported British public health ideas/practices hybridized local health theories in Yorubaland, this chapter submits that the new doctrine of hygiene reduced public health to the mere absence of diseases.

Environmental, Social, and Ecological Dynamics in Precolonial Yorubaland

This section provides insight into the geography of western Nigeria and how the changing landscape impacted people's ways of life before the advent of colonial rule. It is crucial to start with these geographical details to understand how the environment of the precolonial Yoruba people influenced their socio-economic system. Since Yorubaland (a part of West Africa) harbored several human and animal diseases, it is vital to demonstrate how people survived in the environment and how nature shaped people's everyday lives. Scholars like Fernand Braudel, a leading French historian in the Annales School of historiography, have tasked social historians to connect people's material life to their geographical environment in a bid to understand them. Hence, this section discusses the precolonial Yoruba landscape, offering this chapter the background necessary for analyzing the people's health system.

The western part of the area that became Southern Nigeria in the late 1890s is home to the Yoruba ethnic group. The term "Yoruba," which subsumes many state societies, was initially employed in describing only the people of Oyo. However, Saburi Biobaku posits that its wider use as a collective cultural identity of the indigenes of western Nigeria was

promoted by the Anglican mission in Abeokuta during the 1800s.[8] By the time the British intervention ended the trade-disruptive Yoruba interstate war during this period, the Yoruba were geographically confined to the western region. Still, their culture area transcended the region, stretching to the modern-day Edo, Kwara, Kogi, and Delta states. Some Yoruba people also lived in Ufe and Atakpame areas of Togo, in parts of Dahomey in the Republic of Benin, while the slave trade also took some of them to Brazil, Sierra Leone, and the US.[9]

For this study, the Yoruba sub-groups under review stretch across the contemporary Nigerian states of Ekiti, Lagos, Ogun, Ondo, Osun, and Oyo, each speaking a distinct dialect of the common Yoruba language. Their territory covers 181,300 square kilometers. The climate of their environment is tropical, and the weather is relatively stable between the rainy season from April to October and the dry/harmattan season from November to late February. The region has three ecological zones: the dense tropical rainforest in the southwest (Ondo, Osun, and parts of Edo State) extends to the east of Yorubaland; the narrow lowland of creeks and lagoon forms the southern border of Lagos and parts of Ogun and Ondo; and lastly, the savanna zone of hills and rocky surfaces exist in the northwestern part populated by the northern two-thirds of Oyo, northwestern Ogun, and Kwara. The abundance of hardwood timber and swamps suggests that the Yoruba environment received

[8] It is probable that the Yoruba considered themselves a unified ethnic group based on shared common language and myth of origin, but not as a single political entity. After the Yoruba Christian missionary Reverend Samuel Johnson completed his book, he identified the *Ooni* of Ile-Ife (as spiritual) and *Alaafin* of Oyo (as political) heads of the Yoruba in the late 1890s making the Yoruba a single cultural group. See: Saburi O. Biobaku (Ed.) *Sources of Yoruba History* (Oxford: Clarendon Press, 1973), 1; Peter C. Lloyd, "The Yoruba of Nigeria," in James L. Gibbs (ed.) *Peoples of Africa* (New York: Holt, Rinehart and Winston, 1965), 549-582; Toyin Falola, "The Yoruba Nation," in: Toyin Falola and Ann Genova (eds.) *Yoruba Identity and Power Politics* (New York: University of Rochester Press, 2006), 29 -35.

[9] Aribidesi Usman and Toyin Falola, *The Yoruba from Prehistory to the Present* (New York: Cambridge University Press, 2019), 6-7; Stephen Akintoye, *A History of the Yoruba People* (Dakar: Amalion, 2010), 268-369.

adequate rainfall. This wet, bushy, and humid landscape supported insect-borne diseases, especially the most fatal malaria, *plasmodium falciparum,* spread by Anopheline *Gambiae*.

Figure 2.1: Nineteenth-Century Map of Yoruba Sub-groups

Source: Henry John Drewal, John Pemberton, and Rowland Abiodun, *Yoruba: Nine Centuries of African Art and Thought* (New York: Centre for African Art, 1989), 12.

Describing the precolonial layout of the region, Yoruba sociologist Nathaniel Akinremi Fadipe paints an image of a rural environment. The author argues that roads in most areas in Yorubaland were hardly more than footpaths in which people proceeded in single file.[10] Although Fadipe may have tried to avoid glorifying the layout of territory, his claim, which probably centered on his view of rural areas, blurs our understanding of the extent of social development in the region. However, eyewitness accounts of Samuel Ajayi

[10] Nathaniel Akinremi Fadipẹ, *The Sociology of the Yoruba* (Ibadan: Ibadan University Press, 1970), 209.

Crowther (1845), Rev. David Hinderer (1855), and Dr. Irving (1856) contradict Fadipe's description. Citing these authorities, a Nigerian geographer Akin Mabogunje asserts that roads in precolonial Yorubaland were among the best in Africa.[11] His perspective on local endogenous urban culture implies the area was a mixture of rural and many urban centers.

In terms of demography, Richard Stone, an American missionary who lived among the Yoruba before the mid-nineteenth century, estimated their population to be around four million. Stone compared precolonial Yorubaland to Western industrial societies and noted that nothing could be called a street in the region. Yet, empirical evidence suggests that some Yoruba towns had elements of urbanization during this period, given their political administration, high population, and economic systems.[12] This contradictory view on the Yoruba settlement structure stem from scholars' attempts to study the region's growth, which sometimes results in applying Eurocentric methods that impose Western categories such as size and heterogeneity on the society. It is worthy of note that settlement patterns in Yorubaland before the 1700s were not linear. The region witnessed various urban formations with varying temporalities; some towns were popular trade centers, "densely" populated, walled with famous markets patronized by migrants from outside the region. At the same time, several other towns were simply compact settlements of scattered villages linked by footpaths. Generally, however, residential buildings were erected in lineage compounds. Most houses were rectangular, built with mud bricks and thatched roofs. Rooms were usually about 10 feet square and narrow, with a small window for ventilation.

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[11] Akin L. Mabogunje, *Urbanization in Nigeria* (London: University of London Press, 1968), 87.

[12] Richard Stone, *In Africa's Forest and Jungle: Six Years Among the Yorubas*, Edited by Betty Finklea Florey (Tuscaloosa: University of Alabama Press, 2010), 1-8; Akin Mabogunje, "The Pre-Colonial Development of Yoruba Towns," in Denis Dwyer (ed.), *The City in the Third World* (London: Macmillan, 1974), 26-28.

Table 2.1: Estimated Population of Precolonial Western Nigerian Towns, 1825-1856

Town	Population	Year
Abeokuta	60,000	1851
Addo	20,000	1879
Badagry	6000	1846
Epe	20,000	1877
Ibadan	100,000	1851
Ijaiye	40,000	1853
Ijebu-Ode	35,000	1890
Ilaro	15,000	1887
Ilorin	70,000	1853
Isehin	24,000	1853
Iwo	20,000	1856
Lagos	20,000	1856
Ogbomosho	25,000	1856
Ondo	15,000	1883
Osogbo	60,000	1890
Oyo	25,000	1856

Source: Akin Mabogunje, *Urbanization in Nigeria* (London, University of London Press, 1968), 91.

The abundant annual rainfall in Yorubaland made mud houses damp, especially during the rainy season, adversely impacting people's health.[13] Outside the house, the moisture and mists in the atmosphere during rainy seasons had a clammy impact on people's skin. In poorly heated homes, the dampness of mud floors produced a mild cold and cough in people. Interestingly, the rainy season also affected the health of non-Africans in the region. Soliciting provisions from the Sultan of Kiama during his journey from Oyo to Borno, Hugh Clapperton, a Scottish naval officer and explorer, noted in 1826 that "the season of the rains was very sickly and fatal to white men."[14] At the time, he had already lost to fever and dysentery in Yorubaland three Europeans traveling with him. While the

[13] William H Clarke, *Travels and Explorations in Yorubaland, 1854-1858* (Ibadan: Ibadan University Press, 1972), 212; T. Banks Maclachlan, Mungo Park (Edinburgh: Oliphant Anderson & Ferrier, 1898), 120-121.
[14] Captain Hugh Clapperton, *Journal of a Second Expedition into the Interior of Africa, From the Bight of Benin to Soccatoo* (London: John Murray, 1829), 66-67.

death of Clapperton's friends might be because they could not acclimatize to the tropical weather quickly, this impact of climate variability on health was not unique to western Nigeria. Doctors reportedly treat many pulmonary complaints in London, such as bronchitis during winter. In the Yoruba context, health tends to deteriorate during this period because of the weather, causing rat infestation and their attendant diseases as these animals prefer warm shelter. However, the temperature in western Nigeria was usually warm at noon, given the tropical nature of the climate. Since the cloud covering the scorching sun was thin, the average room temperature was typically hot during dry seasons.

Geography also dictated the economic systems in Yorubaland before the 1700s. Although the people engaged in many economic activities, regular rainfall made agriculture the mainstay of the Africans. They cultivated millet, sorghum, yam, and other staples in *oko ẹgan* (distant farms at times in the forest), *oko etile* (nearby/home farms), and *oko ogba* (gardens).[15] It was common to work in *oko ẹgan* for several months, returning to their towns/villages only on special events like annual festivals. In addition to cotton, kolanut, and palm oil production, leather/iron working went alongside pottery, wood-carving, and dyeing.[16] The Yoruba also hunted games, sometimes setting bushes on fire. Subsistence and commercial hunters killed "bushmeats" for food and profit, and recreational hunters took them as trophies. Some animals also played key roles in religious rituals and fashion. Whereas some of the wild meats acted as hosts for diseases, land cultivation and hunting transformed the local landscape, causing the loss of forest cover. Environmental historian

[15] Adeyinka Banwo and Hakeem Danmole, "The Traditional Economy," in: Nike Lawal, Matthew Sadiku and Ade Dopamu (eds) *Understanding Yoruba Life and Culture* (Trenton: Africa World Press, 2004), 300-9.
[16] Usman and Falola, *The Yoruba from Prehistory to the Present*, 243-270; Paul Tiyambe Zeleza, *A Modern Economic History of Africa: The Nineteenth Century* (Dakar: CODESRIA, 1993), 202-207.

James McCann blames these anthropogenic changes on the effect of local iron technology, the labor power wielding the tools, increasing human settlements, and the rise of kingdoms that produced not only for their people but also for regional and distant markets.[17]

From an epidemiological view, hunting and other agricultural activities sometimes aided animal and insect-borne diseases in Yorubaland. Apart from animal diseases that hunting facilitated, the prevalence of *oko etile* and *ogba*, where people cultivated vegetables and other water-bearing fruits like plantain and banana, meant that the Yoruba unwittingly created environments for some harmful parasites. Acting as vectors for pathogens, malaria-carrying mosquitoes, lice, fleas, and ticks caused severe illnesses like yellow and dengue fever.[18] As this chapter will show, the precolonial Yoruba environment and its impact on health became an excuse used by the European imperialists to justify the colonization of the territory in the late nineteenth century. The Europeans couched this colonial incursion as development assistance, a "civilizing mission" that involved spreading Western sanitary science and hygiene to sanitize and heal the landscape they labeled diseased and unhealthy.

Indeed, the environment in Yorubaland favored certain disease vectors.[19] Sources show that Yoruba people combined fishing with agriculture and hunting in coastal areas. As a result of their interaction with the marine environment, the Yoruba in Arogbo, Badagry, Epe, Ilaje, Lagos, Okitipupa, and Ijebu (Yewa) towns produced salt and supplied neighboring towns with dried fish. Although the coastal people had limited contact with the zoonoses common in the interior, the riverine landscape posed a different health risk.

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[17] McCann, Green Land, *Brown Land, Black Land*.

[18] Elizabeth Isichei, *A History of African Societies to 1870* (New York: Cambridge Univ. Press, 1997), 242.

[19] Gregory Maddox, *Sub-Saharan Africa: An Environmental History* (Santa Barbara: ABC-CLIO, 2006), 40-2, 67.

The swampy area was a breeding ground for disease vectors such as blackflies and mosquitoes responsible for water-borne diseases like river blindness (*inarun*) and skin rashes (*kuruna*).[20] In these seaside communities, socio-economic activities such as fishing, swimming, washing, and bathing in streams, ponds, and rivers also aided the spread of snail fever (bilharzia/schistosomiasis). Although its primary vector is infected freshwater snails, unsuspecting Africans also contracted the disease via contact with infected human waste. Studies have shown that these health threats were not unique to the Yoruba people. In his analysis of indigenous medicine and healing traditions in the Gold Coast, historian Jonathan Roberts shows that people lived in environments similar to western Nigeria across Africa. Based on his observation of the Gold Coast landscape, the Africanist scholar identified malaria, guinea worm, yellow fever, yaws, and other gastrointestinal infections as diseases that made the area dangerous for humans habitation.[21] However, he notes that the local population, as elsewhere in Africa, used their knowledge of herbs and healing practices to manage their health. Similar to the experience of precolonial African peoples, pre-industrial societies in the Western world also bore the burden of diseases unique to their environment.

In Yorubaland, archaeological evidence relating to common diseases exists in Nok terracottas and sculptures. Scholars who have examined a few of these artifacts suggest that the Yoruba had ailments such as elephantiasis, guinea worm, rickets, yaws, and syphilis.[22]

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[20] Isichei, *A History of African Societies to 1870*, 242.

[21] Jonathan Roberts, "Medical Exchange on the Gold Coast during the Seventeenth and Eighteenth Centuries," *Canadian Journal of African Studies* 45, 3 (2011), 482.

[22] Suzanne Blier, *Art and Risk in Ancient Yoruba: Ife History, Power, and Identity, c. 1300* (New York: Cambridge University Press, 2015), 186-7; Frank Willett, *Ife in the History of West African Sculpture* (New York, McGraw-Hill, 1967), 61-3; William Bascom, "Urbanization among the Yoruba," *American Journal of Sociology* 60 (1955): 446–54; John Iliffe, *Africans: The History of a Continent* (New York: Cambridge University Press, 1995), 67, 216.

Since the population in most Yoruba towns was relatively dense and sparse in villages, people probably contracted these diseases as trade expansion brought different groups together from different disease environments. For instance, smallpox, an infectious disease, became an epidemic in Yorubaland in the sixteenth century, especially in towns that were trade chokepoints due to the movement of traders.[23] The disease also occurred frequently during the dry and harmattan seasons when local weather patterns enhanced the spread of the virus from the cough, sneeze, and droplets of infected people to others. Also, certain Yoruba practices aided the spread of disease vectors even where and when agriculture did not serve as the driver of animal and insect-borne diseases in Yorubaland. Similar to how the cultivation of water-bearing plants around the house provided a comfortable breeding ground for mosquitoes (*yanmu-yanmu)*, partly covered water storage may also have aided the spread of yellow fever and malaria. It was common among the Yoruba to place earthen water pots and containers used for dying clothes within their premises.[24] Apart from the fragile nature of these vessels, their enormous size also made it difficult for people to place a tight-fitting cover on them. Since the ceramic pots were usually heavy and difficult to empty, remnants of water inside them offered breeding space for mosquito larvae (*tanwiji*).

Indeed, some Yoruba people developed partial immunity to malaria due to several years of infection. Yet, this did not protect them entirely from the disease. Historian Philip Curtin critiques this idea of the immunity of Africans to certain diseases. Writing about the endemic nature of malaria disease in West African societies, the scholar observed that:

[23] Oluwatoyin Oduntan, "Beyond 'The Way of God:' Missionaries, Colonialism and Smallpox in Abeokuta," *Lagos Historical Review* 12 (2012): 7-8.
[24] Interview with Mr. Augustine Ebisike (58 years), Environmental Health Officers, Abuja, July 8, 2019.

> [A] child is normally infected shortly after birth. During the first years of life it fights a perilous struggle with the parasites, and the rate of infestation is close to 100 per cent of the population under five years of age. Infant mortality from this cause is extremely high, but those who survive attain an apparent immunity in later life. This immunity, however, is not completely effective...unless the individual is reinfected at frequent intervals.[25]

The fact that African adults had partial immunity to malaria and infants who survived it had to be reinfected at intervals suggests the disease was a serious public health problem. The rate of child mortality thus gave rise to the idea of *abiku*—a child born with a destiny to die prematurely. This inspired local therapeutic names like Durojaiye (stay and enjoy life), Banjoko (sit with me), Kashimawo (let's wait and see), and Malomo (do not go again).

It would be misleading to interpret the problem of diseases in Yorubaland as man-made—African desecration of their environment or their sheer ignorance of vector control. Rather, they contracted diseases from their environment because their livelihood depended on the landscape and its resources. By living close to the natural habitats of animals/insects for centuries, the Yoruba developed a broad knowledge of their geography and its disease ecology. In his recent study of healing and therapeutic pluralism among the Ga people of Accra, Jonathan Roberts discusses the experience of European patients (both sailors and traders) who relied on African therapies and environmental knowledge for their health and survival during the transatlantic slave trade.[26] Though the Europeans brought their surgeons to West Africa to help them treat tropical diseases, these doctors could neither prevent nor cure ailments common in the area. As Africans protected the health of the slave traders and

[25] Philip D. Curtin, *Image of Africa: British Ideas and Action, 1780-1850* (London: Macmillan, 1965), 73.
[26] Jonathan Roberts, *Sharing the Burden of Sickness: A History of Healing and Medicine in Accra* (Bloomington: Indiana University Press, 2021), 28-30.

sailors, Ga women on the Gold Coast also married them, granting the Europeans access to information about the environment, cures for diseases, and therapeutic food. Likewise, in Yorubaland, Africans who accommodated and guided European explorers and missionaries during the nineteenth century knew which landscape to avoid and when it was safe to return to those areas. When the American priest, Rev. Thomas J. Bowen of the Southern Baptist Convention, led some Christian missionaries to Abeokuta in 1854, he insisted on building a "large mission house around African quarters to accommodate new missionaries until they passed through the acclimation fever."[27] This shows the Whites in Yorubaland relied on African adaptation methods and knowledge of the tropical environment before 1900.

By living closer to the Africans, Bowen, like others after him, believed that the Western missionaries in Yorubaland would imbibe certain aspects of African habits, such as regular washing of their clothes and bodies, which the local population considered crucial to healthiness in the tropical environment. Even during the colonial period, African understanding of the disease ecology trumped Western knowledge as colonial officials and "experts" from Europe built some of their health interventions on the information from African elders about local environmental management.[28] This suggests that the Yoruba developed strategies for vector and disease control before the arrival of Europeans. Despite the health challenges posed by nature to the precolonial Yoruba society, the majority of the inhabitants remained strong and healthy because they had sophisticated knowledge of diseases and indigenous medicine, the relevance of which I turn to in the next section.

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[27] Thomas Jefferson Bowen, *Central Africa: Adventures and Missionary Labors in Several Countries in the Interior of Africa, From 1849 to 1856* (Charleston: Southern Baptist Publication Society, 1857), 158 & 242.
[28] Helen Tilley, *Africa as a Living Laboratory: Empire, Development, and the Problem of Scientific Knowledge, 1870-1950* (Chicago: The University of Chicago, 2011), 187-190.

Theories of Illness, Health, and Disease Causation in Precolonial Yorubaland

Before the incursion of the European colonial powers in Africa in the late 1800s, the Yoruba had robust theories explaining disease etiology, prevention, and treatment. Their beliefs about illness and healing informed the local healthcare system, which served the people's needs before and after the arrival of Western medicine. As we would see, the healthiness of the Yoruba and their ability to thrive in a harsh environment became one of the major reasons European slave traders exported them to the Americas as laborers on plantations from the 1600s to the 1800s. By the mid-1800s, the devastating impact of the Atlantic slave trade on the environment and local health systems in Yoruba communities provided the British imperial government with a pretext to launch a "civilizing mission." This mission was, first and foremost, to "sanitize" the African environment believed to be diseased; after that, to apply Western science to "develop" its resources in ways beneficial to Europeans. In this section, a brief analysis of the Yoruba theories of disease causation and treatments shows how the people managed their health and environmental challenges before the 1890s.

Precolonial Yoruba people understood disease and illness as problems affecting the body, soul, and spirit. This belief informed personal and public healthcare in the region. Health (*ilera*) implied the ordered structure of the body, and the distortion of this order was known as illness (*aisan/aare*) or disease (*aarun*).[29] This does not mean the people defined disease and illness as the same or that health was the conceptual opposite of disease. The Yoruba believed diseases in the body were the chief cause of illness. In their worldview, what represented disease agents included harmful intestinal worms, excessive heat/cold, or

[29] Anthony D. Buckley, *Yoruba Medicine* (Oxford: Clarendon Press, 1985), 25-26.

impure blood in the body. The physical manifestation of these pathological abnormalities (diseases) afflicting the body, soul, and spirit was known as illness. Even when the physical sign of illness seemed absent, the Yoruba would not consider an individual healthy as other intermittent diseases like epilepsy (*warapa*) and culture-bound syndrome (*ode-ori*) might be present in the body. If (in)visible illnesses were considered significant in diagnosing ill-health in Yorubaland, knowledge about their treatment or prevention was equally crucial.

Religion played a significant role in how the Yoruba understood human beings. In Yoruba religious thought, humans were "spirit-encapsulated" and not "matter-animated."[30] Based on this understanding, the affliction of a person's body or the general public, which defied rational explanations, such as persistent nightmares, mental disorders, or epidemic disease outbreaks, was attributed to witchcraft, sorcery, or the hostile action of an offended and angry deity (*orisa*). Those considered natural, including organ malfunction, infection, impure blood, hereditary diseases, and other physiological ailments, were ascribed to harmful substances in the body. This distinction did not mean the line between natural and supernatural causes of ill-health was rigid in Yorubaland. Instead, the people understood whatever they labeled an illness in context.[31] For instance, nightmares that one might deem normal could be diagnosed as a supernatural health problem by the Yoruba if one had it repeatedly within a short period. In other words, the Yoruba had multiple understandings, descriptions, and interpretations of different human experiences and conditions.

[30] Norma H. Wolff, "The Use of Human Images in Yoruba Medicines," *Ethnology* 39, No. 3 (2000), 221-222; Oladele Balogun, "The Concepts of Ori and Human Destiny in Traditional Yoruba Thought: A Soft Deterministic Interpretation," *Nordic Journal of African Studies* 16 (2007): 116–130.
[31] Karin Barber, "How Man Makes God in West Africa: Yoruba Attitudes Towards the Orisa," *Africa: Journal of the International African Institute* Vol. 5, No. 3 (1981), 724-745; Andrew H. Apter, *Black Critics and Kings: The Hermeneutics of Power in Yoruba Society* (Chicago: The University of Chicago Press, 1992).

When evaluating the causes of ill-health, precolonial Yoruba people critically examined the sick before labeling any observed ill a natural or supernatural problem. They relied on their perception of the disease condition and its socio-cultural interpretation in addition to the patient's experience of the identified illness. The anthropologist Murray Last finds a similar approach to understanding disease causation in other non-Western societies where this worked. He argues that the indigenous approach to diagnosing ill-health was justified because health impairment is not self-evident; "it is negotiable, and the rules of negotiation vary."[32] This means that ill-health in Yorubaland was flexible and culturally determined. Explanations of a particular illness in certain individuals sometimes change when interpreting the same disease condition in other people. For instance, the Yoruba perceived childhood ailments such as cough and diarrhea, which most infants experienced when growing teeth, as normal/expected and part of children's development. Yet, similar ailments received immediate attention and treatment when adults had them. Rather than theorize disease causation by interpreting symptoms, the Yoruba were more open-minded and sensitive to the uncertainties and subtle differences in the individual experience of diseases, which could challenge conventional interpretations. Hence, the Yoruba system of healing focused on curing the body, soul, and spirit, an approach favored by the World Health Organization (WHO) in their definition of health as a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."[33]

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[32] Murray Last, "Non-Western Concepts of Disease," in William F. Bynum and Roy Porter (eds.) *Companion Encyclopedia of the History of Medicine*, Volume I (London: Routledge, 1993), 650.

[33] Preamble to the Constitution of the World Health Organization adopted by the International Health Conference, New York: World Health Organization, June 19-22, 1946. Retrieved from https://www.who.int/about/who-we-are/constitution, accessed on May 25, 2020.

Against the belief of some Eurocentric scholars who reduced African healing and therapeutic tradition to superstition and magic, the Yoruba believed in natural causes of diseases/ailments.[34] They knew that many diseases were caused in whole or in part by intestinal worms (*aron*). The belief in natural causation underpinned their vast knowledge of medicinal herbs and plant roots as cures for natural ailments. The American missionary Bowen claimed that "many [Yoruba] ailments [we]re laid to worms in the stomach and intestines. If a man feels any unusual sensation in these parts, he pronounces it a worm and wants medicine to kill it."[35] The rationale for using herbs and roots to rid the human body of harmful worms among the Yoruba rested on the idea that the human body was like a water vessel. If this vessel (the body) receives clean water (food) daily, humans ought to ensure that the container is cleaned inside out regularly for internal purity and optimum health. In this frame, the Yoruba believed that while intestinal worms could cause dysentery and other internal disorder, dirty water was responsible for guinea worm disease.[36] Even though the Yoruba had no microscope to study disease-causing germs, they understood that harmful elements could develop in or enter the human body and cause ill-health.

By connecting harmful substances in the body and the environment to ill-health, the Yoruba expressed their empirical understanding of "contagion" and "pollution" concepts as natural causes of diseases and ill-health. Though narrowly defined within the context of

[34] George Peter Murdock, *Theories of Illness* (Pittsburgh: University of Pittsburgh, 1980).
[35] Bowen, *Central Africa*, 233
[36] In 1803, an English physician discovered in Sierra Leone that guineaworm was not caused by dirty water, but by "animalcules" in dirty water. See: Thomas Winterbottom, *An Account of the Native Africans in the Neighbourhood of Sierra Leone: To which is added an Account of the Present State of Medicine among Them, Volume II* (London: C. Whittingham and John Hatchard, 1803), Chapter 5; On Yoruba beliefs about intestinal worms and ill-health, see: George E Simpson, *Yoruba Religion and Medicine in Ibadan* (Ibadan: Ibadan University Press, 1980), 101-103.

their basic knowledge, they knew these terms as the process by which people encountered unclean/impure substances in food, water, and the environment. This idea shows why the Yoruba linked dirty water to diseases like guinea worm and associated body detoxification with health. Based on this understanding, some Yoruba attributed diarrhea in infants to breast milk contamination by the male sperm, especially where the mother failed to observe postpartum abstinence.[37] Rather than administer herbs or other local medication to stop the stool, the Yoruba simply instructed lactating mothers to wean their infants from breastmilk or abstain from sexual intercourse until they stopped breastfeeding. The value of treating illness through this careful study of disease conditions was that the local healing system discouraged frequent use of herbs at every sign of ill health. In effect, they maximized the benefits of herbs, preventing the abuse/side effects that regular usage might pose to health.

As the previous section on geography shows, the Yoruba were aware of the opportunities and the health risks peculiar to their tropical environment. Based on their traditional idea of "contagion" and "pollution" as causes of illness, the Yoruba believed in the environmental determinants of diseases.[38] Similar to how they attributed yaws, a contagious skin disease, to tiny insects, the Yoruba also linked other insect-borne diseases, including African trypanosomiasis, cough, and fevers, to contact with or absorption of harmful environmental substances. Even when some European medical missionaries, explorers, and military doctors erroneously equated malaria and fever (*iba*) due to patients' high temperature, the precolonial Yoruba people had studied and identified different types

[37] Elder Adegoke Adejube, (69 years) Retired Teacher, Ikare-Akoko, July 25, 2019.
[38] Edward C. Green, *Indigenous Theories of Contagious Disease* (Walnut Creek: Altamira, 1999), 44.

of fever. They understood the difference between typhoid fever (*iba jedo-jedo*), yellow fever (*iba ponju-ponto*), and trench fever (*iba gbofun-gbofun*)—a local typology different from the ancient Greek classification documented by the health historian Philip Curtin.[39]

The burden that fever exerted on the Yoruba must have motivated them to classify the disease into different types. Like the Europeans who lacked immunity to bites of deadly insects in the tropical environment, African children were susceptible to pathogen-carrying mosquitoes, tsetse, and other lethal flies. However, the people relied on their knowledge of the disease ecology, minimizing their exposure to insects contaminating human bodies. This knowledge of disease causation made certain nationalist historians and anthropologists equate insects and worms with the germs discovered in the late nineteenth century.[40] These Africanist scholars resisted Western medical hegemony by suggesting that the Yoruba people emphasized cleanliness and hygiene (*imototo*) because they knew insects acting as disease vectors flourished in unclean environments. Hence, the argument that the Yoruba theories of disease causation were congruent with the Western germ theories.

Indeed, the Dutch scientist Antonie van Leeuwenhoek saw some "little animals" (bacteria) under his microscope in the seventeenth century, and his British contemporary Robert Hooke defined them as the smallest structural and functional unit of a living thing.[41]

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[39] Curtin, *Image of Africa*, 74-77; Obafemi Jegede, *Incantations and Herbal Curses in Ifa Divination: Emerging Issues in Indigenous Knowledge* (Ibadan: African Association for the Study of Religions, 2010), 169; Samuel Crowther, *Vocabulary of the Yoruba Language* (London, CMS Society, 1843), 102.

[40] To establish this idea of indigenous germ theory, Green uses "tiny" and "invisible" interchangeably as if they mean the same thing. See: Green, *Indigenous Theories of Contagious Disease*, 77; Ali A. Mazrui and Jacob F. Adeniyi-Ajayi, "Trends in Philosophy and Science in Africa," in Ali A. Mazrui (Ed.), *General History of Africa Volume VIII: Africa since 1935* (Berkeley: University of California Press, 1993), 638.

[41] On the evolution of the microscope, see: Brian Bracegirdle, "The Microscopical Tradition," in Bynum and Porter, *Companion Encyclopedia of the History of Medicine: Volume 1*, 102-119.

However, in contrast to the Yoruba tiny insects and worms, which the people regarded as *kokoro*, the seventeenth-century European animalcules, and rod-like microscopic creatures were stealthy and hidden from the naked eyes. In fact, when Anthony Buckley interpreted *kokoro* as "germs," the anthropologist open-mindedly adopted the medical lexicon. He employed this vocabulary in his study "since the *kokoro* in the body are usually *thought* to be too small to be visible and are therefore *closer* to the English concept of 'germ' than to 'insect.'"[42] In reading Buckley against the grain, it is evident that intestinal worms and other ectoparasites, including bugs, mosquitoes, ants, flies, pests, and larvae which the Yoruba regarded as *kokoro* were (and are) not microscopic. Notwithstanding, based on the empirical knowledge of disease causation in Yorubaland, the local population had some rudimentary understanding of "biological" agents spreading diseases in their environments. The connection they established between unclean environmental substances (air, water, soil, and food) and illness shows that the idea of contagion/infection was not alien to them. Notably, their disease control methods transcended spirituality to include practical hygiene.

Indigenous Hygiene Practices and the Healthcare System in Precolonial Yorubaland

Before the European epistemic colonization of indigenous knowledge about disease and health in western Nigeria, Yoruba folk medicine served the region's health needs. More specifically, until the Atlantic slave trade and the consequent interstate wars damaged the indigenous health structures in Yorubaland, people managed individual and public health problems based on their local theories of (ill)health using local socio-political networks.

[42] Buckley, *Yoruba Medicine*, 26.

The following explanation shows how the precolonial Yoruba society managed individual and public health problems before the British colonized the area in the 1890s. This analysis demonstrates that contrary to the European racist portrayal of the local population and their environments as diseased and in need of Western sanitary science, the people in western Nigeria were not helpless in the face of the multiple health threats posed by their geography.

Given that humans have studied and understood the nexus between cleanliness and health from the time of the Greek physician Hippocrates, precolonial Yoruba society recognized this link and incorporated personal and public hygiene into their culture.[43] Hygiene knowledge in this society existed side-by-side with the individual emotion of disgust. The Yoruba had this innate feeling of disgust because it was part of human genetic makeup, similar to how humans evolved with emotions of sadness and anger and expressed them towards unpleasant things. Human aversion to dirt/filths must have developed as a psychological fail-safe to protect the body from unclean things. Although this implies that intuitive hygiene is universal and predates culture, what societies judged disgusting differed globally. For the social anthropologist Mary Douglas, objects of disgust, including actions, materials, and places connected to dirt, are culturally constructed as a defense mechanism in societies. Since culture is fluid and dynamic, she suggests that the specifics of what societies considered filthy changed over time. Douglas further notes that "[w]here there is dirt, there is [a] system [because] dirt is the by-product of a systematic ordering and classification of matter, in so far as ordering involves rejecting inappropriate elements."[44]

[43] Green, *Indigenous Theories of Contagious Disease*, 44; Geoffrey E. R. Lloyd (ed.), *Hippocratic Writings* (Harmondsworth: Penguin, 1978).
[44] Mary Douglas, *Purity and Danger: An Analysis of Concepts of Pollution and Taboo* (New York: Praeger, 1966), 35.

This means that both Western and non-Western societies labeled certain things, actions, and places as distasteful and unpleasant at one time or another. More importantly, her perspective shows that preindustrial societies evolved unique social systems that protected people from things/practices they believed were harmful to human health and well-being.

For centuries, Yoruba people had developed an indigenous social structure that prohibited unhealthy practices and lifestyles through cultural norms rooted in sanitation and hygiene values. In particular, the people invented a political system through which individual and public health matters received necessary attention and care. Until the advent of British rule in the late 1890s, Yoruba city-states operated a polity founded on a kingship/chieftaincy system of administration, which a single authority never controlled. The traditional political institution was not only monarchical, communal, and ethnic-based, but it was also vested with legislative and judicial powers combined with a complex web of checks and balances to prevent tyranny.[45] Except for the *Okun* Yoruba in the north, each kingdom/empire was headed by a king (*oba*) who managed the affairs of principal towns (*ilu*).[46] A Council of Chiefs/Elders (*ijoye/igbimo*) representing each quarter/ward (*adugbo*) assisted the king in the towns. In their capacity, they coordinated public works such as clearing of bush and footpaths and constructing bridges across swollen streams. Also, precolonial Yoruba quarters/wards contained several compounds (a*gbo-ile*), each with its own lineage head/elder (*olori-ebi*). Individually, these elders and lineage heads supervised

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[45] Michael Crowder and Obaro Ikime (eds.) *West African Chiefs: Their Changing Status under Colonial Rule and Independence* (New York: Africana Publishing, 1970), ix; Olufemi Vaughan, *Nigerian Chiefs: Traditional Power in Modern Politics, 1890s–1990s* (Rochester: University of Rochester Press, 2000), 13.
[46] Ann O'Hear, "The History of the Okun Yoruba: Research Directions," in: Toyin Falola and Ann Genova (eds.) *Yoruba Identity and Power Politics*, 111-126.

collective works in their compounds and maintained law and order on behalf of the king/chiefs. Roles played by these individuals at the town level, including the maintenance of sanitation and health, were repeated at the village, quarter, compound, and family levels.

Since the precolonial Yoruba society did not have specialized bureaucratic public health institutions that grew out of the modern state in Europe during the nineteenth century, the family (*ebi*), a sub-unit of the lineage, was the arm of government closest to the local people.[47] Based on this arrangement, healthcare in precolonial Yoruba society started from the (extended) family. As a result of the setup, family members, lineage heads, and community chiefs collaborated with the central authorities in kingdoms/towns to manage private and public health. Based on the individual innate feelings of disgust and the collective local worm/insect theories of disease (rather than a knowledge of sanitary science in its practical sense), Yoruba communities created cultural beliefs and practices in response to the health hazards prevalent in their tropical environment.[48] These Africans accepted dirt/filth as unwholesome, and most adults cherished and taught young ones the art of cleanliness. The lessons often began with personal and domestic hygiene at home.

Since the Yoruba conceived the body (especially the stomach) as the space where disease usually hides to attack humans, they took personal hygiene seriously, beginning with oral hygiene early in the morning. The Yoruba used *pako* derived from twigs/stems of lime, neems, or orange. Apart from its usefulness in teeth whitening, strong enamel, and gum strengthening, they adopted the chewing stick because of its efficient prevention of

[47] Fadipẹ, *The Sociology of the Yoruba*, 205.
[48] With reference to sanitary science, there was a line of distinction, though thin, between the empirical knowledge of the Yoruba, and the scientific knowledge of the Pasteur-Koch era. See: Fadipe, *The Sociology of the Yoruba,* 293.

tooth decay, gingivitis, and bad breath.[49] They bathed with luffa sponges and black soap (*ose dudu*) made from the ashes of plantain peel and palm oil or shea butter. Recent analysis reveals that these natural hygiene products contain medicinal compounds that helped the Yoruba reduce skin rashes and body inflammation. Roberts encounters a similar indigenous skin and dental care method when studying the Ga people. On the Gold Coast, the people used chewing sticks to clean their mouths and dry grass sponges and herbs mixed with palm oil for skincare.[50] The widespread knowledge of medicinal plants among these Africans engendered nutritional diets which boosted their immune system. The Yoruba ate waterleaf (e*fo gbure*) to prevent heart diseases and *efinrin* (African basil) for colon cleansing. They believed that eating the latter for detoxification would remove harmful intestinal worms from the body, resulting in sound health. These practices substantiate African dispositions to personal hygiene, contradicting the European rhetoric of Africans as dirty people.

If personal and social hygiene were signs of advanced civilization, as accentuated by the Europeans in the nineteenth century, the Yoruba were ahead. This is because apart from bodily cleanliness, precolonial Yoruba also cleaned their environment. Sometimes, this environmental sanitation preceded personal hygiene because the cleaning exercise was often dusty. While the *olori-ebi* of each lineage was responsible for the sanitation of their compounds, women performed the routine task of sweeping rooms and courtyards.[51] To remind them that sanitation was incomplete without disposing of the refuse, the Yoruba

[49] Interview with Mrs. Hannah Dare (86 years), Retired Teacher, Ikare-Akoko, July 25, 2019.
[50] Jonathan Roberts, "Medical Exchange on the Gold Coast during the Seventeenth and Eighteenth Centuries," *Canadian Journal of African Studies* 45, 3 (2011), 489.
[51] The same practice was observed in the Gold Coast. Casely Hayford, *Gold Coast Native Institutions: With Thoughts upon a Healthy Imperial Policy for the Gold Coast and Ashanti*, (London: Sweet & Maxwell, 1903), 110.

invented the aphorism: *agbati ile ni i bi baale ile ninu* (unpacked/undisposed refuse annoys the landlord). Hence, women collected and dumped the rubbish outside. To prevent disease vectors from entering their homes, they used aromatic plants and fruits as bio-pesticides, including lantana camara (*ewonadele*), lemongrass (*kooko-oba*), neem tree (*dongoyaro*), cloves (*kanafuru*), and peels of lime (*osan ghanhin-ghanhin*). Some Yoruba even hung bruised plants in their rooms to expel insects they deemed harmful to health. These plants provided short-term protection by reducing pathogen-laden flies in homes before losing their aroma. Indeed, replacing the repellants would have been easy given the volume of plants in the tropical environment, but we do not know how often they switched the plants.

To encourage these hygiene practices, the Yoruba people developed a robust culture of shaming uncleanliness through proverbs and aphorisms, the literal translation of which most youths and adults understood. To indirectly shame a dirty person emitting a disgusting odor, the precolonial Yoruba people would say *ohun gbogbo l'obun o ni; bi i t'oorun ko* (the unclean lack all but stench).[52] Such pithy expressions promoted personal and domestic hygiene as preventive medicine against diseases and illnesses. Some proverbs shaming uncleanliness focused on Yoruba women, not because they were deemed unkempt but due to their gendered role in the family as home keepers and household managers. Of course, some scholars of gender studies have argued that precolonial Yoruba society did not separate male and female domestic roles.[53] Yet, empirical evidence suggests otherwise.

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[52] Ezekiel Bolaji and Taye Kehinde, "An Analysis of the Proverbs the Yorubans Live," *Education Resources Information Center* (2017): 3, retrieved from https://eric.ed.gov/?id=ED571521.

[53] Oyeronke Oyewumi, *The Invention of Women: Making an African Sense of Western Gender Discourses* (Minneapolis: University of Minnesota Press, 1997), 42; Peter L. Callero, *The Myth of Individualism* (Lanham: Rowman and Littlefield Publishers, 2013), 57; Judith Lorber, *Breaking the Bowl* (New York: WW Norton and Company, 2005), 24.

Being key actors in the smooth functioning of the household, Yoruba women managed most domestic chores such as laundry, sweeping, cooking, and nursing children in their husbands' patrilineal family compounds. Since women, especially mothers, were typically busy with their livelihood while also performing these multiple domestic responsibilities, precolonial Yoruba society expected them to be the bacon of hygiene and sanitation in the family. For this reason, the Yoruba people generally asked rhetorical questions like: *ta lo maa fi obun ṣ'aya*?" *Ki l'obun maa bi*?" (who would marry a filthy woman? What would a dirty woman give birth to?). In other words, the precolonial society expected wives and mothers to show the virtue of cleanliness in their appearance and behavior and raise hygiene-conscious children who would carry on the tradition. The fact that the Yoruba even considered the kind of children dirty women would likely raise shows the extent to which the precolonial African society believed in good hygiene training at home and in bequeathing basic sanitation principles to children. Another proverb also criticizes a woman substantiating her poor hygiene: *obun r'iku ọkọ tiran mọ* (a dirty woman blames her filthiness on the tradition of disregarding personal hygiene during the mourning period following the death of her husband). Since these sayings were for warning and moral lessons, they encouraged good hygiene. Thus, when people known to be hygiene-conscious fell sick, other explanations for the cause of the illness sometimes included taboo violations.

As noted earlier, every aspect of precolonial Yoruba life was laden with the possibilities of divine intervention. This belief in divinities and the Supreme Being made them blame some health problems on the violation of certain cultural taboos (*eewo*). These were the "don'ts" of the precolonial Yoruba people, codified in poems and proverbs as

communal commandments and backed by moral sanctions. The unwritten instructions traversed the entire life of the Yoruba people. In an environmental context, these were moral and ethical codes that guided social order and encouraged human well-being through conservative treatment of nature (water, air, land, etc.) to achieve ecological equilibrium.[54] Precolonial Yoruba people accepted these codes as sacrosanct social norms because of their intrinsic values, which helped maintain social order and moral behavior by outlawing certain practices considered harmful in local traditions. They believed that if anyone broke the codes, even secretly, the offender and sometimes their entire family or community would receive punishment from the supernatural forces enforcing the rules.

Each Yoruba family and clan had unique cultural taboos, but some were common in the region. Since they knew that certain practices impacted their health and environment, one taboo forbade men from sitting on mortars—a wooden cooking utensil.[55] They believed that deviants would become impotent. This code encouraged food hygiene, but the related sanction was directed only to men, perhaps because Yoruba women cherished their cooking tools and would not expose the utensils to dirt. Because the Yoruba slept on mats placed directly on the mud floor of their homes, another taboo forbade the people from eating oranges in the room. They knew the juice might drop on the floor and attract harmful insects and flies to the room. The sanction striking fear into people's hearts and encouraging good hygiene was that all medicine, including herbal concoctions and powder belonging to the deviant, would lose their potency. The Yoruba indirectly meant that no medicine or spiritual

[54] Ayodele S. Jegede, "The Yoruba Cultural Construction of Health and Illness," *Nordic Journal of African Studies* 11, no. 3 (2002): 325 & 330-331; Samuel A. Adewale, "Crime in African Traditional Religion," *Orita: Ibadan Journal of Religious Studies* 26/1-2 (1994), 54-66.
[55] Toyin Falola, *A Mouth Sweeter than Salt: An African Memoir* (Ibadan: Bookcraft, 2013), 281.

intervention requested through rituals would protect anyone who ignored basic sanitation and hygiene principles from illness. Hence, the local adage, *imototo bori arun mole, bi ọye ti mbori ooru* (meaning: cleanliness neutralizes diseases as harmattan dispels heat).

Sadly, the Yoruba passed most of these cultural taboos from one generation to another with little explanation of the elementary science underlying their adoption by making the health and sanitation lessons unintelligible, particularly for curious young people. Rather than stress the objectives of the taboos in everyday life of the people, the Yoruba emphasized the sanctions.[56] For most of the precolonial period, the people complicated what ought to be opportunities for basic hygiene and health education by mystifying the dangers of unhealthy behaviors. This inadequate explanation of the "sacred rules" made some Africans doubt their relevance, labeling the hygiene ideas irrational beliefs. Interestingly, most people believed that violating taboos carried supernatural punishments, which may include material hardship, ill-health, misfortune, or premature death. Yet, local compliance with these indigenous codes relied heavily on individual conviction and belief in them. As we would see, the British introduction of the germ theory in the late 1890s relegated the local knowledge accentuated in Yoruba cultural taboos, even though the moral codes only differed slightly from the Victorian belief in the virtues of cleanliness and discipline. By thriving on the mysteries surrounding African ethical principles, European missionaries and officials labeled germ theories of disease, scientific knowledge, and Yoruba beliefs about diseases and ill-health as superstitions and myths.[57]

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[56] Interview with Mrs. Hannah Dare; Falola, *A Mouth Sweeter than Salt*, 282.
[57] Percy Amaury Talbot, *The Peoples of Southern Nigeria: A Sketch of their History, Ethnology and Languages, With an Abstract of the 1921 Census* (London: Oxford University Press, 1926), 79.

Notwithstanding, ill-health attributed to natural or spiritual causes, including taboo violations, were treated with herbal remedies and other religious/cultural practices. Home remedies were common in the precolonial society because most Yoruba adults learned the art and science of medical herbalism (*egbo'gi*) for curing common ailments.[58] They learned herbalism to minimize their reliance on traditional healthcare providers. Thus, therapies for minor illnesses like cold, fever, cough, and stomach upset were made and used at home. However, those whose health conditions defied domestic treatment visited local healers.[59] According to Roberts, dealing with such illnesses "meant abandoning oneself, as a patient, to the care of experts who used divination and possession to harness the occult powers that surrounded them."[60] These native "doctors" used medico-religious therapies to remove the causes of the ailments while also considering the patient's social condition and reality. Like the Druids who doubled as priests and physicians in pre-industrial Britain, precolonial Yoruba priests or priestesses (*babalawo* or *iyanifa*) worked as diviners/healers. At the same time, Yoruba herbalists (*onisegun*/*adahunse/elegbogi*) also diagnosed and treated all kinds of diseases and ill-health. Significantly, they were readily available for consultation on medical and religious therapies throughout Yorubaland. Their methods of treating personal ailments included skin scarification through small and superficial incisions (*gbere*) on the sick body. Some sick also wore anti-demon charms such as amulets and talismans to ward off evil spirits. Ritual cleansing was a common healing method in this environment, and

[58] Interview with Mr. Amos Alademehin, (71 years), Herb Seller, Bode market, Ibadan, July 27, 2019.
[59] David Oyebola, "Traditional Medicine and Its Practitioner among the Yoruba of Nigeria: A Classification," *Social Science and Medicine* 14A (1980), 25-28; Julius Oluyitan, "Evolution of Colonial Medical Service in Ibadan, 1900-27," in Olufemi Olaoba, Ademola Ajayi and Victor Edo (eds.), *Yoruba History and Historians: A Festschrift for Professor Gabriel Olorundare Oguntomisin* (Ibadan: John Archers, 2015), 161-170.
[60] Roberts, *Sharing the Burden of Sickness*, 16.

Yoruba healers sometimes offered propitiatory sacrifices (*ebo*) in addition to the prescribed medicated baths to appease the offended deity on behalf of the sick.

These health-seeking practices of the Yoruba were far from being examples of African exceptionalism or otherness. Ironically, some of these practices aligned with the beliefs held by some of the founding fathers of Euro-American biomedicine. Felix Mensah compares African cultural practices with Western health-seeking behaviors through high-profile interviews with medical professionals and critical reading of Greek mythology. The author ritualizes the medical profession in ways that strip biomedicine of its artificial secularity. Demonstrating that the progenitor of Western medicine (Hippocrates) believed there is a spiritual domain to disease and health, the author obliterates the artificial distinction often drawn by Eurocentric scholars between science and myth and between spiritual and medical practices.[61] Mensah's perspective is significant because it affirms previously ignored evidence suggesting that medieval Europe and America shared the same fluid supernatural conceptions of illness and health. For instance, empirical evidence shows that desperate nursing mothers in sixteenth and seventeenth-century Britain (like the Jews, Greeks, and the Romans before them) relied on anti-demon amulets sold in dispensaries to prevent future fever and fatal teething problems in children. Like African "fetish" protection ornaments, this amulet was also popular among elites in colonial America as a supernatural remedy for infant diseases like convulsions, whooping cough, and ruptures.[62]

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[61] Felix Augustine Mensah, "The Spiritual Basis of Health and Illness in Africa," in Falola and Heaton (Eds.), *Health Knowledge and Belief Systems in Africa* (Durham, NC: Carolina Academic Press, 2008), 172-179.
[62] Thomas Winterbottom, *An Account of the Native Africans in the Neighbourhood of Sierra Leone: To Which Is Added An Account of the Present State of Medicine Among Them, Volume I* (London: C. Whittingham and John Hatchard, 1803), 257-258; Don Corbly, *The Last Colonials* (Morrisville, NC: Lulu Press, 2009), 179.

Given Hippocrates' belief that certain diseases and health conditions defied rational and medical theories, we see the place of African "scientific"/health knowledge in the world. This analysis also tells us more about Yoruba health-seeking methods by substantiating their healthcare approaches, which cured diseases and ensured human well-being.

Beyond the preventive and curative health system at the family level, each village and town also developed practical "public health" measures to protect human health and environmental well-being. Indeed precolonial African societies lacked an official concept or definition for "public health" in the abstract sense of the mid-nineteenth century Western equivalent. However, the absence of this terminology does not mean that the people had no comparable expressions, practices, and systems which protected the public against health threats or crises. Scholars researching African health and healing systems before European colonization have demonstrated that political authorities within their areas of jurisdiction worked with local priests/priestesses to advance public health at the village and town levels. According to the historian Gloria Waite, public health in precolonial Africa was when political authorities merged religious and medical knowledge to protect people. The reason was that people tied their health and social well-being to the political power held by their leaders.[63] In these societies, the period of reign, authority, and survival of kings/chiefs mostly hung on their ability to promote peace and maintain public health and prosperity.

This was particularly true in precolonial Yorubaland, where political leaders and priests/priestesses (diviners) acted as public health officials demonstrating their esoteric knowledge of religion and health. They exercised power over people's well-being by

[63] Gloria Waite, "Public Health in Pre-Colonial East-Central Africa," *Soc. Sci. Med.* 24, 3 (1987): 197-208.

executing public health measures for human and land productivity. This explains why the historian and epidemiologist Mario Azevedo argued that "a chief or king who was unable to bring rain or control a disease outbreak could be ostracized by his people and even deposed or killed."[64] Some scholars have echoed a similar view about Yorubaland. With particular reference to the Oyo Empire, they argue that the Council of Chiefs (Oyo-Mesi) had the power/authority to demand the head of the king (*Alaafin*) anytime he became powerless against epidemic diseases or other large-scale disasters.[65] Across the continent, traditional leaders used public sanitation as preventive tactics to safeguard public health. When this failed, they adopted spatial (curfew or social distancing), religious (sacrificial rituals and spiritual cleansing of landscape), and place-based measures to contain diseases.

Given that precolonial Yoruba states/kingdoms never existed as a single political unit, villages/towns in western Nigeria employed different public health methods before the Atlantic slave trade. As noted earlier, the people took hygiene seriously. As in their homes, public sanitation was their first line of defense against public health threats. Several references to *aatan* (dumpsite) in Yoruba proverbs suggest the crude waste "infrastructure" was common in the region before the 1800s. The Yoruba believed that *ilu ki i kere ki o ma ni aatan* (regardless the size of a town, it must have a dumpsite).[66] Based on this belief, every community had one or more *aatan*, where people dumped refuse. They sited them in secluded bushy areas, using the bush as cover for the wastelands and anyone using them.

[64] Mario J. Azevedo, *Historical Perspectives on the State of Health and Health Systems in Africa, Volume I: The Pre-Colonial and Colonial Eras* (London: Palgrave Macmillan, 2017), 101.
[65] Peter McKenzie, *Hail Orisa: A Phenomenology of a West African Religion in the Mid-Nineteenth Century* (Leiden: Brill, 1997), 194-195; Samuel Johnson, *The History of the Yorubas: From the Earliest Times to the Beginning of the British Protectorate* (Lagos: C.M.S Bookshop, 1921), 173.
[66] Interview with Dr. Sunday Ojewale, (69 years), Environmental Health Officer, Ibadan, July 24, 2019.

The crude system sustained many settlements because wastes were mostly leaves and food leftovers, which domestic animals ate before decomposing. This does not imply that all Yoruba towns, before/after the Atlantic slave trade, managed the waste facilities perfectly. In more organized places, youths occasionally set fire to the dumpsite to prevent wind from blowing off the refuse, making room for more waste. However, the heaps of rubbish on dumpsites were often left to scavenging domestic animals/birds in less-coordinated towns.

What further shaped the use of these waste sites was a common belief that *aatan kii ko ile k'ile* (dumpsites never reject any trash).[67] While this idea was more about the kind of wastes people could dispose of on the dumpsites, it also meant that precolonial Yoruba people did not separate human wastes from other refuse. The implication of not giving fecal waste any special treatment was that many Yoruba gave little thought to its healthier management. Thus, some Yoruba defecated on waste dumpsites. Furthermore, since these sites were usually situated away from residences, anecdotal evidence suggests that Africans living far away from dumpsites disposed of their trash in nearby water bodies or bushes. Around their homes, it was also probable they defecated in bushes and inside holes dug in the ground with a cutlass/hoe, mostly at late hours when a trip to the nearest dumpsites was difficult. Yet, the infrastructure helped Africans manage public health threats from filth.

In addition to providing dumpsites for waste management, Yoruba traditional rulers also advanced public health by mobilizing people to sanitize public spaces. Local rulers collaborated with lineage and clan heads, heads of social groups, and guilds to ensure that

[67] *Aatan* also refers to tolerant people who hardly complained. See: Stephanie Newell, *Histories of Dirt: Media and Urban Life in Colonial and Postcolonial Lagos* (Durhan: Duke University Press, 2020), 169.

public facilities such as the marketplace, town squares, community shrines, and water sources were kept safe and clean.[68] The *parakoyi* (head of the traders' guild) coordinated trade and environmental sanitation in the village and town's markets. He worked with other leaders within the markets to ensure that traders cleaned their spaces/stalls and disposed of the refuse properly. One of the early written accounts of Yoruba public sanitation was by the recaptive African Reverend Samuel Johnson. In his 1897 book, the Anglican Bishop argues that sellers cleaned their stalls before and after the day's business. He also noted:

> a spot selected as a dust heap for the disposal of all sorts of refuse and sweepings of the neighbourhood, and at intervals, fire is set to the pile of rubbish. Here and there about the town are found leafy groves, usually clumps of fignut trees, the neighbourhood of which is unsavoury from the disposal of sewage. These sites are always infested by crowds of keen-scented scavengers of nature, the hungry-looking vultures.[69]

Johnson's report implies that most sellers joined in the sweeping and sanitizing of their markets, and *occasionally*, they burnt accumulated wastes. Although his view of the "unsavory" sanitation system seemed to have been influenced by the Western modernist idea of hygiene during the period, he noted an imperfect system. Still, he failed to tell us whether this was the norm before the Atlantic slave trade disrupted Yoruba social systems. Also, we do not know if erring traders who failed to clean their stalls were sanctioned.

Oral history from elders in the region suggests that long before the Atlantic slave trade started, the Yoruba had social mechanisms for conforming both buyers and sellers to the unwritten but widely known market hygiene regulations.[70] Accentuating the Yoruba

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[68] Ambe Njoh, *Urban Planning and Public Health in Africa: Historical, Theoretical, and Practical Dimensions of a Continent's Water and Sanitation Problematics* (London: Routledge, 2012), 22.
[69] This condition did not compel rulers to intervein in sanitation. Johnson, *The History of the Yorubas*, 92.
[70] Interview with Dr. Oluwatoyin Oduntan, African History Professor, Towson University, USA, May 6, 2021.

intolerance for filth in the market was the proverb: *Afinju wo'ja, a rin gbendeke*; *Obun a wo'ja, a pa siosio*; *Obun siosio ni yi o ru eru Afinju wo'le* (the civilized walks elegantly into the market; the filthy walks in sluggishly; the unkept shall serve the civilized). Literarily, this means the Yoruba often avoided dirty shops in the market, making it hard for their owners to sell goods. With the social exclusion, filthy traders had to work as porters for the tidy if they were to make money. This mechanism taught people accessing/exiting markets that there is pride in keeping a clean environment as they saw the neat as civilized.

Other public facilities that attracted the attention of Yoruba leaders in connection to public health were the community water sources. Precolonial Yoruba people relied on communal streams, springs, lakes, and rivers, protected by sacred cultural beliefs and religious prohibitions. Among others, by tying clean water to public health, the Yoruba believed that any wound/injury immersed in a flowing stream or river would never heal. Similar to some of the taboos discussed earlier, this idea discouraged behavior harmful to people's health by deterring those with open wounds (on the hand or leg) from polluting the sources with their injuries when fetching water. Apart from using taboos, the youths also kept the sources of water safe for public consumption.[71] They removed dead leaves, overgrown weeds, and dirt from the communal water sources before the rainy seasons. Also, they cleared separate footpaths to the water sources, allowing people to access them for different purposes simultaneously. The multiple entries allowed careful collection and reduced contamination of the water sources. People fetched drinking water from upstream before the water flowed down to those fishing, laundering, or swimming downstream. Yet,

[71] Interview with Dr. Olatunji Ojo, African History Professor, Brock University, Canada, May 12, 2021.

unrestricted access to these water sources also meant they were prone to contamination by domestic animals such as goats, sheep, and pigs, which sometimes drank there after eating from the community dumpsites. At times, the wind moved improperly disposed waste into the water sources. The Yoruba knew this; hence, the adage *agbe ni i je egbin omi* (the gourd takes the water sediments). Still, people used water from these untreated sources because they believed that contaminants would not stay in them as long as the water continued to flow. People also fetched their drinking water early before others disturbed the streams.

Across the region, youth leaders also mobilized their age grades to weed footpaths leading to community shrines, market arenas, and festival centers. Most times, community chiefs supervised these public works. Local hunters aided public health in this society by protecting people from animal attacks and defending their towns against invaders.

African responses to more serious public health crises such as drought, bad harvests, or diseases outbreaks were often religious. In Yorubaland, certain diseases and misfortunes were extensions of religious discourse, which people interpreted as punishments from the gods rather than simply environmental or health issues. During public health crises such as famine, bad harvest, and drought, local rulers designated religious authorities to consult the gods and appease the particular deity affiliated with the problem.[72] These cult leaders acted as "Ministers of Health," dispensing traditional medicine prescribed by the gods, which could be sacrificial rituals for the village/town. At times, local authorities invited renowned priests from outside their areas at the beginning of every year to inquire for the community whether there would be any public health problems that year. Invited diviners sometimes

[72] Interview with Dr. Ojo.

advised leaders to organize and perform rainmaking ceremonies before planting seasons to appease the fertile god of agriculture (*orisha oko*) and request abundant rain and good farm yield. In other places, rituals accompanied annual festivals designed to ward off public health crises before they occur. For instance, during the seven-day *Edi* festival in Ile-Ife, the final day/event, *Igbarubi-Edi* (carrying of calabash containing impurities), featured Tele, the spiritual load (calabash) carrier, being offered to the gods as the town's spiritual scapegoat.[73] Being the sacrificial lamb, Tele took away the town's sins, diseases, poverty, and misfortunes by shedding his blood for people to receive abundant rainfall, productive farming season, health, and longevity from the gods. It is noteworthy that these practices were not magic bullets because they sometimes failed. Since the health-seeking methods had worked before, people believed the gods could save them from public health problems.

In addition to solving the problem of human and land productivity, Yoruba leaders also managed epidemic diseases. They knew there was an epidemic disease outbreak only when those considered young and healthy started dying *en masse*.[74] As stated earlier, malaria was common among infants, and families sought cures from herbalists (*elegbogi* and *elewe omo*). This and other issues like increasing deaths among aging people did not receive central authorities' attention because the precolonial Yoruba society did not see them as epidemics. Whereas they blamed the deaths of elders on old age, the Yoruba did not view high infant mortality as a public health problem either because the people assumed

[73] Michael J. Walsh, "The Edi Festival at Ile Ife," *African Affairs* 47, 189 (1948), 231-238; Paxton S. O. Aremu, Yemi Ijisakin, and Shehinde Ademuleya, "The significance of 'Igbarubi-edi' in Edi Festival in Ile-Ife: A Spiritual Concession," *Journal Research in Peace, Gender and Development* 3, 7 (2013), 126-132.
[74] Murray Last, "The Peculiarly Political Problem behind Nigeria's Primary Health Care Provision," in: Ruth Prince and Rebecca Marsland (eds.), *Making and Unmaking Public Health in Africa: Ethnographic and Historical Perspectives* (Athens: Ohio University Press, 2014), 63-65.

they knew the cause of the deaths. Empirical knowledge at the time did not reveal that infants were likely dying from red blood cell disorder (sickle cell disease), which they acquired from birth due to parents' opposing genotype and blood group. Instead, the Yoruba believed that deceased infants came from the spirit world (*abiku*) and were destined to die before reaching puberty to be reborn into the same family again unless traditional healers performed rituals to keep them on earth.[75] Except these, whenever young people started dying of strange diseases, which the Yoruba could not explain, traditional leaders deployed public health measures to contain and, if possible, eradicate such diseases.[76] The chief priest/priestess (heading the health sector) and the king/chief (leading other political elites) decided the appropriate action required to protect the public from such threats.

For most of the precolonial period in Yorubaland, these measures were largely religious and cultural. However, some communities resorted to outright relocation from the disease environment when the measures failed.[77] The Yoruba mostly used sacrificial rituals to appease their gods to restore public health. Depending on the situation and divinatory prescription, these rites were either conventional (recurring) or obligatory (expiatory and propitiatory).[78] Like the Western Christians, Yoruba people considered their public health method one way of atoning for sins committed against Supernatural Beings. They believed that epidemic diseases resulted from disharmony with ancestors or deities due to sins, pollution, or violation of taboos which could only be rectified by offering humans, animals,

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[75] Timothy Mobolade, "The Concept of Abiku," *African Arts* 7, (1973), 62-64

[76] Njoh, *Urban Planing and Public Health in Africa*, 23.

[77] Hartwig and Patterson, *Disease in African History*, 4.

[78] Charles C. Ebere, "Sacrifice," in: Abiola Irele and Biodun Jeyifo (Eds.), *The Oxford Encyclopedia of African Thought, Volume 1* (Oxford: Oxford University Press, 2010), 301.

or food sacrifice to the deity responsible for their affliction. Hence, spiritual worship of divinities involved state-sponsored rituals, which the local priests/priestess must lead.

Scholars of public health have shown that the responses of precolonial leaders to epidemic diseases and public misfortunes transcended religion and spiritual initiatives. Mari Webel shows that the Buganda people in East Africa added spatial measures to their medico-religious public health measures whenever an outbreak of African trypanosomiasis (sleeping sickness) occurred. She argues that during disease outbreaks on the Ssese and Bugala Islands, the Ganda authorities created sick homes on high grounds, away from others, where sick people received appropriate care.[79] These unique centers were similar to the fever hospital launched by the British in Calcutta in 1838, where sick Indians received treatment. Thomas Winterbottom, a European physician, reported that similar facilities existed in precolonial Sierra Leone, where local authorities temporarily relocated ill people to protect them from witchcraft.[80] This act of isolating the sick in places similar to the nineteenth-century recovery houses in Europe suggests that Africans had practical public health measures before the colonial period. Traditional rulers used many methods to protect public health in Yorubaland, including quarantine, dusk-to-dawn curfew, restriction of movements, visitation, gatherings, and banishment of cursed people from the community.

Whenever epidemics such as smallpox (*igbona*/*olode*) occurred in Yoruba towns, the king/chief would request the help of the Sopona cult.[81] These were specialists who

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[79] Mari K. Webel, *The Politics of Disease Control: Sleeping Sickness in Eastern Africa, 1890–1920* (Athens: Ohio University Press, 2019), Chapter 1.
[80] Winterbottom, *An Account of the Native Africans in the Neighbourhood of Sierra Leone: To Which Is Added An Account of the Present State of Medicine Among Them, Volume I*, 259.
[81] Interview with Dr. Ojo; Interview with Dr. Oduntan; Jude Okocha, *Justification by Faith in African and Western Context* (Marburg: Tectum Verlag, 2012), 73.

treated the illness by appeasing Sopana, the god of smallpox. The worshipers quarantined any infected household to contain the disease. Unlike other ailments, the Yoruba believed that smallpox could spread through victims' clothes or corpses. Sometimes, the disease also resulted in the restriction of social gatherings and the closure of markets to prevent the virus from spreading. As such, the deadliness of smallpox dictated its containment method. Most of these public health interventions and the indigenous "scientific" knowledge that backed them were similar to those in pre-industrial America, Asia, and Europe.[82] For the Yoruba, strategic imposition of curfew or restriction of movements meant an apt understanding of social distancing based on the belief that some diseases spread through human contact.

Interestingly, Yoruba leaders responded to some non-lethal public health concerns more aggressively than others based on their socio-cultural perception of the threats. The history of the Yoruba is replete with reports of stigmatization and banishment of lepers (*adete*) from towns. Writing on the less prevalent but mildly contagious leprosy disease (*ete*) in precolonial Nigeria, historian John Iliffe argues that "in contrast to Ethiopians or Hausa, Yoruba expelled leprosy sufferers from their towns with a ruthlessness rare in Africa."[83] One Yoruba proverb backing this claim affirms the local belief that: *ma ba ni oogun ete, ti o ba ti ba eniyan, abuku ti ba a* (avoidance is the only medicine for leprosy, whoever gets infected becomes dishonored by its blemish). This negative approach to leprosy was not based entirely on health but on the people's cultural and religious beliefs.

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[82] Paul Kelton, "Cherokee Medicine and the 1824 Smallpox Epidemic," in: David Gordon and Shepard Krech III (eds.) *Indigenous Knowledge and the Environment in Africa and North America* (Athens: Ohio University Press, 2012), chapter 7; Charles-Edward Winslow, *The Conquest of Epidemic Disease: A Chapter in the History of Ideas* (Princeton: Princeton University Press, 1944), 108-116.

[83] The disease was common in hot and humid areas. See: John Iliffe, *The African Poor: A History* (Cambridge: Cambridge University Press, 1987), 38.

Given their religious worldview, the Yoruba considered leprosy a filthy disease because of sufferers' pale-colored skin sores, lumps and bumps, and deformed bodies. They viewed the disease as a shameful punishment from the gods, designed to tarnish sufferers' identities and family reputations. In the decentralized Yoruba society that idolized good character and cleanliness, people believed socializing with persons under gods' punishment was unsafe. Many herbalists and healers shared this idea, believing that any effort to cure lepers could affect their relationship with the divinities. Thus, herbalists and healers were reluctant to treat the illness. Worse still, the Yoruba considered it unethical and dishonorable for local healers to treat leprosy (and epilepsy) for a fee, perhaps because the disease imposed economic hardship on sufferers, limiting their ability to work.[84] Given the limited economic contributions of lepers in towns, the threat their presence posed to godly cleanliness, and the shame their disease condition brought on the identity and reputation of communities, leaders in Yorubaland believed it was in the interest of the public to sever ties with them. The Yoruba also used the stigma that accompanied leprosy disease as a social control mechanism to discourage young adults from engaging in certain behaviors and actions. Yoruba elders compared some young people's life choices and decisions to leprosy, which could isolate them from family and friends if they turned deaf ears to caution, as they would have to live with the consequences of their wrong/bad decisions alone. Thus, the Yoruba believed that *a ki i ni k'omode ma d'ete, bi o ba ti le da igbo gbe* (one does not urge a child not to contract leprosy as long as they can live alone in the forest).

[84] Bassey Ebenso, Gbenga Adeyemi, Adegboyega Adegoke and Nick Emmel, "Using Indigenous Proverbs to Understand Social Knowledge and Attitudes to Leprosy among the Yoruba of Southwest Nigeria," *Journal of African Cultural Studies* 24, 2 (2012), 216.

Against Iliffe's observation, the use of expulsion as a public health strategy against leprosy and other individual disease conditions in precolonial Yorubaland was not cruelty. Instead, local authorities prioritized public health over a few personal problems, which the family units could handle. In fact, traditional rulers sometimes banished witches and thieves because people considered them dangerous. Even when local leaders could not, people usually isolate such individuals with questionable behaviors and abilities. In this context, expelling individuals and families that threatened a village/town's health, safety, and well-being was a standard preventive health measure, which helped precolonial Yoruba societies manage public health problems before the advent of colonial rule in the region. The effectiveness of this health system was evident when Euro-American slave merchants arrived to buy healthy black labor in the harsh West African environment. Ironically, the healthiness of these Africans made European capitalists and slave traders consider them fit laborers for agricultural plantations in the "New World." As the next section shows, the expansion of the Atlantic slave trade in Yorubaland during the late 1700s engendered ecological stress and damaged the local public health system in the area.

Socio-Political Instability, Ecological Stress, and Public Health in Yorubaland

The environment, alongside Yorubaland's crude but efficient public health system, which this study documents in the previous sections, witnessed a radical transformation beginning from the eighteenth century. The two major events that imposed these changes on the social structures in Yorubaland were the expansion of the Atlantic slave trade in the region during the 1700s and its local impact—the Yoruba civil wars. While the slave trade, which lasted about three centuries, started in West Africa during the early 1500s, one of its regional by-

products was the Yoruba interstate wars, which lasted almost a century. In this section, I briefly examine one of the neglected areas in Nigeria's history: the role that the Atlantic slave trade and its attendant socio-political instability played in shaping local environments, disease ecology, and public health in Yorubaland before the imposition of colonial rule. It argues that as the slave trade motivated conflicts, population decline, and displacement, the accompanying anxiety and political instability in the region shifted the attention of local authorities away from social development to security and the protection of their borders. The impact of this change on the local environment and people's health was devastating. Documenting the effects of this transformation is crucial because conflict and insecurity altered Yoruba environments and public health methods. The social instability they caused also legitimized European "benevolent" intervention in the late 1890s. Without explaining the changes imposed by the slave trade on Yoruba society in the 1700s and 1800s, any analysis of the European "civilizing mission" in the area in the 1890s would be incomplete.

The literature on slavery and the slave trade in Africa is extensive. Several scholars have particularly investigated and explained different aspects of the transatlantic slave trade in Africa. These researchers have highlighted the various modes of African enslavement, sales statistics, regional distribution, their changing patterns, and the gendered nature of the obnoxious trade from its inception in the 1400s to its abolition in the 1800s.[85] Their

[85] Paul Lovejoy, *Transformations in Slavery: A History of Slavery in Africa*, Second Edition (Cambridge: Cambridge University Press, 2000), 1-23; Walter Rodney, *How Europe Underdeveloped Africa* (London: Bogle-L'Ouverture Publications, 1972), chapter 4; Paul Lovejoy and David Richardson, "Competing Markets for Male and Female Slaves: Prices in the Interior of West Africa, 1780–1850," *International Journal of African Historical Studies* 28, 2 (1995): 261-293; Philip Curtin, *The Atlantic Slave Trade: A Census* (Madison: The University of Wisconsin Press, 1969); John Thornton, "Sexual Demography: The Impact of the Slave Trade on Family Structure," in: Claire Robertson and Martin Klein (eds.) *Women and Slavery in Africa* (Madison: The University of Wisconsin Press, 1983), chapter 3.

accounts show that while the Atlantic slave trade witnessed the harmonization of European demand for enslaved people and African willingness to supply, the trade did not expand in most parts of Africa until the 1700s. After it did, West Africans dominated the trade during the eighteenth and nineteenth centuries, selling more blacks to white plantations and forced labor in the Americas. By showing that the impact of the Atlantic trade on African societies varied from place to place, we now know how the trade delayed Africa's development.[86]

However, beyond the simplistic idea that Euro-American capitalists in the "New World" needed cheap labor, few scholars have studied and explained the epidemiological factor that inspired the European shift from Amerindian servitude to the enslavement of Africans in the Atlantic world.[87] To show why the capitalist Europeans preferred enslaved Africans in their Atlantic agricultural plantation and forced labor system, the historian Philip Curtin reveals how the colonists used the overlapped environmental conditions in Africa and the "New World" to decide their choice of labor. With little knowledge of how people outside Europe creatively managed their health, especially in tropical environments, the capitalists of Atlantic commerce advanced pseudo-scientific arguments to explain the susceptibility of Amerindians to diseases and deaths under the planters' dehumanized labor system. The Europeans also used the same racial explanation to rationalize the importation of enslaved Africans into their settlements in the Americas.[88] On the one hand, the white

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[86] Nathan Nunn, "The Long-Term Effects of Africa's Slave Trades," *Quarterly Journal of Economics* 123 (2008): 139-176; Nathan Nunn, "Shackled to the Past: The Causes and Consequences of Africa's Slave Trades", in: Jared Diamond and James Robinson (eds.), *Natural Experiments of History* (Cambridge: Harvard University Press, 2010), 142-184.

[87] Elena Esposito, "Side Effects of Immunities: The African Slave Trade," Max Weber Programme Working Paper, European University Institute (October 2015), retrieved from http://hdl.handle.net/1814/36118; Philip Curtin, "Epidemiology and the Slave Trade," *Political Science Quarterly* 83, 2 (1968), 190-216.

[88] Curtin, "Epidemiology and the Slave Trade," 194-207.

invaders racially categorized Native Americans as a weak race, lacking the strength to assimilate the advanced agricultural system—white civilization—Europeans "generously" bestowed on them. On the other, the Europeans believed enslaved Africans had immunity to the pathogens and health challenges of the hot and moist Americas. However, as Curtin demonstrates, the capitalist Europeans later discovered that some enslaved Africans fell sick and died in the "New World" because they lacked complete immunity to the new strain of diseases there. This also implies that enslaved Africans' illnesses had traveled with them to the Atlantic, further depopulating the region. Still, we know that the Africans had an epidemiological advantage in the Americas during the 1500s and the 1600s.[89]

As enslaved Africans' knowledge of farming and herbal medicine came in handy, serving the economic and health needs of their masters, the skills, strength, and health they showed further convinced Euro-American farmers of the need to expand the racial slave trade. Recent studies have revealed that planters in the malaria-infested areas of Louisiana fancied enslaved labor from sub-Saharan Africa due to their agricultural skills, resistance to malaria and yellow fever, and knowledge of herbalism.[90] This suggests that plantation owners, especially those in regions prone to diseases, did not simply buy any enslaved blacks. In addition to sound health to survive the horrors of the Middle Passage, Euro-American planters ordered enslaved Black labor from some areas in West Africa, including Yorubaland, because of the people's partial immunity to certain diseases, knowledge of the tropical environment, some of its diseases, and their treatment. Perhaps, this is why the

[89] Maddox, *Sub-Saharan Africa: An Environmental History*, 85-87.
[90] Esposito, "Side Effects of Immunities," 29-35.

historian Olatunji Ojo discovers that in the Yoruba slave markets, "able-bodied men cost more than old women…[and] herbalist was more expensive than a farmer."[91] The author's claim was valid since every enslaved African had basic farming skills and partial immunity to tropical ills. Given that agriculture was the core of their economy, the only skill every slave did not have was healing, making it the tipping factor. The argument of other scholars that African political elites and merchants did not monopolize the slave trade also proves that buyers had preferences.[92] With Africans having little control over the slave trade, Euro-American traders maximized profits by ordering enslaved people with the capacity to work in the harsh tropical environment and knew herbal medicine needed to stay healthy and productive. In this frame, the loss of able-bodied Africans, and those knowledgeable in using roots/herbs for healing, weakened the health system in many Yoruba communities.

The local public health systems in Yoruba towns and villages came under additional pressure as the Atlantic slave trade expanded, causing conflicts and insecurity in the region. Yoruba historian Ojo had argued that the inhuman trade did not expand in western Nigeria until the 1790s when Lagos replaced Dahomey as the leading slave port in West Africa. He connects the rise of Lagos as a major slave supplier in the region and its dominance in the nineteenth century to the monopolistic actions of the local authorities in Dahomey, which pushed Euro-American slave exporters to the open arms of the Yoruba elites in Lagos.[93] For the scholar, this transformation of Lagos into a slave-trading haven inevitably made the entire Yoruba society a slave-producing region since Lagos was closer to other Yoruba

[91] Olatunji Ojo, "The Organization of the Atlantic Slave Trade in Yorubaland, ca.1777 to ca.1856," *The International Journal of African Historical Studies* 41 (2008), 92.
[92] Zeleza, *A Modern Economic History of Africa: The Nineteenth Century*, 61-62.
[93] Ojo, "The Organization of the Atlantic Slave Trade in Yorubaland, ca.1777 to ca.1856," 79.

settlements in the hinterland. What Ojo does not state clearly, however, is that by the time this racial slavery expanded in Yorubaland during the 1790s and the following decades, the region was already at war with itself. Regional powers like the Oyo Empire fought several wars to capture and sell more slaves to European merchants for weapons. At the same time, rivalry over trade routes increased violence and hostilities among Yoruba city-states. The aggression and their accompanying slave raids partly inspired the Fulani invasion of Yorubaland (an extension of the 1804 Sokoto jihad into the South), the subsequent decline and collapse of the Oyo Empire, and finally, the Yoruba interstate wars, which fed the Atlantic slave trade with more captives. Though the analysis of these events is beyond this study, they reveal that slave trade-motivated wars became endemic in Yorubaland during the eighteenth and nineteenth centuries. The turbulent period, which became an opportunity for many tributary states to declare their independence, also resulted in the collapse of some Yoruba towns such as the Old Oyo, Iwere, and Owu.[94] As violence became a tool for acquiring slaves and organizing their sales, the entire Yorubaland became a slave frontier, and the people turned into articles of trade. Proof that the slave trade took many Yoruba to the "New World" remained evident in Afro-American culture in the US, Cuba, and Brazil.

By the time Euro-American explorers and Christian missionaries started penetrating the interior of Yorubaland in the first half of the nineteenth century, the attention of most Yoruba towns and villages was no longer on social development, comfort, or public health. They were more concerned with the security and safety of their population. This is because

[94] Akanmu G. Adebayo, "Iwo: A Reevaluation of Refugee Integration, Intergroup Relations, and the Scenography of Power in a 19th-Century Yoruba City," *Afriques* 11 (2020), https://doi.org/10.4000/afriques.2797; Olatunji Ojo, "The Slave Ship Manuelita and the Story of a Yoruba Community, 1833-1834," *Tempo* 23, 2 (2017), 360-382.

the slave trade and its by-product, the Yoruba interstate wars, continued to weaken local political systems in the area as elites, including kings/chiefs, warriors, and traders, wanted their share of the trade.[95] Local warlords with limited ability to govern took charge of some towns; others created new states like Ibadan and Ijaye to pursue their ambitions. Ijaye did not survive the turbulent period, but Ibadan grew from a war camp in 1829 into a refugee shelter and became a commercial center in the 1850s. These changes and reorganization destabilized previous social networks and kinship relationships that sustained the Yoruba idea of collective public work. Notably, Yoruba leaders' concern with ensuring the safety of their towns left little time for them to encourage environmentally-friendly behaviors that had hitherto been the pillars of public sanitation and health in many villages and towns.

Of course, the slave trade had varied impacts on Africa. Yet, the Yoruba experience of this racial slavery was unique due to the interstate wars, which concluded the trade in the area. Among the impacts of the slave trade-related warfare and insecurity on the health and environment of the people was their exposure to new disease environments due to the changes in settlement patterns.[96] Some groups relocated to new territories, such as the Egba people, that moved to the area now known as Abeokuta in 1830 to escape slave hunters and avoid invasion/annexation by stronger rivals. This displacement had severe environmental and health impacts. New towns like Ibadan and Abeokuta received immigrants from other places, causing domestic waste to increase in the new settlements. The two towns managed refugee inflow successfully because they had more space, but other cities could not.

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[95] Ruth Watson, *'Civil Disorder is the Disease of Ibadan': Chieftaincy and Civic Culture in a Yoruba City* (Athens: Ohio University Press, 2003); Joseph Inikori, "Africa and the Trans-Atlantic Slave Trade," in: Toyin Falola (ed.), *African History Before 1885*, Volume I (Durham: Carolina Academic Press, 2000), chapter 17.
[96] Johnson, *The History of the Yorubas*, chapters 8-10.

Fear of insecurity caused overcrowding in places people considered safe and secure. As congestion in the settlements allowed diseases to spread faster, the poor living condition of some people became a recipe for public health disasters. In places where people tried to spread out, land clearing for housing and agriculture resulted in deforestation, bringing people closer to the environments of vectors responsible for malaria, sleeping sickness, and yellow fever. Likewise, it was probable that filth diseases, such as dysentery and typhoid, increased due to people's limited access to safe drinking water after fleeing their homes. Moreover, the general neglect of public sanitation in towns/villages that did not relocate may also have caused the contamination of water sources available to the public when local authorities prioritized the security of lives over social welfare. By settling in environments where disease-causing insects were endemic, many Yoruba people contracted new strains of diseases, the cause and the cure of which they had difficulty detecting. Hence, certain diseases triggered public health crises, which people could not control until they ebbed down on their own.[97] The decline of health infrastructures and the loss of age-grades, who could build new systems, undermined the ability of Yoruba leaders to control epidemics. Many Yoruba towns also suffered from famine, which one Ijesa town named *Iyan Yamoro*.

Public health in many Yoruba towns deteriorated in the first half of the 1800s due to the civil war and insecurity. Yet, public sanitation and other disease control measures remained under control in towns/villages where the regional conflict barely affected the local political systems. The Scottish explorer Clapperton observed the cleanliness of Ilaro

[97] Ibrahim Abubakar, "The Health Care Sector and National Security in Nigeria: An Exploratory Perspective," *Journal of the Historical Society of Nigeria* 21 (2012), 138; Zeleza, *A Modern Economic History of Africa*, 43-44.

when he visited the town in the 1820s; and even though Bowen found mosquito-infested swamps in Ijaye, he noted that "the natives in most places are among the most cleanly people in the world, washing their bodies daily and their clothes often, which I suppose, is one reason of their good health."[98] These accounts show that war-affected Yoruba towns dealt with public health issues to the best of their abilities by demonstrating the capacity to care for themselves. The reports also illuminate the complex views of missionaries and explorers about the Yoruba and their environment in the early 1800s, showing that these agents of Empire did not have the same opinion about Africans. Instead, they described the people and their social systems based on personal experience. Their narratives were also informed by ignorance sometimes. The eyewitness account of Richard Lander, an explorer of western Africa, about the response of a Yoruba town to an epidemic proves this point.

When Lander arrived in the capital city of the declining Oyo Empire, the town was already under the attack of a respiratory disease called *pehe* (flu), which broke out between 1827 and 1831. The disease further complicated famine and ecological stress from the slave trade and the attendant war the town was fighting. To protect the public, local authorities in the city quickly segregated those infected by the contagious disease in a bush. Lander noted that "no matter what the nature of the complaint may be, they are instantly conveyed by their relatives to the distance of a mile from the town, and left to lie along the bare ground, in a state of the most perfect nudity, underneath the branches of trees."[99] He

[98] Mabogunje, *Urbanization in Nigeria*, 101; Bowen, *Central Africa*, 241-242.
[99] Lander was the only member of Clapperton's team who survived the expedition. See: Richard Lander, *Records of Captain Clapperton's Last Expedition to Africa: With the Subsequent Adventures of the Author, Vol. II* (London: Henry Colburn and Richard Bentley, 1830), 219; Johnson, *The History of the Yorubas*, 215–216.

reported that the area lacked adequate protection, and at times, patients experienced animal attacks. However, the explorer did not identify the bush as a public health structure even though he observed that people took their sick relatives there to prevent the disease from spreading to others. Interestingly, the "insecure asylum," which Lander described, was an isolation center in the capital (Oyo-Ile), where flu patients were kept from the public.

As mentioned earlier, Yoruba people dealt ruthlessly with diseases and anyone threatening collective health. In Oyo-Ile, local authorities deployed this attitude to curb *Pehe*, justifying why Lander found the patients isolated. The Nigerian archaeologist and cultural historian Akinwumi Ogundiran calls the isolation center a "sacred grove."[100] Although the author adds to our understanding of the public health "facility," he lumped Yoruba sacred groves together as "isolation centers" without telling us what made the bush Lander described unique or different from other bushes in the town. The Anglican Bishop, Samuel Johnson, has shown that groves in Yorubaland served various functions: as venues of worship (*Egungun/Alagba* grove), where people invoked ancestral blessing (Oranyan grove), for human sacrifices (Basorun's cola grove), for purification (*Ifa* grove), and also as a burial ground for people who died mysterious or abominable death.[101] Judging by the neglect of the sick people Lander saw, it is probable they were expected to die in the bush. Yet, the place-based response to the epidemic demonstrates that the Yoruba people were not helpless. Since interstate wars had damaged the town's economy, local leaders left the care of patients to their families. From what we know, the social status of patients in the

[100] Akinwumi Ogundiran, "Managing Epidemics in Ancestral Yorùbá Towns and Cities: 'Sacred Groves' as Isolation Sites," *The African Archaeological Review*, September 1, 2020, 1–6.
[101] Johnson, *The History of the Yorubas*, 31 & 139, 136-7, 306, 503.

grove determined the quality of care they received from their relatives, which was usually inadequate due to the economic impact of famine and insecurity on people's livelihood.

This was the social condition in Yorubaland when some British-commissioned explorers, military men, and missionaries began to write about life in the interior, labeling Africans "primitive" and in need of "saving."[102] Many of them used the problems caused by the slave trade to legitimize their call for its abolition in the area while also urging their imperial governments to launch a "civilizing mission" that would bring "legal" trade and the redemptive power of colonialism to bear on the region. The foreigners also gathered geographical and ethnographic data to aid the mission, portraying the Yoruba environment as unfriendly, a place where "filthy reedy marsh" caused diseases.[103] Some further labeled the area and other towns in West Africa the "white man's grave," a reservoir of disease-causing animals/insects.[104] These labels, which explained the "otherness" of Africans and their environments in ways shocking to the European public, depicted a "deadly" place unhealthy for the White race unless sanitized. As the next section shows, the British late nineteenth-century imperial interest in West African towns, camouflaged as the "civilizing mission," required healthy environments and people to contribute to the empire's economy. Thus, the public health problems in Yorubaland became a legitimizing discourse for the British "benevolent" invasion of the region even though the Europeans were just improving

[102] Thomas Buxton, *The African Slave-Trade* (London: Merrihew & Thompson, 1839), 197-202; Thomas Buxton, *The Remedy: Being Sequel to the African Slave Trade* (London: W. Clowes & Sons, 1840), 133-136.
[103] Bowen, *Central Africa*, 244.
[104] Philip Curtin, "'The White Man's Grave': Image and Reality, 1780-1850." *Journal of British Studies* 1 (1961), 94-110; Kenneth Lupton, *Mungo Park: The African Traveler* (Oxford: Oxford University Press, 1979), 164; Dixon Denham, Hugh Clapperton, and Walter Oudney, *Narratives of Travels and Discoveries in Northern and Central Africa, in the years 1822, 1823, and 1824* (London: John Murray, 1826), 40-41.

their equally poor public health. Specifically, the colonizers used the epidemiological crises from the Yoruba wars to justify their mission to "civilize" and "sanitize" Africans.

Sanitary Enlightenment in Britain and Early Colonial Hygiene Regime in Yorubaland

If the poor condition of African health and environment was the social disorder that rhetorically justified the European "civilizing mission" in the late nineteenth century, then the "diseased" environments were not much different from the condition in some European cities at the time. The reason is that the British Parliament showed little interest in public sanitation and health before 1848 unless epidemic disease forced them to intervene. This section briefly examines Britain's public health development, focusing on the era the European imperial powers claimed to be more civilized and developed than African states. This short review of the British struggle with diseases and sanitation issues helps us understand why the colonizers considered sanitary science and the late nineteenth-century germ theory as tools of empire in West African towns. By linking events in the imperial metropole with the social problems in the colonial periphery, this section shows why the British launched a mission to sanitize Yorubaland for imperial socio-economic interests.

For centuries, Europe and Asia suffered many epidemic diseases like plague and measles. Though the Europeans lived in the temperate region, they experienced a series of smallpox epidemics until 1853, when a vaccine was discovered for the illness in England.[105] Also, public sanitation and domestic hygiene in many European cities were deplorable

[105] A British, Mary Wortley Montagu, who learnt smallpox inoculation in Turkey returned to England and showed that the disease was a form of variola. Decades later, Edward Jenner built on this knowledge to produce smallpox vaccine for England in the 1840s. See: Alexander Wilder, *History of Medicine. A Brief Outline of Medical History and Sects of Physicians, from the Earliest Historic Period;* (New Sharon: New England Eclectic Publishing Co., 1901), 265.

during the early nineteenth century. Scholars have demonstrated that some areas in London and Paris (the heart and soul of European empires) were little better than some urban centers in Africa due to the high rate of slums and waste in these towns during the early 1800s.[106] Writing about nineteenth-century England, the Victorian social historian Lee Jackson describes several streets and homes in the British Empire's seat of government as filthy, overcrowded, and polluted with overflowing dustbins. He shows that in the early 1800s, London residents of East End districts and other poor communities accumulated garbage outside their front doors while waiting several weeks for dustmen to collect the waste.[107] The pile of waste attracted disease vectors while also polluting the environment.

The foul image of London that Jackson paints show that the central government's control of environmental sanitation and waste management did not begin in certain districts until the second half of the nineteenth century when overcrowding and slum threatened public health. There was no sewerage system in many communities, and most Londoners relied on cesspools to manage human waste. Sewage flowed into living quarters and streets with this flawed public sanitation condition. Even when some houses received flush toilets (water closets) in the mid-1800s, "a third of properties in the wealthy, aristocratic parish of St. James's still lacked a modern convenience; in poverty-stricken areas like Southwark, the figure was more like 90 percent."[108] Ostensibly, sanitation in this industrializing society did not involve kinship networks that local Yoruba rulers leveraged to maintain public

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[106] Spencer H. Brown, "Public Health in U.S. and West African Cities, 1870–1900," *The Historian* 56, no. 4 (1994): 685–98; Lee Jackson, *Dirty Old London: The Victorian Fight Against Filth* (New Haven: Yale University Press, 2014); David S. Barnes, *The Great Stink of Paris and the Nineteenth-Century Struggle Against Filth and Germs* (Baltimore: John Hopkins University Press, 2006);
[107] Jackson, *Dirty Old London*: 16-20.
[108] Jackson, *Dirty Old London*, 49.

health. European individualist attitude to sanitation further aided government indifference to public hygiene and health. Given this flawed arrangement, one may argue that without the Atlantic slave trade and its ruinous wars in Yorubaland, major western Nigerian towns would likely be cleaner and better organized in the 1800s than some European cities. Still, the condition of many European towns remained appalling when racialists started giving Africans and their "diseased" environments "bad press" in Europe in the early 1800s.

Significant shifts from an individualist to a more social view of public sanitation and health began in Britain when social reformers started drawing again from the ancient ill-defined miasma theory of disease causation towards the middle of the century. This idea and its proponents blamed epidemic diseases like cholera and malaria on bad air emanating from dirty environments, rotten carcasses, or foul air/smells in homes. Notably, sanitarians in Britain linked crowded cities and poor living conditions—filthy environments—to diseases. Towards the mid-nineteenth century, Edwin Chadwick and other social reformers attributed many diseases to environmental pollution in Britain. They tied their poor waste management to the outbreak of cholera and typhoid diseases and called for more state intervention in public sanitation. At first, the Parliament's *laissez-faire* approach to public health delayed the required interventions as government officials blamed the recurrent problem of cholera, especially in London, on the laboring poor rather than the capitalist economy of the industrializing cities.[109] However, Chadwick's 1842 report, *An Inquiry into the Sanitary Condition of the Labouring Population of Great Britain*, refutes government propaganda, providing data on the condition of people in slums and filthy streets. Whereas

[109] *London Gazette*, Oct. 21, 1831, retrieved from www.thegazette.co.uk/London/issue/18863/page/2160.

those in France waited till the Great Stink of 1880 before forcing the French central government to take the health-environment nexus seriously, the threat of cholera outbreak forced the Liberal government of Lord John Russell to pass England's first Public Health Act in 1848. British officials adopted a similar reactive rather than a proactive approach in managing public health in the colonies after they captured Yoruba city-states in the late 1890s. In this regard, colonial health historian David Arnold argued that scholars must be cautious of dissociating colonial policies from their metropolitan origin as most of the projects in colonies began in the nineteenth-century imperial metropoles.[110]

The Public Health Act of 1848 created a central platform for coordinating local health authorities in Britain. The General Board of Health (GBH) allowed Chadwick to embark on a sanitizing mission that prioritized the country's cesspools and sewers he considered the greatest source of diseases. Importantly, local health boards received a Medical Officer of Health (MOH) and a Sanitary Inspector, policing building construction, waste, water, and hygiene laws.[111] During this era of British sanitary enlightenment, many towns witnessed state-led street cleaning, waste removal, strict regulation of domestic hygiene, and access to potable water. Yet, people resisted/negotiated many of the state-led public health programs. Rather than passively accepting social reform projects, working-class British judged sanitary reforms based on their perceived merits. According to Michael Sigsworth and Michael Worboys, the fire brigade sent to fumigate and cleanse houses affected by cholera in Attercliffe village of Sheffield was seen by residents as "an army of

[110] David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkeley: University of California Press, 1993), 9.
[111] Kathleen Jones, *The Making of Social Policy in Britain* (Exeter: Short Run Press Limited, 2000).

occupation than a relief column."[112] People perceived the imposed sanitary measures as paternalistic because the villagers were neither consulted during the planning nor briefed before executing the plans. The same top-down approach motivated popular resistance to government sanitary programs in Hull, Bradford, and Leeds. The opposition was based on people's knowledge of local disease ecology and the financial burden that state-led social reforms placed on people. Specifically, the initiatives received many criticisms for their style, methods, and logic rather than the goal they aimed to achieve. This British experience shows that public health was not a neat structure, but ideas and practices societies tried to understand. After colonizing Yorubaland in the late nineteenth century, this British idea of state-led sanitation would be exported to the region to "sanitize" the "disease" environment for colonial interests. In subsequent chapters, the Yoruba, like the British working-class, would resist colonial authority's use of public health to intrude on and control their lives.

After Britain abolished the Atlantic slave trade in 1807, some merchants continued to buy enslaved Africans in Lagos. Recall that some Europeans in Yorubaland sent vital information about the region's natural resources and markets to their countries. They also urged their governments to end the Atlantic slave trade and boost legitimate commerce. By the 1830s, British policymakers concluded plans to send expeditions to the West African interior and open up the Niger for "legal" trade. This plan culminated in the failed Niger Mission of 1841/42, whereby about thirty-five percent of the Europeans (167 out of 1000) on that mission died.[113] During this period, European knowledge of tropical diseases was

[112] Michael Sigsworth and Michael Worboys, "The Public's View of Public Health in Mid-Victorian Britain," *Urban History* 21, 2 (October 1994), 243.
[113] Philip D Curtin, *Disease and Empire: The Health of European Troops in the Conquest of Africa*, (Cambridge: Cambridge University Press, 1998), 89.

in flux, and many ailments were a mystery to them. The death rate during the mission was also high because the explorers knew little about Africa's disease ecology and treatments.

However, resettling enslaved Africans in Sierra Leone and Liberia, among whom were Yoruba converts, improved British influence in western Nigeria. Popularly known as *Saro* (Creole) returnees, the formerly enslaved Africans returned to major Yoruba towns such as Abeokuta, Ibadan, Lokoja, Lagos, and Oyo by the early 1840s. British Christian missions also defied the odds of the tropical environment when the English Wesleyan Mission entered Badagry in 1842.[114] The Methodist Mission perhaps drew on the Anglican-inspired Yoruba Mission, which emerged through the Church Missionary Society (CMS) under the leadership of Henry Townsend and a Yoruba Anglican Priest Rev. Samuel Ajayi Crowther, in 1845. David Hinderer of the CMS, who arrived in Badagry in March 1849, founded churches in Ibadan (1853), Ile-Ife, Modakeke, Ilesha, Osogbo (1859), and Ode-Ondo (1875).[115] Though only Ibadan and Ode-Ondo missions survived, these missionaries and their converts spread Western cultural values and practices in their areas of influence. During this period in Yorubaland, Euro-American missionaries and the *Saro* relied on quinine prophylaxis and the African knowledge of the region's disease ecology for survival. Their imported miasma theory and the value of hygiene also kept them relatively healthy.

The growing number of Europeans in the region resulted in the 1849 appointment of John Beecroft as the Consul over the Bights of Benin and Biafra to coordinate the protection of European traders, missionaries, and their converts in Lagos. However, the

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[114] Lawrence E. Amadi, "Church-State Involvement in Educational Development in Nigeria, 1842-1948," *Journal of Church and State* 19, no. 3 (1977): 483.
[115] Stephen Akintoye, "The Ondo Road Eastwards of Lagos, 1870-95," *The Journal of African History* 10, 4 (1969), 591.

failure of local authorities to stop the slave trade pitted the missionaries against the local political elites as the obnoxious trade and the weakness of the local leaders "endangered" evangelism and the British "legal" trade. Thus, Crowther and other *Saro* ex-slaves called for British intervention in Lagos.[116] Between November and December 1851, the British Royal Navy executed a military campaign that kick-started a ten-year consular rule in the coastal town. This invasion opened Yoruba markets and their tropical agricultural products to the British imperialists. After David Livingstone's 1857 Cambridge lecture, which enjoined Britain to intensify Commerce, Civilization, and Christianity (3Cs) in Africa, the imperialist occupied Lagos as a Crown Colony in August 1861. After that, English law was introduced in the town, applying to all subjects where and when local events permitted.[117]

The health of colonial officials and troops in Lagos became a cause of concern by 1865; "compared with other stations on which our army and navy are called upon to serve," George Ord stated, "the West Coast of Africa [was] particularly fatal to life."[118] Due to the high death rate, Sir Charles Adderley and his 1865 West African Select Commission noted that the region's vast agricultural products were relevant to the British economy, but the disease environment made it "notoriously unfit for occupation by the Anglo-Saxon race."[119]

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[116] Emmanuel A. Ayandele, "Review of J. H. Kopytoff's A Preface to Modern Nigeria: The 'Sierra Leonians' in Yoruba, 1830-1890," *Journal of the Historical Society of Nigeria* Vol. 4, No. 1 (December 1967), 191.

[117] As the Yoruba in Lagos became subjects in "British territory," others became subjects in "British-protected territory" under local laws deemed not repugnant to the British idea of justice. Bonny Ibhawoh, *Imperialism and Human Rights: Colonial Discourses of Rights and Liberties in African History* (Albany: State University of New York Press, 2007), Chapters 2 and 3; A. I. Asiwaju, "The Western Provinces Under Colonial Rule," in Obaro Ikime, *Groundwork of Nigerian History* (Ibadan: Heinemann Educational Books, 1980), 436.

[118] Colonel Ord was commissioned by the British Parliament in October 1864 to report on the condition of British settlements in West Africa. See: George Ord, *Parliamentary Report on the Condition of British Settlements on the West Coast of Africa* (London, 29 March 1865), 30.

[119] Cited in: Timothy Parsons, *The Rule of Empires: Those Who Built Them, Those Who Endured Them, and Why They Always Fall* (Oxford: Oxford University Press, 2010), 293; Tom Gale, "Hygeia and Empire: The

Still, the British Parliament decided to maintain a skeletal administration in the Yoruba town. Given the threat that filth diseases posed to European health and the growing market for British goods in Lagos, the colonizers extended their idea of miasma to the colony from the late 1860s, introducing state-led public sanitation programs as they did in London.

Early British sanitary programs in Lagos followed an enclavist approach, focusing mainly on protecting European health. Since the British were not in the town to promote sanitation and public health but trade, they justified their racial discrimination by drawing on the rhetoric of African partial immunity to tropical diseases. However, the poor health conditions in African quarters forced colonial officials to slowly extend public health programs to the natives, but this inclusion did not end the European enclavist attitude. John Glover, who served as the colonial governor of Lagos between 1863 and 1872, introduced the first set of regulations: an Ordinance for the Better Preservation of the Town of Lagos from Fire (1863) and the Land Ordinance (1867), which promoted public health and environmental sanitation in the town.[120] Similar developments unfolded in the Gold Coast, which became a Crown Colony in 1874. As in Lagos, British colonial officials replicated the metropolitan Public Health Acts with the passage of the Towns Police and Public Health Ordinance in 1878 and 1892.[121] In the Lagos context, the 1863 ordinance outlawed thatched

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Impact of Disease on the Coming of Colonial Rule in British West Africa," *Transafrican Journal of History* 11 (1982): 82.

[120] Ordinance 8 of 1863 gave Africans living close to Europeans in Broad Street a grace period of five months and others eight months to complete the replacement of their roofs or face prosecution. See: Onyeka Nwanunobi, "Incendiarism and Other Fires in Nineteenth-Century Lagos (1863-88)," *Africa: Journal of the International African Institute* 60 (1990), 111-112; Spencer H. Brown, "Public Health in Lagos, 1850-1900: Perceptions, Patterns, and Perspectives," *The International Journal of African Historical Studies* 25, 2 (1992), 348.

[121] Gold Coast, *The Towns Ordinance: An Act to rovide for the better regulation of towns and promoting public health and for related matters*, retrieved from http://extwprlegs1.fao.org/docs/pdf/gha93491.pdf (No. 13 of 1892).

roofs and recommended Calabar bamboo that was not easily inflamed. Whereas the 1867 law made indiscriminate dumping of refuse and night soil a crime, under the Act, owners of unfenced land and buildings constituting dumpsites would lose such properties if not cleaned within two months. In the absence of adequate waste infrastructures, Africans violated the order. The refuse disposal order was also new to Africans because they had used random dumpsites as waste facilities for decades. This made the social change colonial officials expected more difficult. Yet, the public health laws encouraged the natives to clean their premises and surroundings with the threat of legal action against those found wanting.

Apart from encouraging environmental sanitation, the colonial authority in Lagos tried to improve health by providing new latrines and improved water sources. Inadequate potable water had been a problem in Lagos before the mid-1800s because most of the existing water sources in the town had been contaminated by salt water from the lagoon, making them unsuitable for drinking. In the 1860s, colonial authorities dug more public wells in Lagos. By 1900, 53 public wells were supplying Africans, and over 150 provided water for private homes though the water quality was unsatisfactory.[122] The introduction of public latrines closely followed improved well water in the later part of 1870. The colonial government built the infrastructure in some African quarters to prevent filth diseases from spreading due to the proximity of the natives to European communities. Initially, the local population welcomed the idea of public latrines, but one local newspaper reported that the widespread acceptance of these makeshift toilets depreciated.[123] The declining interest in

[122] Brown, "Public Health in Lagos, 1850-1900."
[123] British Library Newsroom (hereafter BLN), *The Lagos Observer*, July 19, 1883 & February 25, 1888.

the latrines was due to their short supply, and where they existed, they lacked adequate maintenance. Moreover, the toilets existed mostly in areas Europeans and Creoles lived.

In the Yoruba interior, the arrival of the British imperialists during the interstate wars had a mixed impact. On the one hand, the Europeans brought relative peace to Yorubaland because they negotiated a truce among the warring groups for trade routes to open. This ceasefire allowed Glover's administration, which lasted till 1872, to construct some feeder roads in the hinterland, linking Ibadan, Ondo, Ekiti, and Ilesha communities with colonial towns like Lagos and Abeokuta.[124] These feeder roads increased the volume of European trade while inadvertently developing the Yoruba economy. On the other hand, clearing land for new roads disrupted animals/insect habitats, thus increasing their contact with people. Without any major sanitation infrastructure in most towns where the path of these roads crossed, it was probable that African contact with disease vectors increased. As African towns opened up to "legal" trade, they were integrated into the capitalist economy, placing more burden on their crude waste infrastructures. This condition led to increased environmental pollution. By retaining outdated sanitation systems in an era of rapid social changes—increasing trade and waste—public health languished in many towns, except in a few areas like Abeokuta, where Western-educated Africans shaped state social programs.

The growing interest of European traders in Yorubaland and the British economic crisis of 1873 changed the colonizer's "gentlemanly imperialism" in the late 1800s, igniting renewed interest in the formal occupation of Africa. Other economic factors included the rise of major industrial powers like France, Germany, and the United States. In particular,

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[124] Stephen, "The Ondo Road Eastwards of Lagos, c. 1870-95," 581-598.

Britain's economic output fell from the 1870s, thus relying on imported food as agricultural production fluctuated.[125] At this time, local pressure for overseas resources and markets increased. British producers/traders were worried that France and other commercial rivals might annex potential African markets and lock them out with high tariffs. Covertly, this fear of market closure and other imperial interests brought Britain and other European powers to Berlin in 1884, where they partitioned Africa. Overtly, the Europeans disguised their colonial interests as a mission to "liberate" Africans from slavery and wars, "civilize" them and help the people develop through trade. However, filth and insect-borne diseases affecting the health of Europeans constituted a formidable obstacle to the actual occupation of the "white man's grave." To advance their imperial interests in Yorubaland, British officials deployed colonial hygiene and public sanitation programs as "civilizing" forces to eliminate tropical diseases like malaria hindering access to local markets and resources.

As mentioned earlier, the British public health intervention in Lagos, as in London, rested on the sanitarian miasma theory championing hygiene projects for disease prevention and control from the 1830s. This belief that bad air caused major diseases came under attack in Europe during the 1860s when scientists offered new theories of disease causation. Leading the way, the English physician John Snow confirmed cholera bacteria in the fecal-contaminated water serving Broad and Cambridge Streets of London.[126] Following his discovery, Louis Pasteur proved his germ theory, blaming the pathogenic actions of some

[125] Parsons, *The Rule of Empires*, 295; Peter Cain and Anthony G. Hopkins, *British Imperialism: Innovation and Expansion, 1688-1914* (New York: Longman, 1993), 112; Ewen Green, "Gentlemanly Capitalism and British Economic Policy, 1880-1914: The Debate Over Bimetallism and Protectionism," in: Raymond E. Dumett (ed.), *Gentlemanly Capitalism and British Imperialism: The New Debate on Empire* (London: Longman, 1999), 47.

[126] Roderick E. McGrew, *Encyclopedia of Medical History* (London: Palgrave Macmillan, 1985), 109-111.

microorganisms for many diseases. In the 1860s, the scientist further realized, with the aid of an improved microscope, that certain dirty conditions and environments (which would be found in Africa) favored the activities of disease vectors. He concluded that pathogenic microbes were responsible for infectious diseases. His research did not only confirm Snow's cholera theory but further eroded earlier miasmatic and supernatural theories of diseases.[127] By 1881, Robert Koch proved that different microbes caused different diseases, while Patrick Manson and Ronald Ross discovered that the *Anopheles* mosquito was the vector for malaria. By declaring germs as the major cause of illness, these scientists invented a monocausal theory that provided a catch-all label to explain different diseases. Across Europe, laboratory-based research evolved, attaching certain organisms to diseases. Here, bacteriology and epidemiology grew, improving European knowledge of diseases.

Indeed, bacteriology and epidemiology were embryonic and could not aid European imperialism in Africa. Yet, the filth-germ-disease connection the fields confirmed inspired sanitary science in Lagos, resulting in more sanitation projects supporting the empire. In 1886, colonial officials created a Public Works Department in Lagos, managing public infrastructures such as roads, courts, and hospitals. Two years later, they established a Sanitary Department independent of the Medical Department, which had 11 European and 3 African doctors in 1898. Two colonial officials in charge of the Sanitary Department were a European Sanitary Engineer and an African "Inspector of Nuisance."[128] The latter ensured local contractors executed scavenging works awarded to them. Although personal hygiene

[127] Michael Worboys, "Tropical Diseases," in Bynum and Porter, *Companion Encyclopedia of the History of Medicine: Volume 1*, 518-519.
[128] I. F. Nicolson, *The Administration of Nigeria, 1900-1960: Men, Methods and Myths* (Oxford: Clarendon Press, 1969), 54.

and quinine reduced European mortality, other diseases like blackwater fever, smallpox, and dysentery continued to claim their lives. Sources show that 32 per 1000 died on the West African coast between 1876 and 1890, 300 in 1000 returned to Britain on medical ground, and between 1891 and 1900, 44 out of 1000 died.[129] This data suggests that British officials still lacked knowledge of the causes, control, and prevention of major diseases in West African towns despite the growing influence of bacteriology and epidemiology.

Notwithstanding, one significant outcome of discovering germ theories in the late 1800s was the professionalization of the new fields of bacteriology and epidemiology. In their effort to protect colonial officials' health and secure British possessions in tropical environments, the Scottish physician Manson, his contemporary Ross, and other British scientists created a space for themselves within the British imperial enterprise. They drew on their various scientific discoveries and established "tropical" hygiene and medicine as a specialty within Western medicine to help tackle ailments that had hitherto hindered the official occupation of tropical colonies. Manson, in particular, socially constructed a medical field to aid the British "civilizing mission" in the colonial world by turning "diseases in the tropics" into "tropical diseases." For this reason, health historian Worboys opines that the rise of tropical hygiene and medicine in the late 1890s was not a coincidence or neutral scientific advancement. Instead, the fields were the direct actions of some scientists interested in imperialism and colonial development.[130] Given the relevance of the

[129] H. E. Raynes, "Mortality of Europeans in British West and British East Africa," *Journal of the Institute of Actuaries* 58, no. 1 (1927): 21–32; Philip D. Curtin, "The End of the 'White Man's Grave'? Nineteenth-Century Mortality in West Africa," *The Journal of Interdisciplinary History* 21, no. 1 (1990): 63–88.
[130] Worboys, "Tropical Medicine," in: Bynum & Porter, *Companion Encyclopedia of the History of Medicine*, 518.

scientists' works, especially to the "new imperialism" of the late 1800s, they quickly became assets to their national governments and European traders in West Africa.

The appointment of Manson in July 1897 as the Chief Medical Advisor to the Colonial Office confirmed the value colonial officials in the metropole attached to his work. During this period, the new Secretary of State for the Colonies, Joseph Chamberlain, who considered British colonies in Africa as an "undeveloped estate," tasked Manson to solve the problem of ill-health and diseases on the continent. In December 1898, Dr. Manson declared: "I now firmly believe in the possibility of tropical colonization by the white races" because "the direct causes of ninety-nine percent of tropical diseases are germs."[131] Earlier in 1894, this parasitologist had also demonstrated in one of his works, *A Manual of the Diseases of Warm Climates*, that tropical landscapes favored germs. With little regard for other social determinants of health and without visiting all tropical environments, Manson homogenized the diverse landscape in the tropics. Also, he ignored other important causes of diseases such as malnutrition and poverty. Indirectly, the physician classified Yorubaland and other territories in tropical Africa as a reservoir of germs and diseases. So, according to the Medical Advisor, "to kill [the germs] then is simply a matter of knowledge, and the application of this knowledge—sanitary science and sanitation in fact." Manson's belief that improved sanitation would solve the problem of germs, filths, and diseases in British Africa gave rise to the imperial "mission to sanitize" West Africa, including Yoruba towns and villages by the end of the century.

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[131] Patrick Manson, Harry Johnston, J. A. Baines, Dr. Felkin, Alfred Sharpe, and J. W. Wells, "Acclimatization of Europeans in Tropical Lands: Discussion," *The Geographical Journal* 12, No. 6 (1898), 599-600.

Manson further emphasized how the sanitizing mission would transform the Yoruba environment and other African territories into a healthy place for Europeans and Africans. In 1899, he mentioned the diseases to be cleansed and how their vectors would be subdued:

> for the prevention of cholera, the facts indicate the policy of a pure water supply; for the prevention of malaria the policy of drainage, cultivation, and other methods of mosquito extermination; for the prevention of plague the policy of the rat-catcher. This for these three diseases is my sanitary creed. But I would emphatically point out, to be effective, these measures must be employed in anticipation.[132]

This recommendation suggests that the Colonial Office considered cholera, malaria, and plague as some of the diseases preventing the "civilizing mission" in West Africa. It also indicates that Manson was confident the "sanitizing mission" would be the lifeline of the European "civilizing mission" in Africa. In this regard, the gender and sexuality scholar Anne McClintock submits that in the eyes of colonial administrators and health officials, the "civilizing mission" could be secured and upheld only by proper domestic discipline and moral sanitation.[133] By implication, colonial sanitation would not only protect the colonizers and the colonized from preventable diseases. In aiding the "civilizing mission," state-led public sanitation and health initiatives would challenge African hygiene practices to ensure they conform to the metropolitan idea of cleanliness necessary for generating change. In the chapters that follow, this study explores the concept of "sanitizing mission" further by reflecting on its potential as a new analytical tool for understanding the complex interactions between Africans and Europeans on sanitation and their connections to public health. The chapters show that tropical hygiene was considered an official tool of empire,

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[132] Patrick Manson, "Introductory Address: London School of Tropical Medicine," Greenwich, Oct 2, 1899.
[133] McClintock, *Imperial Leather*, 47.

vital to securing the health of colonial officials in tropical environments and the British imperial interest. Given the high mortality rate recorded among Europeans in the region during the 1890s, the health of colonial officials and the profitability of empire in Africa came to rely on the imported idea and practice of tropical hygiene and public sanitation.

Given Chamberlain's conviction that the exploitation of resources in the colonies would translate into economic development at home, the Colonial Office backed Manson's request for a special investigation of pathogens as well as the extension of sanitary science to West African towns. To pursue this course, the London School of Hygiene and Tropical Medicine was created in October 1899, where Manson and other physicians admitted and trained medical graduates in the rudiments of tropical medicine and hygiene. Earlier, British traders under the umbrella of the Liverpool Chambers of Commerce had provided funds through Alfred Lewis Jones, the Chairman of the Elder Dempster Shipping Line of Liverpool, to create the Liverpool School of Tropical Medicine.[134] From 1899, the training schools became the think-tank of British health policies, including their mission to sanitize.

In West Africa, as in other African states, the ideologies of the research institutions (sanitary science and biomedicine) became the symbol of advanced British civilization and racial superiority. While the imported definition of tropical diseases, which came with the germ theory, influenced local theories of disease through colonial knowledge and power, the Yoruba relied on colonial authorities for health reforms. Rather than improve public health, most experts from the research institutions (especially the London school) imposed

[134] The interest of this groups in contributing to improved health in West Africa dates to 1895 when European mortality was increasing. See: Thomas S. Gale, "The Struggle Against Disease in the Gold Coast: Early Attempts at Urban Sanitary Reform," *Transactions of the Historical Society of Ghana*, no. 1 (Vol. 16, 2) (1995): 193.

racial stereotypes on Africans, referring to them as "dirty" and uncivilized.[135] Also, non-epidemic diseases were ignored or subjected to the grandiose theories of microbes. In this context, the two schools sought to sanitize Africans and their environment for imperial gratification. By the early 1900s, germ theories had become the *lingua franca* of public health in Yorubaland. Colonial governors, medical officials, and health inspectors deployed the language of sanitation and germs to justify their programs for the "civilizing mission."

Conclusion

This chapter has discussed Yoruba beliefs about diseases and ill-health, and in the process, it documents the health system in Yorubaland before colonial rule. This genealogy is critical to understanding the differences in health and ill health ideas, methods and scope of public health, and the connection between human and environmental health in Yorubaland. It argues that contrary to the nineteenth-century European racialist idea of Africans as dirty people, the Yoruba had a sophisticated public sanitation and health system before the 1800s. Also, the idea that germs caused all tropical diseases was a colonial construction, separating the European form of knowledge from others. The next chapter shows how colonial governors in Yorubaland dealt with diseases and the local population's health. It also nuances the policy implication of the germ theory in western Nigerian towns by discussing the early 1900 British sanitary interventions and the mixed reactions of Africans to them up to the early 1920s.

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[135] For instance, Manson opined that "the intellectual level of West Africans was lower than that of Indians." Cited in: Raymond E. Dumett, "The Campaign against Malaria and the Expansion of Scientific Medical and Sanitary Services in British West Africa, 1898-1910," *African Historical Studies* 1, no. 2 (1968): 193-194.

Chapter Three

Swamp Removal, Waste Management, and the Politics of Group Protection, 1900-20

> It is only quite recently that the swamps of Lagos and Bathurst have been touched...Yet this town was called the white-man's grave; and Heaven was blamed for causing a disease which man could easily have prevented if the most elementary teaching of sanitary science had been attended to.[1]

> The statistics on sanitary improvements are not interpreted by the native as progress in the fight against illness, in general, but as fresh proof of the extension of the occupier's hold on the country.[2]

Introduction

In chapter two, this study showed that the British mobilized the new understanding of disease causation as a tool in the service of the "new imperialism" of the late 1890s. For the Europeans in western Nigeria, successful prevention and eradication of major tropical diseases like malaria would only be achieved if the British colonial government could rid the environment of swamps serving as breeding grounds for mosquitoes and other disease vectors. Early attempts by the colonial government in Lagos to achieve this aim resulted in the provision of limited sanitation facilities and services. However, due to the increasing population in the town due to rural-urban migration, demand overshadowed supply, and state maintenance of the sanitary infrastructures lagged. This chapter follows up on the early public health programs, mapping the development of public health in the region. It explains how racial discrimination and social class sustained segregated sanitation—a feature of colonial towns in western Nigeria—and how the African agency confronted it.

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[1] Edmund D. Morel, *Affairs of West Africa* (London: William Heinemann, 1902), 162-163.
[2] Frantz Fanon, *A Dying Colonialism*, Trans. by Haakon Chevalier (New York: Grove Press, 1965), 121.

The chapter argues that two significant factors stifled early Anglo-Yoruba attempts to improve public sanitation and health in western Nigeria. First, the paternalistic initiatives of the British colonial government, which sought to "sanitize" the Yoruba environment by reforming the people's perceived poor hygiene practices, offended many natives. Secondly, the parochial politics of cultural nationalism, which some Africans mobilized to counter colonial "sanitary civilization" that imposed new, alien, and costly changes on people, also restricted attempts to improve health. The chapter emphasizes that a nuanced analysis of this politics and the accompanying contestation over public health between British officials and the African public defies a single blanket theory. This is because the appalling picture of public sanitation in Nigeria, which the current body of literature paints and ascribes to the British tight-fisted fiscal policy and racial prejudice, is incomplete without documenting Africans' perception and engagement with colonial health programs. Thus, the chapter argues that the halfhearted British effort to manage human waste in western Nigeria was obstructed unintentionally by the African subaltern political agency in the early 1900s.

To fully understand this complex and conflict-ridden Anglo-Yoruba politics of environmental sanitation up to the early 1920s, this chapter discusses the colonizer's effort to manage waste and rid colonial towns of swamps. It points to the increasing revenue of western Nigeria, which the British colonial government failed to utilize for the social improvement of Africans. Unlike the inclusive public health programs that governor William MacGregor executed in western Nigerian towns that protected European and Africans' health between 1899 and 1904, subsequent public health projects were mainly narrow and discriminatory. A significant constraint to the sanitary improvement of western

Nigerian towns after 1904 was the lack of political will among the British "men on the spot" and their lack of empathy for the living conditions of colonized Africans. The chapter also reveals how the resistance of Africans to colonial sanitary programs relatively impeded the superficial goal of the British sanitizing mission in western Nigeria before 1920.

This chapter shows further that most Africans were unwilling to work with colonial authorities to improve sanitary services. Notably, the few sanitary projects in major towns, such as public latrines, were imposed on the unwilling African public to make the colony relatively healthy, first for Europeans and then for colonized Africans. It also argues that Africans contested the British "mission to sanitize" the same way Londoners opposed the state-led sanitary reforms of the 1850s when Parliament deflected the financial burden of public health onto the people (see chapter two). African resistance to colonial health programs in the western Nigerian context stemmed from the failure of colonial authorities to take responsibility for the financial cost of sanitary improvement in the area. The failure of the British to take up the "white man's burden" inspired the uncooperative attitude of many Africans and their lack of enthusiasm for the "alien" hygiene programs, which came with a financial burden. In this frame, the chapter tilts towards Oluwatoyin Oduntan's claim that ignorance and resistance—issues not unique to Africans—are universal reactions to new things.[3] Based on the roles played by the British and Africans in shaping public health development up to the early 1920s, the chapter aligns with Raymond Dumett's submission that early colonial officials "did their best against a truly formidable array of constraints."[4]

[3] Oluwatoyin Oduntan, "Beyond 'The Way of God:' Missionaries, Colonialism and Smallpox in Abeokuta," *Lagos Historical Review* 12 (2012): 7.
[4] Raymond E. Dumett, *Imperialism, Economic Development and Social Change in West Africa* (Durham: Carolina Academic Press, 2013), 20.

Colonial Sanitation and Disease in West Africa: Separating Content from Form

In her *Histories of Dirt*, Stephanie Newell critiques the early twentieth-century attempt by the British to improve public health in Lagos, showing that Europeans categorized Africans as "dirty" based on their metropolitan standard of public sanitation.[5] She draws on Megan Vaughan's description of British colonial disease control strategies, which lacked "any enlightened and widespread public health system."[6] Newell opines that the colonial idea of dirty/contagious Africans motivated discriminatory hygiene programs in African towns, which sought to sanitize the region for Europeans and Africans. Newell also blames some western-educated Africans who shared the colonizer's doctrine of urban sanitation. For her, these Africans, including Bishop Issac Oluwole, the publisher Kitoyi Ajasa, and Dr. Issac Ladipo Oluwole, transformed the problem of race into a "class struggle." The author portrays them as "collaborators" because they argued that uncritical obstruction of colonial health programs was counter-productive when they should be blaming colonial authorities for racial bias and neglect. While Newell notes that health programs in colonial Lagos were ineffectual until the 1920s, she fails to investigate the content of the complex initiatives nor the few programs that sustained public health in the rapidly urbanizing town after 1920.[7]

Indeed, Newell's counter-reading of the colonial archives shows that the deplorable sanitary condition in Lagos was a systemic failure and not African sanitary (mal)practices. Yet, her analysis tells us very little about the impact of British sanitation programs even

[5] Stephanie Newell, *Histories of Dirt: Media and Urban Life in Colonial and Postcolonial Lagos* (Durham: Duke University Press, 2020), Chapters 1 and 2.
[6] Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness* (Stanford: Stanford University Press, 1991), 39.
[7] Newell, *Histories of Dirt*, 24

though authorities like John Iliffe had argued that the major success of colonial medicine before 1945 was against epidemic disease in Africa.[8] Apart from the racial discourse of dirt that Newell explores, the author seems to have substituted "form" for "content" by reducing the complex history of colonial sanitation to racial and cultural politics. First, the author indicted European officials in Lagos for castigating "a homogenized African subject" but falls into a similar discursive trap by describing all European officials in the town as intolerant of poor Africans. Secondly, she fails to analyze the various administrators and their sanitary projects chronologically, leaving us with little knowledge of how the British "mission to sanitize" Lagos evolved. Instead, Newell gave more weight to the flaws of administrators and their policies. In the process, she renders open-air defecation a safe local tradition and African culture "static." Without telling us whether Africans understood that pathogen-laden flies feasting on open feces could cause diseases, Newell's idea of "cultural politics" appears more asserted than proven. Even Liora Bigon has argued that "Lagos was indeed, a dynamic sphere, where various interpretations and perspectives were constantly in dispute over health and disease, order and disorder, the self and the other, past and present, and race and nation."[9] In this context, Newell's monolithic colonialism in Lagos hardly reflects the history of constant change and complexities in British West Africa.

In his analysis of European missionary medicine in the late nineteenth-century Abeokuta, Oduntan shows the inadequacy of deploying "cultural-contest" as an analytical tool for recovering and explaining Anglo-Yoruba histories of health negotiations and

[8] John Iliffe, *Africans: The History of a Continent* (Cambridge: Cambridge University Press, 1995), 247-248.
[9] Liora Bigon, "Tracking Ethno-Cultural Differences: The Lagos Steam Tramway, 1902–1933," *Journal of Historical Geography* 33, no. 3 (July 1, 2007): 602.

appropriations, especially in towns inhabited by educated Africans and emancipated slaves (Creole). Oduntan argues that in place of a sharp conflict between European and African culture in towns such as Abeokuta, a nuanced engagement of the European "civilizing mission" suggests the circulation of many health and modernizing ideas from different actors. Africans considered some, sometimes appropriated them, and sometimes rejected them because they pursued what they thought was best for their social improvement.[10] In this frame, Oduntan submits that "the dominant rendering of [Yoruba's] history as the process by which European ideas tried to reshape traditional African structures is not an accurate narration."[11] By simply reinforcing old Yoruba hygiene practices in the face of complex social changes, Newell inadvertently depicts Africans as fixed and their culture static, thus affirming the European denigrations of the local population as "backward."

In her discussion of disease control strategies, health historian Meredith Turshen reveals that governments' best public health approach is to proscribe all disease-causing practices. Noting that since no political regime can achieve this anywhere, public health administrators are often left with three options: "cleansing the environment, eradicating disease, and containing diseases."[12] For Turshen, the most progressive is to cleanse the environment to remove disease habitats or several dangers simultaneously. In respect of the common disease control methods of European colonial officials, Turshen claims that:

> The sanitary measures used before the development of DDT were effective (more so in urban than in rural areas), but they were also expensive and labour intensive; in effect, they amounted to environmental cleansing. They included public health engineering (filling in ditches, draining marshes,

[10] Oduntan, "Beyond 'The Way of God:' Missionaries, Colonialism and Smallpox in Abeokuta," 2.
[11] The emphasis are mine. See: Oduntan, 5.
[12] Meredeth Turshen, *The Politics of Public Health* (New Brunswick: Rutgers University Press, 1989), 121-123.

> covering pools of stagnant water, and so on) to prevent breeding; fumigation of adult mosquitoes with incense; biological control of larvae by stocking bodies of water with certain species of fish; and larviciding, in which oil was sprayed on water surfaces to kill the mosquito in its larval stage.[13]

Despite Newell's characterization of British sanitary programs as simply discriminatory, disorganized, and ineffective in the early colonial period, Turshen's elucidation of colonial public health strategy expands our knowledge of what worked in some colonies, if not all.

This perspective does not deny the "sanitation syndrome" and infrastructural disparity that Maynard Swanson and others have noticed in British Africa. However, Marc Epprecht has cautioned scholars of colonialism against deploying "segregated sanitation" as an axiomatic explanatory framework. Instead, he calls on scholars to pay "careful attention to local evidence" in order to situate the framing, contest, and negotiation of segregation in their historical context.[14] In the West African context, racialized health and segregated sanitation did not originate from Joseph Chamberlin (the British secretary of state) or his chief medical advisor, Patrick Manson, even though they were instrumental in formalizing it. Earlier in 1872, the colonial governor of Sierra Leone—John Hennessy (popular among the Creole and indigenous population as "beloved Hennessy")—proposed residential segregation in Freetown to protect the health of Europeans from filth diseases, but the Colonial Office (CO) rejected the idea because of its cost and practicability.[15] By 1893, John Farrell Easmon, the chief medical officer and the highest-ranking African in the

[13] Turshen, 157.
[14] Marc Epprecht, "The Native Village Debate in Pietermartizburg, 1848–1925: Revisiting the 'Sanitation Syndrome'," *The Journal of African History* 58, 2 (July 2017), 259-328. For further critique of Epprecht's theory, see: Adebisi Alade, "Review of Marc Epprecht's Welcome to Greater Edendale: Histories of Environment, Health, and Gender in an African City," *Historia: Journal of the Historical Association of South Africa* 62, 2 (2017), 157-159.
[15] Christopher Fyfe, *A History of Sierra Leone* (London: Oxford University Press, 1962), 394 & 603.

Gold Coast colonial medical service, suggested that European officials be relocated away from African towns to protect them from filth diseases.[16] Far from being motivated by racial prejudice but class, Easmon's segregationist strategy was an open admission of the deplorable state of sanitation in British West Africa. The proposal also implied that the death of both Europeans and Africans from preventable diseases would continue to increase should local hygiene practices and crude public health infrastructures remain unchanged. Moreover, Easmon's little concern for the African public whom his idea would exclude from sanitation services shows that class dictated whose health received care and attention.

Ronald Ross, a scientist at the Liverpool School of Tropical Medicine, made a similar suggestion five days before departing Freetown in September 1899. Alongside the Lagos Medical Officer of Health (MOH), Henry Strachan, Ross led the Royal Society's Malaria Investigation team to Sierra Leone in July 1899 to end European mortality from malaria in West Africa.[17] He also directed the clean-up of environments where mosquitoes flourished.[18] The projects were part of British efforts to make the region habitable for Europeans vulnerable to malaria infection. Helen Power has argued that scientists of the Liverpool School focused on hygiene because they believed the sanitary approach to public health would benefit Europeans and Africans.[19] Ross and his sponsors thought a healthy

[16] Thomas S. Gale, "The Struggle Against Disease in the Gold Coast: Early Attempts at Urban Sanitary Reform," *Transactions of the Historical Society of Ghana*, no. 1 (Vol. 16, 2) (1995): 197; Adell Patton, "Dr. John Farrell Easmon: Medical Professionalism and Colonial Racism in the Gold Coast, 1856-1900," *The International Journal of African Historical Studies* 22, no. 4 (1989): 601–36.
[17] Ronald Ross, *Memoirs, With a Full Account of the Great Malaria Problem and Its Solution* (London: John Murray, 1923), 378-379.
[18] The Liverpool School of Tropical Medicine, "The Work of the Liverpool School of Tropical Medicine in West Africa," *The British Medical Journal* 2, 2130 (1901), 1279.
[19] Helen J. Power, *Tropical Medicine in the Twentieth Century: A History of the Liverpool School of Tropical Medicine, 1898-1990* (London: Routledge, 1999), 14-15.

population would be more productive and buy British goods. In September 1899, Ross proposed "mosquito reduction by drainage, by oil, and by hand; wire-gauze to windows, especially of hospitals and other public buildings; *bed-nets for patients and, if possible, for everyone*; and better houses and segregation for Europeans."[20] Since poor environmental sanitation of some African communities provided conducive habitats for malaria-carrying mosquitoes affecting black and white health, Ross deemed the latter measure a temporary strategy to protect European health. Discussing Ross's main interest, health historian David Arnold agrees that the scientist's motive was more of temporary group protection than racism. Explaining this view, Arnold argues that Ross believed "segregation alone would not eliminate malaria, but 'it should always be adopted until sanitation, in general, arrives at a much higher degree of development in the tropics than it has hitherto attained.'"[21]

By May 1900, leading malariologists, S. R. Christopher and J. W. Stephens, who were in the service of the Royal African Society, twisted Ross's idea of group protection because of their interest in naming malaria the disease of a race. During their study of public sanitation in West Africa, Christopher and Stephens noted that vector breeding grounds, especially anopheles were numerous, and adult Africans have partial immunity to the bites of these vectors. Scholars believe they doubted Ross's environmental sanitation strategy.[22] Hence, the malariologists advised that Europeans be separated from the "infected native population," especially African children, as "no house with children that was examined was

[20] Italics is mine. Ross, *Memoirs, With a Full Account of the Great Malaria Problem and Its Solution*, 429.
[21] David Arnold, "'An Ancient Race Outworn': Malaria and Race in Colonial India, 1860-1930," In: Waltraud Ernst and Bernard Harris (eds.) *Race, Science, and Medicine, 1900-1960* (London: Routledge, 1999), 127; Ronald Ross, *The Prevention of Malaria* (London: John Murray, 1910), 287.
[22] James L. A. Webb, *The Long Struggle against Malaria in Tropical Africa* (New York: Cambridge University Press, 2014), 27.

without infection."[23] Based on their racist conclusions, the "experts" viewed Africans and their environments as germ/disease reservoirs. Warwick Anderson documents a similar racialist view of Filipinos in the early 1900s. On the Island, American doctors and colonial officials, instrumentalizing science and medicine, moved from racially analyzing the colonized people and climates to scapegoating their bodies for incubating tropical diseases affecting whites' health. According to Anderson, US doctors rendered Filipino bodies and environments knowable through essentialist representations.[24] European vulnerability to malaria was so great in the West African context that Christopher and Stephens believed insect nets would not protect Europeans. Thus, in their study of malaria prevention among officials, the scientists advised that Europeans reside in separate spaces far from Africans.[25]

Christopher and Stephens' view motivated Manson's approval of quinine, mosquito nets, residential segregation, and improved sanitation facilities in West African towns for Europeans. By the early 1900s, Manson did not just describe racial segregation as "the first law of hygiene for Europeans in the tropics," the secretary of state for the colonies also informed colonial governors in West Africa to adopt residential segregation.[26] One of the consequences of labeling African bodies/environments as reservoirs of germs/disease was the transformation of Africa into a research laboratory, providing cases for medical/sanitary

[23] Samuel R. Christophers and John W. W. Stephens, "The Native as the Prime Agent in the Malarial Infection of Europeans," in: *Further Reports to the Malaria Committee of the Royal Society* (London: Harrison and Sons, 1900), 11-12.
[24] Warwick Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines* (Durham: Duke University Press, 2006), 81-103; Anderson, "Immunities of Empire: Race, Disease and the New Tropical Medicine, 1900–1920," *Bulletin of the History of Medicine* 70 (1996): 94–118.
[25] Samuel R. Christophers and John W. W. Stephens, "The Segregation of Europeans," in: *Further Reports to the Malarial Committee of the Royal Society*, third series (London: Harrison and Sons, 1900), 22-24.
[26] Manson's quote was taken from an article in the 1904 British Medical Journal and cited in: John Cell. "Anglo-Indian Medical Theory and the Origins of Segregation in West Africa," *The American Historical Review* 91, 2 (1986), 308.

experiments. More specifically, the racist link that some British scientists established between tropical environments, African bodies, and the health of British colonial officials legitimized the creation of medical/sanitary enclaves to protect European health. Colonial officials in West Africa—the white man's grave—also established hygiene regimes for the administrative policing of the perceived African diseased bodies and environments.

However, given the decentralized nature of rule in the British empire, some "men on the spot" in West Africa failed to implement Manson's narrow, penny-pinching, and racialized view of disease control in the early 1900s. For instance, Governor George Denton insisted European health/housing required no special treatment or segregation in the Gambia.[27] Likewise, William MacGregor of Lagos stated that his policy was "to take the native along with European on the way leading to improvement."[28] Logan Taylor, who represented the Liverpool School in the Gold Coast, taught local sanitary officials in Kumasi, Accra, Cape Coast, Sekondi, Tarkwa, and Obuasi how to fill small ruts and potholes with cement. In places where the method was impracticable, the spreading of kerosene over disease-breeding areas in the colony became a norm.[29] It is doubtful that creating a 400-440 foot sanitary buffer between European and African quarters would have improved European health as many white traders and missionaries, according to the colonial governor Fredrick Lugard, "[we]re already so hopelessly intermixed."[30]

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[27] Thomas Gale, "Ségrégation in British West Africa.," *Cahiers d'Études Africaines* 20, 80 (1980): 496-7.
[28] British Medical Association, "Notes on Anti-malaria Measures Now Being Taken in Lagos: A Discussion on Malaria and Its Prevention," *British Medical Journal* 4 (September 1901), 682.
[29] Logan Taylor, "Sanitary Work in West Africa," *The British Medical Journal* 2, 2177 (1902), 852-854.
[30] Cited in: Liora Bigon, "Urban Planning, Colonial Doctrines and Street Naming in French Dakar and British Lagos, c. 1850-1930," *Urban History* 36, 3 (2009), 440.

Apart from the governors, some British scientists in West Africa shared a similar view. After surveying West African towns in 1902, Taylor of the Liverpool School noted that only the European officials in Accra and Northern Nigeria had decent bungalows; "in the other towns, the Europeans' quarters are situated amidst the natives' houses."[31] This shows that some colonial governors agreed with Ross's inclusive and preventive approach to public health in West Africa, even though the CO devoted little funds to this purpose. In India, health historian David Arnold had also argued that British colonial officials extended health programs to colonized natives in a bid to intercept diseases before they reached European medical/sanitary enclaves.[32] British colonial officials adopted this same approach in Yorubaland, especially Lagos, where the colonial governor, William MacGregor, and the MOH, Strachan, devoted resources to the sanitary improvement of areas inhabited by Europeans and Africans. Sources show that Lagos, the capital of the British colonial government in western Nigeria, "saw more advances in health and sanitary reforms than it had known since the coming of the Europeans."[33] The following sections explore colonial social changes and how British governors managed their mission to sanitize Yorubaland.

Colonial Wealth Extraction and Socio-Political Change in the Early 1900s

Before the British imperial government assumed direct control of almost all Yoruba towns in January 1900, colonial officials had established their authority beyond the shores of Lagos, and this section discusses that annexation and its social impact. It demonstrates that

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[31] Taylor, "Sanitary Work in West Africa," 853.
[32] David Arnold, "Medical Priorities and Practice in Nineteenth-Century British India," *South Asia Research* 5, no. 2 (1985): 169.
[33] Akin L. Mabogunje, *Urbanization in Nigeria* (London: University of London Press, 1968), 257.

while the Yoruba people were still grappling with post-civil war challenges and trying to develop their economy to suit the socio-economic realities of the day, the extension of British modernizing projects, including rail and road networks to the region, created new disease environments. Attempts by the British colonial authority to keep Europeans and Africans healthy gave rise to health programs, which generated intense debate/negotiations.

When Sir William MacGregor arrived in Lagos in 1899 as governor, his authority stretched over western Nigeria, including Lagos and other adjoining territories such as Badagry, Ikorodu, and Epe.[34] Before 1899, one of his predecessors, Gilbert Carter, and the secretary of state, Chamberlain, had launched a railway project to connect the maritime trade in Lagos with markets in the interior.[35] For Chamberlain, British colonies in Africa had little resources to develop for the benefit of Britain without imperial support.[36] His belief in "constructive imperialism" influenced the decision of the CO to grant the colonial government in Lagos the sum of £255,000 loan for railway development in 1896. During and after completing this "civilizing" project, most railway towns in Yorubaland witnessed social changes, including trade expansion, overpopulation, poor sanitation, and diseases.[37]

Africans adapted to these changes brought about by the British "civilizing mission." Earlier, the European imperialists had colonized western Nigerian towns through peaceful

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[34] Epe town became densely populated in 1905 due to migration from Ijebu Ode, Eko, Okitipupa, and Warri. Internal crises later divided it into two ethnic sections: Ijebu Epe and Eko Epe. Toyin Falola and Theophilus Avoseh, "T. O. Avoseh on the History of Epe and Its Environs," *History in Africa* 22 (1995), 165-195.
[35] British Library Newsroom (hereafter BLN), "The Effect of the Railway Upon Lagos Town," *Lagos Weekly Record*, Saturday August 5, 1899.
[36] Joseph Chamberlain, "Speech to the House of Commons, 22 August 1895," *Parliamentary Debates* 36: 641-642, https://api.parliament.uk/historic-hansard/commons/1895/aug/22/class-ii#column_642.
[37] Victor Osaro Edo and Monsuru Muritala, "Overcrowding and Disease Epidemics in Colonial Lagos: Rethinking Road and Railway Infrastructure," *Nigerian Journal of Economic History* Vol 11 (2014): 177-192; Wale Oyemakinde, "Railway Construction and Operation in Nigeria, 1895-1911: Labour Problems and Socio-Economic Impact," *Journal of the Historical Society of Nigeria* 7, no. 2 (1974): 303–24.

diplomacy and threats of the maxim gun, which motivated Yoruba traditional rulers to sign treaties of "friendship," trade, and "protection" with the British.[38] Apart from Abeokuta, which retained self-rule under the semi-autonomous Egba United Government (EUG) of the king (*Alake*), the Royal Niger Company and Gilbert Carter, a former governor of Lagos (1891-1897) executed the conquest of other Yoruba towns.[39] Carter annexed Ijebu, Oyo, Ilorin, and their villages between 1892 and 1893, and his interim replacement when he was on leave (George Denton) added Ibadan in August 1893.[40] There was no direct taxation until 1918, so chiefs relied on tributes, fees/fines, rent on land/market sheds, and duties.[41] When Henry MacCallum succeeded Carter in 1897, Ibadan and Ondo towns received new Residents who reorganized their political systems, while the Lagos government sent a commissioner to Abeokuta, who reported socio-political development in the Egba region.[42] In Ibadan, a town council was created and placed under the new resident, F. C. Fuller, with jurisdiction extending to Ife-Ilesha Divisions. This Native Administration (NA) paved the way for the indirect rule system in western Nigeria—an administrative system introduced by governor Fredrick Lugard in Northern Nigeria. From 1898, Oyo and other towns formed their council of chiefs, mimicking the precolonial kingship system with one major revision: African kings became accountable to colonial governors rather than their people.

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[38] Adu Boahen, *African Perspectives on Colonialism* (Baltimore: Johns Hopkins Univ. Press, 1989), 39, 50.
[39] The Egba king, *Alake* secured some autonomy from the British by promsing to leave the trade routes in his territory open based on the January 1893 Anglo-Egba pact. See: Agneta Pallinder-Law, "Aborted Modernization in West Africa? The Case of Abeokuta," *The Journal of African History* 15, (1974): 65–82.
[40] Olufemi Vaughan, *Nigerian Chiefs: Traditional Power in Modern Politics, 1890s-1990s* (New York: University Rochester Press, 2000), 24; Toyin Falola (ed.), *Nigerian History, Politics and Affairs: The Collected Essays of Adiele Afigbo* (Trenton, N.J.: Africa World Press, 2005), 216.
[41] Unlike Northern Nigeria, indirect taxation continued in the south untill the Native Revenue Ordinance of 1917 was passed in the Northern Protectorate and extended to the Southern Protectorate in 1918.
[42] National Archives Ibadan (hereafter NAI) Ondo Div. 8/1, Traveling Commissioners Journals 1897–1900.

By the time MacGregor assumed office, Yoruba kings/chiefs had become colonial "civil servants," working with British colonial officials on the ground. Yoruba traditional rulers ran native courts, prisons, and treasuries in their administrative districts.[43] European officials in Lagos and major Yoruba towns worked as health officers, sanitary engineers, and "inspectors of nuisance," supervising public health matters. Africans were employed as casual sanitary laborers to support these Europeans. Known as "sanitary gang" or "scavenging team," these Africans sometimes served as interpreters for their European masters.[44] The most important colonial town with direct access to the sea, Lagos served as the colonial Medical and Sanitary Department headquarters in the Southern Protectorate. This department was the highest authority on all matters relating to sanitation and public health in western Nigeria. Thus, Lagos was the only town with a regular supply of sanitary inspectors/laborers. In the semi-autonomous Egba, *Alake* appropriated social development programs from Lagos and the *Saro* in Abeokuta, giving rise to new departments inside the EUG, created to advance trade/commerce, external relations, sanitation, and public health.

After the CO revoked the Royal Niger Company's charter in 1900, imperial policies became more formalized in Nigeria. In November 1901, MacGregor passed the Native Council Ordinance, consolidating British rule in western Nigeria. The ordinance provided that each town had its own NA headed by the local king/chief, while British residents and District Officers (DO) served an advisory role.[45] In Lagos, the colonial authority created a central native council headed by the governor. The board was to determine the aspirations

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[43] Omoniyi Adewoye, "The Judicial Agreements in Yorubaland 1904-1908," *The Journal of African History* 12, 4 (1971): 623.
[44] Andrew Onokerhoraye, *Social Services in Nigeria: An Introduction* (London: Kegan Paul, 1984), 282-3.
[45] NAI, CSO 1/3/5, William Macgregor to Colonial Office, November 11, 1901

of Africans and advise the governor on their welfare.[46] While this arrangement facilitated collaboration with African chiefs on social policies, it could not suppress African voices.

Within the first decade of the 1900s, Yoruba capital towns witnessed major social changes. The railway project in Lagos, which extended to Aro in 1899, reached Ibadan in December 1900, but the train was not operational until March 4, 1901.[47] After the Lagos and northern Nigeria rail tracks met at a terminus in Ibadan, adjoining towns like Shaki and Ogbomosho were linked to Ibadan by feeder roads. The consequent trade and population growth put greater pressure on sanitation facilities in commercial areas of Ibadan, including Iyaganku, Jericho, Iddo Gate, and Lebanon Street. As these changes also attracted migrant workers to Lagos, its population, which was 37,452 in 1881, jumped to 41,487 in 1901 (of whom 233 were Europeans) and reached 73,766 in 1911.[48] Although some streets received new public latrines in 1899, the facilities lacked adequate maintenance. Moreover, the lack of drainage systems turned compounds and streets into receptacles of waste and disease vectors.[49] This shows that western Nigeria, especially Lagos, required radical improvement as waste and filth diseases posed a significant threat to the British "civilizing mission."

What MacGregor and his successor wanted from western Nigeria's development was consistent with Chamberlain's idea of constructive imperialism: improved health and environmental conditions favorable to British merchants' import-export trade and colonial

[46] Falola (ed.), *Nigerian History, Politics and Affairs*, 217.
[47] Governor MacGregor to Mr. Chamberlain, "Annual Colonial Report for Lagos: 1900-1901," No 348, 6.
[48] Keltie Scott (ed.), *The Statesman's Year-Book: Statistical and Historical Annual of the States of the World for the Year 1902* (London: Macmillan, 1902), 240; Ayodeji Olukoju, *The "Liverpool" of West Africa: The Dynamics and Impact of Maritime Trade in Lagos, 1900-1950* (Trenton, N.J.: Africa World Press, 2004), 40.
[49] Lieutenant-Governor Sir George. C. Denton to Mr. Chamberlain, "Blue Book Report, 1899", in *Annual Colonial Report for Lagos: 1899, No. 321* (Lagos: August 18, 1900), 21-22.

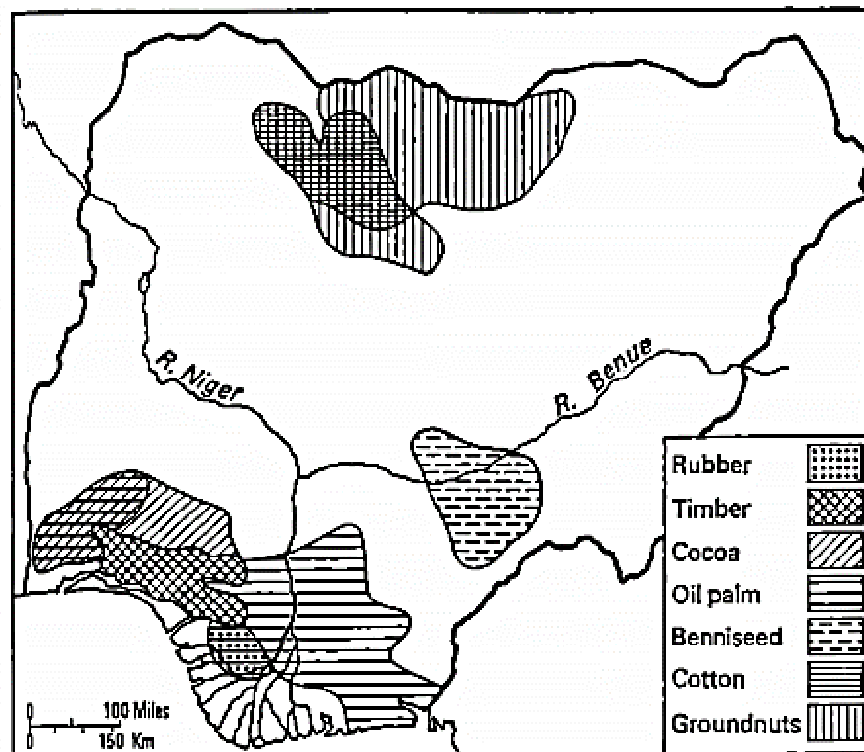
wealth extraction.[50] Since loans from London went into capital projects like railway and feeder roads, financial resources for the sanitary improvement of western Nigeria had to be sourced locally. Thus, sanitizing the region had to proceed alongside resources extraction.

To generate revenue for colonial development programs, MacGregor encouraged plantation agriculture in western Nigeria. The early twentieth century was a period of economic optimism due to the boom in cash crops (such as rubber, cocoa, and cotton) production and export, which complemented the high demand for palm oil and kernel that started with legitimate trade in the nineteenth century. Apart from the timber exploitation in Ife and Ilesha by European merchants who saw to it that "the export of timber increased by leaps and bounds," many Yoruba farmers had started cultivating small-scale cocoa plantations, which by 1900 yielded 202 tons for export.[51] The colonial government also encouraged cotton production for export. The British Cotton Growing Association (BCGA) formed in 1902, helped feed the British textile with Yoruba cotton as the London branch sent delegates to western Nigeria, encouraging cotton growing. By 1905, a former model farm for rubber production at Moor Plantation in Ibadan became the research laboratory where BCGA also conducted its experiments.[52] With time, cotton ginneries appeared along the railway lines in western Nigerian towns, including Ibadan, Iwo, Osogbo, and Abeokuta. At the same time, the BCGA provided Africans with more seedlings to expand production.

[50] For MacGregor and his colleagues, Lagos's "economic and industrial future very largely depends on whether diseases can be successfully combated or not." See: William MacGregor, Ronald Ross, J. M. Young, C. F. Fearnside, George Williamson, George Low, Rubert Boyce, Edward Henderson, Patrick Manson, J. L. Poynder, "A Discussion on Malaria and Its Prevention," *British Medical Journal* 2, 2124 (1901), 683.
[51] Lieutenant-Governor Sir G. C. Denton to Mr. Chamberlain, 25; Olufemi Ekundare, *An Economic History of Nigeria, 1860-1960* (London: Methuen & Co., 1973), 82.
[52] Francis Sulemanu Idachaba, "Agricultural Research Policy in Nigeria," *International Food Policy Research Institute* 17 (August 1980), 15.

Export duties on cotton and other cash crops increased the revenue generated by the colonial government in Southern Nigeria, most of which MacGregor expended on public works. Also, customs duties on imported goods from Europe and tolls collected by each town in the hinterland (before such levies were abolished in 1907) added to the revenue of the colonial state in western Nigeria. Taxes from over two dozen non-British mercantile firms, which moved to Ibadan alone between 1901 and 1906, increased the revenue of the colonial authority.[53] These firms, including Witt & Buch, Gottshalck, Peterson Zochonis, and *Compagnie Française de l'Afrique Occidentale* had stores across major Yoruba towns.

Figure 3.1: Areas with Tropical Agricultural Export Products in Nigeria



Source: Olufemi Ekundare, *An Economic History of Nigeria*, 157

[53] There were 13 British, 5 German, 4 Nigerian, 1 French, and 1 Brazilian trading firms in the town. See: *Annual Report for the Colony of Southern Nigeria, 1906*, 259-260; Olisa Muojama, *The Nigerian Cocoa Industry and the International Economy in the 1930s: A World-System Approach* (Newcastle upon Tyne: Cambridge Scholars, 2018), 29-30; Olufemi Olaoba and Oluranti Ojo, "Influence of British Economic Activities on Lagos Traditional Markets, 1900-1960," *Historical Society of Nigeria* Vol. 23 (2014),121.

Besides the deforestation which accompanied lumber export and forest clearance for land transportation development, the exploitation of agricultural resources via cash crop cultivation caused severe environmental changes with debilitating effects on public health. First, population movement/resettlement triggered by plantation agriculture drew many households closer to landscapes infested with disease vectors like mosquitoes.[54] Also, many rural-urban migrants seeking to exploit the colonial cash economy found themselves working in poor/unsanitary conditions and overcrowded houses. In many Yoruba towns, public hygiene worsened with the increasing volume of waste coming into Yorubaland as containers of imported goods, including tins, nylon bags, and liquor bottles, littering urban centers. The next section explains how colonial authorities in western Nigeria managed this problem since Africans did not build their public sanitation systems to deal with such waste.

Swamp Clearance, Public Health, and the British "Men on the Spot"

At the dawn of the twentieth century, a significant part of the 4-square mile Island of Lagos, the capital of colonial administration in western Nigeria, was covered by swamps and lagoons. Idumagbo lagoon occupying about 40 acres in the northern part of the Island, was the largest, followed by Isalegangan lagoon in the east. In addition, swamps, including Okesuna and the North and South Ikoyi swamps, occupied a significant part of the east. Together with Kokomaiko, Elegbata, and Alakoro creeks in the west of the Island, these pools meant different things to Africans and the British colonizers. While some Africans saw the pools as a space to dispose of waste, others considered the creeks and swamps as

[54] William Basil Morgan, "The Influence of European Contacts on the Landscape of Southern Nigeria," *The Geographical Journal* 125, no. 1 (1959): 59-60.

sources of food/income because their livelihood depended on crabs obtained from the water.[55] However, to the Europeans, the water bodies were a conducive habitat for malaria. Given the premium placed on the health of Europeans and the need for healthy colonized people to make the imperial enterprise profitable, colonial authorities in western Nigeria embarked on environmental engineering to prevent filth diseases from disrupting the British "civilizing mission." This section explores their efforts to sanitize Nigeria's urban environments. It portrays governor MacGregor's effort to remove swamps, particularly in Lagos, as an aspect of the British "mission to sanitize" Yorubaland, which failed to achieve all its ambitious goals but relatively reduced conditions favorable to preventable diseases.

Figure 3.2: Map showing the location of some swamps and pools in colonial Lagos

Source: Ademide Adelusi-Adeluyi: http://newmapsoldlagos.com/shoreline.html, accessed on 25/05/2021.

[55] Jimoh Mufutau Oluwasegun, "The British Mosquito Eradication Campaign in Colonial Lagos, 1902-1950," *Canadian Journal of African Studies* 51, 2 (2017), 225-226.

Most swamp clearance undertaken by the colonial government in Yorubaland was in Lagos because many Europeans lived there. This environmental approach to advancing public health was also due to the professional background of the colonial governor and the high rate of malaria-related mortality on the Island. As a medical doctor with public health experience in British colonies like Seychelles, Mauritius, Fiji, and New Guinea, where he worked as MOH, MacGregor knew public sanitation could improve the health of Europeans in western Nigeria during the early 1900s. What prompted swamp clearance at the Oranyan area of Ibadan in 1900 is unclear. Still, we can assume the project was part of the fight against disease vectors, especially mosquitoes, because the town also received its first dispensary in June 1901. Across the region, swamp clearance was executed as an anti-mosquito campaign to reduce marshes, pools, and puddles serving as mosquito habitats.

Annual reports of the early 1900s show MacGregor was concerned about the impact of the swamps on health. Between 1901/03, the Lagos government spent £1,874 reclaiming the Kokomaiko swamp.[56] By 1905, construction of buildings had started on the reclaimed land. His government also drained the ditches on out-district roads connecting remote areas of Lagos to the commercial centers at the cost of £2,240.[57] Under the Swamp Ordinance, MacGregor created a "Swamp Agreement" through which his administration sold portions of unfilled swamps to individuals and firms on the understanding that the marshlands would be filled to a certain level within a fixed time with suitable materials. The agreement was that if an individual or firm satisfactorily executed the work, a Crown Grant of reclaimed

[56] Despite depositing over 40,000 trucks of sand in the creek, marshes returned in 1908. Mabogunje, 259.
[57] Governor Sir W. MacGregor to Mr. Chamberlain, "Annual Colonial Report for Lagos: 1900-1901", 17.

lands in areas like Idumagbo, Elegbata, and Alakoro would be approved. This agreement led to the reclamation of more swamps at no cost to the government up to March 1909.[58] This public hygiene project was extended to residential areas when MacGregor ordered a periodic inspection of quarters where people were encouraged to fill all mosquito-breeding puddles.[59] Drains in other towns were also disinfected with kerosene to repel the vectors.[60]

Although the clean-up scheme extended from European quarters to African districts in Lagos, public sanitation in the port city did not improve due to the constant influx of migrants. In 1902, MacGregor described the environment of Lagos as a "notorious haunt of malaria fever," a problem one newspaper attributed to population growth.[61] While the town's increasing population was not entirely the cause of this problem, major western Nigerian towns contained ditches and marshlands because they lacked drainage systems. Even in towns where the type of Lagos swamps did not exist, including Abeokuta and Ibadan, the lack of drains in those areas turned many streets into cesspools. Apart from the lack of drainage systems, the booming trade and the increasing volume of waste generated in these rapidly urbanizing towns were beyond the capacity of existing sanitary structures.

Therefore, MacGregor started constructing the Lagos North-South canal in 1903, which he regarded as a prerequisite for a modern drainage system. The "MacGregor Canal" was completed in 1905, and it quickly contributed to the relative improvement of public hygiene and health in Lagos. The significance of this environmental sanitation project was

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[58] Walter Egerton to the Earl of Crewe, Annual Colonial Report of Southern Nigeria for 1908, No. 680, 21.
[59] Toyin Falola, *Ibadan: Foundation, Growth and Change, 1830-1960* (Ibadan: Bookcraft, 2012), 372.
[60] Wellcome Library (hereafter WL) B31490359, Southern Nigeria: Annual Reports on the Medical Department for the Year 1906, 285.
[61] The National Archives, London (hereafter TNA), CO 147/164, William MacGregor, Lecture on Malaria, Lagos: November 28, 1902, 4; BLN, "Sanitation in Lagos," *Lagos Weekly Record*, Saturday Dec. 6, 1902.

that it is paradigmatic of other public health measures introduced by imperial powers in the colonial world, particularly in Panama. As in Lagos, American Army doctor William Gorgas and his team of military sanitarians fought yellow fever in the Panama Canal Zone as part of efforts to prevent diseases from endangering the United States' economic interest in Central and South America. Like Panama, the MacGregor canal helped reduce malaria-related mortality and infection in the port city by draining water into the Lagos lagoon.

Local chiefs were not left out of the mission to sanitize. Mahmood Mamdani has examined the role of these chiefs in the colonial administration of Africa, focusing on the power accorded them by the colonial state. He argues that the British relied on the chiefs to implement central directives; respond to and absorb local shocks.[62] In Lagos, some chiefs teamed up with the colonial government to clear swamps, largely through the award of small engineering contracts. The chiefs obtained their materials by cutting canals through the Island, 25 feet wide, which drained water between the town and Ikoyi cemetery.

Outside Lagos, the politicized role played by local chiefs in the British mission to sanitize western Nigeria sometimes put them in a difficult position with their people. In Ibadan and its adjoining villages, the British Resident mandated African chiefs to recruit free labor for public works such as street clearing and road construction. Since Yorubaland had no system of direct taxation in the first decade of the 1900s, communal labor was the alternative. White officials and the chiefs justified it as vital for community development.[63] For colonial officials, the reward of such work was not personal but communal. However,

[62] Mahmood Mamdani, *Citizen and Subject: Contemporary Africa and the Legacy of Late Colonialism* (Princeton: Princeton University Press, 1996), 60.
[63] Falola, *Ibadan*, 452.

the poor or lack of remuneration discouraged Africans from voluntarily participating in such projects because the idea differed from the precolonial Yoruba cooperative work system (*Aro* or *Owe*), which involved food and drink sharing. Still, African chiefs engaged many of their people in forced labor, and those who proved stubborn were flogged.[64]

Interestingly, coercion and corporal punishment could not drive colonized Africans into participating in what was supposed to be voluntary community service. This resistance was because many urban residents interpreted the sanitizing mission and its public health benefits as proof of the colonizer's hold on their socio-economic life. For this reason, major public works continued to lack the required number of laborers.[65] In his report on Abeokuta, the British Resident in charge noted that even though the (king) *Alake*, his chiefs, and other educated elites wanted practical improvements in the city, most of the "civilizing" projects they set in motion continued to languish. The Resident blamed the delays and disruption of public works on the local population, who were said to lack enthusiasm for the "civilizing" projects and respect for the king. For this official, improvements in public sanitation were slow because "work that is directly paid for and constructed by the authorities goes on fairly well, but work that is left to the voluntary control of the townships is not performed."[66]

Perhaps another reason for the African lack of interest in community service was the introduction of the cash economy, which colonial authorities imposed on Africans. This money economy brought about the transition from cowrie shells (*Cypraea moneta*) to

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[64] Bonny Ibhawoh, *Imperialism and Human Rights: Colonial Discourses of Rights and Liberties in African History* (Albany: State University of New York Press, 2007), 79-80.
[65] Cyril H. Elgee, *The Evolution of Ibadan* (Lagos: Government Printer, 1914), 19.
[66] TNA, CO 591/3, Cyril Punch, Annual Report of Egba Province for 1905, Abeokuta: January 22, 1906, 2.

European metallic currencies as a medium of exchange. The impact of this currency transition on local socio-economic structures was drastic and profound. Among others, Africans found it extremely difficult to earn enough European currency, primarily from agriculture. Also, the extensive work hours that Yoruba farmers devoted to agricultural production were no longer commensurate with the low price that European merchants paid for their produce. Given the apprehension brought about by the monetary revolution, many Africans started taking poorly paid wage labor (as porters and railway workers) to augment their meager income. In their history of women's agency in colonial Asante, Jean Allman and Victoria Tashjian revealed that the cash economy eroded African moral values as it penetrated every facet of African lives. Many aspects of African social structures were monetized, including marriage, childrearing, and the old practice of cooperative work.[67] In this context, the reluctance of Africans to participate in community self-help projects might have been a response to the precarity that the colonial economy engendered. Besides, African lack of enthusiasm for public sanitation might have stemmed from the fact that cash accumulation required disentanglement from communal social networks that had hitherto promoted free and cooperative work before colonial rule.

The British Commissioner in charge of Abeokuta was unsure whether boosting the *Alake*'s power or imposing a tax would improve public sanitation. He was, however, convinced that the voluntary system had failed to bring the desired result, not only because:

> it is not really a cheap method [but also because] it is not an effective one. The villages called on to work respond with unwillingness and delay; the number of workers is quite insufficient, they do very little work and knock

[67] Jean Allman and Victoria Tashjian, *"I Will Not Eat Stone": A Women's History of Colonial Asante* (Portsmouth, NH: Heinemann, 2000), 148-150.

> off at 10 a.m. It is improbable that work would have been done at all, but for the personal efforts of the Alake, and by means of lavish presents made by him.[68]

Consequently, when the Lagos Chamber of Commerce accused *Oba* Gbadebo—the *Alake* of corruption in June 1903, he explained how the EUG spent £12,000 revenue of 1902 on improving the town.[69] This included "the expenditure on the proper sanitation of the town by the employment of competent and suitable men, some of whom have been kindly trained for us at the Lagos Colonial Hospital, which has helped to make Abeokuta the healthy town in the Hinterland that it is."[70] While sources do not establish the veracity of the corruption allegation against *Alake* and his cabinet, we know that concern about the environment and public health was not limited to Lagos. The EUG, like the MacGregor regime in Lagos, devoted a significant portion of its revenue to environmental sanitation and public health.

By 1904, the annual report showed that MacGregor had spent £10,000 on draining swamps in Lagos, but many Africans outside commercial areas did not benefit from these projects. More specifically, most of the sanitary projects that MacGregor executed in a bid to eradicate natural and man-made obstacles to a clean environment concentrated in Lagos, especially in places frequented by Europeans and few African urban residents. This bias in favor of improved urban centers excluded the majority of Africans living in rural areas from the sanitizing mission, reinforcing class and racial inequality.[71] The relative improvement

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[68] TNA, CO 591/3, Cyril Punch, 8.
[69] Though one *Alake* had earlier criticized some chiefs for corruption, this petition seemed like an attempt to condemn the town's toll system as some merchants claimed it hindered free trade: BLN, "Letter from the Chamber of Commerce to the Liverpool and Manchester Chambers," *Lagos Weekly Record*, June 20, 1903.
[70] Rhodes House Library, RH 732/14/44, "Letter from Alake to the Governor," Ake Palace, Abeokuta, July 3, 1903, in William MacGregor, *Confidential Despatch to Colonial Office on Toll Collection in Abeokuta and Ibadan* (Lagos, Government House, July 7, 1903).
[71] Iliffe, *Africans*, 248.

of some Lagos districts, which MacGregor achieved at the expense of native towns, was not simply motivated by racial prejudice. Rather, MacGregor regarded such expenditure on rural areas as unprofitable since his regime was only interested in maximizing revenue. Sources show that this practice was not peculiar to the colonial state. The political scientist Jeffrey Herbst argues that a similar bias existed in precolonial African society because "central governments were often not concerned about what outlying areas did as long as tribute was paid."[72] Thus, it was not unusual for rulers in the capital of Yoruba kingdoms to devote little or no resources to improving the social conditions in rural communities.

Based on the above, it appears MacGregor's sanitation projects were vertical rather than horizontal. Since most of his public health programs occurred in commercial centers of western Nigeria, the only contact many Yoruba rural dwellers probably had with the sanitizing mission in the early 1900s was the periodic visits of sanitary inspectors.[73] The task of these colonial officials was often to spread the Victorian knowledge of hygiene and public sanitation to Africans in villages. While the colonial government in major towns chose public health lectures over hygiene infrastructure to improve public sanitation in rural areas, African health and social conditions worsened, particularly those laboring under the capitalist mode of production. Notwithstanding, there was no conscious racial residential segregation in western Nigeria during the administration of governor MacGregor.[74]

[72] Jeffrey Herbst, *State and Power in Africa: Comparative Lessons in Authority and Control* (Princeton: Princeton University Press, 2000), 43.
[73] Nevertheless, some native towns such as Ijaye, Ogbomoso, Igbo-Ora and Ilesha have had sustained contact with missionary medicine by the early 1900s. See: Yetunde Balogun, "The Emergence and Contributions of Christian Missions to the Civilization of Yoruba Kingdoms in the Old Oyo Empire," *International Journal of Arts & Sciences* 9, 4 (2017): 26.
[74] Roger Bilbrough Joyce, *Sir William MacGregor* (New York: Oxford University Press, 1971), 233.

MacGregor's regime transformed many swampy areas of Lagos and its interior to improve the health of European and African urban residents. The governor believed it was practicable to make Lagos a reasonably healthy town at a moderate expense. Perhaps, this is why one scholar opines that "the Lagos Colony and Protectorate were fortunate" to have him.[75] Evidently, the *laissez-faire* theory often advanced about inadequate funding for urban improvement in Africa cannot be generalized. This is because the revenue of the Southern Protectorate, which increased during the period, was not only used in offsetting the budget deficit of the Northern Protectorate but also facilitated integrated/nonsegregated urban-based environmental clean-ups mostly in Lagos.[76] Although the anticolonial newspaper, the *Lagos Weekly Record,* did not stop its criticism of MacGregor's failure to provide underground drainage for the town, the editorial board recognized the governor's efforts, "which deserves every commendation and has produced an improvement on the old order of things."[77] Furthermore, Bigon contends that MacGregor was "exceptional in his sympathy to the local community, and his lectures to the local public and other endeavors for sanitary education gained considerable support from the Lagosians regarding health reforms."[78] Sadly, successive governors did not show such interest in African health.

[75] I. F. Nicolson, *The Administration of Nigeria, 1900-1960: Men, Methods and Myths* (Oxford: Clarendon Press, 1969), 77-78; Uyilawa Usuanlele, "Poverty and Welfare in Colonial Nigeria, 1900-1954," Ph.D. thesis, Department of History, Queen's University, Canada, September 2010.
[76] In 1904, the Southern Protectorate assisted the Northern Protectorate with £50,000, and in 1905, Lagos paid £21,250 and the entire Southern Protectorate paid £60,000 as contribution towards budget deficit in the North. See: The Governor to The Secretary of State, Annual Colonial Report for Southern Nigeria (Lagos) 1905, No. 507, 10; The Governor to The Secretary of State, Annual Colonial Report for Southern Nigeria 1905, No. 512, 8.
[77] BLN, "Weekly Notes," *Lagos Weekly Record*, Saturday September 10, 1904. For the figures on public work, see: Mr. Thorburn to Mr. Lyttelton, Annual Colonial Report for Lagos: 1904, No. 470, 7.
[78] Liora Bigon, "Sanitation and Street Layout in Early Colonial Lagos: British and Indigenous Conceptions, 1851–1900," *Planning Perspectives* 20, 3 (2005): 262.

With the departure of MacGregor, Walter Egerton became the High Commissioner of the Southern Protectorate, replacing Ralph Moore in April 1904. In September, Egerton became the Lagos Governor, and he quickly initiated the process that ended in the merger of the Lagos Colony with the Southern Protectorate in 1906. His proposal for the creation of three provinces and commissioners, each with an administrative capital in Lagos (for southwest), Warri (for south-central), and Calabar (for southeast), received approval in 1905. These changes did not stop the social engineering unfolding in Yorubaland. By this time, the European population in Lagos, which was 233 in 1900, had increased to 400, of whom 200 were officials.[79] The African population in Lagos and other Yoruba towns grew geometrically, and their health conditions remained unstable. Despite the financial and human resources that early administrations committed to sanitizing urban environments in western Nigeria, the sanitary services and infrastructures they provided could not sustain the new pattern of labor migration, population growth, and urbanization in colonial towns.

As an illustration, a Lagos-based lawyer and an unofficial member of the Lagos Legislative Chamber, Honorable C. A. Sapara Williams, stated during his address to the Liverpool Chamber of Commerce that "although much was being done by the present CMO, yet the present sanitary system of the town of Lagos was, to say the least of it, not what it should be under a Government claiming to be civilized."[80] Interestingly, the total sum spent on drain filling and sanitation in western Nigeria, including Lagos, between 1900 and 1906 was £81,702, and the amount spent in eastern and central Nigeria during the same

[79] The Colonial Governor to The Secretary of State for the Colonies, Annual Colonial Report for Southern Nigeria (Lagos) 1905, No. 507, 33.
[80] "Sanitary Condition of Lagos," *The British Medical Journal* 2, No. 2347 (December 23, 1905), 1669.

period was £27,367.[81] Truly, MacGregor spent the lion's share of the funds on improving the public sanitation in commercial towns where Europeans and urbanized Africans lived. However, subsequent colonial administration deviated from his integrated and public-funded approach to the sanitizing mission, placing the financial burden of environmental sanitation and public health on Africans despite the increasing revenue of the Province.

During the administration of governor Egerton, the colonial export-oriented cash crop production expanded. With the rising agricultural production and trade, government revenue increased as many farmers had abandoned the oil palm trade for the cocoa industry by 1905. Since the demand for palm produce was declining, cocoa plantations spread across Yorubaland, and export increased from 305 tons between 1901 and 1904 to 1167 tons between 1905 and 1909.[82] Yoruba farmers also interplanted kola with cocoa, especially in communities along the railway lines which reached Oshogbo in 1907. The opening of a feeder road to Owo extended the cultivation of cash crops eastwards deep into central Yorubaland. Whereas Northern Nigeria raised about £150,000 in 1906, the eighty percent of £1 million revenue generated from custom duties in Southern Nigeria provided the state with funds, part of which the government ought to invest in the social improvement of African conditions. Apart from the neglect of African health, the expansion of the export-oriented cash crop production depleted the resource-rich soil in the region.

Unlike MacGregor, subsequent colonial governors and Residents in colonial towns of western Nigeria showed a nonchalant attitude to African health and the sanitation of their

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[81] C. V. Bellamy, "Anti-Malaria Work," in: *Report of the Advisory Committee for the Tropical Diseases Research Fund for the years 1906-1910* (London: Darling & Son, October 24, 1907), 19.
[82] Ekundare, *An Economic History of Nigeria, 1860-1960*, 168.

districts. Under Egerton, the colonial government reduced public expenditure on health and sanitation in African quarters. This lack of interest in African social conditions originated from the governor's belief that a tax-paying population should fund public works of municipal nature. This was evident in Egerton's speech during his meeting with the Lagos Native Council, where he submitted that "I have read in the paper and I have heard it remarked that the town should be better lighted. I agree. But if you want these improvements, you must be willing to pay…The result of your having a town council will be that you have to pay for the various things I have mentioned."[83] Since the colonial government did not introduce direct taxation to Yorubaland until 1917, the meager votes for public sanitation barely improved the unhealthy condition of towns inhabited by Africans, while colonial authorities at the center ignored many villages in western Nigeria.

With the meager funds available, Egerton executed minor sanitary projects in areas inhabited by Europeans and a few African elites, but nature worked against his intervention, preventing the projects from improving health. Sources do not show the amount allocated for environmental sanitation in central areas of Ibadan during 1905. Still, we know the colonial government allocated £1127 for public works, including road repairs and drain filling, and mosquito and polluted water were the two major problems tackled in the town.[84] Likewise, in Lagos, swamps in the Brook Street of East districts were filled up to the drain in April 1906, and in the West, sanitary laborers oiled pools and drain suspected of breeding

[83] TNA, CO 520/77/3427, Water Supply: Minutes of Native Council Meeting of 20th July 1908, 1-2.
[84] TNA, CO 591/3, Captain C. H. Elgee, Annual Report for the Year 1905 on the Provinces of the Lagos Protectorate Under the Supervision of the British Resident at Ibadan, Ibadan, 2-3, 7.

mosquitoes.[85] In the latter area, swamps in Alakoro, Elegbata, and Isalegangan were also reclaimed. However, most of the work was undone when heavy rain started in May. If there were formidable constraints that hampered British public health efforts in West Africa, as scholars have suggested,[86] one natural impediment in Lagos was rainstorms. Often, heavy rainfall forced swamp reclamation to stop at the end of June. Although the rain was a major source of potable water for many, it returned most drained areas to their swampy condition. The reservoir of vectors the rain produced due to lack of good surface drainage was treated two to three times weekly by oiling swamps and drains to repel mosquitoes. Yet, malaria spiked due to the weeds in the reservoirs, rendering the preventive measures ineffective.[87]

Another factor that aided the damage caused by heavy rain in many reclaimed areas was the colonial government's poor urban development planning. In 1907, Lagos MOH asserted that the gradual construction of roads across western Nigeria had aided sanitary improvement because surface drainage often accompanied most of the roads constructed in Lagos and its hinterland. However, it is unlikely that these roads and their attached drainage systems served much sanitary purpose due to their haphazard construction. Sources indicate that the public drains were not properly connected because of the frequent transfer of the engineers in charge. According to one newspaper report about the drainage system in Lagos, "one drain is constructed in one direction and another at some remote points due to the constant posting of European foremen who sanction the construction." Given the

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[85] TNA, CO 591/3, E. H. Read, Report of the Health Officer for the East District of Lagos for the Month Ending 30th of April 1906; TNA, CO 591/3, J. A. Clough, Health Report of Medical Officer of Health for the West District of Lagos for the Month of April 1906.
[86] Dumett, *Imperialism, Economic Development and Social Change in West Africa*, 20.
[87] TNA, CO 591/3, John Currie, Health Report of Medical Officer of Health for the West District of Lagos for September 1906.

disorderly manner that engineers designed many drains in western Nigerian towns, one gutter, emptying wastewater on the street at one point and not far off, was another, which would have drained the wastewater if the two were connected.[88] This means colonial engineers could not achieve the desired sanitary and health improvement in western Nigeria despite their purported knowledge of sanitary science and technology.

The poor quality of work executed by colonial sanitary engineers was confirmed by the former MOH for Calcutta and a lecturer at the London School of Hygiene, Professor William Simpson, when he visited the town in 1908. Earlier, concern over public sanitation had motivated the *West African Mail* to demand that the CO send an expert in sanitary matters to visit British West Africa and advise colonial officials on improving public health. Although MacGregor was among the experts mentioned as knowledgeable on the issue, the CO appointed Simpson due to his wealth of experience in tropical medicine.[89] Simpson arrived in Lagos in July 1908. After inspecting major colonial towns in September, he noted that Abeokuta, Calabar, and Lagos were the only towns in Southern Nigeria with good structures for draining wastewater. In Lagos, however, he stated that "some of the swamps that have been filled are not sufficiently raised by several feet, and the reclaimed land is flat and not graded."[90] Likewise, in other Yoruba towns where surface drains existed, the structures collapsed within a short period because the systems were not lined with concrete. This poor quality construction diminished the durability and lifespan of many urban drains.

[88] BLN, "The Drainage of the Town," *The Lagos Weekly Record*: Saturday July 20, 1907.
[89] Before his visit, Simpson had participated in health-related Commissions of Inquiry in South Africa on dysentery and enteric fever among British troops (1900), Hong Kong on plague in 1902, and in Singapore where he reported on the colony's sanitary condition in 1906. R. A. Baker and R. A. Bayliss, "William John Ritchie Simpson (1855–1931): Public health and tropical medicine", *Medical History* 31, 4 (1987): 450–465.
[90] W. Simpson, *Report on Sanitary Matters in West African Colonies* (London: Darling, 1909), 16, 69-72.

To solve the problem, Simpson identified six areas that needed radical improvement in Lagos and its hinterland. These included clearing congested neighborhoods as well as raising/grading reclaimed land; provision of public water supply; provision of sewerage and sanitary disposal of sewage; enactment of building regulations; systematized surface drainage; and provision of destructors for refuse incineration.[91] However, European officials in Yorubaland implemented some of these recommendations to benefit their health while using the same to legitimize their ordering of Africans in cities. For instance, the building regulation enacted after Simpson's visit allowed British colonial administrators to demolish African houses adjudged to be violating European building standards. Also, when colonial city planners started decongesting overpopulated districts in 1908, British officials used the project to justify the expulsion of Africans from their land. Significantly, conscious racial residential segregation began when 1500 to 2000 Africans were removed from their homes in the Race Course area of Lagos Island to create a European Reservation Area. Instead of using Simpson's proposals to improve public health, the colonial government in western Nigeria mobilized his technical "expertise" for racist urban renewal programs that worsened the living condition of many Africans and excluded them from urban centers.

In the face of this oppression, many Africans showed agency. When their expulsion began in April 1908, Egerton claimed the exclusionary projects were motivated by medical advice from London that European quarters be moved away from Africans and reclaimed land.[92] However, this excuse did not stop Africans from challenging the discriminatory

[91] Simpson, 73-79.
[92] BLN, "Sir William Nevill Geary on the Expropriation Question," *Lagos Weekly Record*, April 4, 1908.

policy as many victims protested stealing their land and demolishing their homes. With the support of one British human rights lawyer in Lagos, Sir William N. M. Geary, over two thousand Africans signed and sent a petition to the CO on the expropriation measure. Sir Geary used his metropolitan connection to condemn the British segregation and land grabbing policy in the *Westminster Gazette*. He argued that "each man's life is precious to himself, and the official has no right, on the ground of sanitation to expropriate a householder, saying, 'my need is greater than thine.'."[93] Despite African calls for justice, governor Egerton, as Thomas Gale argued, advanced the sanitizing mission by reforming urban sanitation on racial lines, and his successor, Fredrick Lugard, expanded the policy.[94]

By December 1908, the government of Egerton had reorganized the sanitary administration in Lagos. This restructuring was due to Simpson's suggestions and a "plague scare," which followed the reported outbreak of bubonic plague in Accra. Health officials in western Nigeria believed the disease would reach Yorubaland if they failed to adopt preventive measures. This is significant because the "plague scare" exposed the weakness of the sanitary arrangements in Lagos and its interior, making the reform of Lagos's public health structure inevitable. Ordinances passed as part of the reform included the Towns (Amendment) Ordinance, the Market Ordinance, and the Public Health (Amendment) Ordinance. The reformed Board of Health (an advisory body) executed these laws after changing to the Municipal Board of Health (MBH) in December 1908. The MBH assumed an administrative role since it was "constituted with powers to deal with all matters that

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[93] Mr. Geary had practiced law at Lagos and Sierra Leone, and was Attorney-General of the Gold Coast. See: William N. M. Geary, "Expulsion of Natives at Lagos for Official Residences," *The Westminster Gazette*, March 1908; BLN, William Geary, "Unrest in Lagos," *The Lagos Weekly Record*, Dec. 25, 1909.
[94] Gale, "Ségrégation in British West Africa," 497.

may be necessary for the conservancy of the town of Lagos and the preservation of public health."[95] Thus, it provided public latrines, potable water, and planned waste removal.[96]

Since the MBH could not levy rates on the local population, it derived its revenue from fines/penalties, licenses, and grants-in-aid from the Lagos Legislative Council. The inadequate funds restricted its initiatives even though additional health officials were employed. The budget constraints which affected the mandate of MBH in Lagos also plagued other commercial towns in western Nigeria, where the local health boards relied entirely on fines, licenses, and government grants. Despite the increased revenue that western Nigeria recorded annually, Egerton's belief that taxpayers should finance projects of municipal nature left local health boards without funds, restricting their usefulness in the region. Still, when the anti-mosquito campaign continued in towns of economic importance like Abeokuta, Ibadan, Lagos, and Osogbo in 1909, colonial authorities bought kerosene from the meager funds. They distributed it for disinfecting puddles/pools and drains.[97] The Lagos MBH also reclaimed a swamp around "Golf links" in 1910, raising it to 3-5 feet.

By the beginning of the second decade of the 1900s, the neglect of African health, the poor connection of drains, and the use of race and social class to determine streets to be sanitized rendered the relative improvement in certain areas ineffective. Although governor Egerton had improved some districts and their drains in central areas of Lagos by the time he left Nigeria in 1912, his cosmetic approach to public health left many African quarters

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[95] Walter Egerton to The Secretary of State, Annual Colonial Report of Southern Nigeria for 1908, No. 680, 35; WL B31490372, Southern Nigeria: Annual Report of the Medical Department for the Year 1908, 3.
[96] Legislative Council, The Lagos Municipal Board of Health (Incorporation) Ordinance, October 8, 1909, 2-7.
[97] WL B31490384, Southern Nigeria: Annual Report of the Medical Department for 1909, June 1910, 26.

without underground or surface drainage systems.[98] As heavy rainfalls continued to change the contour of western Nigerian environments, new marshes and ditches developed quickly. For this reason, a colonial sanitary officer in Lagos submitted in 1913 that "it is found to be somewhat hard to keep pace with Nature in her destructive and constructive processes."[99] This shows how race, social class, poor planning, and budget restraints aided nature's destructive work in Nigeria. Scholars researching the social history of medicine have also pointed to similar factors responsible for the poor living of lower-class people in the colonial world. According to Juanita De Barros, colonial authorities and local elites in British Guiana did not often see sanitary improvement as profitable expenditures.[100] In her study of disease and sanitation in the nineteenth and early twentieth-century Georgetown, the author argues that the social class of people living in specific districts determined the allocation of sanitation facilities and services to those parts of the town. In the Nigerian context, archival sources indicate that the British colonial government left the tortuous streets and narrow lanes in the overcrowded African quarters unattended due to the huge cost required to install well-connected drainage and sewage disposal systems in the areas.[101]

After the Northern and Southern Protectorates became a united Nigeria under one Governor-General, Lord Lugard, in January 1914, his primary challenge was to improve the condition of colonial towns where segregated sanitation prevailed. This merger was due to the persistent budget deficit of the north. Lord Lugard, the architect of the union, believed

[98] BLN, "The Administration of Sir Walter Egerton," *The Lagos Weekly Record*, March 2, 1912.
[99] WL B31490426, Southern Nigeria: Annual Report of the Medical Department for the Year 1913, 25.
[100]. Juanita De Barros, "Sanitation and Civilization in Georgetown, British Guiana," *Caribbean Quarterly* 49, 4 (2003), 65-86.
[101] De Barros, 43.

the revenue of amalgamated Nigeria would result in the efficient administration of the country. Based on this assumption, he formed a new executive council and an inclusive legislative body known as the Nigerian Council, which included official and unofficial representatives from European and African communities.[102] However, each protectorate's Medical and Sanitary Departments remained under their respective principal medical and sanitary officers, who were answerable to the Director of the Medical and Sanitary Services in Lagos. In July of that year, the civil unrest in Ijemo gave the British the much-needed excuse to abrogate the treaty giving Egbaland its semi-autonomy. By September, *Alake*'s territory had come under the full control of the colonial government.[103] This annexation increased the sanitary responsibility of the British authority in Lagos since the officials in the colonial capital determined the direction of the sanitizing mission in western Nigeria.

Indeed, the colonial government reclaimed some swamps on streets populated by Africans in 1914, including Alakoro and the Customs area of Lagos, but public works did not increase as in the European Reservation Areas. By this time, the district embracing the Race Course and eastern part of Marina to Five Cowrie Creek had become segregated. While the streets mostly contained houses built for European officials, the paradox of racial residential segregation in Lagos (and other Yoruba towns) was that houses bordering the Race Course were within a few hundred feet of African homes. Also, many non-official Europeans could not isolate themselves from African districts where they built houses, and

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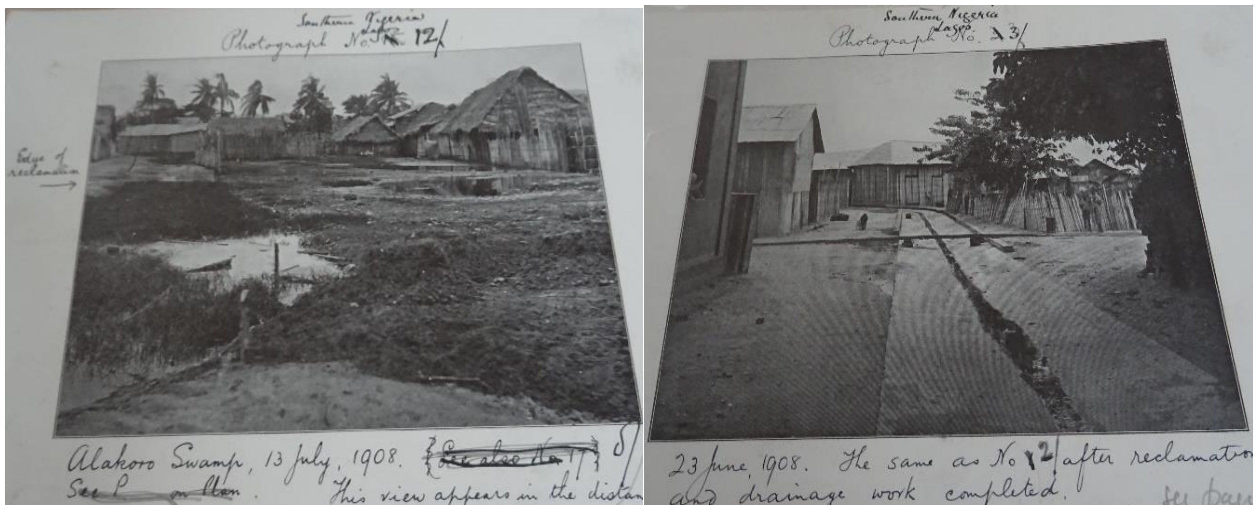
[102] The Governor-General to Secretary of State, Annual Colonial Report of Nigeria for 1914, No. 878, 35.
[103] BLN, "The Recent Disturbance at Abeokuta," *The Nigerian Pioneer*, Friday August 21, 1914, 9; BLN, "Abeokuta Notes," *The Nigerian Pioneer*, September 4, 1914, 7; BLN, "The Fate of Abeokuta," *The Lagos Weekly Record*, September 19 and October 10, 1914; BLN, "Treaty Abrogating the Independence of Egbaland," *The Lagos Weekly Record*, October 10, 1914.

some even lived in close proximity to lower-class natives.[104] Given the slow pace of public works and the consequent poor sanitary condition of African quarters, some Europeans blamed Africans for the poor sanitation in the districts rather than the segregationist policies of the colonial government that disconnected African quarters from the town's drainage system. For instance, the acting senior sanitary officer for Lagos reported in 1914 that "the natural tendency of the natives to erect huts or houses on any convenient site just clear of natural water courses, make the adoption of an effective drainage scheme a matter of some difficulty in most places."[105] Yet, the MBH responsible for sanitation lacked the financial resources to improve hygiene in the native part of the town. While the targeted revenue of the MBH in 1914 was £7,830, the grant-in-aid from the government was £21,636. Given the serious sanitary transformation needed in the port city, one local newspaper described this meager revenue of the Lagos MBH as "ridiculously inadequate."[106]

Figures 3.3: Alakoro Swamp (before and after reclamation and drainage completed)



Source: TNA, CO ADM 344/944

[104] WL B3163882X, Southern Nigeria: Annual Report of the Medical Department for 1914, 67 and 172.
[105] Ibid, 81.
[106] BLN, "The Municipal Board of Lagos," *The Nigerian Pioneer*, Friday September 4, 1914, 6-7.

Worse still, as the population of Europeans in western Nigeria decreased in 1914 because of the outbreak of the First World War, there was a corresponding reduction in the funds expended on sanitation and public health throughout colonial Nigeria. Given colonial officials' support for the war across the British empire up to 1918, the shortage of staff and funds needed to direct the sanitizing mission resulted in the deterioration of public health in western Nigeria. Also, the inadequate human and material resources reversed the gains of previous years. In fact, data on sanitary activities in Yoruba towns during the war was largely inaccurate because very few health-related measures came under the notice of the few health officials on the ground.[107] Apart from the routine sanitary works and emergency measures to prevent epidemics, the war prevented any major improvement in sanitation.

Ironically, the worsening sanitation and health condition in western Nigerian towns did not alter governor Lugard's racial residential segregation policy. Despite the material inadequacies imposed by the war, adequate attention was given to European health in major political and commercial centers with an improved sanitary arrangement when occasion demanded. Towns inspected to secure suitable sites for European quarters in 1918 included Abeokuta, Ibadan, Ife, Ilesha, Ogbomosho, Osogbo, and Oyo town. Lugard's segregation plan already unfolding in Lagos was passed in Ibadan by the town's sanitary authority by the end of the year.[108] The policy facilitated the creation of European Reservation Areas to advance European health, and in Lagos, the reclamation work that started in other affluent

[107] The Governor-General to The Secretary of State, Colonial Annual Report of Southern Nigeria for 1915, No. 920 (Lagos: January 6, 1917), 21.
[108] WL B31490232, Nigeria: Medical and Sanitary Report for the Colony and Southern Provinces for 1918, 18.

areas like Apapa progressed in 1915. By 1918, the Public Works Department had reclaimed about 98.8 acres of swamps in Lagos alone. Until the mid-1920s, the shortage of sanitary laborers and infrastructure impeded health improvement in areas inhabited by Africans. Moreover, the few available laborers focused more on improving European streets.

Refuse and Human Waste Management in Western Nigerian Towns

Apart from the efforts to remove disease vector-breeding swamps and puddles in western Nigerian towns, another public health threat the British colonial government dealt with was poor waste management. This section shows how the British colonial authorities, acting on their mission to sanitize Africans, attempted to transform waste disposal in Lagos and other Yoruba towns. It demonstrates that, similar to how race and social classes determined whether or not some districts benefited from government swamp reclamation and drainage projects, the same politics of group protection shaped urban waste management in western Nigeria. By making more sanitary laborers and infrastructures available in areas inhabited by middle and upper-class Europeans and few Africans, the biased "mission to sanitize" excluded the poor, making lower-class Africans appear unhealthy and incapable of tidiness.

Before the advent of colonial rule in the late nineteenth century, the Yoruba had different waste infrastructures, the most important of which were dumpsites (*aatan*). As seen in chapter two of this dissertation, dumpsites were usually built by and for towns. This communal waste management infrastructure was widespread in western Nigeria because it required little maintenance. Hence the Yoruba proverb: *Ilu ki i kere ki o ma ni aatan* (loosely translated: no matter how small a town is, it must have dumpsites). Apart from the human waste which communal dumpsites received in the pre-colonial period, people also

deposited domestic waste on these sites. For this reason, the Yoruba believed that *ti a ba gaba ile, ti aba gba ita, akitan ni a dari re si* (meaning that, when we sweep both inside and outside of a house, we dump the refuse in the dumpsite).

The refuse depots were usually sited in locations far away from residential buildings to serve public health needs. However, their limited number and location outside homes made it unavoidable for Africans to adopt other crude systems. When access to communal dumpsites became difficult at odd hours, it was not uncommon for people in precolonial Yorubaland to defecate or dispose of waste on spare land around the house or streams and "waste" land with overgrown bush.[109] As this study established in chapter two, the Yoruba of the nineteenth century were aware of the nexus between dirt and health, but they did not link open-air defecation and unsanitary refuse disposal with any specific disease. Still, oral history shows that most refuse in agrarian Yoruba towns was biodegradable. Thus, many people did not deal with fecal waste differently than they did any other domestic waste.[110]

It is noteworthy that the approach of the precolonial Yoruba to waste management cannot be generalized to other African societies due to the continent's cultural diversity. Some scholars have identified latrine trenches and pit latrines, not just among the Ibo of eastern Nigeria but also among the Ashanti of modern Ghana.[111] In some northern Nigeria towns, the spread of the Islamic religion, which demanded a strict culture of cleanliness, motivated hygienic public management of waste. Furthermore, other scholars have

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[109] Nathaniel Akinremi Fadipẹ, *The Sociology of the Yoruba* (Ibadan: Ibadan University Press, 1970), 173-174; Interview with Mr. Amos Alademehin, (71 years), Herb Seller, Ibadan, July 27, 2019.
[110] Interview with Dr. Olatunji Ojo, Department of History, Brock University, Canada, May 10, 2021.
[111] Johannes Lagemann, *Traditional African Farming Systems in Eastern Nigeria* (Munich: Weltforum Verlag, 1977), 39; George M. J. Giles, *General Sanitation and Anti-Malarial Measures in Sekondi, the Goldfields, and Kumassi* (London: University Press of Liverpool, 1905), 52.

suggested that pit latrines existed in some compact and centralized African towns such as Benin City (south-central Nigeria) and Abeokuta, one of the nineteenth-century Yoruba towns that emerged during the Yoruba inter-state wars.[112]

Unlike the above exceptions, the general lack of pit latrines in most Yoruba towns during the nineteenth century could be attributed to the social disruption engendered by the transatlantic slave trade and the attendant Yoruba internecine war that lasted a century (see chapter two). During the upheaval up to the arrival of the European colonizers, the Yoruba were less concerned with social improvement and comfort. Instead, the concern of local leaders was the security of their people and territories from invasion and slave raiders.[113] Due to insecurity, many communities and villages relocated, and some new states, such as Ibadan, emerged. The economic and political challenges that accompanied the dislocations, relocation, and state-building took precedence over the maintenance of public sanitation. Local leaders left this responsibility to lineage/clan heads, who coordinated the burning of wastes deposited on communal dumpsites. In some places, people leave their wastes to nature and domestic animals such as dogs, goats, and pigs scavenging rural and urban areas. After western Nigeria came under colonial rule and the colonial economy expanded, the volume of non-degradable wastes increased, including nylon, tins, glass, plastics, and other packaging materials imported from Europe, which local waste facilities could not manage.

Given the increasing population of Africans in important colonial towns like Ibadan Abeokuta and Lagos and the proliferation of new types of refuse, waste management

[112] Interview with Dr. Oluwatoyin Oduntan, History Department, Towson University, U.S.A., May 7, 2021.
[113] Interview with Dr. Ojo, May 10, 2021.

became a major concern in the late nineteenth century because dumpsites were outdated. This led to the gradual evolution of dustbins, from a simple oblong wooden box, through various complex iron and wood designs, and later iron, wood, and concrete. In London, people started using flush toilets at the end of the century, but many urban poor could not afford them due to installation/connection costs. Likewise, introducing this water-borne system in western Nigeria before 1900 was practically impossible due to cost, the lack of public water, and central sewer facilities. For this reason, colonial authorities experimented with some crude systems in Lagos during the late nineteenth and early twentieth centuries.

Colonial authorities deemed *shalanga* (pit/land latrines) the cost-effective answer to the problem of human excreta in towns and peri-urban areas of western Nigeria. Based on their structure, the size of the makeshift pit latrines was not fixed, and their use was not convenient. Although the toilets had covering walls that provided users with some privacy, they had no seats. Using planks as cover for the human waste (hereafter referred to as night soil) in the pits was particularly common, but because the coverings were not tight-lid, the makeshift toilets were a nuisance wherever the government placed them.[114] Even urbanized Africans saw these facilities as a threat to their health due to the noxious odor they emitted and the blowflies they bred. Indeed, most of the local population were unaware that the liquid content of the latrines, which sometimes percolated into the ground, polluted nearby well water and constituted a source of water-borne diseases. Still, many Africans avoided them because the toilets were often dirty. Since many African users deemed the sanitation facility a tool of colonial social engineering rather than a weapon in the fight against

[114] Interview with Mr. Yinka Idowu, (79 years) Rtd. Environmental Health Officer, Omu Aran, Aug. 3, 2019

preventable diseases such as cholera and diarrhea, they often left the infrastructure in an unsanitary state. Moreover, the penny-pinching financial policy of the British colonial state towards the social improvement of Africans worsened the sanitary condition of the latrines as health officials often committed little funds to the maintenance of the waste facilities.

The poor funding of waste management and the consequent poor quality of service, especially in African districts, made many natives unsympathetic to the sanitizing mission. When the colonial authority in Lagos started routine public sanitary inspection of streets and compounds in 1877, the African public unduly criticized most "inspectors of nuisance" because people did not fully understand that sanitizing Lagos was arduous.[115] Given the deteriorating sanitary condition of the port city under the social changes that colonialism imposed, many Africans considered European inspectors of nuisance and their scavenging teams incompetent.[116] Most of the critics were right because colonial authorities prioritized European health and the sanitation of their environment over that of colonized Africans. The few Africans employed as sanitary laborers focused more on affluent areas within the colonial capital, such as the European quarters, Government House, and districts frequented by Europeans and Western-educated natives. So, Africans blamed the laborers for selective blindness as street and latrine cleaning and emptying of dustbins lagged in African quarters.

Throughout the early 1900s, African criticism of the British (mis)management of environmental sanitation and health in western Nigeria became an avenue through which local newspapers expressed anticolonial sentiments against British rule. In his study of the

[115] Most of the local anticolonial press, especially the *Lagos Weekly Record*, condemed almost all sanitary initiatives of the colonial government. Spencer H. Brown, "Public Health in Lagos, 1850-1900: Perceptions, Patterns, and Perspectives," *The International Journal of African Historical Studies* 25, 2 (1992): 355-356.
[116] Scavenging teams were African youths serving as sanitary laborers, filling drains and collecting waste.

late nineteenth and early twentieth-century public health in Lagos, Spencer Brown observes that even "when they attempted to perform their tasks with care, they were still often denounced for their methods."[117] Complaints from the media were mostly about waste pits that were not dug deep enough or about the lack of new land to bury waste. Although the annual vote for the Sanitary Department was £3,000 in the late 1800s, a local newspaper described waste management and the poor sanitary condition of Lagos as "serious evil."[118] Again, most of these reports were valid because funds allocated to public health in Lagos, as in other Yoruba towns, were usually inadequate to hire enough laborers or acquire sufficient sanitary infrastructures required to improve public sanitation in the region. In fact, until smallpox (in 1878) and yellow fever (in 1881) disrupted public health and trading activities, the British colonial fiscal economy prevented major investment in environmental sanitation. Even though the *Saro* and other Western-educated Africans demanded sanitary improvement in the mid-1880s, their requests received partial attention. Until the end of the nineteenth century, the colonial authority in Lagos ignored long-term and large-scale sanitary projects except in places where such investment would advance colonial interests.

After MacGregor took over western Nigeria in 1899, waste management recorded relative improvements similar to his swamp reclamation program. Building on the work of his predecessor, the governor passed a Public Health Proclamation in September 1900 in addition to the existing public health laws such as the Ordinance for the Better Preservation of the Town of Lagos from Fires (1863), the Land Ordinance Act (1867), and the Towns

[117] Brown, 356.
[118] *The Mirror*, Saturday, February 25, 1888.

Police and Public Health Ordinance (1878 and 1892). Like the previous rules, the new law attempted to criminalize environmental pollution and indiscriminate dumping of refuse in streets and open spaces. In particular, it stipulated a fine of 40 shillings or four weeks imprisonment for offenders. Outside Lagos, colonial authorities ordered local chiefs to use *akoda* (police) to enforce environment-friendly habits in towns.[119] These reforms deflected people's attention from the infrastructural deficit affecting waste disposal across the region. The inadequate facilities and personnel to clear refuse left many towns littered with waste.

In 1900, MacGregor withdrew the sanitation of Lagos from non-African contractors who had managed it since the late nineteenth century and awarded it to an African, Chief Seidu Olowu. The contractor employed sanitary gangs who went round the town collecting refuse. They burnt, buried, or moved the trash (by canoe) to the lagoon for disposal at a safe distance.[120] Brown argues that Chief Olowu performed better than his predecessors. Still, inadequate incinerators and latrines made some Africans engaged in unhygienic waste disposal. Rather than blame the government, health officials often condemned Africans for their "poor" sanitary practices. One sanitary report shows that "rubbish and offal are usually gathered in public places, very close to residential places." For colonial health officials, "in the dry season, the excreta are dried by the sun, and the resulting dust, laden with disease germs and the ova [eggs] of intestinal parasites, is blown by the wind, to be inhaled by the inhabitants, and be deposited in their food and drinking water."[121] Indeed, some Africans

[119] John Stein, "The Public Health Proclamation, 1900," *Government Gazette*, September 28, 1900, 312.
[120] Bellamy, "Anti-Malaria Work," 20.
[121] NAI, CSO 26/2/15683, Principal Medical Officer to Colonial Secretary, "Organisation to Promote Sanitary Conditions throughout the Protectorate," November 26, 1902.

failed to comply with the colonial public sanitation and health rules, and I will return later in this section to further explain some of the factors underlying the actions of the Africans.

The threat that poor sanitation and inadequate health education posed to public health prompted MacGregor to start a self-help project while his health officials, including African medical personnel, embarked on health education, even in schools. The governor divided Lagos Island, Ebute Metta, and Iddo into five districts for sanitary purposes. He placed them under five sanitary inspectors, who were in turn supervised by three health officials.[122] Furthermore, MacGregor created the *Ladies League*, a quasi-governmental organization in Lagos, on January 25, 1901. This group of over 100 educated African women campaigned against maternal and infant mortality by visiting African homes to administer medicine (quinine) to children and their mothers. They also taught Africans modern hygiene practices.[123] Under the leadership of Mrs. Sapara-Williams and Mrs. I. Oluwole, the League divided Lagos Island, Ebute Metta, and Iddo into 16 sanitary districts, each under two groups of volunteer workers who periodically inspected African houses. The annual colonial report for 1903 shows that the group was already "reaching and supplying medicines to the poorest and most inaccessible of the inhabitants of the town of Lagos." MacGregor also created a General Board of Health under the Public Health Ordinance of 1899, which assisted with free quinine distribution, health education in the local language, and the teaching of hygiene in government-assisted schools.[124]

[122] Governor Sir W. MacGregor to Mr. Chamberlain, Annual Colonial Report for Lagos, 1902," 23.
[123] During this period, most infant mortality in Lagos occurred among children below 12 months. See: BLN, C. O. Obasa, "The Ladies League," *Lagos Weekly Record*, Saturday February 15, 1902.
[124] An Ordinance for Promoting the Public Health, September 13, 1899, *Lagos Government Gazette*: No. 5; BLN, "The Administration of Sir William MacGregor," *Lagos Weekly Record*, June 30, 1900.

Working with the Board of Education, Lagos MOH Dr. Strachan trained teachers in basic metropolitan hygiene principles. At the same time, Dr. W. Best, in charge of the colonial hospital, taught these educators some disease control measures.[125] In turn, these teachers transferred the hygiene knowledge to students, whom the government offered financial rewards to encourage others. In 1902, for instance, £20 was allocated as a reward for outstanding students in hygiene subjects. During the examination held the following year, about 228 of 388 students representing six schools were successful. Of the 44 primary and secondary school pupils who competed for the special hygiene prize in the 1902 finals, "the majority of them showed sound knowledge of the elementary laws of health."[126] This and other initiatives show MacGregor's political will to improve African living conditions.

Across the region, simplified germ theories of disease and principles of sanitary science spread through public lectures linking preventable diseases to poor hygiene. In the company of Dr. Cole, the Lagos MOH, and one Yoruba surgeon, Dr. Orisadipe Obasa taught Africans the gospel of colonial hygiene. So, as the health officials stressed the need for an environment-friendly attitude, Dr. Best and Dr. Lumpkin printed their lectures in an accessible format for distribution. Lectures were delivered at Epe by one Yoruba doctor - Oguntola Sapara, at Ibadan by Dr. Rice, and at Badagry by Dr. Read.[127] Like the Lagos Board of Health, the various Native Councils administering Yoruba towns continued to make efforts to improve sanitation in their areas of jurisdiction. In Abeokuta, western-

[125] Governor MacGregor to Mr. Chamberlain, Annual Colonial Report for Lagos: 1900-1901, 14-15.
[126] MacGregor to Mr. Chamberlain, "Annual Colonial Report for Lagos: 1902 (No. 400)," July 28, 1903, 21; MacGregor to Mr. Lyttleton, "Annual Colonial Report for Lagos: 1903 (No. 427)," August 19, 1904, 13.
[127] Ronald Ross, *Mosquito Brigades and How to Organise Them* (London and Liverpool: George Philip & Son, 1902). 72; MacGregor to Mr. Lyttleton, Annual Colonial Report for Lagos: 1903 (No. 427), August 19, 1904, 13.

educated elites collaborated with the EUG to make a public health law in July 1904. The law aimed at forcing Africans to comply with colonial sanitation rules. Also, Captain Cyril Elgee, who replaced Mr. Fuller as Resident of Ibadan (in 1903), worked together with the NA to create a Health Board in August 1904. The five-person board, which included three African chiefs representing Ibadan Native Council, supervised over ninety towns under its jurisdiction. The board members discussed new strategies to get their people interested in hygienic practices.[128] Still, some Africans resisted the British mission to sanitize the region.

Reasons why many Africans in Abeokuta and other Yoruba towns failed to comply with colonial hygiene principles and health ordinances transcended the cultural politics that scholars like Newell have enunciated. This does not mean that some passive resistance did not tow the cultural line, but not all. A better explanation for the African rejectionist stance or halfhearted compliance to colonial sanitation measures is that the ideas were new and ambiguous to the people due to the prevailing knowledge of disease causation in the area. To cite one example, despite the 200-300 deaths caused by a smallpox epidemic between January and March 1905 in Ikeji, a small town under Ilesha, residents still refused to submit themselves for vaccination. The Commissioner for Ilesha reported that many Ikeji residents believed their town was bewitched during his visit in March. The accusations and counter-accusations of witchcraft among the natives "ended in a number of persons submitting themselves to the 'Obbaw' poison ordeal, to which twelve of them succumbed."[129] Even after the local chief in Ikeji had cut down the "Obbaw" tree from where the local population

[128] Scholars of Ibadan history suggest that among the committees created in that year 1904, the local Health Board was perhaps the most active even though they were not as assertive as their Egba counterpart. Falola, *Ibadan*, 370-371, and for the list of towns under Ibadan, see 918-920; Elgee, *The Evolution of Ibadan*, 7, 17.
[129] TNA CO 591/3, Capt. Ambrose to The Governor, Report of Ilesha North Eastern District for 1905, 10.

obtained the poison, ignorance still prevailed. The Commissioner reported that "the bulk of the people ran away to avoid being vaccinated" against smallpox.

Apart from ignorance and suspicion, which many Africans nursed for the European colonizers, the biological link established by scientists in the 1890s between germs and a dirty environment was unclear to many people. The reason was that public health officials failed to educate Africans on the new doctrine of filth-germs-hygiene guiding the sanitizing mission. Thus, the ambiguity of colonial hygiene confused many natives when officials enforced destructive anti-mosquito programs. One oral history informant disclosed that:

> when European health officers inspect African homes, it was one of their duties to check for an avenue where mosquitoes could thrive and one of the initiatives taken then was to agitate domestic water stored in earthen pots with a cup to check for anopheline larvae. Although people were taught to put a tight lid on their earthen water pot, most people who thought the idea was simply to prevent dirt from getting into their water pot found colonial health inspector intrusive, wicked and oppressive whenever he asked that some water be thrown out due to the presence of mosquito larva in them.[130]

Clearly, European sanitary inspectors and their African aides, who doubled as interpreters, did not have the communal rapport needed to pass health messages to Africans on why specific sanitary measures were necessary for public health. In the absence of a cordial state-society relation between the "apostles" of hygiene and the colonized people, Africans misinterpreted certain environmental sanitation and public health measures, making disease control and the sanitizing mission more difficult for the colonizers than anticipated.

In major towns, Africans were instructed to keep the environment of their houses drained and clean. With little knowledge of what was expected of them, those whose

[130] Interview with Mr. Gbenga Obagaye, (68 years), Businessman, Akure, July 26, 2019.

livelihood depended on backyard farming continued cultivating their gardens. However, colonial health officials accused some of these Africans of creating environments favorable to disease vectors like malaria-carrying mosquitoes because they cultivated water-bearing plants. Some oral history informants explained that early European sanitary inspectors summarily marked and ordered fruit trees be cut down during their occasional inspection of African compounds without enlightened explanation of the dangers such trees/plants posed to public health. One recalled the pain that his friend's mother felt when "a white sanitary health inspector ordered that her banana and plantain trees be destroyed."[131] Although the widow painfully complied, no one explained to her that pineapples, bananas, and plantain trees retain water which provides a fertile environment for *Aedes aegypti*, the mosquito (*yanmu-yanmu*) that spread malaria, dengue, yellow fever viruses, and other preventable diseases. Interestingly, Ronald Ross had warned earlier that "nothing was to be attempted against mosquitoes until the native population was sufficiently educated," but colonial officials placed the cart before the horse.[132] Thus, insensitive sanitary measures without health education made Africans resent colonial authorities and public health laws.

Since many Africans in Yorubaland could not connect preventable diseases like cholera and dysentery to unhygienic waste disposal practices, they perceived the routine inspection of their quarters as a violation of their privacy.[133] This passive resistance draws some parallel with the way Londoners "would rather take [their] chance with cholera" than subject themselves to the intrusive state-led sanitizing mission in the mid-nineteenth

[131] Interview with Mr. Augustine Ebisike (58 years), Environmental Health Officer, Abuja, July 8, 2019.
[132] Ross, *Memoirs, With a Full Account of the Great Malaria Problem and Its Solution*, 443 and 490.
[133] Interview with Mr. Yinka Idowu, (79 years) Retired Environmental Sanitation Officer, Omu Aran, Kwara State, on August 3, 2019.

century.[134] In the Yoruba context, historian Joseph Atanda argues that one of the British initiatives introduced to Oke'ho town in Oyo Province was the *Shalanga* system to improve public sanitation and control preventable diseases. However, the natives refused to dig pit latrines within their premises because they considered defecating in their compounds an offensive habit.[135] As seen in chapter two, sanitation in this kind of landscape was considered a private matter with no effect on the public. Hence, most people defecated in bush and streams, especially in areas where enforcement of sanitary laws lagged.[136]

Another reason for the passive resistance of the Yoruba to certain colonial sanitation laws was that local socio-economic conditions restricted the capacity of many Africans to actively take preventive measures that would eliminate an environment conducive to vector-borne diseases. The local population was sometimes hindered by social difficulties, chief among which were poverty and lack of basic amenities like potable water that would have made compliance with public health regulations easy.[137] Since the British failed to provide adequate resources to aid attitudinal change in people, Africans only complied with colonial public health laws when such regulations were not at variance with their interests. For instance, even though the Yoruba recognized the public health hazard that thatched roofs constituted in the rapidly urbanizing towns, most Africans lacked the financial resources to buy the prescribed "Calabar bamboo" to re-roof their houses.[138] This social

[134] Pseudonymous correspondent, "Objecting to Sanitary Reform," *The* [London] *Times*: July 1854.
[135] Joseph Adebowale Atanda "The Iseyin-Okeiho Rising of 1916: An Example of Socio-Political Conflict in Colonial Nigeria," *Journal of Historical Society of Nigeria* Vol. 4, No. 4, (June 1969), 504.
[136] Okeiho was not a commercial hub in western Nigeria but traditional rulers in the town were ordered to punish sanitation offenders with a fine of £1 which many residents fiercely resisted. See: Atanda, 504.
[137] Interview with Mrs. Hannah Dare (86 years), Retired Teacher, at Ikare-Akoko, July 25, 2019.
[138] Nwanunobi, "Incendiarism and Other Fires in Nineteenth-Century Lagos (1863-88)," 111-120.

problem was not peculiar to colonial Africa. Mariola Espinosa paints a similar picture in the Caribbean, where the American imperialists engaged in an aggressive hunt for the yellow fever vector (mosquito) within Havana.[139] Like the British in Africa, the mission to sanitize Havana required searching for and exterminating mosquitoes in Cuban homes. This involved inspecting/oiling people's domestic water and streets/building cleansing. As in western Nigeria, these measures received severe backlash from the local population. Even when the Americans adopted less annoying anti-mosquito measures, many Cubans still refused to comply with the instruction for exterminating larvae because they lacked access to freshwater sources. Hence, the American physician and Havana's chief sanitary officer William Gorgas "found that the tenants of many houses removed the oil [on top of their drinking water receptacles] as soon as [our] inspectors left the [Cuban] premises."[140] In colonial western Nigeria, similar passive resistance and halfhearted compliance plagued some public health programs that were less discriminatory in the early 1900s.

Finally, Africans' halfhearted compliance and, at times, defiance of colonial health regulations were motivated by economic concerns. Some members of the local population placed their economic interests above any sanitary measures since the British lacked a standard public health law enforcement mechanism. Toyin Falola opines that since the Yoruba were aware of the colonial state's inabilities to compel wide compliance, "laws that undermined certain economic interests were ignored for selfish considerations…[and] this

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[139] Mariola Espinosa, *Epidemic Invasions: Yellow Fever and the Limits of Cuban Independence, 1878-1930* (Chicago and London: University of Chicago Press, 2009).

[140] Gorgas demonstrates that the reluctance of Cubans to comply with the American anti-mosquito proposals was not an act of cultural nationalism, but rather due to the lack of comprehensive water system in the city and people's inability to obtain fresh water from their vessels after oiling them. See: Espinosa, 64.

was true of the laws on sanitation."[141] This attitude was reported to be responsible for the deteriorating sanitation condition in Ijebu-Ode, a town of over 300,000 people - bounded by Ibadan in the north and Ondo in the east. Here, many visiting migrants trading in the town disposed of refuse indiscriminately. However, unlike Lagos and other Yoruba native towns, the traditional ruler in Ijebu-Ode dealt with environmental pollution, which the colonial economy aggravated differently. The chief detained and compelled members of caravans passing to and from the commercial areas of the town, like Ejinrin and Musin market vicinity, to weed/scavenge the town.[142] Apart from a few instances when sanitary inspectors visited African homes, the local population freely chose which law to observe.

At some point, the passive resistance of people to colonial health programs led to collaboration between British Residents in western Nigerian towns and local chiefs on sanitation and public health improvement. Examples of such cooperation made mandatory smallpox vaccination possible in Ibadan and its adjoining towns from March 1905. As in Lagos and Abeokuta, where similar laws had been passed, chiefs and members of the health board in Ibadan were instrumental in spreading British health propaganda, which appealed to some people's ignorance and suspicion.[143] In Saki, Kishi, Igboho, Igbeti, Ago-Are, and other towns in the north of Oyo Province under *Alaafin*, the District Commissioner reported "great improvement" in cleanliness throughout the district.[144] Also, of the 789 compounds of houses inspected by European sanitary inspectors in the east district of Lagos from

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[141] Falola, *Ibadan*, 370.
[142] British Resident posted to the town stopped the practice because he deemed it as harassment of traders. TNA, CO 591/3, C. Hornby-Porter to Colonial Secretary in Lagos, Annual Report of Ijebu Ode, July 1, 1906.
[143] The smallpox vaccination ordinance had been passed since 1902 but became compulsory in 1905 and Africans were trained as vaccinators. See: Elgee, *The Evolution of Ibadan*, 15-16.
[144] TNA, CO 591/3, Captain A. H. Blair to The Colonial Secretary in Lagos, January 27, 1906.

February to March 1906, the total number of written and oral abatement notices (clean-up orders) issued was 545. An accurate figure for the number of compliances does not exist. However, the MOH for the East District reported that "there were no prosecutions."[145] Some African quarters, such as Isalegangan in the West District of Lagos, received new latrines in 1906. Moreover, the government repaired some drains during the rainy season, added new ones, and erected new dustbins on concrete foundations in urban centers.[146]

It would be misleading to assume that since some chiefs persuaded their people to embrace colonial health schemes, the ecological/epidemiological crises that colonialism caused/exacerbated received enough attention from authorities or ended African suspicion and resistance. Instead, the *laissez-faire* approach of Egerton to sanitation in African streets prevented long-term investment in health. Africans used the opportunity to embarrass the authority by avoiding self-help projects. One anticolonial newspaper noted that "officials responsible for the Sanitary condition of the Town cannot congratulate themselves upon the present state of the Dust Bins about the Town."[147] Others show that "it is, however, really amazing that a foul public nuisance should exist for quarter of a century untouched and unmodified amidst all the blare and fanfare of sanitation and sanitary reforms and the varying and multitudinous stages and phases which the latter has assumed."[148] Rather than

[145] TNA, CO 591/3, E. H. Read, Report of the Health Officer for the East District of Lagos, 28th Feb., 1906; TNA, CO 591/3, E. H. Read, Report of the Health Officer for the East District of Lagos, 31st March, 1906.
[146] TNA, CO 591/3, J. A. Clough, Health Report of Medical Officer of Health for the West District of Lagos for the Month of April, 1906; TNA, CO 591/3, J. A. Clough, Health Report of Medical Officer of Health for the West District of Lagos for July, 1906.
[147] F. S. James, Annual Report of Southern Nigeria for 1906, No. 554, October 21, 1907, 70; BLN, "News, Notes, and Comments," *The Lagos Standard*, Wednesday June 5, 1907, 3.
[148] BLN, "Weekly Notes," *The Lagos Weekly Record*: July 6, 1907.

hire more contractors, colonial authorities, exploiting vulnerable migrant laborers who could not find jobs in the urbanizing town, hired these Africans cheaply to work.

In western Nigerian major cities, especially in central areas in Lagos, the unskilled sanitary laborers were known as *agbepo* (night soil men, feces container carriers or cleaners of public toilets). As a colonial invention, this unskilled job of cleaning public toilets, according to some scholars, allowed the British health officials to establish a strange culture of sewage management that dehumanized poor Africans.[149] Specifically, the new "shit" job made certain races, ethnic groups, and social classes perceive others as inferior based on their roles in the sanitizing mission. Furthermore, the colonial government increased the number of these cheap laborers with prisoners, and their task was to dispose of night soil and sanitize streets. However, since their status as migrants and prisoners did not earn them fair wages, the unmotivated laborers did not give their best. The abysmal way they executed their tasks became concerning after many districts transitioned from pit to bucket latrines.

When the public outcry over the nuisance created by the makeshift land/pit latrines became too loud in Lagos, the colonial government introduced a pail/pan system for night soil disposal, and many districts abandoned/blocked their pit latrines. While many Yoruba communities continued to use public pit latrines outside the colonial capital, the new system allowed users to defecate in a huge tank placed inside the restroom in Lagos.[150] The few *agbepo* available moved around Lagos, removing the night soil for dumping into the lagoon

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[149] John Uwa, "Transcultural Tension and the Politics of Sewage Management in (Post) Colonial Lagos," *Social Dynamics* 44, 2 (2018), 221-238.

[150] A big iron tank was constructed and placed below the latrine to receive the excretal coming down from inside the toilet. Interview with Mrs. Hannah Dare (86 years), Retired Teacher, Ikare-Akoko, July 25, 2019.

at Five Cowrie Creek or trenches away from residential areas.[151] However, it was not long before some Africans started complaining about the pail system due to its irritating odor in residential districts. Some local press reported that the latrines exuded a nauseating smell discomforting to residents during the cleaning process because laborers emptied the content of the tanks by scooping the waste into smaller buckets for dumping every night.

Recall that many Africans did not interpret the slight improvements brought by the British sanitizing mission in western Nigeria as public health development but proof of colonial social engineering. In this context, even after the complaints of Africans about the nuisance had forced the colonial government to substitute the big tanks in the toilet with five to six buckets to make cleaning easier, the criticisms did not stop. African complainants found the bucket latrine unsuitable in residential quarters because of the unpleasantness of the infrastructure and the method of its maintenance. Consequently, many people, including some newspaper editors, campaigned for its removal from residential areas away to nearby water bodies even though its nearness to houses could curb open defecation.[152] For colonial health officials, the request of Africans would defeat the public health purpose of the sanitary infrastructure. Colonial health officials believed that Africans would pollute their immediate environment when trips to the public latrine might be difficult at odd hours.

Perhaps the alarm raised by some natives about the latrine nuisance would not have sparked intense debate in the colony had the government encouraged sanitary laborers to execute their tasks judiciously by increasing their salary and improving their working

[151] WL B31490372, Southern Nigeria: Annual Report of the Medical Department for the Year 1908, 28.
[152] BLN, "Lagosians on Dits," *The Lagos Standard*: Wednesday May 15, 1907, 4.

conditions. But, the colonial government mobilized additional prisoners instead to sanitize the pail latrines and dispose of their content. By placing more emphasis on securing free and cheap labor for the sanitizing mission with little interest in the quality of work done by the *agbepo* and prisoners, colonial authorities did little to address African concerns about the latrine system. According to the editor of the *Standard* George Williams (1894-1920), the prisoners, "who aim[ed] at the quickest and easiest way of getting through their work, continued to collect the contents of all the pans into one or two large buckets to save themselves the trouble of making more than one trip of the job."[153] Sometimes, the laborers emptied the pails in areas where the filth quickly became a threat to health. Despite his anti-colonial stance on issues, the *Weekly Record* editor John Jackson (1891-1915) condemned some twenty prisoners for emptying latrine pails on the edge of the harbor and lagoon.[154]

In other aspects of public works, sources suggest that a similar lackadaisical attitude prevailed among Africans—actions that may be due to poor wages. Scholars who have examined the untimely breakdown of sanitation structures in African towns have blamed the poor maintenance culture on the colonial government.[155] Sometimes, however, the breakdown of some infrastructures was not entirely a maintenance problem but rather was due to poor construction. Writing on the short lifespan and substandard nature of jetties built for disposing of waste in the lagoon, Jackson noted that "a spirit of *laissez-faire* pervades the [public works] system, which would appear to be conducted on the principle

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[153] BLN, "On Matters Sanitary," *The Lagos Standard*: Wednesday August 7, 1907, 4.

[154] Jackson was of Egba heritage but born in Freetown to recaptured enslaved Nigerians resident in Sierra Leone. See: BLN, "Weekly Notes," *Lagos Weekly Record*, Saturday April 4, 1903.

[155] Festus Cole, "Sanitation, Disease and Public Health in Sierra Leone, West Africa, 1895–1922: Case Failure of British Colonial Health Policy," *The Journal of Imperial and Commonwealth History* 43, 2 (2015): 252-257; Joshua Grace, "Poop," *Somatosphere*: Nov. 20, 2017, http://somatosphere.net/2017/poop.html/.

that 'what is every man's business is no man's business'...and the early collapse of the latrine jetty is but the logical outcome of the spirit of indifference so palpably manifest in the conduct of Government work."[156] In other words, as poor wages shaped African apathy to public work, their subaltern politics of resistance restricted the British mission to sanitize.

Efforts to improve waste management in Lagos led to the introduction of sanitary steam wagons—Tramway—for waste collection and disposal in 1907. The Tram rail, laid from the Dejection Jetty at Five Cowrie Creek, faced the north, encircled the Racecourse, Glover Street, Fagi Market, and joined another line at Ereko Market. The rail line created a cyclical route from the point through Balogun Street, the Customs Wharf, and down to Kokomaiko to end at the Dejection Jetty.[157] The colonial government also passed a law to regulate the safe collection of the night soil in May 1907 under the Towns Police and Public Health Ordinance of (No. 10) 1879. The law forbade Africans from removing sewage from buildings or carrying it along any street except in government-approved pails between 9 p.m. and 2.00 a.m. While the government-approved bucket was unique for its tight cover, its usage involved applying dry earth to the feces before disposal via the Sanitary Tramway. In poor areas where the Tramway could not reach, including the Afro-Brazilian quarters and the congested area of Ereko, residents were to rely on public latrines and, in addition, rent the government-approved odor-proof buckets. After usage, the wastes in the buckets were to be buried daily in designated points such as trenches, the sea, or nearby rivers.[158]

[156] BLN, "Weekly Notes," *Lagos Weekly Record*, Saturday December 12, 1903.
[157] Bigon, "Tracking Ethno-Cultural Differences," 605-606.
[158] WL B31490360, Southern Nigeria: Annual Report of the Medical Department for the Year 1907, 4.

Initially, the government in Lagos did not impose the odor-proof latrine buckets on Africans, perhaps to forestall protests from lower-class residents and allow them to prepare for the initiative. The Tram operated in areas Europeans and middle-class Africans lived, including Tinubu Square, Breadfruit, Apongbon, Martin, Odunlami, and Broad Streets.[159] Residents of these streets complained at first about the cost of the buckets but did not resist their use. Before the Tramway stopped working in 1933, the colonial government extended the sanitary services to more African districts where it faced serious issues. First, the Tram covered sparsely populated European areas but not the densely populated African streets. This exclusion pointed to the colonial policy of prioritizing the health of Europeans and few middle/upper-class Africans. Secondly, local contractors collecting the wastes were biased. They cleaned "privileged" districts while African areas such as Alakoro remained unsanitary.[160] For this reason, the editor of the *Standard* opined that "if the present contract system of scavenging the town is unworkable, then it will be for the authorities, in the interest of the public health, to devise some other means of keeping the town clean."[161] This was crucial since sanitary laborers ignored African districts; their dustbins were often left uncleaned for days, allowing refuse to accumulate after the bins were full to the brim.

Since the Tramway did not cover the entire Lagos, another problem with the new system was that many Africans in areas not covered failed to abide by the hours stipulated for emptying their latrine buckets. They did not abide by the specified hours because the colonized people were unwilling to cooperate with public health officials on programs that

[159] BLN, F. S. James, "Public Notice: 13 August, 1907," *The Lagos Weekly Record*: August 17, 1907.
[160] BLN, "Lagosian on Dits," *The Lagos Standard*: May 15, 1907; BLN, "On Matters Sanitary," *The Lagos Standard*: August 7, 1907, 4.
[161] BLN, "Lagosian on Dits," *The Lagos Standard*: Wednesday May 15, 1907, 4.

would likely make the colonial government appear welcomed or its initiatives appreciated. Sources further attribute indiscriminate sewage dumping in residential areas to the 9 p.m that latrine pails were removed from houses, which most residents considered too early for such sanitation exercise. During the approved hour for emptying the contents of odor-proof latrine pails, some Africans carried their buckets along the streets uncovered while the waste polluted the environment. Therefore, when the colonial government moved up the time that removal/emptying of latrine pails began (from 9 p.m) to 11 p.m., some Africans commended the change. Among others, Williams, the editor of the *Standard,* described the government move as "a change for the better that will be much appreciated by a long-suffering public…[because] by 11 o'clock when the nuisance begins, the streets are comparatively empty."[162] However, within weeks, everyone soon discovered that the new time was also problematic. Rather than take the latrine bucket to the designated point (the Marina) where it was to be emptied, some persons, especially during dark and rainy nights, dumped their refuse and sewage into dustbins, drains, and on the streets. Interestingly, a local newspaper reported that "for every offender arrested and punished, there are nine that are never caught."[163] Therefore, instead of sanitary improvement, the poorly planned and executed waste management initiative threatened public health and the economy.

Some contracted sanitary laborers, *agbepo,* also engaged in indiscriminate dumping of waste, contributing to the problem of sewage disposal between 11 p.m and 2 a.m. One report disclosed that the night soil men, finding they could not empty all public latrines in

[162] The implication of this was that the scavenging and cleaning exercise of five hours had to be completed in just three hours. See: BLN, "Lagosian on Dits," *The Lagos Standard*: Wednesday May 29, 1907, 4.
[163] BLN, "Lagosian on Dits," *The Lagos Standard*: Wednesday August 7, 1907, 4.

three hours and did not want to get fined or imprisoned for infringing the regulations, solved the difficulty by a simple process. They "simply went the rounds as far as they could go, and left off their work at the point, and in the condition, at which 2 o'clock found it."[164] Given the threat their unsanitary practice posed to public health, the government required little persuasion before extending the emptying/cleaning hours to 4.30 a.m.[165] Towards the end of 1907, the editor of the *Standard* noted that even if every house had a bucket, it was doubtful a single depot not centrally located would accommodate some 46,000 Africans. He, therefore, submits that until the authorities perfected the scheme, "it would be well to leave the bulk of the population to empty their buckets at any point on the Marina outside of the prohibited area."[166] Most Africans outside important commercial centers resigned themselves to the precolonial sanitation system, especially in villages. People were less interested in modern infrastructure in these spaces because they did not measure progress in material terms. Instead, they were satisfied with their crude hygiene system as long as it served their needs without having to pay taxes for projects they did not feel they needed.[167]

The most divisive issue with the new bucket latrine was how the British colonial government tried to make money off poor Africans by imposing the waste infrastructure on the local population. The colonial government imported and rented out the odor-proof latrine buckets to Africans for a fee. Rather than subsidize the buckets to make them affordable for Africans, the government compelled Africans in areas with tram wagons to

[164] BLN, "Lagosian on Dits," *The Lagos Standard*: Wednesday August 21, 1907, 4.
[165] BLN, The Legislative Council, "Rules for the Disposal of Night Soil," *Government Gazette* 9 (June 21), 1907; BLN, Simon De Souza, "Rule for the Disposal of Night Soil," *Lagos Weekly Record*: Aug. 17, 1907.
[166] BLN, "Lagosian on Dits," *The Lagos Standard*: Wednesday September 11, 1907, 4.
[167] Tekena N. Tamuno, *The Evolution of the Nigerian State: The Southern Phase, 1898-1914* (London: Longman, 1972), 288.

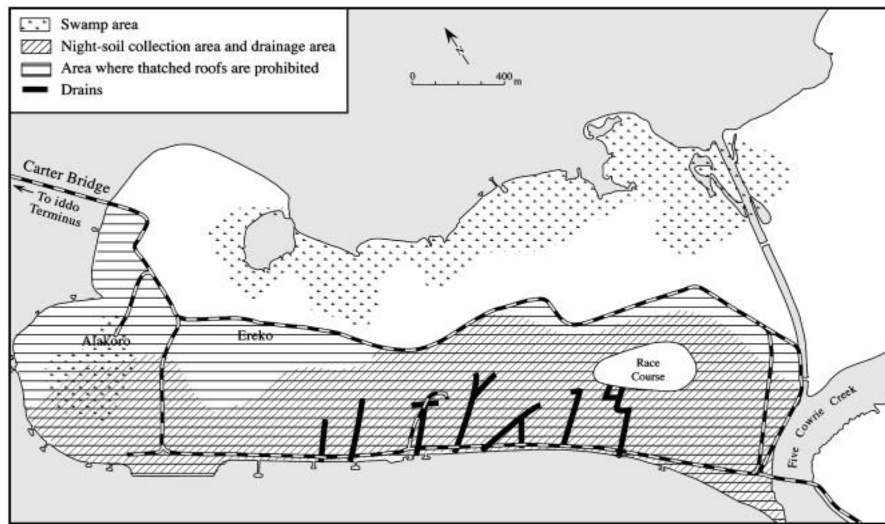
rent the buckets at an exorbitant rate. In areas without the tram, Africans were to get the pail on loan and bury their waste in trenches or sea daily. Although people were not charged to use the tram wagon to dispose of waste, the rental cost for one odor-proof bucket was six pence monthly, and Africans were required to have at least two to make 24-hours emptying possible.[168] Worse still, residents requiring the buckets were to pay the 6d. for four months in advance before they could receive the bucket and some dry earth or other absorbent and deodorant. The rental fee, which was beyond the means of most residents in Lagos, agitated Africans because if each house had to rent two buckets to enable 24-hours emptying, it would mean an annual cost of twelve shillings. Reporting that each bucket cost the government twenty shillings, Jackson—editor of the *Lagos Weekly Record*—in his tradition of criticizing the colonial government for exploiting Africans, quickly condemned the "poop business" of the British. His report described the colonial waste management initiative as "a monstrous piece of business" designed to rip off the local population.[169]

Many poor, lower-class, and struggling Africans in Lagos opposed the compulsory acquisition of the latrine buckets because the colonial government did not permit the use of local alternatives. But what provoked Africans more about the British "poop business" was the scarcity of the government-approved latrine buckets. While the Sanitary Tramway was yet to cover all the districts in the town, the few Africans who demanded and paid for the compulsory odor-proof latrine pails did not receive them. Moreover, while the government was still receiving deposits from Africans for the scarce imported buckets, they issued an

[168] BLN, F. S. James (Colonial Secretary), "Public Notice," *The Lagos Weekly Record*: August 24, 1907.
[169] BLN, "The New Sanitary Arrangements," *The Lagos Weekly Record*: September 21, 1907.

official notice. The colonial government granted those who had paid but had not received the item the permission to use other domestic utensils earlier adjudged unfit for holding sewage. This waste management scheme, which was logistically flawed, defines the British mission to sanitize Africans and their environment. The paternalistic business model of the project also shows one of the characteristics that Shular Marks describes as colonial about colonial health.[170] Rather than "civilize" Africans, colonial officials tried to exploit them.

Figure 3.4: Sanitary Map of Colonial Lagos



Source: TNA, CO 1047/651, Lagos Sanitary Report 1911-1913

Still, the African public were not mere victims of colonial social engineering or passive onlookers during the British sanitary administration of Yorubaland. The politics of resistance, which many Africans played—either as colonial government critics, indifferent sanitary laborers, unconcerned bulders/construction workers, or incompetent contractors—also shaped the British mission to sanitize western Nigeria. To cite one example, while the emptying of public latrine buckets went hand in hand with latrine bucket removal from

[170] Shula Marks, "What is Colonial about Colonial Medicine? And What has Happened to Imperialism and Health?" *Social History of Medicine* 10, 2 (1997), 205–219.

private homes and family compounds in 1908, sources show that the inadequacy of the local contractors and their employees persisted. According to one anonymous contributor in the *Standard* newspaper, "one can scarcely pass through any [African] street in the back part of the town without coming across some nuisance in the shape of the contents of some latrine bucket dumped in the middle of the street."[171] Indeed, some critical race theorists such as Stephanie Newell have explained these unsanitary practices simply as a systemic failure provoked by the colonial government. Yet, the analysis in this section adds nuance to such narratives. In addition to the colonial government's neglect of poverty, poor wages, and inadequate infrastructure, the uncooperative attitude of many Africans also shaped public health development in western Nigerian towns. Examples of such attitudes/actions included African refusal to abide by the hours for emptying latrine pails, not putting in their best in public works, and unsanitary disposal of sewage and domestic waste.

Interestingly, neither the penny-pinching approach of the colonial government to African health nor the subaltern politics and resistance of the African public improved public sanitation until a potential public health crisis brought the government and Africans together. Specifically, in 1908, a bubonic "plague scare" forced Africans and the colonial government to commit more time and funds to environmental sanitation. Apart from the quarantine and fumigation of ships arriving in Lagos ports from Accra, other anti-plague measures adopted in the interior of western Nigeria included the mobilization of local chiefs and top priests for sanitary propaganda, and the distribution of public health information leaflets in English and Yoruba languages, reminding Africans of the necessity to take

[171] BLN, "Lagosian on Dits," *The Lagos Standard*: Wednesday January 22, 1908, 4.

regular environmental sanitation seriously. The overwhelming interest Africans showed in private and public sanitation when the news of the Accra plague reached western Nigeria led to the thorough cleaning of many compounds, quarters, and streets. The annual sanitary report for 1908 shows that in Lagos, "refuse was removed from houses and compounds in the town to an extent which exceeded the capacity of dustbins and sanitary gangs."[172] Shocked by the enthusiasm of Africans for the environmental sanitation exercises, the Lagos MOH, overstating their input, declared that "I do not suppose that ever before in the history of Lagos have the natives shown such energy in cleaning their premises."[173]

In a bid to support the African self-help and community service, colonial authorities introduced a new dustbin at the end of 1908. The new dustbin had a concrete floor, brick walls, and a corrugated iron roof supported on wooden posts set in the walls. A concrete platform was constructed around the bin to facilitate the clearing up of the surroundings. In addition, either side of the container had steps to prevent children from emptying refuse inside them, and they were placed in visible and suitable positions. A door was also added to the bins so that laborers could enter to remove the refuse, which prevented goats and other domestic animals from accessing the interior of the infrastructure. From the dustbins, sanitary laborers moved the refuse to incinerators or trench in open baskets and carts.[174] Public health officials considered the open baskets unsatisfactory because waste sometimes fell off them. But the carts, generally constructed of thin sheet iron and supported on two wheels, were preferred because the wagons were bigger and built to be drawn, not carried.

[172] WL B31490372, Southern Nigeria: Annual Report of the Medical Department for the Year 1908, 8.
[173] Ibid, 4.
[174] WL B3163882X, Southern Nigeria: Annual Report of the Medical Department for the Year 1914, 80.

Figure 3.5: Two dustbins, one latrine building, and a sanitary laborer sweeping 1910

Source: Wellcome Library, File No. 581852I.

By the second half of 1908, many towns had received this new dustbin, and in Lagos, the newly created MBH enhanced the cleanliness and public health of the town.[175] In line with the mandate of the new administrative body, the MBH supplemented the existing sanitary staff with six sanitary inspectors and thirty laborers who were divided into five sanitary gangs. These men, continuing the anti-plague measures of the previous year, engaged in systematic inspection and cleaning of 95,042 homes in Lagos. The number of rats killed in other Yoruba towns is unknown, but the annual medical report shows that Africans launched a campaign against rats without incentives from their chiefs. In Lagos, 28,901 rats and 9,495 mice were killed between January 23 and December 31, 1908.[176]

When another opportunity to change from the bucket latrine system presented itself in 1908, as before, the colonial government was unprepared to fund the transition. After he

[175] BLN, "An Ordinance to Incorporate the Lagos Municipal Board," *Lagos Weekly Record*, October 2, 1909.
[176] WL B31490372, Southern Nigeria: Annual Report of the Medical Department for the year 1908, 8 and 26.

toured British West Africa in 1908, Prof. Simpson advised colonial authorities in Lagos to replace the buckets with the Shone System, whereby compressed air discharges would remove sewage via a sewer line.[177] Given the cost of this system at a time when Africans were not paying direct taxes, the government instead expanded the pail system by adding new latrines in African populated areas of Lagos and Epe and along the lagoon shores. The colonial sanitary engineers slightly improved the new toilet buildings in 1909—bricks and concrete replaced the old wood and iron design—because the old design readily absorbed night soil. However, the brick latrines reduced the foul odor produced by the old system.

Still, regular cleaning of the public toilets continued to lag in African districts.[178] Records show that the latrines along the Lagos coasts received adequate cleaning due to their nearness to water and the disposal sites. However, those within communities, though allowed easy emptying of pails due to their ample space, remained unkept. The deplorable state of sanitation in the township area of Lagos particularly became a cause for concern in 1909. Some sanitary laborers continued to dump refuse in the lagoon even though the government proscribed such practice after waste incinerators increased that year. In fact, twelve laborers working for the sanitation contractor, Chief Olowu, were arrested for polluting the lagoon in 1909.[179] Later that year, the government added another 58 dustbins and allocated £3500 for street cleaning—a sum expected to increase to £5000 in 1910.[180]

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[177] Simpson, *Report on Sanitary Matters in Various West African Colonies*, 73-77.
[178] WL B31490384, Southern Nigeria: Annual Report of the Medical Department for the Year 1909, 6; WL B31490396, Southern Nigeria: Annual Report of the Medical Department for the Year 1910, 31; Bigon, "Tracking Ethno-Cultural Differences," 612-616.
[179] Lagos Town Council Records (hereafter LTCR), MB 159/09, Commissioner of Police to A/Municipal Secretary, May 14, 1909; Brown, "Public Health in Lagos, 1850-1900," 356-357.
[180] LTCR, MB 209/09, Municipal Secretary to Municipal Board, May 27, 1909; LTCR, MB 209/09, Municipal Officer of Health to Municipal Secretary, May 31, 1909.

Figure 3.6: Lagos latrine buildings, 1910

Source: Wellcome Library, File No. 581851I

Undeniably, government supply of waste infrastructures to native towns remained inadequate but African resistance to the metropolitan ideas of public hygiene and sanitation did not help either. In Oyo and Badagry, the annual medical report for 1909 shows that local authorities built abattoirs in addition to well water and washing platforms, but they were largely inadequate. Likewise, in Osogbo, public sanitation received some attention in 1909, but drainage and bush clearing were not extensive enough. Notwithstanding, In Iseyin, colonial health officials blamed local chiefs for the unsanitary condition of the town. Sources show that the chiefs "do not follow the advice given by the MO nor the instruction of the District Commissioner in regard to sanitary matters."[181] Such passive resistance to new ideas shows how African parochial politics of cultural nationalism shaped the British mission to sanitize Iseyin and the development of public health in the town. Earlier, the Lagos MOH Henry Strachan had made a similar comment about the chief of Ikerun during

[181] WL B31490384, Southern Nigeria: Annual Report of the Medical Department for the Year 1909, 31.

his visit to the Yoruba town. Following the failure of the traditional ruler to execute colonial sanitation policies, the MOH labeled the Akerun of Ikerun "a dirty man, unintelligent person, living in a dirty compound [and] was in himself and his home a good example of the insanitary, filthy town he ruled over."[182] Going by the racial comments of the MOH, it is probable the unfair judgment of the chief was motivated by unreconciliable differences on political issues and not sanitation. This is because, in the report, Dr. Strachan noted that "fortunately, not of the nature of his people, for most of the latter I found courteous and interested in my work in spite of the fact that their chief rather hindered than helped me." This suggests that while some Africans resisted colonial hygiene principles irrespective of their benefits, others were willing to mobilize aspects of the ideas to improve their health.

To cite one example, in Ibadan, sources show that one additional sanitary inspector and a sanitary gang of four laborers joined the night soil men in 1908.[183] However, the town's increasing population and the high volume of refuse motivated the local officials to recruit more scavengers in 1909. These sanitary laborers were placed under I.W. Allen, the new sanitary inspector who joined Ibadan Health Board that year. It was reported that the European sanitary inspector and his subordinates enjoyed "the most valuable assistance from the chiefs" in the township areas, and their appointment "was immediately followed by an improved condition of the streets and compounds of the town."[184] Sadly, existing records do not suggest that a similar relationship existed in many African districts in Lagos.

[182] London School of Hygiene and Tropical Medicine Archives, GB 0809 Ross/83/13, Henry Strachan, "Notes on a Tour to Inspect the Chief Towns on the Route from Ibadan-Ikerun," Sept. 25 to Oct. 18, 1901, 1.
[183] WL B31490372, Southern Nigeria: Annual Report of the Medical Department for the Year 1908, 28.
[184] TNA, CO 591/3/12769, Walter Egerton to The Secretary of State, Ibadan District Report for 1909, 11.

Furthermore, when the colonial government mandated the acquisition of the latrine bucket in the poorer quarters of Lagos at the end of 1909, many Africans in the area did not see their inclusion in the town's waste management system as an opportunity to improve the health of the densely populated region. Instead, the local population rejected the service based on the inflated cost of renting the pails.[185] The anti-colonial philosopher Frantz Fanon found a similar passive resistance in colonial Algeria. By connecting colonial health to European economic interest and social engineering in Africa, Fanon argued that colonial "sanitary improvements are not interpreted by the native as progress in the fight against illness" but as apparatus of foreign rule designed for exploitation and social control.[186] This claim appears accurate in the western Nigerian context, given the financial burden of social improvement that colonial authorities placed on the laboring masses of Lagos in 1909.

This period was particularly tumultuous for Africans in Lagos because they were still contesting the state imposition of a water rate when the government mandated the use of the odor-proof latrine buckets. The paternalistic action of the government quickly drew the attention of major anti-colonial newspapers. According to the editor of the *Standard*:

> With the Water Rates…the renting of latrine buckets, and other such like schemes, all tending to the one object of extracting money from the pockets of the people, life in Lagos is becoming almost insupportable except to the few who are happily so situated as not to feel the burden of these vexatious imposts. The authorities in rushing on these various schemes, with a rapidity that is enough to take away one's breath, do not seem to consider or care to know the condition of the bulk of the people who are affected by them…The buckets, it is said, have been imported by the Government at a cost of £1 each - an exorbitant sum to pay for an article the like of which, or at least one answering the same purpose, may be bought locally for three or four

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[185] BLN, "The Night Soil Disposal Scheme and Sanitation," *The Lagos Weekly Record*, September 25, 1909; BLN, "News, Notes, and Comments," *The Lagos Standard*, Wednesday September 29, 1909, 6.
[186] Fanon, *A Dying Colonialism*, 121.

> shillings. These the Government rent to the public at the rate of six pence each a month, thus making a profit of thirty per cent on its outlay, a rate of interest that would not be countenanced in England.[187]

Indeed, the local cost of alternative materials was not expensive; but the British colonial government was more interested in monetizing the problem of sewage and its management.

Protesting the gross imposition of the bucket and its rental fee, one African [named One of the Public], writing to the editor of the *Record*, noted that if the government desired to assist the public in the night soil matter, it should have been by supplying cheap buckets. Since this was not the case, the anonymous writer declared, "it is outrageous that a medium sized tin bucket should cost twenty shillings, and more outrageous is still that the Government should want the people to pay a Jew's interest on its exorbitant purchase."[188] Nevertheless, the government and its suppliers had imported the pails in large quantities by this time. Thus, the subaltern politics of resistance that Africans put up against the scheme did little to stop its imposition. Efforts made by a delegation of Lagos white cap chiefs to discuss the imposed hardship with the Provincial Commissioner in 1909 proved abortive.[189]

The paradox of the night soil issue was that even if the rental fee for the odor-proof buckets had been lower (as the next chapter on water rate demonstrates), some Africans would likely still have rejected the service, either because it did not meet their expectation or just to resist the European "civilizing mission." Sources show that when the problem of inadequate public latrines in the native part of the towns received government attention, some Africans labeled the state intervention "insufferable nuisance," which continued to

[187] BLN, "Lagosian on Dits," *The Lagos Standard*, Wednesday October 6, 1909, 4.
[188] BLN, "The Latrine Bucket Question, 21-09-1909," *The Lagos Weekly Record*, September 25, 1909.
[189] BLN, "Epitome News," *The Lagos Weekly Record*, September 25, 1909.

increase "in quarters where formerly the residents had congratulated themselves upon being free from the infliction."[190] They submitted that "the latrine nuisance may be a necessary evil, but that is no reason why the evil should be indefinitely multiplied." This rejectionist stance was not peculiar to Africans because some Londoners reacted the same way during the British sanitary enlightenment in the 1850s. A July 1854 editorial in the London *Times* argued that "[w]e prefer to take our chances with cholera and the rest than to be bullied into health. There is nothing a man hates so much as being cleaned against his will or having his floors swept, his walls whitewashed, his dung heaps cleared away, or his thatch forced to give way to slate...It is a positive fact that many have died of a good washing."[191] This points to the fact that it was not abnormal that Africans resisted most of the colonial health programs they thought would worsen their lifestyle and precarious economic conditions. Their parochial politics of group protection was not different from the belief of some British [quoted above] that a "mission to sanitize" should be advanced with "extreme tenderness."

Given the halfhearted acceptance of the latrine pails by many Africans, it is logical that the sanitary laborers focused more on cleaning the affluent areas of towns as there was little work there. Furthermore, in the densely populated districts where Africans hardly use the approved latrine buckets, it was likely that the local population treated their domestic waste and sewage poorly, hence discouraging sanitary laborers from serving their areas. Even when some unmotivated sanitary laborers visited African quarters to collect latrine

[190] BLN, G. A. Williams, "Lagosian on Dits," *The Lagos Standard*, Wednesday May 12, 1909, 4.
[191] One 1848 article in the *Punch* magazine had earlier ridiculed the Central Board of Health established by the British Public Health Act of 1848, sarcastically suggesting that the Board create a Sanitary Police that would order stagnant pool to disappear, seize unlawful assemblies of large vegetables, and arrest anything in the shape of a pestilential vapor without warrant. Editorial, "Objecting to Sanitary Reform," *Times*, July 1854.

buckets, one African decried "the indifferent, careless, and filthy manner in which the men performed work."[192] This eye-witness account shed some light on the source of the stench and offensive odor detected in many African quarters. The observer disclosed that after the *agbepo* had dumped the waste in their latrine buckets into the larger receptacle they carried with them during the sanitation exercise, the cleaners then rinsed the feces-laden bucket on the street. According to the witness, this disgusting practice "surely cannot contribute to health and sanitation in the town, and every effort should be made to put a stop to them."[193] This instance helps explain the complexity of the sanitary problem colonial authorities confronted in western Nigeria and how some Africans shaped their various interventions.

Unlike Oyo, which was reported to be "extremely clean" after an inferno destroyed a third of the town in January 1910, the relative improved sanitation of Lagos was credited to the new public latrine, additional dustbin, improvement of roads, and the wider use of latrine buckets.[194] With the bucket system, sanitary laborers collected over 6000 tons of night soil in Lagos in 1913.[195] Although street scavenging continued till the outbreak of the First World War in 1914, "the filthy habit of dumping sweepings on the street after the men have cleaned up continue[d]" and some Africans believed "it [wa]s only prosecution under the Towns and Police Ordinance that w[ould] stop it."[196] In 1914, the government devoted

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[192] BLN, "Lagosian on Dits," *The Lagos Standard*, Wednesday October 19, 1910.
[193] BLN, "Lagosian on Dits," *The Lagos Standard*, Wednesday October 19, 1910.
[194] Governor A. G. Boyle to The Secretary of State, Annual Colonial Report of Southern Nigeria for 1910, No. 695, 27 and 34; WL B31490396, Southern Nigeria: Annual Report of the Medical Department for the Year 1910, 23 and 29.
[195] WL B31490426, Southern Nigeria: Annual Report of the Medical Department for the Year 1913, 41.
[196] Some of the dirty areas in the native towns continued to be neglected by sanitary laborers, perhaps because of the deplorable condition in which residents left these streets, which would have arguably made cleaning and sanitizing more daunting and time-consuming. See: BLN, "Rambling Notes & News," *The Nigerian Pioneer*, Sept. 4, 1914; BLN, "The Sanitation Problem of Lagos," *Nigerian Pioneer*, Sept. 4, 1914.

£1000 to the maintenance of the sanitary tram wagon, £3000 on hiring sanitary laborers and upkeep of public latrines, and scavenging works cost £5100, while sanitary inspection together with meat inspection cost £2140 in Lagos alone.[197]

Outside Lagos, the British "mission to sanitize" expanded into native towns during the second decade of the 1900s. Between 1912 and 1913, Africans "under the supervision of specially trained men" in Osogbo and Ibadan learned to construct the new land latrine already in use across Lagos in a bid to reduce filth diseases.[198] During the same period, Ibadan chiefs agreed with the British Resident that intramural burial was unhealthy, and the local authorities built two cemeteries on the outskirt of the town. However, the availability of the facility did not alter the local burial practices.[199] By 1914, there were about sixty *akoda* in Ibadan, and fourteen were responsible for enforcing sanitation laws. Their duties mostly involved instructing the local population on the right site for land latrines and safe waste disposal methods. They also reported any disease outbreak to the town's medical officer. At the end of the year, the acting senior sanitary officer for the colony reported that these men, "most of them quite illiterate, have by their devotion to duty brought about a great improvement in the sanitary condition of Ibadan."[200] In the Egba area, Dr. Issac Oluwole kept major dung heaps and ditches under control in 1912. He reported progress in sanitation and vaccination in Otta, where no cases of smallpox occurred that year.[201]

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[197] WL B3163882X, Nigeria, Southern Provinces: Annual Medical and Sanitary Report for 1914, 170.
[198] WL B3163882X, Nigeria, Southern Provinces, 82
[199] NAI, Oyo Prof. 4/5/115/1917, Ibadan Council Rules 1911-17: Minutes of Council Meeting, Feb. 1912.
[200] WL B3163882X, Nigeria, Southern Provinces, 63.
[201] BLN, "The Health of Abeokuta," *The Lagos Weekly Record*, April 5, 1913.

Given the socio-economic impact of World War I on colonies, a major limitation was imposed on the British sanitizing mission in western Nigeria. Sanitary activities and supervision in western Nigeria suffered from inadequate manpower and funds from 1914. Since the odor-proof latrine pails were imported from Europe, the war, which also impacted export trade, changed the price and availability of the item. This limitation continued to curtail public health improvement throughout the war period. By 1917, the buckets became difficult to obtain from Sanitary Departments in major towns.[202] This scarcity implied that hygienic management of sewage lagged in towns where the latrine bucket was common.

The sanitary condition of many African towns worsened further at the end of the World War. In fact, segregated sanitation became the order of the day after governor Lugard passed the Township Ordinance, which officially promoted racial residential segregation in 1917, even though it was disguised as a policy to advance municipal responsibility. Under his administration, a less effective measure taken to sustain environmental sanitation was health education. Outside Lagos, schools continued to teach students hygiene subjects. The available sanitary inspectors encouraged public sanitation in communities and advised local chiefs on sanitary measures to prevent diseases.[203] When digging latrines, sanitary inspectors and *akoda* under Native Authorities persuaded Africans to maintain an adequate distance (over 150 feet) away from their wells to protect water sources from underground contaminants. Due to the economic crisis that followed the war, it was difficult wad the colonial government to invest in health infrastructure up to the early 1920s. By implication,

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[202] WL B31490220, Nigeria, Southern Provinces: Annual Medical and Sanitary Report for 1917, 24-25.
[203] The Governor-General to Secretary of State, Colonial Annual Report of Southern Nigeria for 1916, No. 946, 27-28; WL B31490220, Nigeria, Southern Provinces: Annual Medical and Sanitary Report for 1917, 27.

British colonial officials in Africa focused on extracting resources from colonies for the economic recovery of the metropole rather than investing in Africans' social improvement.

Conclusion

This chapter has examined the sanitary administration of colonial western Nigeria from the late nineteenth to the early twentieth century. It argues that colonial authorities introduced small-scale sanitation projects before the 1920s. While the authority exploited human and material resources in the region to fund these initiatives, Africans barely benefited from them. Public health under the British governors not only excluded Africans in rural areas, even in towns, officials barely cared about African health. In other words, inadequate funding, race, social class, and poor planning shaped the British "mission to sanitize" western Nigeria. However, where some scholars only see Africans as objects of colonial oppression/social engineering, a more nuanced perspective suggests that Africans were far from neutral in shaping public health development in the region, particularly in Lagos.

In Yoruba towns where the British colonial government made halfhearted efforts to clear swamps and improve waste management, many Africans did not interpret the "alien" and costly programs as social development. Instead, Africans resisted most of the initiatives because they saw them as proof of the colonizer's hold on their territory. This passive resistance to what the local population and some of their leaders believed to be intrusive projects was further rendered ineffective by the colonial government's failure to bear the cost of the project. As the next chapter shows, similar passive resistance was recorded when some Africans rejected the British attempt to provide pipe-borne water in Lagos due to the economic implications of the initiative in an environment of budget restraints and poverty.

Chapter Four

Potable Water, Colonial Preventive Health, and the Politics of Resistance, 1900-20

> For the prevention of cholera, the facts indicate the policy of a pure water supply; for the prevention of malaria, the policy of drainage, cultivation, and other methods of mosquito extermination…But I would emphatically point out, to be effective these measures must be employed in anticipation.[1]

Introduction

In addition to the colonial politics of waste management discussed in chapter three, this chapter examines the British colonial attempt to provide potable water in western Nigeria before the 1920s. The colonial government framed this modernizing project as preventive medicine against water-borne diseases like cholera, dysentery, and diarrhea. Undoubtedly, the interest of the British government in providing potable water in West African towns echoed Colonial Secretary Joseph Chamberlian's empire-wide "constructive imperialism." But, the distinctive character of African resistance to this colonial developmentalism in Lagos deserves critical analysis. What were the sources of water available to colonized Africans in western Nigeria? Were these sources easily accessible and potable in the early 1900s? How was the British "pure water" scheme devised and handed down to Africans? What were the consequences of the initiative, and how did the colonized Africans react? Importantly, how did the British colonial authorities respond to African concerns about the cost of the water project? Given the agitations and protests produced by the British "pure water" scheme in the colonial capital, this chapter argues that Africans were not passive

[1] Patrick Manson, "Introductory Address: London School of Tropical Medicine," October 2, 1899, 16.

spectators during the sanitary administration of western Nigeria. They mobilized against and influenced the British "mission to sanitize" them and their environment by resisting public sanitation and health projects they deemed a threat to their economic circumstances.

More significantly, the debate over potable water supply in Lagos shows the limits of African agential capacity against the state's power, given the colonial government's imposition of the financial burden of the water project on the unwilling African public. Sources show that this kind of struggle over social improvement programs between the state and the people it claimed to represent was not peculiar to Lagos or Africa. This chapter points to a striking similarity between African reactions to the colonial pure water project in Lagos and how London residents responded to the sanitary programs of municipal nature during the mid-nineteenth century. However, in contrast to what unfolded in metropolitan London, it argues that African politics of resistance against important public health projects appear to have dissuaded the unmotivated cash-strapped colonial authorities in Nigeria from imposing transformative programs on Africans. For the most part, the colonial government's calculated imposition of a few modernizing projects on Africans minimized the embarrassing protests the colonized people were likely to deploy in countering such initiatives. Although the colonial government mobilized the small sanitary infrastructure and services available to contain the social disaster that followed the 1918 global influenza, the public health facilities/services were largely inadequate, especially in African districts.

Recall that chapter three showed how the British authorities attempted to expand their "mission to sanitize" western Nigeria by providing latrines and dustbins for waste management. The chapter demonstrates that during the early 1900s to the 1920s, the British

colonial authorities arbitrarily determined the type of public health programs available to Africans. It also showed that African attitudes and responses to colonial social policies mostly shaped the scope and sometimes the success/failure of colonial health interventions. This chapter, like the previous, notes the failure of colonial authorities to make sanitary services accessible and affordable for Africans. It further argues that African subaltern politics of resistance shows that the local population was not entirely enthusiastic about the colonial preventive health programs because they were foreign, paternalistic, and costly.

The Colonial "Pure Water" Scheme in Lagos

During the British colonial administration of western Nigeria, establishing a potable public water supply was one of the key priorities of the British "sanitizing mission" due to its importance to human and environmental health. As explained in chapter two, the sources from which Africans derived their water in precolonial towns that later became western Nigeria included rain, springs, streams, and a few shallow wells in towns, most of which had neither covers nor lining. After the British annexation of Lagos in 1862, the Europeans joined Africans in drawing water from local springs on the Lagos mainland. They also provided private wells for themselves and public wells in important areas of the town for Africans.[2] Though some British officials used elevated tanks to harvest rainwater from their house roofs, historian Spencer Brown notes that a few Europeans relied on imported bottled water from India.[3]

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[2] Ayodeji Olukoju, *Infrastructure Development and Urban Facilities in Lagos, 1861-2000* (Ibadan: Institut français de recherche en Afrique, 2003), 47-48.

[3] Spencer H. Brown, "Public Health in Lagos, 1850-1900: Perceptions, Patterns, and Perspectives," The International Journal of African Historical Studies 25, 2 (1992), 344.

From the late nineteenth century, the unsanitary condition of the Crown colony—Lagos—and the deteriorating health of Europeans cast doubt on the quality of well water in the town, making the idea of supplying Lagos with public pipe-borne water an urgent concern. Reports show that the town's sources of water were not mosquito-proof. They were also prone to underground contamination and surface pollution.[4] However, neither the Colonial Office (CO) nor the British "man on the spot" was willing to commit the financial resources of their administration to such a major project. Even when the British sanitary engineer and consultant Osbert Chadwick visited Lagos in 1896, he suggested an "abundant supply of pure water" for public health improvement.[5] However, the colonial authority in the town failed to take decisive action. Recall that later in 1899, the medical advisor to the CO, Patrick Manson, also identified pure water supply as a practical measure required to end poor sanitation as well as filth and other germ-related diseases in the tropics. By this time in Lagos, clean water had become particularly important to Europeans because the town was western Nigeria's colonial capital and commercial center. It was congested, and the quality of its groundwater was variable due to the geographical locale of the town.

Despite the apparent need for an improved public water system in Lagos and other western Nigerian towns, the British budget restraint policy requiring colonies to be self-sustaining hindered public health development. Also, when William MacGregor became the governor in 1899, he opposed starting a pipe-borne water project in Lagos due to cost

[4] William J. R. Simpson, *Report on Sanitary Matters in Various West African Colonies* (London: Darling & Son, 1909), 64; National Archives Ibadan (hereafter NAI), Colonial Secretary's Office (hereafter CSO) 1/1/22, Henry Strachan, "Water Supply," enclosure 1 in The Governor to Secretary of State, May 5, 1898.
[5] Osbert, the consultant on public sanitation was the son of the English social reformer, Edwin Chadwick. See: Osbert Chadwick, *Memorandum on the Sanitation of Lagos* (London: Waterlow & Sons, 1897), 1.

and consumer liability since there was no system of direct taxation in place. For the new governor, African "violent objection…to the introduction of any kind of municipal rate" would make completing such a project difficult.[6] So by the time the CO inquired whether £100,000 could be raised to develop a public water system, MacGregor responded that "there can be no hesitation in giving 'no' as an answer to the question." He noted that "[i]f a town cannot afford to provide a good and efficient water-supply, then it must put up with a second rate supply; and roof water is better than well-water, and the latter is better than no water."[7] In spite of believing that "strong measures" might be required to impose the British desire for "pure water" on the unwilling African public, the governor decided to peacefully address the risks impure water posed to public health until Africans were ready to pay for the improvement. In support of MacGregor, the secretary of state Chamberlain stated that Lagos would receive pipe-borne water when Africans began to demand and were ready to pay for the service.[8] Thus, well water was what Lagos could afford at the time.

Interestingly, most Africans who had relied on the water in Lagos for decades were not as concerned as the Europeans about the threat impure water posed to their health. Although £3,000 was voted for building new Courts of Justice in 1900, against the wish of some native and immigrant property owners in the town, MacGregor acknowledged that some work needed to be done and that working toward clean water was more important than new court buildings. The governor channeled the fund and more from the Public Works Department towards securing improved water quality through water sampling and

[6] Cited in: Olukoju, *Infrastructure Development and Urban Facilities in Lagos, 1861-2000*, 62.
[7] NAI, CSO 187, Re: Lagos Water Supply - Osbert Chadwick to the Crown Agents for the Colonies, March 15, 1900.
[8] NAI, CSO 187, Re: Crown Agents - Joseph Chamberlain to Sir William MacGregor, April 21, 1900.

testing across western Nigeria.[9] In the rapidly urbanizing Lagos, the majority of the middle and lower-class residents condemned this expenditure because they believed their water was safe and did not require improvement. Notably, they considered MacGregor's spending on scientific water testing a waste of the colony's meager financial resources. Voicing the public disapproval in his newspaper, John Jackson, editor (1891-1915) of the anticolonial newspaper *Lagos Weekly Record*, stated that "the sum of 7,000*l* has already been expended for the useless purpose of experimenting for a water supply." The journalist thought it was odd to all but the government that "while money cannot be found to substitute a Court House which has been pronounced to be 'unsafe,'...such a large sum can be appropriated for a work for which there is no absolute necessity."[10] Most Africans particularly extended this economic rationalization to other developmental programs the colonial government introduced during the early 1900s. Sources show that Africans were often suspicious and apprehensive of colonial social policies and programs they suspected would make them spend money or give the colonial authority reasons to tax them.[11] Therefore, suspicious of the colonial social development and modernizing schemes, most Africans protested the introduction of a land survey in Ibadan. Some in Lagos demanded that the British colonial authority exclude them from electric lighting connections in a bid to avoid paying tax.[12]

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[9] Water testing took place in Apapa, Oyo, Ikorodu, Ibadan and other important Yoruba towns. See: Governor MacGregor to Mr. Chamberlain, "Annual Colonial Report for Lagos: 1900-1901," No 348, 11 and 17; Brown, "Public Health in Lagos, 1850-1900," 343.
[10] Jackson was of Egba origin but born in Freetown to recaptured enslaved Nigerian parents. See: British Library Newsroom (hereafter BLN), "The Colonial Budget for 1900-1901," *Lagos Weekly Record*, Saturday March 31, 1900.
[11] Tekena N. Tamuno, *The Evolution of the Nigerian State: The Southern Phase, 1898-1914* (London: Longman, 1972), 288.
[12] Emmanuel A. Ayandele, *The Missionary Impact on Modern Nigeria 1842-1914: A Political and Social Analysis* (London: Longmans, 1966), 278-279; Fred I. A. Omu, *Press and Politics in Nigeria, 1880-1937* (London: Longman, 1978), chapter 5.

Even though most Africans condemned British colonial public health programs they considered costly, MacGregor built a laboratory in 1900, spending about £700 to hire Dr. Ralston, a chemist who tested over 150 private and 23 public well water across western Nigeria. Between 1899 and 1904, the colonial governor spent over £13,000 on sinking new wells and repairing old ones in Lagos.[13] During the same period, British Commissioners in other Yoruba towns tried to improve the quality of water in their respective towns to protect their health. When MacGregor felt Lagos residents were ready to develop a clean water project, a scheme to obtain water from the Apapa plains was conceived in 1903. The Legislative Council debated the Board of Health's proposal, and after approval, £5000 was voted for the scientific observation of the source in July 1904.[14] Despite the expense, the authority abandoned the Apapa plain after scientific evidence showed that it was not viable.

After governor MacGregor's departure in 1904, the Crown colony and other Yoruba towns continued to rely on their relatively clean and freely accessible sources of water. The colonial authorities in those towns also tried to increase and improve the number of wells with clean water. For instance, three well were dug for Lagosians, and others cleaned out in 1905.[15] In the semi-autonomous Egba area, six wells were dug and lined with bricks, while in Ibadan, two "model wells" were dug by experts from the Lagos Public Works Department.[16] In Ijebu-Ode town, Africans depended on two small streams for their water

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[13] Governor MacGregor to Mr. Chamberlain, "Annual Colonial Report for Lagos: 1900-1901," No 348, 10-11, and 17; Akin L. Mabogunje, *Urbanization in Nigeria* (London: University of London Press, 1968), 257.
[14] BLN, "The Ilo Water Scheme in the Legislative Council," *The Lagos Weekly Record*: Saturday August 8, 1908.
[15] The Governor to The Secretary of State, Annual Report for Southern Nigeria (Lagos) 1905, No. 507, 33.
[16] The National Archives (hereafter TNA), CO 591/3, Cyril Punch, Annual Report for the Egba Province for the Year 1905, 9; TNA, CO 591/3, Captain C. H. Elgee, Annual Report for the Year 1905 on the Provinces of the Lagos Protectorate under the Supervision of the British Resident at Ibadan, 3.

supply, about two miles away from the town. These sources diminished in quantity during the dry season, in quality due to contamination. Given the need for potable water, the new Resident who took charge of the town in November 1905 sank artesian wells in strategic locations in the town.[17] The addition of these new wells failed to keep up with the demands for more water while also struggling to meet reliable sanitary standards because of the increasing urban population and the poor sanitary condition of these commercial centers.

Under these conditions of inadequacies, some educated Africans and political elites called for an improved public water supply. Among others, the lawyer/Legislative Council member, Honorable Christopher Sapara Williams, noted towards the end of 1905 that the "great want of the town of Lagos was a good, reliable supply of drinking water."[18] Like the Europeans in Lagos, the social class that this political elite belonged to did not share the belief of the majority of middle and lower class Africans that traditional sources of water in the rapidly urbanizing town were safe for public consumption. It was during this period of debate over potable water that governor Walter Egerton, who some scholars describe as the governor most committed to development in Southern Nigeria, arrived in Lagos.[19] By April 1906, the governor and his Legislative Council were already considering a £120,000 - £130,000 pipe-borne water project for the town. The Ilo River, located about 20 miles from Lagos, was proposed as a pure water supply source for the town. A European scientist, Mr. A. M. Quill, was contracted, and exploration of Ilo Valley began that year. The preliminary survey suggested the site held enough water and would supply the town with

[17] TNA, CO 591/3, C. Hornby-Porter to The Lagos Colonial Secretary, Annual Report, Ijebu Ode, 1905, 3.
[18] "Sanitary Condition of Lagos," *The British Medical Journal*, Vol. 2, No. 2347 (Dec. 23, 1905), 1669.
[19] John M. Carland, "Public Expenditure and Development in a Crown Colony: The Colonial Office, Sir Walter Egerton, and Southern Nigeria, 1900-1912," *Albion* 12, no. 04 (1980): 372.

about 500,000 gallons per day.[20] However, Ilo would be abandoned later due to its small size, marshy banks, and susceptibility to surface pollution. Instead, the Iju River near Agege—a source 18 miles from Lagos—would be selected based on the London School of Hygiene Professor William Simpson's recommendations and other factors, including the accessibility of the river valley, the sufficiency of the water, and its nearness to the town.[21]

The idea of providing colonial towns with potable water supply came into being due to the British colonial officials' experience with contaminated water at home and their growing need for safe water in the tropics. Earlier in the mid-nineteenth century, the capital of the British Empire, London, suffered epidemic outbreaks caused by water-borne diseases such as cholera, dysentery, typhoid, and diarrhea. During this period, scientists such as John Snow did not only discover that the contaminated River Thames polluted London's drinking water, but their research also advanced scientific knowledge of the intimate links between germs, water, and public health. British sanitary engineers and public health experts transferred the lessons they learned from their experience at home to colonies where sources of water were vulnerable to contaminants. In 1891, for instance, one British medical professional identified diarrhea and dysentery as water-borne diseases that "take a high place in the list of causes of death in the colony [British Guiana]."[22] To advance public health, boost economic productivity, and public morality that constructive imperialism of the era required, health officials across the British empire during the late nineteenth and early twentieth centuries presented pipe-borne water as one of the benefits of "modernity."

[20] BLN, "The Ilo Water Scheme in the Legislative Council," *Lagos Weekly Record*: Saturday Aug. 8, 1908.
[21] TNA, CO 520/67/46282, Lagos Water Supply: Egerton to The Secretary of State, Nov. 29, 1908, 609-11
[22]. E. D. Rowland, "The Necessity of Pure Water for Health," *Timehri* Vol. 5 (1891): 275.

In western Nigeria, the task of colonial governors was to eliminate non-modern infrastructure and introduce modern sanitation facilities that would transform public health. Whereas the British colonial government in the area had drawn up a plan and matched it with the political will to provide Lagos with pipe-borne water, they thought what worked in the metropole would naturally work in the colony. However, some scholars have shown that colonized peoples confronted such imperial ambitions with intense negotiation and resistance. For instance, colonial health historians David Arnold and Mark Harrison have explored the responses of middle and lower-class Indians to the importation of such sanitary technology from Europe. They both agree that many Indians did not share colonial officials and sanitary engineers' faith in the good that public water systems would offer them.[23] The colonized Indian society resisted British sanitary initiatives because they suspected such projects would primarily serve the colonizer's interests. In some cases, the local population rejected them based on cost. Similar to the Indians, as this chapter shows, the unwilling African public the British authorities encountered in Lagos never embraced the idea of their pipe-borne water scheme like the paper on which the engineers sketched the waterwork.

When governor Egerton first conceived the idea of a pure water supply for Lagos, he intended to mobilize the surplus balances of the colony and that of other Yoruba towns to construct the waterworks. This was practically feasible since the region achieved self-sufficiency unaided. According to the imperial historian John Carland, "Southern Nigeria was financially self-sufficient [and] received no Treasury grant-in-aid with which to

[23] David Arnold, *Science, Technology, and Medicine in Colonial India, 1760–1947* (Cambridge: Cambridge University Press, 2000), 92-93; Mark Harrison, *Public Health in British India: Anglo-Indian Preventive Medicine, 1859–1914* (Cambridge: Cambridge University Press 1994), 99-116.

balance its budget."[24] Thus, it was probable that Egerton's approach would have made potable water available to Lagosians free of charge. However, the secretary of state for the Colonies, the Earl of Elgin, believed that surplus balances were derived from the collective revenue of the various towns in western Nigeria and that allocating any portion of such balances to the local benefit of one town would be unfair. On this point, Egerton and Lord Elgin agreed that the supply of water to a town was purely a local or municipal affair, which must be based on the payment of rates.[25] Given the penny-pinching attitude of the CO to the social improvement of Africans, Egerton placed the financial burden of the public water project on Africans. Hence, at his meeting with the Legislative Council on November 24, 1907, he proposed that the waterworks be executed on the acceptance by Lagos residents of a water rate. Since the governor and other elites in Lagos believed that access to clean water in the congested and rapidly urbanizing city was a public health imperative, Egerton assumed everyone would agree to bear the financial burden of the public health project.

A few details of the pure water scheme leaked to the local population before the governor could discuss it with the Native Council. Given that most Lagos residents never paid for water before the colonial period and the laboring masses in the colonial town were poor, the residents became anxious about the water rate should the scheme be executed. Rumors about the water rate the government would levy dominated the local media in 1908. According to the *Record* editor, "so far as we can gather, popular feeling is against anything

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[24] Governor Egerton presided over a region where the annual revenue increased at an impressive rate till 1908. Before the Colonial Office charged him with extravagancy that year, his ability to mesh financial restraints and socio-economic development was acknowledged by most Colonial Office staff in the West Africa Department. See: Carland, "Public Expenditure and Development in a Crown Colony," 370.
[25] BLN, "The Lagos Water Supply," *The Times of Nigeria*, January 26, 1915, 4.

of the nature of a water rate." The anticolonial journalist believed that most Africans were apprehensive of taxable social services because of "how anything of public advantage [was] turned to the benefit of the official few…[and that] the rate [might] prove expensive and burdensome."[26] The editor's opinion was based on previous policies of the British colonial government, which white officials often claimed were for the social improvement of the people but were not usually broad-minded enough towards ensuring equal benefit for all. He concluded that although some might see the project as a measure intended to solve the problem of potable water supply, "there [would] be others, including the great majority, who [would] see in it but a design to impose further money burdens and increased hardship upon the people."[27] In another meeting with the Legislative Council on July 1, 1908, Egerton restated his stance on using the region's revenue to provide water for Lagos. He noted that "it would be very unfair to charge the cost of a scheme of this description, which is merely for the benefit of the inhabitants of Lagos, to the general revenue of the Colony and Protectorate."[28] The outcome of this meeting implied that Africans were to bear the financial burden of the potable water project that most people did not feel they needed.

Based on Egerton's understanding that many Africans were poor, his administration decided to place the financial burden of the water scheme on property owners in the town, most of whom had thought everyone would bear the cost. This decision would later unite the poor and some African elites against the government, given the polarizing nature of the debate over potable water. Whereas the project was to cost £130,000, and property owners

[26] BLN, "The Ilo Water Scheme," *The Lagos Weekly Record*: Saturday July 25, 1908.
[27] BLN, "The Ilo Water Scheme."
[28] Report drawn from: BLN, "The Water Supply Scheme," *Lagos Weekly Record*: Saturday August 8, 1908.

were to pay for its maintenance, the rate each landlord would pay had not yet been decided when Egerton met with the Native Council on July 20, 1908, to explain to them the details of the waterworks.[29] Since the political class and landlords would pay for the maintenance of the waterworks, he expected some opposition from the property-owning chiefs that made up the Council. In an effort to counter their resistance, Egerton had earlier discussed with two of the three African elites/property owners represented in the Legislative Council. The younger brother of Rev. Samuel Johnson (the Yoruba historian and Anglican priest), Dr. Obadiah Johnson, reportedly supported the water scheme, while Hon. Williams's view on the likely water rate was that "people sometimes pay as much as 1d [pence] for a big pot of water."[30] To further legitimize the unpopular water scheme while informing the chiefs, the governor emphasized as a form of encouragement that the people of Benin City, a town in south-central Nigeria, demanded a similar water scheme and offered to pay for it. However, the (thirty) political elites at the meeting, including king Eshugbayi Eleko, Chief Ashogbon, and chief Ojora, urged the government to provide the water free of charge. If not, Chief Aromire demanded the water be made voluntary for those who could pay for it since most residents were "so poor that oftentimes they do not get anything to eat for even three days together."[31] As if the white cap chiefs had planned a rehearsed reply to the proposal, Chief Eletu quickly backed Aromire's comments, reiterating that even "some people now present here [the political elites] have not eaten for three days." Finally, *Oba* (king) Eleko, Vice

[29] The Governor claimed that Mr. Hawkins, the town's water engineer proposed the poorest property owner pay between 1-2 pennies per week and this will increase along with the size and value of the house. See: TNA, CO 520/77/3427, Water Supply: Minutes of Native Council Meeting of 20th July 1908.
[30] TNA, CO 520/77/3427, Water Supply: Minutes of Native Council Meeting of 20th July 1908, 3.
[31] Ibid, Water Supply: Minutes of Native Council Meeting of 20th July 1908, 5.

President of the Central Native Council and second to Egerton, submitted that "[i]f we have to pay for the new water supply, our old water is good enough."[32] The resistance that African chiefs put up shows how they shaped the course/progress of the mission to sanitize.

As these political leaders and elites were trying to assert agency in the debate over water supply, it appeared they ignored their social responsibility, especially to the poor, by refusing to hear the rate landlords were to pay to connect their buildings to the water system. During the Legislative Council meeting in August, the Acting Colonial Secretary informed the cabinet of the government's plan to finance the project through a loan while property holders would pay the maintenance cost and interests on the loan.[33] He admitted the stress among Africans over the water rate but quickly reminded the Chamber of the health benefit of clean water. Recall that Hon. Sapara Williams was one of the key figures advocating for potable water. When he realized the white cap chiefs were averse to persuading landlords to pay, he supported other African political elites in objecting to levying landlords. Instead, Hon. Williams argued that the state should provide water for residents who could bear the cost: "on conditions precisely similar to those under which the Electric Light was installed and is being supplied to the Town of Lagos."[34] Sources show that nothing was stopping the local elites/chiefs from hearing the government proposal with an open mind and possibly appealed to landlords to stay calm till the authority determined the rate for each building so that clean water could reach the majority poor. Instead, they demanded that the state provide potable water for the upper-class who could afford it when they were yet to know

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[32] Ibid, Water Supply: Minutes of Native Council Meeting of 20th July 1908, 5.
[33] BLN, "The Ilo Water Scheme in the Legislative Council," *Lagos Weekly Record*: Saturday Aug. 8, 1908.
[34] BLN, "The Ilo Water Scheme in the Legislative Council."

how heavy each landlord's water rate burden would be. This idea of supplying clean water to a few homes while neglecting the majority poor that constituted the colonial labor force did not sit well with the governor, whose aim was to advance the British sanitizing mission. Importantly, proposing that the colonial government exclude the urban poor from the clean water supply shows that upper-class Africans were unwilling to help the majority poor.

In opposing the water rate, most local newspapers diverted the public attention away from the local elites, blaming the inability of Africans to pay the user fee on the growing poverty that the colonial economy engendered. The *Record* stated that Africans had enjoyed even fewer economic opportunities since the railway's arrival, given the growing presence of European merchants in Lagos and the interior.[35] The paper's editor blamed this hardship on the stiff competition African traders faced in the hinterland from the same European firms from whom the natives bought their goods in Lagos. While indirectly probing the socio-economic impact of British modernizing projects on the livelihood of most Africans, the editor's concern was that "after providing for body and soul, could these [poor] people, who form the majority afford to pay a water rate?" Undeniably, this question was timely and required officials' careful reflection since their economic policies impoverished most Africans. At the same time, however, the *Record* editor, like other anti-colonialists, only saw the speck of sawdust in the authority's eye while giving no thought to the plank in his and other elites' eyes. Specifically, Jackson used his paper to shield the middle/upper-class Lagosians—most of whom were landlords and could have backed the authority's effort to provide clean water for the masses—from contributing to the social improvement of Lagos.

[35] BLN, "The Ilo Water Scheme in the Legislative Council."

Jackson's anticolonial comments in the newspaper created the idea of a monolithic African public, an undifferentiated people oppressed by the government. By projecting this false image into the consciousness of the majority poor, who had known the government as an enemy, the elites did little to convince the masses to rise against the pure water project. Even if the chiefs/elites had cooperated with Egerton, some landlords would probably have raised the cost of renting out their properties to recover the tax at the expense of the poor. Thus, the political elites/upper-class Africans ignored their moral and political obligations to secure an opportunity to access clean water for the majority poor. Yet, the *Record* editor suggested that Africans could not pay for the service because of the economic hardship in the town. Consequently, most Lagosians rejected an initiative that was, without any doubt, crucial for public health development in the congested and rapidly urbanizing town.

Since essential services like pipe-borne water would improve European health and reduce water-borne diseases among Africans, Egerton made efforts to impose the initiative on the local population. Rather than deter the colonized people from having a say in their affairs, the secretary of state's perspective (which Africans reportedly misinterpreted) energized the indigene's demand to suspend the water scheme. Many Africans charged that Lord Elgin based his approval of the scheme on a "full and open discussion of the [pure water] question" in a bid to know whether "the opposition to the levying of a water rate is very formidable."[36] The thought that the colonial government would abandon the project in the case of sustained popular opposition to it invigorated most Africans. They

[36] Cited in TNA, CO 520/67/44755, The White Cap Chiefs to Governor Walter Egerton: Enclosure No. 1 in Governor's Despatch Confidential of 16-11-08, November 2, 1908, 212.

consistently brought up this idea as their strongest argument against the project. But when the new Secretary of State, the Earl of Crewe, approved the potable water scheme in March 1909, he clarified Africans' misrepresentation of his predecessor. As opposed to what most Africans thought, Lord Elgin reportedly wanted Egerton to lay the project estimate before the Legislative Council, "with an intimation that, although the first cost of the scheme may be paid by means of a loan, a rate will be levied to pay the interest and sinking fund charges on loan, and of course, to cover the cost of working the scheme."[37] Although it is doubtful that Africans were wrong in their impression of Lord Elgin, they continued to base their objection to the water scheme on the secretary of state's supposed conclusion, which made the public assessment of the potable water rate dependent upon the people's approval.

As the necessary dialogue that many Africans thought Lord Elgin suggested never exceeded Egerton's consultation with the Legislative Council and the Native Council—the arms responsible for the welfare of the people—the white cap chiefs summoned the town to a meeting at Enu Owa on Sunday, November 1, 1908. At the town's meeting, the local population condemned the socio-economic hardship imposed by the colonial government policies/programs, including the proposed water rate and the controversial cost of obtaining government-approved latrine buckets (discussed in chapter three).[38] Upon the conclusion of the meeting, *Oba* Eleko ordered his town crier to notify the entire city of a public protest two days later to register their objection to the "pure" water scheme. As early as 9 a.m on November 3, many Africans, Afro-Brazilians, and some members of the *Saro* community,

[37] CSO, 108/109, F. S. James, Acting Colonial Secretary to Walter Egerton, cited in: "The Secretary of State's Reply," *The Lagos Weekly Record*, March 27, 1909.
[38] TNA, CO 520/67/44755, Captain J. L. R. Parry, Acting Inspector General of Police to The Governor: Enclosure 2 in, Governor's Despatch Confidential of 16-11-1908, November 3, 1908, 217.

numbering 1500 to 2000 people, demonstrated on Marina street, expressing their grievance against the water project and the proposed tax. When the protesters arrived at the colonial Government Secretariat, the Colonial Secretary explained to the people that only property owners would pay the proposed water rate. Another official, Major Moorhouse, claimed to have enlightened the chiefs at a meeting on October 30. He reportedly reassured them that the proposed rate would only affect homeowners and was unconnected with the false rumor going around that the authority was planning to introduce a poll or head tax.[39] However, it became clear during the public protest that the local population was uncompromising in their opposition to a paid potable water service, just like they were to electricity rates.

Though not all Africans were against the public water project, the majority premised their objection on the impoverishing colonial economy that pitted them against European trading companies that benefited from more capital/networks. This inspired their resistance to a water project that most people believed would only serve the European need.[40] Even when a small fraction of the local population agreed that a supply of clean drinking water to the town would be a good development, they still opposed the project because it involved paying a fee. It was also probable that others who appreciated the project rejected it because their elders opposed it. For instance, while not opposing the water scheme directly, Abibu Lemomu, who represented the Muslim Community on the Central Native Council, seemed indifferent in his speech during the July 20 meeting with Egerton. Rather than speak for his

[39] TNA, CO 520/67/44755, Colonial Secretary to The Governor: Enclosure 3 in, Governor's Despatch Confidential of 16-11-1908, November 11, 1908, 220; TNA, CO 520/67/44755, Acting Provincial Commissioner to The Governor: Enclosure 4 in, Governor's Despatch Confidential of 16-11-1908, Lagos: November 11, 1908, 221.

[40] BLN, "The People and the Proposed Water Rate," *The Lagos Weekly Record*: Saturday November 7, 1908.

community as others did, the social elite praised the governor and stated that "if the question is to bring good water in the town, all men like good water...But we young men wait for our elders to speak."[41] In the Yoruba traditional society, surrendering one's right to decide the course of action to elders on a crucial issue was more than showing reverence to the elders. Most times, the Yoruba viewed this approach as "native wisdom," which people deployed in dealing with a polarizing subject to avoid holding unpopular opinions or views. Also, some adults responded to contested issues this way to steer clear of making statements that might displease elders. Scholars have confirmed the possibility of this occurring during the council meeting where Abibu deferred to his elders rather than air his view on the "pure" water project based on the longstanding intragroup conflicts within the Muslim community. Precisely, historian Olakunle Lawal shows that some key community members reportedly supported the water rate, partly because they believed in "its inherent usefulness."[42] Others have pointed to one Yusufu Omo Oba as one of the voices silenced.[43] When this African publicly spoke to support the colonial potable water rate, some people shouted him down.

Since the few Africans holding alternative views to the oppositional politics of the educated and traditional political elites risked being condemned by the majority, resistance to the water scheme was virtually unanimous. In their effort to pit the African public against the British authority, one Nigerian scholar Patrick Cole argues that local elites "dishonestly claimed that taxation was contrary to Yoruba custom" and that "the community was too

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[41] TNA, CO 520/77/3427, Water Supply: Minutes of Native Council Meeting of 20th July 1908, 3.
[42] Olakunle A. Lawal "Islam and Colonial Rule in Lagos," *American Journal of Islamic Social Sciences* 12 (1995), 72.
[43]. Patrick Cole, *Modern and Traditional Elites in the Politics of Lagos* (New York: Cambridge University Press, 1975), 237.

poor to afford the tax."[44] By distorting the details of the public water project, most Yoruba Western-educated and traditional political elites mobilized the subaltern groups in Lagos, including market women, migrant workers, artisans, and other minority groups, against the public health initiative. The white cap chiefs, including Oba Eleko, Chief Giwa Oshishi, Aromire, Ashogbon, and Prince Odunsi, led the Africans who marched from the Secretariat to the Government House, singing and waving umbrellas. Leaders of the protesters claimed their objective was to find out "whether the report they had heard that a water rate was to [be] introduced and whether municipal government involving a house tax was in contemplation also."[45] During the November 3, 1908 mass protest, most Africans closed their markets to join in the demonstration, which resulted in the looting of European shops.

Scholars have documented similar protests against colonial public health programs in the Caribbean. In her study of the causes of the 1903 water riot in Trinidad, Historian Laurie Jacklin demonstrates that African Trinidadians objected to paying water rates to the British-led government. Like the colonized Africans in Lagos, residents of Port-of-Spain believed that government should provide clean water for them free of charge.[46] They knew the link between potable water and preventable diseases, including cholera and dysentery. Thus, unlike Lagosians, African-Trinidadians demanded pipe-borne water to sanitize their environment of filth and disease-spreading germs. Secondly, the protesters in Port-of-Spain were urban taxpayers who cared about their water quality and were anxious they could lose

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[44] Cole, *Modern and Traditional Elites in the Politics of Lagos*, 98
[45] BLN, "The People and the Proposed Water Rate," *The Lagos Weekly Record*: Saturday November 7, 1908.
[46] Laurie Jacklin, "A Caribbean Public Health Crusade: Imperial Policies, Public Activism, and Trinidad's 1903 Water Riot," in: Juanita De Barros and Sean Stilwell (eds.) *Public Health and the Imperial Project* (Trenton, NJ: Africa World Press, 2016), 103.

their source of potable water should the government impose an unduly high water rate on them. More importantly, while some of the town's social and political elites supported the laboring masses, they did not dismiss the authority. As Jacklin shows, prominent capitalists and upper-class residents in Port-of-Spain tried to unite the government and the people by urging the British authority to set up a committee to solicit public input.[47] Even though the civilized approach of the capitalists and African-Trinidadians ratepayers could not get the racist governor, Moloney, to listen, their open-minded approach to the British public health policy differed slightly from the radicalism of Lagos's educated/traditional political elites.

While Egerton believed the educated elites and the political class had condemned their people to preventable diseases, these leaders failed to inform the public that the water rate would only be levied on landlords whose tenements showed they had the means to pay. African leaders instead legitimized their politics of group protection by hiding under poor people's unemployment/low-income problems. After protesting at the Government House, the people moved to Enu Owa, where the protesters held another rally three days later. In solidarity with the political class, one of the educated elite argued in his newspaper that:

> however desirable a good water supply may be in the abstract, its expediency as a practical measure must, like everything else, depend on the conditions and circumstances governing the case. In this case, the people hold that with the avenues for their obtaining a livelihood closing down and becoming diminished daily, the question of paying taxes or rates of any kind is rendered one of serious importance for them. Besides having lived and thriven (sic) upon their present water-supply as their fathers had done for centuries past, they can only look upon a new water-supply either as a luxury or as necessitated by some defect of the incoming population rather than from any defect of the existing water-supply.[48]

[47] Jacklin, "A Caribbean Public Health Crusade," 104-105.
[48] BLN, "The People and the Proposed Water Rate," *The Lagos Weekly Record*: Saturday November 7, 1908.

Despite their Western education, African anticolonial elites like Jackson (the editor) would rather wait for water-borne diseases to strike Lagos before educating the public that their existing water did not need to cause preventable ailments before improving its quality. On the evening of the protest, governor Egerton invited the white cap chiefs for a dialogue. He accused the local leaders of inciting the town that has grown beyond the autochthonous community they claim to represent against his government.[49] For the governor, the public protests and looting, which the chiefs led, showed their inability to hold positions of trust.

The chiefs responded to the governor's claim with a complaint letter they had prepared a day before the protest, challenging Egerton to call a town meeting if he doubted the formidable opposition to his "pure" water scheme. In the protest letter, the chiefs noted that from outward, the colonial government might conclude that the people were financially stable, "but to us who are intimately acquainted with the inner life and the home life of our people, we know that the case is different."[50] They argued that imposing any water rate on the people would increase hardship and inflict unnecessary suffering on the majority poor. Interestingly, the chiefs admitted that Africans made "long journeys themselves to procure their own [water] supplies." However, the local population considered the time and energy required to procure affordable water well justified. Therefore, their solution to the keenly contested proposed water rate reflects the exclusionary idea advanced by Hon. Williams, during the August Legislative Council meeting. That is, those in need of potable water

[49] TNA, CO 520/67/44755, Southern Nigeria Confidential: Governor Egerton to The Secretary of State for the Colonies, November 16, 1908, 208.
[50] TNA, CO 520/67/44755, The White Cap Chiefs to Governor Walter Egerton: Enclosure 1 in, Governor's Despatch Confidential of 16-11-08, Lagos: November 2, 1908, 212-213.

should subscribe to the service while the unfair imposition of the scheme on the African public "will prove a source of evil, of misery and suffering to them."[51]

As demonstrated above, assessing the properties of middle and upper-class Africans in Lagos for the proposed water rate would have amounted to a substantial sum. While this was a major motivation for rejecting the potable water project, the Western-educated elites and the local chiefs had other agendas. Together, the strongest point of their opposition to the water rate is that "it [was] in the form of direct taxation."[52] On their part, African chiefs linked this to a rumor that the government planned to introduce municipal administration to manage local affairs. Given the threat such a rumored municipality posed to their position with the colonial government, most chiefs in Lagos charged that "the country [was] not ripe enough for" this system. Colonial officials, however, believed local resistance to the water initiative was fueled by some Western-educated elites who felt excluded from the British colonial administration. In this regard, the British colonial authority was not wrong. Amidst the contest over water, two African proto-nationalists, Dr. John Randle and Dr. Orisadipe Obasa formed Nigeria's first political party known as the People's Union to advocate for African rights in Lagos. Cole suggests that while it was doubtful that any Lagos traditional leaders were members of the party, most Western-educated and political elites attended the party's meetings.[53] The debate over potable water and its accompanying protests provided an opportunity for these elites to achieve their different agendas. Whereas the local chiefs

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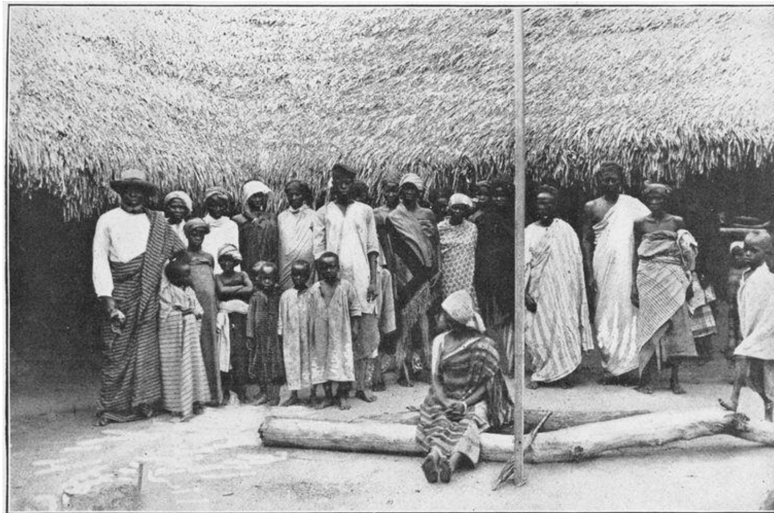
[51] Ibid, The White Cap Chiefs to The Governor: Enclosure 1 in, Governor's Despatch Confidential, 212-3.
[52] The chiefs revealed that they are aware of similar system of government in Sierra Leone where the people were "experiencing the throes of a deathlike struggle in their political and social existence owing to the financial demands of their Municipality." See: TNA, CO 520/67/44755, The White Cap Chiefs to Governor Walter Egerton: Enclosure 1 in, Governor's Despatch Confidential of 16-11-08, November 2, 1908, 215.
[53] Cole, *Modern and Traditional Elites in the Politics of Lagos*, 98

employed the political party to galvanize support for their rejection of the water scheme, the Western-educated elites used their participation in the protests to show their capability with varying degrees of success to the colonial government. In this context, the anticolonial activities of these elites obscured the problem of social class by superficially appearing as solidarity with the poor. In reality, the majority poor would not have had the financial resources to access the potable water if implemented as these elites proposed.

Figure 4.1: Image showing a lower-class African family in Lagos, 1899



Source: New York Public Library Digital Collections, RLIN/OCLC: NYPGR3791447-B (No. B11721952)

Indeed, conventional understanding is that most educated African elites tolerated colonialism in the early 1900s, believing that "enlightened" colonial rule was necessary to prepare the colonies for independence. This is perhaps, why some scholars portray most of the educated elites in Lagos as colonial accommodationists.[54] Yet, sources show that until after 1914, most African intellectuals in Lagos fostered anticolonial sentiments by pitting the masses against the colonial state. Scholars of Yoruba history have argued that in the

[54] Stephanie Newell, *Histories of Dirt: Media and Urban Life in Colonial and Postcolonial Lagos* (Durham: Duke University Press, 2020), 47-50.

1800s and early 1900s, African elites, including the educated ex-slaves in western Nigeria, attempted to re-establish identification with the local population. They critiqued outdated local cultural beliefs/practices, encouraged selective cultural exchanges with Europeans, and protected core African ideas and values.[55] For instance, some enslaved Africans who returned to Lagos claimed culturalism in the late nineteenth and early twentieth centuries by substituting their English names with African names. Others adopted the local dressing style, including Dr. Orisadipe Obasa, who changed his name from George Stone Smith and took to traditional Yoruba attire to match the name after arriving from London.[56] Within the context of their politicized role during the water rate protest, some educated elites misrepresented facts about the government's intention to suit their own agenda. This scared the majority poor, who thought the acceptance of a water rate was the first step toward municipal taxation.[57] Thus, some African elites became blinded to the unfairness of their own principle by arguing for segregated provision of social amenities as a solution to the opposition to taxing people for these services. While Africans did not see any impropriety in this proposition, their rallies did not stop Egerton from executing the pure water scheme.

To exclude the African urban poor from the proposed water rate, Egerton responded to the concern of the local population by proposing the Lagos Assessment Ordinance in the

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[55] Phillip S. Zachernuk, "The Lagos Intelligentsia and the idea of progress, ca. 1860-1960", in: Toyin Falola (ed.), *Yoruba Historiography* (Wisconsin: University of Wisconsin, 1991), 147-65; J. D. Y Peel, "Between Crowther and Ajayi: The Religious Origins of the Modern Yoruba Intelligentsia," in: Toyin Falola (ed.), *African Historiography: Essays in Honour of Jacob Ade Ajayi* (London: Longman, 1993), 64-79; Ayandele, *The Missionary Impact on Modern Nigeria 1842-1914*, 241.

[56] Adelola Adeloye, *African Pioneers of Modern Medicine: Nigerian Doctors of the Nineteenth Century* (Ibadan: Ibadan University Press, 1985), 159; Michael Echeruo, *Victorian Lagos: Aspects of Nineteenth Century Lagos Life* (London: Macmillan, 1977).

[57] TNA, CO 520/77/3427, Lagos Water Supply Scheme: Acting Governor to Secretary of State, Jan. 7, 1909.

Legislative Council. The bill was to facilitate the counting of houses in Lagos in a bid to estimate the amount of the water rate each valuable building would pay. The bill, which became law on November 26, 1908, provided for the appointment of between three and five Commissioners. They were to annually assess residents' buildings "whose tenement may show that they are in a position to pay for the water consumed in their dwelling."[58] In fact, one of the conclusions of the council was that "only [owners of] houses situated within a short distance of a public standpipe erected in a road would be called upon to pay a water rate; for instance, nobody living on the Ikoyi plains and whose house was far away from any standpipe would be called upon to pay." The council further stated that the ordinance (No. 25 of 1908) was merely a preliminary law designed to facilitate information gathering for the potable water scheme. However, most Africans saw the ordinance as giving effect to the disputed water project and as a devious means of valuing their financial worth.

Given the government's decision to count houses in the town, most Africans moved from rebuffing the proposed water rate to rejecting the actual pure water project itself. The *Record* editor claimed that "the people have subsisted upon their present water supply ever since Lagos came into existence without hurt or injury." He noted that the popular rejection of the scheme was because "the great majority of the inhabitants of Lagos [were] poor, and [many were] daily being rendered poorer owing to opportunit[ies] being rapidly diminished for them to earn even a livelihood."[59] The anticolonial newspaper thus declared the scheme a "burden and hardship for the people unredeemed by any show of concern or hesitancy on

[58] Extract from the Minutes of the Legislative Council meeting 24-11-1908, *Government Gazette*, December 16, 1908.
[59] BLN, "The Proposed Water Rate Scheme," *The Lagos Weekly Record*: Saturday November 28, 1908.

the part of the administration." Suspicious of how the council passed the law swiftly despite the opposition against the water scheme, most Africans quickly pushed back the expanding sanitizing mission they believed was imposing social and economic hardship on their lives.

At a mass town meeting at Enu Owa on Thursday, November 26, 1908, individuals from all sections of the native community attended. Speaking for the Muslim community, the Islamic cleric, Lemomu Brimah, corroborated the chiefs' position that the people were incapable of paying any rate. He argued that the Muslims were "opposed to any water rate, house tax or any other tax; and that they were ready and willing to subscribe to any measure taken by the Chiefs to prevent a water rate being forced upon the people." Another resident, Aibu Eleto, stressed that they had survived different regimes while drinking the water now condemned, and they had not suffered any ill effects. He stated that "if anyone wanted water to be fetched from a distance, let him have it, but not at the expense of the native community who do not want it."[60] One Mr. Taba, while idealizing the segregated power supply in Lagos, drew attention to the electric light project under MacGregor, which was extended only to those who could afford the service fee. Taba argued that the piped water scheme should follow the same segregated arrangement, caring less about the poor's health. Mr. Disu, who represented the Brazilian community, affirmed his community stood by the chiefs' decisions and that they were all opposed to both water and latrine bucket rates.

Similar to how their elite husbands created a sense of solidarity with the urban poor, two upper-class Western-educated African women, one Mrs. Philips, alongside the wife of Hon. Williams, Mrs. Danko Williams represented women's voices at the town's meeting.

[60] BLN, "Mass Town Meeting at Enu Owa," *The Lagos Standard*, Wednesday December 2, 1908.

Like the men, they concluded that "they had been drinking the water now said to be bad from childhood and were prepared to continue the use of it."[61] Sources, however, show that this was not entirely true. Available data suggest that former Ms. Anna Sophia Hutchinson started living in Lagos as Mrs. Danko Williams in 1888 after her wedding to the legislature. All the same, she placed her social life on hold—most of which involved leading the Lagos Ladies League and the Ladies Recreation Club—to "fight" for marginalized women.

The Nigerian historian Rina Okonkwo argues that most women who participated in the protest were not simply supporting their husbands' struggle against the colonial state. Instead, most of the low-income earners joined the dissenting voices because the proposed water rate threatened their means of livelihood and would have further put some strain on the little income they managed to earn in the depressed colonial economy.[62] Apart from some women—especially those designing local fabrics (tye & die) and those making pap or corn porridge—whose major economic activities required using water, others felt the proposed water project would increase unemployment in Lagos. Many African women who earned income working as water carriers for people living far away from water sources in the town saw the pipe-borne water project as a threat to their means of livelihood. A few traditional political elites might have shared this concern since accessible potable water in metropolitan Lagos would have probably ended the water-carrying business. The proposed pipe-borne water would also likely have increased the number of unemployed women in the town, turning wives and mothers into a burden for their husbands and the community.

[61] Africans represented at the meeting decided that a petition should be sent to the secretary of state for the colonies to express the town's rejection of the proposed potable water supply project. See: Ibid, BLN, "Mass Town Meeting at Enu Owa."
[62] Rina Okonkwo, *Protest Movements in Lagos, 1908-1930* (Lewiston: Edwin Mellen Press, 1995), 8-9.

This explains why some market women staged another protest in April 1909 to emphasize their outright rejection of the pipe-borne water, its presumed public health benefits, and tax.

This passive resistance of Africans to the public water system points to the fact that most Lagosians preferred their untreated water as long as it was freely accessible. More importantly, their rejectionist stance on the development initiative expands our knowledge of the politics of local versus imperial knowledge. Scholars who have examined the politics, especially how it connects with development discourses in Africa, have critiqued epistemic coloniality that often proposes Western development models/ideas to African problems.[63] Using the public health project of South Africa's Local Health Commission, Marc Epprecht shows how African men used women's fear of state intrusion in their lives as an excuse to reject an intervention the modernizing government thought was best for the people.[64] Truly, social problems such as slums and diseases in Edendale motivated the town's white-led authority to create the local governing body in the 1940s to provide water, healthy homes, erosion control, and curative medicine for Africans. However, the initial failure of LHC's health and village revitalization initiative, which cost city officials considerable funds, was caused by white officials' ignorance of African sensitivity to economic and private matters. The male-led commission saw African women as the custodian of the domestic sphere and the key to "sanitizing" Africans of filth and diseases. Hence, LHC officials focused their social engineering and modernist programs on women, using shaming and coercion to

[63] David Gordon and Shepard Krech (eds.) *Indigenous Knowledge and the Environment in Africa and North America* (Athens: Ohio University Press, 2012); Helen Tilley, *Africa as a Living Laboratory: Empire, Development, and the Problem of Scientific Knowledge, 1870-1950* (Chicago: University of Chicago Press, 2011).
[64] Marc Epprecht, *Welcome to Greater Edendale: Histories of Environment, Health, and Gender in an African City* (Montreal: McGill-Queen's Press, 2016), chapter five.

engage mothers. These officials banned the building of cheap wood shelters, suppressed home-brewed liquor that provided jobs for women, mandated that a paid nurse be present at all childbirths, and offered unsolicited advice on miscarriage and women's sexual life.

As Epprecht demonstrates, most women used evasion and outright resistance to negotiate/contest the imposed social medicine experiment that neglected their local culture and knowledge. Likewise, in British western Nigeria, the coercive approach of the colonial government to public health projects, which ignored local perspectives in Lagos, made it difficult for Africans to embrace Egerton's water project. Specifically, the popular opinion in the capital city that the existing water was not harmful to public health was not an idea that European colonial officials, some Western-educated natives, and local health officials shared. Since the traditional political elites in Lagos did not share the British modernist idea of "pure" water and public health development, they objected to being evaluated for water rates. This objection, however, did not deter the colonial government from imposing the project on the people. As the *Record* editor succinctly put it, "to throw [African] opinion aside and endeavor by some devious means to discover if they [were] able to pay a water rate implie[d] not only ignoring the people but discounting their intelligence as well."[65]

In addition to the dismissive approach of the colonial government in Lagos, what further bounded most Africans together against the proposed potable water project was the authority's paternalistic method of implementing it. Egerton was confident that landlords in Lagos could pay the water rate when, in fact, Africans "kn[e]w their circumstances better

[65] BLN, "Sir Walter Egerton and the Water Rate Scheme," *The Lagos Weekly Record*, Saturday December 19, 1908.

than anyone else, and better too than any property valuation [was] capable of showing."[66] The highhanded approach of his regime, which brushed aside the social and distributive cost of the modernist project, made its approval more difficult for the unwilling African public. What further made most Africans perceive the water project as paternalistic was the disregard for the livelihood of farmers around the Iju Valley, who would be affected by "a scheme unsolicited for by the people and which sacrifices and inconveniences can only tend to render all the more odious."[67] The forceful removal of these farmers from the river valley meant that the British authority deflected the burden of the water project to marginal communities/groups, who were barely surviving within the colonial depressed economy.

Since the early 1900s, the need to seize African land, either to create a European reservation or for any purpose colonial administrators desired, formed the basis of the colonial law of expropriation, which defined what constituted "public purpose" under the British trusteeship system in western Nigeria. These laws, which the global human rights scholar Bonny Ibhawoh theorized as "stronger than the maxim gun," protected European interests and extended colonial hegemony beyond the official domain.[68] Significantly, they unsettled the local land tenure system in western Nigeria, rendering native ownership of property dependent virtually on the will of colonial governors. At the Legislative Council meeting in November of 1908, governor Egerton hinted that most of the land on which the government planned to build the "pure" water scheme was in the Egba region. While he suggested that it might be possible to allow some of the cocoa plantations on the land to

[66] Ibid, "Sir Walter Egerton and the Water Rate Scheme."
[67] Ibid, "Sir Walter Egerton and the Water Rate Scheme."
[68] Bonny Ibhawoh, *Imperialism and Human Rights: Colonial Discourses of Rights and Liberties in African History* (Albany: State University of New York Press, 2007), chapters 3 and 4.

remain there, Africans living on the plantations were to relocate elsewhere outside the area.[69] He added, however, that his administration would pay a sum to the *Alake* (Egba king), sufficient to give adequate compensation to all those who were cultivating the land required. In this case, the governor underestimated the sentiment and value most African farmers attached to their plantation, showing his little understanding of African culture.

In her study of the colonial uses of Toronto's Don River and its valley in Canada, environmental historian Jennifer Bonnell argues that it was typical of European colonialists everywhere to seize indigenous land and displace natives in the name of development. Her analysis shows that while the Don river valley served as a source of lumber, fertile soil for maize plantation, fish, and clay to the aboriginals in the borderland, colonial modernist projects displaced the Seneca, Iroquoians, and the Algonquian group from around the Don and transformed the local environments.[70] What excited curiosity about the area proposed to be expropriated in Lagos was not just that the environment was primarily composed of farmland, which represented the effort of some Africans who abandoned trading in urban centers to secure their livelihood in the periphery of the colonial town. Rather, it was the size of the farmland itself, which amounted to about 500 acres and which Africans believed was more than what would be required to secure a watershed. Since the plantations were people's permanent source of food and income, many Africans felt that such loss of livelihood could never be fully compensated by one lump sum payment.[71] This sacrifice, which threatened the farmers' sources of livelihood, further intensified popular feelings

[69] BLN, "The Scheme of Government and their Effect," *The Lagos Weekly Record*, December 12, 1908.
[70] Jennifer Bonnell, *Reclaiming the Don: An Environmental History of Toronto's Don River Valley* (Toronto: University of Toronto Press, 2014).
[71] BLN, "The Iju Expropriation Scheme," *The Lagos Weekly Records*, January 16, 1909.

against the pure water scheme as people wondered why the colonial government required such a large area of land. What is more? The cultivation of cocoa and other cash crops in the targeted area also led much of the local population to assume the government's objective for acquiring the land had little to do with the potable water. Instead, people taught the government acquired the fertile land for its plantation or other colonial interests.

This assumption was logical in that the British colonial authority deprived Africans of their rights to land—including the farm and water on the land—in a bid to "conserve" natural resources and control land use in certain parts of western Nigeria. Specifically, the British colonial timber law deprived most Africans of their right to water on their land in the Egbado area of western Nigeria. Interestingly, this overbearing government action was not peculiar to colonial landscapes, as environmental historians like Kieko Matteson have pointed to similar aggressive state action in revolutionary France, where politics and the strategic interest of the state overlap the local population's source of livelihood. She shows how residents of Francs-Comtois resisted the increasing power/role of the state, which tried to limit customary access to local forests for subsistence between 1789 and 1848.[72] Like Bonnell, Matteson demonstrates that France's forests represented a necessary resource for the public good, justifying the state's increasing commitment to controlling it for economic and military purposes. Government officials used this "national interest" to legitimize the passage of several measures that gave the state exclusive access to exploit, allocate, and preserve forests for the "public good." In the western Nigeria context, following the passage

[72] Kieko Matteson, *Forests in Revolutionary France: Conservation, Community, and Conflict 1669-1848* (Cambridge: Cambridge University Press, 2015.

of the Forestry Ordinance of September 1901 by the government of governor MacGregor, towns with abundant forest products came under the control of the colonial government.[73]

This law allowed the British to create forest reserves, arrogating the power to grant access and exploit the resources to its officials. Although African chiefs received a certain portion of this power—to approve timber licenses to prospectors—after several protests demanding some amendments to the law. However, their "little" authority was only valid in theory. In practice, a European was appointed as Conservator of Forests to supervise the indigene who headed the Native Forest Department (NFD). This way, the British continued to exercise hegemonic control over forest reserves. Most Africans suspicious of the British acquisition of several acres of land in the Iju area were aware of this calculated land grab, which threatened indigenous land rights in Yorubaland. Sources show this colonial tactic restricted residents of Ilobi's access to the stream that provided the people with drinking water in the Ilugboro forest.[74] After the NFD had banned people from the forest upon its designation as a reserve, Ilugboro chiefs and elders appealed to the District Commissioner (D.O), who had no jurisdiction over the NFD, to intervene on their behalf. While the D.O promised to take up the matter with his superiors, such hegemonic control of people's lives made most Africans believe that the British priority was not African social development and welfare but economic exploitation. In this frame, the colonial government designed its sanitizing mission to facilitate access and safety in economically-viable areas in the colony.

[73] Olufemi Omosini, "Background to the Forestry Legislation in Lagos Colony and Protectorate, 1897-1902," *Journal of the Historical Society of Nigeria* 9, no. 3 (1978): 62-63.
[74] BLN, "The Forest Reserve Matter," *The Lagos Weekly Record*, December 12, 1908.

By 1909, the petition from the town's meeting at Enu Owa on November 26, 1908 had reached London. Petitioners appealed to the CO to stop Egerton's water tax Assessment Ordinance. In the petition, the African signatories claimed that there was no need for public pipe-borne water in Lagos because the town got a "good and abundant supply of water all the year round." They argued that water-borne diseases "form[ed] so small a fraction" of the ailments in the town "that they [could not] be given attention in a serious enquiry."[75] The local practice of buying drinking water or walking long distances to procure it was also said to be "confined to [an] insignificant few, the expenditure [they considered] a mere trifle...[and that] the practice [could not] be taken as implying any necessity for a fresh water supply, or any justification for imposing a water rate." They concluded by reciting how the introduction of the railway and the increasing number of European merchants had engendered economic marginalization and poverty. Still, the natives' appeals fell on deaf ears as African politics of resistance that informed the petition did not stop the water project from materializing. The secretary of state approved the scheme because, as he argued, he was "satisfied that an adequate supply of pure water [was] an absolute necessity for a town of the size, importance, and situation of Lagos, and that the present supply [was] not sufficient for the growing needs of the town."[76] Also, the approval aimed to bring up Lagos to the level already reached at Freetown, Accra, and Benin City, where Africans had accepted a similar burden of pipe-borne water to improve public health.

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[75]. TNA, CO 520/77/3427, Lagos Water Supply Scheme: The Native and Citizens of Lagos to the Secretary of State for the colonies, January 7, 1909, 4-5.

[76] BLN, "The Secretary of State's Reply," *The Lagos Weekly Record*, March 27, 1909.

Whereas the construction of the Lagos waterworks began in October 1910, colonial authorities in other western Nigerian towns tried to make clean water available to the people by digging new wells and improving the quality of water obtained from existing sources.[77] Outside Lagos, the annual report for 1909 reveals that Africans in Meko and Shaki relied on spring water, and in Ijebu Ode and Epe, the chief supply was rain and well water. With the abundant rainfall of that year, the local authorities made efforts to prevent people from drowning and discouraged the unintentional pollution of water sources by constructing laundry places around streams in the towns.[78] While there was no discussion of pipe-borne water for European and African residents in Ibadan and its surrounding towns, "much attention with gratifying results" was devoted to improving existing government wells. Those living afar from these wells relied on rain water and private wells in their areas. However, a 1930 report on Ibadan indicates that many Africans continued to lack access to clean water supply "though the people [had] been begging for this amenity for years and [could] afford to pay the interest on the loan."[79] The refusal of the British colonial authority to grant the people's request was linked to the limited number of Europeans requiring a regular supply of clean water in the town. In Ibadan, the few Europeans obtained their water from the treated well in their stations, which ran in pipes. Under this racialized arrangement, African shallow wells, according to the Resident of Oyo Province, engendered water-borne diseases, including skin and stomach infections, guineaworm, and dysentery.[80]

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[77] The Ag. Governor to The Secretary of State, Annual Report of Southern Nigeria, 1910, No. 695, 27 & 37.
[78] TNA, CO 12769, Walter Egerton to The Secretary of State: Ibadan District Report for 1909, Lagos, 11-12.
[79] Henry Lewis Ward-Price, *Dark Subjects* (London: Jarrolds, 1939), 232-233.
[80] NAI, CSO 26/2/12723, Oyo Province: Annual Report for 1930, Vol. VIII, 27.

In Osogbo, most people relied on well water in the first two decades of the 1900s. From 1909, few Africans benefited from the pipe-borne water supply, which was extended to the local population because of the arrival of the British Cotton Growing Association (BCGA) in the town. Before this time, the government pumped pipe-borne water from the Osun River to the railway station in Osogbo through gravitational force.[81] The advent of the BCGA in the town necessitated the expansion of the pure water supply beyond the railway station since it was reported to be better than that hitherto used by Africans. Though there were doubts over the long-term prospect of the source, especially in the dry seasons, the abundance of water drawn by the railway station showed that the water source had the potential to last long. From August 1909, pipes were laid on the BCGA's ginnery, and a water rate of 5 shillings per 1000 gallons was levied on the association. Given that the BCGA could not use more than 2000 gallons per day due to the small stream supply near the ginnery, the town's engineer erected some standpipes in strategic positions across Osogbo for the supply of over 24,000 gallons of water to the local population every day.[82] The cost of constructing the reservoir was charged to the Railway Funds, while the pipe connection, which cost about £2500, was drawn from the Funds earmarked for Oshogbo Extension.[83] We do not know the number of standpipes erected in Osogbo. Still, anecdotal evidence suggests the local authority provided only two for the entire city, and there was no evidence the government demanded water rates from residents.[84] Since local authorities

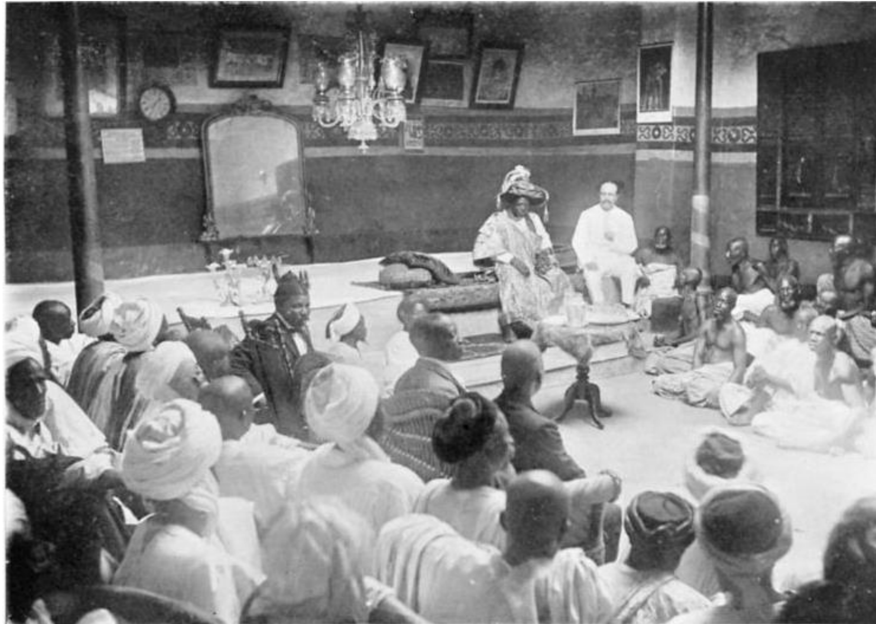
[81] TNA, CO 29222, Osogbo Water Supply: Walter Egerton to The Secretary of States, 1909.
[82] TNA, CO 29222, Osogbo Water Supply: Walter Egerton to The Secretary of States, 1909, 2.
[83] TNA, CO 29222, Osogbo Water Supply: Acting General Manager of Railway to The Colonial Secretary, 21-07-1909, 1909, 2.
[84] Ibid, Acting General Manager of Railway to The Colonial Secretary, 21-07-1909, 1909, 2-3.

proposed a new public waterwork for the local population between 1928 and the early 1930s, we can safely assume the earlier potable water supply for the town was inadequate.[85]

Despite starting the construction of Lagos's waterworks in 1910, African opposition to the modernist project did not stop. Even after the conservative newspaper *African Mail* commented on the bacteriological report of public wells in Lagos in an article titled "Poisoned Wells" on June 2, 1911, the editor of the *Record* held on to the conviction that Lagos did not need pipe-borne water. Indeed, sources show that amoebic dysentery was common among the local population in Lagos and the disease was fatal to them.[86] However, Jackson insisted that "it is hard to see the reason or the logic of telling a people that the water supply upon which they [had] subsisted for over a hundred years without any signs of decay, is 'highly polluted,' 'highly dangerous,' and inimical to life."[87] Reading between the lines and against the grain, it appears African opposition was not just a protest spurred by cultural nationalism or an attempt to protect the ways of their fathers who survived on stream/spring water. Rather, their anticolonial sentiment was one of implacable aversion to the taxation and other financial burdens that their acceptance of the pure water schemes was sure to attract. The opposition from the elites was an expression of their dissatisfaction and disappointment over "modern" social services the imperial government pretentiously claimed were part of its "civilizing mission" and which Africans expected free of charge.

[85] Oshogbo chiefs under the king, Ataoja agreed to a water rate of 6 shillings per adult male in 1930, provided the colonial government supplied the whole town. See: NAI, Osun Div. 1/1/2974, Executive Engineer Ibadan N.A. to The Resident Oyo Province, Re Oshogbo Proposed Water Supply: Memo No. 2143/199/25 dated 25/8/1928, October 13, 1928; Resident Oyo Province to The Assistant District Officer Oshogbo, Tour 199/25.Vol.II Oshogbo Proposed Water Supply, July 29, 1930; Assistant District Officer Oshogbo to Resident Oyo Province, Re Oshogbo Proposed Water Supply: Memo dated 29/7/1930, August 6, 1930.
[86] WL B31490426, Southern Nigeria: Annual Report on the Medical Department for the Year 1913, 8.
[87] BLN, "The 'Poisoned Wells' of Lagos," *The Lagos Weekly Record*, July 1, 1911.

Figure 4.2: Gov. Egerton, *Oba* Eleko, and the Central Native Council members, 1912



Source: New York Public Library Digital Collections, RLIN/OCLC: NYPGR2982092-B (No. B11721536)

Social historians working on nineteenth-century European history have argued that similar passive resistance was recorded against public health programs requiring financial commitment in Britain. In the mid-1800s, the English historian Anthony Wood wrote:

> the foul insanitary condition of the towns was, perhaps, no worse than anywhere on the Continent, but to our eyes, it is almost inconceivable that such dangerous filth and squalor could have been tolerated…the effort to bring in some elementary measure of sanitary reform was ardently resisted in the Commons and by local authorities. For here was an issue that touched private property in every city in the country, and the vast body of affected interests stood firm against the handful of reformers.[88]

More recently, studies on public sanitation in Victorian London have echoed Wood's view, adding to our understanding of the sanitary transformation of the British empire's capital city. According to the historian Jackson Lee, "[the] fight against filth was waged throughout

[88] Anthony Wood, *Nineteenth Century Britain, 1815-1914* (New York: David McKay Inc., 1960), 118-119.

Victoria's reign on many fronts, with numerous battles ending in stalemate or defeat. Reforming zeal was frequently met with plain indifference."[89] The author also argues that popular resistance to social change in the rapidly modernizing city reached a stage where some London residents thought a complete lack of sanitation was the safest option. These perspectives from Europe point to the fact that the birth and growth of "clean," "civilized," and "modern" states through new hygiene and public health ideas was as tumultuous in the colonial world as it was in the imperial metropole. Since the British imperialists established their mission to sanitize Africa on the rhetoric of "curing the ills" of the "backward" peoples through state medicine, the failure of this mission to make the initiatives available free of charge led to sweeping criticism of the British colonial authority in Lagos.[90] Furthermore, the assumption by both upper and lower class Africans that introducing a municipal would reduce the power of chiefs and put more tax burden on the public provided an opportunity for Africans to oppose the structural basis of the British modernizing projects in the town.

Although most Africans in Lagos opposed the British colonial authority's idea of a public water project for the rapidly urbanizing city, not all Yoruba towns toed the same path. As the construction of the Lagos waterworks continued in 1913 with the pipeline from Iju valley almost completed, the local administration in the neighboring semi-autonomous Egba town of Abeokuta saw pipe-borne water as a necessity. When the colonial authority in Lagos was still hoping the standpipes erected on the streets of Lagos would begin to receive water before the end of 1914, the governor-general for united Nigeria, Frederick

[89] Lee Jackson, *Dirty Old London: The Victorian Fight Against Filth* (New Haven: Yale University Press, 2014), 2 and 84.
[90] Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness* (Stanford University Press, 1991).

Lugard, commissioned a newly completed waterworks in Abeokuta on March 21, 1914.[91] The waterworks, which took two and a half years to complete, cost the Egba government about £32,000. Of this figure, the lions' share, £30,000, was a loan obtained from the Lagos government. At its commissioning, the water scheme supplied about 300,000 people in Abeokuta through 14 four-way fountains strategically located around Sodeke-Iberekodo Road, Itoko-Iberekodo Road, and Ake-Ibara Roads.[92] Given that Benin City (in the south-central region) had completed its waterworks in 1910, the Egba waterworks made Abeokuta the first town in western Nigeria to have a pipe-borne water supply, for which about £2000 was to be spent on maintenance annually. Despite having a smaller European population than Lagos, it would be misleading to attribute the development of the public water system in Abeokuta (as in Benin City) solely to the influence of western-educated Africans and local political elites administering the town's affairs. Also, it was simply not the pressure from some Westernized formerly enslaved Africans who relocated to the city in the late nineteenth and the early twentieth centuries. Rather, the scheme was successful because the ruler and the ruled chose to bear the financial cost of their social improvement than rely on the British. In fact, at the inauguration, the EUG had only repaid £4,000 of the £30,000 loan. This speaks to the local elites' keen interest in advancing public health in Abeokuta.

With the outbreak of the First World war in August 1914, the colonial authority in western Nigeria suspended most of its public health initiatives due to a lack of human and financial resources. In Lagos, the engineers building the town's waterworks completed the

[91] The Governor to The Secretary of State, Annual Report of Southern Nigeria for 1913, No. 825, 29.
[92] BLN, "The Abeokuta Waterworks: The Opening Ceremony," *The Times of Nigeria*, Tuesday March 31, 1914, 4-5; BLN, "Abeokuta Waterworks: Official Account," *The Times of Nigeria*, Tuesday June 2, 1914, 3.

project that year, but they delayed the system's operations for pumping water scheduled to start in December 1914 to July 1915. The postponement became inevitable when people discovered the engineers did not lay some pipes properly. In addition, engineers found some impurities in the pipe system, which resulted in another round of bacteriological research on the Iju river. While key members of the African public did not hold back their criticism, African press of all political persuasions were predictably up in arms against the authority for how poorly European engineers handled the waterworks construction. Even the famous pro-British Nigerian lawyer who later became a conservative member of the Legislative Council, Sir Kitoyi Ajasa, published a poem in his newspaper, the *Nigerian Pioneer*. The ultra-loyalist newspaper editor condemned the quality of work the engineers did in Lagos, demonstrating African frustration with the water project and its environmental impact:

Away in Africa's sunny clime where palms and skeeters bloom
There lies a lovely city on the banks of lagoon
And Providence decreed that of my time it should be said
That part of it should there be spent, to earn my daily bread

The Liverpool of Western coast 'twas called by many men
But it has just occurred to me, as I take up my pen
That of the English city, or the city of the coast
There's one must feel insulted, but its query, which the most?

Now in that coastal city they evolved a first class scheme
To lay the water on pipes, it was the bosses' dream
That every man could turn a tap, and get a wholesome drink
Instead of having water fetched from tanks and wells that stink

We'll beard the mighty skeeter bold, and cut off his supply
Of water he lays his eggs, the brute is doomed to die
We'll fill the wells and burst the tanks, no water will be seen
Except the water we supply, so healthy, sweet, and clean

For years they laboured at the task (it was a mighty one)
But when you went to view the work it hardly seemed begun
And every year they promised that 'twould not be very long
Before you got that drink and never heard a skeeter's song

At length a day did really dawn when things began to change
A score of stalwart navvies and a native host did range
Themselves upon the outskirts of the inoffensive town
And said, we've come to do our share and lay the piping down

They seized upon the wretched roads and tore them all to bits
To look upon the fearful sight would drive you into fits
Of mental aberration, if you only thought at all
Of risks that you were running if you drove when night did fall

They'd take a charming piece of road, and like they were insane
Would lay the piping perfectly and tear it up again
And say the pipes were leaking, or they had not laid them straight
And Europeans cursed them and the native said 'tis fate

And if that did not suit them, they would dig a fearsome hole
A trap for the unwary and then into it you'd roll
As you turned around a corner or you'd smash into a beam
Which was put there and forgotten by a workman in a dream

And millions of mosquitoes bred and flourished in the place
Which was full of pools of water, but you could'nt make a case
There was nobody responsible, but Heaven help a man
If his yard held one small larvae in an old tomato can

Will not some man fall in a pit and kindly break his arm
Or catch a dose of 'yellow' from the pestilential swarm
And then perhaps someone will wake and give us back again
The peace we had in olden days for which we yarn in vain.[93]

Rather than see the unfilled pits and the damage to the water pipes as minor setbacks, the public opinion that can be gleaned from the poem suggests that most Africans continued to see the waterworks as a needless endeavor. However, some Africans were excited when engineers completed the potable water project despite the stiff resistance from the majority.

At the opening of the waterworks in July 1915, *Oba* Eleko and one other official, Mr. Ajala, expressed appreciation for the British commitment to improving African health.

[93] Before he started supporting the colonial government through the newspaper he launched in 1914, Ajasa was one of the Western-educated elites that founded the first Nigerian nationalist party, the People's Union in 1908. See: BLN, "Oh! The Lagos Waterworks," *The Nigerian Pioneer*: Friday July 24, 1914, 9.

Pointing out the need for Africans to understand that social development required collective sacrifice, Mr. Ajala informed the crowd at the ceremony that "as men and women, we must learn to bear our municipal burdens."[94] The total expenditure on the public water scheme was £296,700, and it supplied 2.5 million gallons every day through 200 street fountains (each with four outlets) and 350 fire hydrants.[95] The Nigerian geographer Akin Mabogunje noted the immediate impact of the potable water supply on the local population's health, which was visible in the drastic reduction in dysentery and guineaworm disease in Lagos.[96] Sources do not reveal any definite statistics, but reports show that improved water supply had begun to reduce mortality rates at the end of 1915 in Lagos.[97] Likewise, in Abeokuta, the medical officer for the region reported a reduction in guineaworm after the town started receiving pipe-borne water supply.[98] Although the potable water in Abeokuta did not reach many streets, Africans valued the service, and some traveled one or two miles to obtain it.[99]

The colonial government did not collect water rates during the year. However, the Waterworks Ordinance was passed to replace the existing Lagos (Building) Assessment Ordinance of 1908 because the latter did not provide for the assessment of new houses and the reassessment of buildings that had been reduced or expanded. The ordinance imposed a general water rate on areas receiving public water by a Notice No. 51 in the *Gazette* of June 17, 1915. Like in 1908, this ordinance aimed to facilitate the levying and collection of

[94] BLN, "The Opening of the Iju Waterworks," *The Nigerian Pioneer*, Friday July 9, 1915, 7.
[95] The Governor-General to The Secretary of State, Annual Colonial Report of Nigeria for 1914, No. 878, 47.
[96] The Governor-General to The Secretary of State, Colonial Annual Report of Southern Nigeria for 1915, No. 920, 32; Mabogunje, *Urbanization in Nigeria*, 258.
[97] *Nigerian Pioneer*, October 22, 1915, cited in: Olukoju, *Infrastructure Development and Urban Facilities in Lagos, 1861-2000*, 49.
[98] WL B31490207, Nigeria: Annual Medical and Sanitary Report for the Year 1915, 52.
[99] WL B3163882X, Southern Nigeria: Annual Report on the Medical Department for the Year 1914, 83.

municipal rates to maintain the waterworks and service the loan used for the scheme. However, passing the ordinance resulted in another round of mass meetings, non-violent protests, and agitation. Just as in 1908 and 1909, some of the white cap chiefs mobilized a section of the local population against Lord Lugard's government and demanded that they be excluded from paying the water rate. At a mass meeting on July 17 (two weeks after the new waterwork was commissioned) and another one on August 5, African anti-water rate leaders decided to send protest letters directly to the secretary of state in London.

Mobilizing the economic distress caused by World War I as justification for their appeal, Dr. Obasa and Chief Ojora, in their telegrams, demanded the suspension of the water rate "in view of the unsettled condition of the country, the general distress consequent on the war, the unswerving loyalty of Nigeria, her great sacrifices for the war in men and money, and the intense and widespread disaffection the above measures are calculated to produce."[100] In response, the secretary of state claimed that the rate proposed was "a very reasonable one" and that the protesters already knew from 1910 when the project started that certain rates would have to be levied later.[101] Showing little concern for African welfare during the war, the secretary of state, Bonar Law, stated that the government developed the waterworks based on the understanding that service users would pay for its maintenance, the interests on the capital (loan) cost, and the sinking fund. In contrast to this claim, there was no agreement between Africans and the colonial government. Instead, the arbitrary order to begin the waterworks came from the former secretary of state.

[100] BLN, "Telegrams from the Chiefs, Princes, and People of Lagos to The Secretary of State for the Colonies," *The Times of Nigeria*, November 2, 1915, 3.
[101] BLN, Andrew Bonar Law, "Despatch from the Secretary of State in Reply to Cablegrams Sent by the People of Lagos," *The Times of Nigeria*, November 2, 1915, 3.

In a surprising turn, the renewed debate over water tax in Lagos started splitting the once united African opposition leaders—the Western-educated elites and the political class. Available evidence suggests that this division occurred on two fronts. First, recall that in 1908/09, when African leaders opposed the waterworks construction and staged a protest to reject government water rates, some Muslim community members supported the public water scheme because of its perceived health benefits. One of these individuals was Brimah (or Ibrahim) Lemomu—the chief imam of Lagos and member of the Lagos Central Native Council—and his supporters. By 1915 when the political/social elites in Lagos renewed the water rate protests, a section of the Muslim community—the *Jama'at* Muslims—tried to oust Lemomu as the town's chief imam. Apart from steering intragroup conflict, especially regarding his pro-government stance on public policies, the *Jama'at* wanted him removed for converting to Islam, the head of Ifa priests (traditional healers) and leader of the Ogalade class of local chiefs, Adamo Akeju, popularly known as Chief Obanikoro.[102] While some condemned Lemomu's action as unilateral and unnecessary, others felt his management of Lagos's central mosque was not inclusive enough. From that period to 1919, efforts by the *Jama'at* to purge the Muslim community of Lemomu's influence pushed him further to the colonial government, taking with him some chiefs who had earlier opposed the water rates.

Secondly, as the conflict in the Muslim community weakened the opposition to the water rate and provided the British authority with new sets of Africans to defend the project, Western-educated elites leading the People's Union also failed to stop the government from collecting the water tax. Recall that in response to the petition that some Lagos elites in the

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[102] Lawal "Islam and Colonial Rule in Lagos," 73.

proto-nationalist party, People's Union, wrote to the CO, the secretary of state refused to suspend Lord Lugard's Waterworks Ordinance, noting that the water rate was reasonable. The educated elites, especially Dr. Randle, Dr. Obasa, and Dr. Richard Akinwande Savage, sent additional protest letters to convince the British authority that collecting the water rate after the war would allow the people to recover from the hardship caused by the war. However, since these doctors were in private practice and their income relied on a pool of sick Africans, the colonial government found suspicious the opposition of these enlightened medical experts to the provision of potable water for people who were like to become their patients. Notably, the British mission to sanitize, as former medical advisor to CO Patrick Manson defined it, was to implement preventive health measures in anticipation of public health crises.[103] Given that the water rate dispute unfolded during World War I, officials in London and Lagos interpreted the complaints of Western-educated elites as seditious—war-time rebellion against the Allied and British war efforts.[104] By questioning the integrity and allegiance of key members of the People's Union, the colonial government successfully used intimidation to force African social and political elites from staging further protests.

The colonial government's fracturing of the united opposition the white cap chiefs and Western-educated elites posed to its public health programs engendered a mixed public opinion on the water rates. By 1916, prominent Africans supporting the white cap chiefs had shifted to the other side, including Lemomu—the chief imam and his allies, Chief Obanikoro, Chief Alli Balogun, and other educated elites like Sir Ajasa, Dr. Randle, Sir

[103] Manson, "Introductory Address: London School of Tropical Medicine," 16.
[104] Cole, *Modern and Traditional Elites in the Politics of Lagos*, 100; Okonkwo, *Protest Movements in Lagos*, 13-14.

Adeyemo Alakija, and Dr. Obasa. Even though other white cap chiefs resisting the water rate felt betrayed by the capitulation of top members of the People's Union, a few African elites stood firmly behind *Oba* Eleko against the water project. These Africans included Herbert Macaulay, Dr. Adeniyi Jones, and Chief Amadu Tijani, the Oluwa of Lagos.[105] New perspectives contributed by pro-government Africans to the debate on water rates in local newspapers shifted the public's focus away from the British imposition of the project to African attitudes, ideas, and beliefs about socio-political development in Yorubaland. Of these voices, the *Times of Nigeria* was the most critical because it blamed Africans for their own problems. The editor blamed most Africans for failing to understand that the colonial government had been managing Lagos as a municipal since they introduced the Municipal Board of Health in 1908, and the majority had been paying taxes indirectly to the board in fines and licenses.[106] He stated further that whereas Freetown (Sierra Leone) welcomed the British idea of a municipality and demanded to have elected representatives on the board to monitor the utilization of their taxes and protect the local interests, in Lagos, Africans continued to demand to be treated as infants. According to the newspaper, "whenever the suggestion is put forward that we should ask to take it [the municipal board of health] out of the hands of the Government and manage it ourselves, the cry always goes forth, long and loud, that we are not ripe enough for that."[107] This editor's view of African politics of resistance was not simply supporting the modernizing initiatives of the British colonial government. Rather, it challenged Africans to take ownership of the development projects.

[105] Lawal "Islam and Colonial Rule in Lagos," 74.
[106] Though James Davies, a Nigerian and former newspaper editor in Sierra Leone and the Gold Coast, blamed Africans, he remained a nationalist. BLN, "The Freetown Municipality," *Times of Nigeria*, Tue. Nov. 9, 1915.
[107] Ibid, "The Freetown Municipality," 4.

To be sure, Africans had been involved in the colonial administration of Nigerian towns since the late nineteenth century. However, the newspaper's concern was not simply about holding political office in the colonial civil service but influencing the government's socio-economic initiatives in ways that would promote African political maturity. On the one hand, the editorial pointed to the weakness of local African leaders who failed to take advantage of the British political arrangement to benefit the local population but instead devoted their energy and time to resisting the financial obligations and responsibilities demanded of the people. On the other hand, the paper blamed the majority of Africans for not taking responsibility for their own social improvement, writing that "if we are not ripe enough, an admission that notwithstanding our claims and pretensions [that] we are grown up babes, the Government will manage it for us whilst we bend our neck to the yoke and bear the burden under them of the responsibility of a municipality." Since the European "civilizing mission" was founded on the racist assumption that colonized Africans were lazy and incapable of managing their own affairs, the nationalist newspaper, submitted that:

> Again when we say that we are not ripe enough, it is undeniably [a] humiliating confession of the lack of homogeneity among us; of the regrettable state of disunion among the various elements or classes who should place themselves at the head of the population; of the ineptitude of the general run of those who should be our political leaders; and of the absence of competent, capable, and qualified men to be at the head of affairs in municipal government...we are like lazy drones afraid of labour and of responsibility. We are lagging far behind the sister settlements on the Coast in the political horizon. And if we keep continually shirking our responsibility, and refuse to rise up to the duties and obligations of our manhood, or to assert a certain dignity of self-conscious pride as a race, we shall win nothing but ignominy and the contempt of the governing race.[108]

[108] BLN, "The Freetown Municipality," 4.

This critical evaluation of African attitudes to the British idea of municipality, taxation, and social services helps explain, to a certain degree, why African agency—the politics of resistance—had a limited impact on public policies that affected African lives and social conditions directly. In other words, African insular approach to and suspicion of colonial social policies put them in a disadvantageous position where they became excluded rather than included in the political and sanitary administration of their health and environment.

Mark Harrison observes similar oppositional attitudes and responses to British colonial hygiene, public health measures, and sanitation by-laws which adversely affected Indians' economic interest in Calcutta between 1876 and 1899. The author demonstrates how taxpayers, slum landlords, and some members of the Indian rentier class on the board of municipal commission successfully thwarted some public health initiatives, including colonial regulations designed to curb overcrowding in rented apartments.[109] Likewise, Africans in Lagos continued to oppose the water rate. By 1916 when the water ordinance came into effect, most educated elites agreed to pay, while some of them continued to seek constitutional redress. In contrast, landlords in the poorer area of the town remained firmly in opposition to the tax, perhaps in solidarity with the chiefs betrayed by the educated elites.

The support received by Lord Lugard's administration from some pro-government Africans intensified the antiparty between the leadership of the Central Native Council and the colonial authority in Lagos. The major reason was that each faction wanted to reward its supporters and discredit the perceived rival. Sadly, things did not go well for *Oba* Eleko,

[109] Mark Harrison, *Public Health in British India: Anglo-Indian Preventive Medicine 1859-1914* (New York: Cambridge University Press, 1994), 232-233.

the head of the white cap chiefs. On September 18, 1916, the arrest of some residents in African quarters for refusing to pay the water rate led to a clash with the police when people in the area started protesting. This crisis quickly resulted in a riot, leading to the suspension of trade in important parts of Lagos. Protesters believed to be loyal to Oba Eleko reportedly attacked the properties of some pro-government chiefs during the 1916 riot. For instance, the mob demolished Chief Obanikoro's palace because he allegedly supported the arrest of the Africans that refused to pay the water rate.[110] Lord Lugard's administration used this opportunity to accuse *Oba* Eleko of inciting the public against the state. The king and some chiefs loyal to him forfeited their salaries as punishment for this "offense" as the colonial authority stopped recognizing their status. Though Lugard restored the chiefs' stipend later, African resistance to the water rate in Lagos died slowly upon the arrest and imprisonment of other erring Africans for non-payment in the later part of 1916. Even after the resistance had ended, things did not go well for *Oba* Eleko because the intra-party conflict within the Muslim community continued to bring him into conflict with the colonial government.[111]

In general, towns with standpipes and public wells, many of which were situated away from drains, created the perfect conditions in which mosquitoes thrived. Of the 152 public fountains in Lagos by 1918, 70 lacked surface drains to carry off wastewater, thus causing a constant nuisance in the streets.[112] Attempts to reduce the puddles at the end of the year resulted in adopting a new bye-law under the public health ordinance. The law

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[110] BLN, "The Water Rate Crisis," *The Lagos Weekly Record*, September 16-30, 1916; "The Year 1916: A Retrospect," *The Lagos Weekly Record*, January 20 & 27, 1917; Okonkwo, *Protest Movements in Lagos,* 17.
[111] Bonny Ibhawoh, *Imperial Justice: Africans in Empire's Court* (Oxford: Oxford University Press, 2013), 140; Cole, *Modern and Traditional Elites in the Politics of Lagos*, 125.
[112] WL B31490232, Nigeria, Colony and Southern Provinces: Annual Medical and Sanitary Report for the Year 1918, 34-35.

prohibited digging new wells in Lagos without permission from the Medical Officer of Health (MOH). If granted, such wells had to be located at least 100 yards away from the available standpipe of the public water supply. The colonial government's effort to improve night-soil and refuse disposal in 1918 (see chapter three) while providing access to potable water seemed to have paid off in Lagos when the town was affected by Spanish influenza. Although many Africans died from the pandemic due to the weakness of the government sanitary department, the emergency measures adopted by the authority saved some lives.

Public Sanitation and the Control of the Global Pandemic

When the physician Patrick Manson recommended in 1899 that the CO launch a sanitizing mission in Africa, the outbreak of a global pandemic in 1918 proved the parasitologist was right to have added that sanitary services be made available "in anticipation" of epidemics. Sadly, the sanitary and health services the former medical advisor to the CO proposed were in short supply in 1918 when the "Spanish" influenza arrived in western Nigeria. Building off of chapters three and four discussions on domestic and public sanitation in Yorubaland, this section argues that despite the little effort of the British colonial authority to eliminate preventable diseases, its failure to invest in the sanitizing mission led to the death of many Africans during the 1918/19 pandemic. Significantly, the absence of a cordial relationship and trust between most Africans and the colonial government made it difficult for public health officials to mobilize the human and material resources required to control the virus. This points to the fragility of the colonial health system and the need for African support.

As the First World War drew to an end in 1918, international trade resumed, and so did the appearance/spread of a contagious respiratory disease caused by an influenza virus.

Historian Alfred Crosby explains the terror and frustration the disease—widely known as the "Spanish" flu—brought on people, arguing that this influenza was the most devastating pandemic in modern history.[113] For him, the disease not only shows the limitations of "modern" medicine, the poor responses it received from governments and health officials demonstrate the weakness of public health systems globally. The reason is that there was confusion among medical "experts" about its diagnosis because its cause was a mystery for most of the period. While some diagnosed it initially as cerebrospinal meningitis, others linked the flu to a German plot and the world war, during which poverty, malnutrition, and chemicals/biological weapons threatened human health. Although Crosby claims the virus moved too fast for governments and public health authorities to handle sensibly, he shows that in the United States, as in several other Western countries, public health departments were underfunded and uncoordinated.[114] Yet, Toyin Falola and Matthew Heaton argue that universalizing how people experienced the pandemic poses the risk of blurring our view of the failures of colonial authorities and the public health system.[115] Their comparative study of the flu shows that the social conditions of colonized peoples were worse.

In his study of the influenza pandemic between 1918/19, David Killingray maps the diffusion of the flu within the British Empire. He argues that despite the development of new medical skills in the period leading to World War I, the disease found colonial powers unaware and unprepared; efforts to control its spread were largely inadequate.[116] The flu

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[113] Alfred Crosby, *Epidemic and Peace, 1918* (Westport: Greenwood Press, 1976).
[114] Crosby, *Epidemic and Peace, 1918*, 18-19.
[115] Toyin Falola and Matthew Heaton, "Global Explanations versus Local Interpretations: Historiography of the Influenza Pandemic in Africa," *History in Africa* 33 (2006): 205-230.
[116] David Killingray, "A New 'Imperial Disease': The Influenza Pandemic of 1918-9 and Its Impact on the British Empire," in: De Barros and Stilwell (eds.), *Public Health and the Imperial Project*, 121-153.

appeared on the West African coast in August 1918 after damaging the social fabric of Europe, America, and Asia. News of the devastating experience of the British colonial governments in Sierra Leone and the Gold Coast gave the local British administrators in Lagos and its hinterland more time to prepare for the arrival of the pandemic.[117] In spite of the warning from these neighboring states, the existing problem of inadequate medical personnel caused by the First World War, the color bar in the colonial medical service in Nigeria, and the small-scale sanitary arrangements in the western region all combined to undermine the capacity of the British colonial government to tackle the pandemic in Nigeria effectively. When the disease hit Lagos on September 14, 1918, the "thorough measures" put in place to contain the pandemic included the sanitary inspection of ships, fumigation, and health education.[118] As ships from the Gold Coast arrived in Lagos with passengers, the few medical personnel on the ground were overwhelmed. They could not do a thorough medical examination before passengers were allowed to intermix with the local population, which in turn spread the contagious disease to the towns and villages in western Nigeria.[119]

The Sanitary Department in Lagos disinfected ships arriving from Europe and other African countries following the Public Health Ordinance of 1917. However, the scarcity of sanitary inspectors, who could track passengers arriving in Lagos by steamship and detect symptomatic passengers on time, contributed to the town's high infection rate and death. The increasing death rate caused panic, and many Africans began to flee to the hinterland

[117] Sandra Tomkins, "Colonial Administration in British Africa during the Influenza Epidemic of 1918-19," *Canadian Journal of African Studies* 28 (1994): 69–71; K. David Patterson and Gerald Pyle, "The Geography and Mortality of the 1918 Influenza Pandemic," *Bulletin of the History of Medicine* 65 (1991): 4–21.
[118] TNA, CO 879/118, "Report of the Influenza Epidemic in Lagos," April 25, 1919.
[119] TNA, CO 657, Nigeria, Colony & Southern Provinces: Annual Medical and Sanitary Report, 1918, 9.

(facilitating the spread of the disease), away from the port city, where about 1.5 percent of the total population died from the pandemic.[120] In addition to the local population's mistrust of British medical expertise in dealing with the pandemic, Africans fleeing Lagos and its suburbs complained of the poor conditions in the makeshift isolation centers. Sources do not reveal whether the colonial government created separate isolation for Europeans. Still, we know that some Africans were forcefully quarantined and sometimes medicated against their will. The paternalistic approach of some officials infuriated some Africans, who also attacked Europeans in Lagos based on the belief that Europeans introduced the disease.[121]

Colonial health historian David Arnold has called scholars' attention to how socio-economic class determined who gained access to relief materials during the pandemic. In his work on British India, he argues that more people died of hunger, neglect, and defective housing conditions than the virus.[122] Likewise, in Yorubaland, many lower-class Africans, particularly in Lagos, were exposed to the flu because they earned little income inadequate for their care. As a result, most poor Africans died of lack of decent care.[123] Since disease containment was considered feasible and cheaper than palliative or cure for those infected, the Sanitary Department in Lagos intensified efforts to disinfect as many ships as possible. More importantly, the government mobilized every avenue to inform the local population about disease control and prevention measures. In addition to the legal control of social

[120] In the interior of Southern Nigeria, about 3 percent of the population died from the disease. See: TNA, CO 879/118/1061/129, "Report on Influenza in Nigeria", October 1918, 339; TNA, CO 879/119/1075/20, "Further Report on Influenza in Nigeria," October 1918, 56 & 61.
[121] WL B31490232, Colony and Southern Provinces: Annual Medical and Sanitary Report for 1918, 27.
[122] David Arnold, "Death and the Modern Empire: The 1918-19 Influenza Epidemic in India," *Transactions of the Royal Historical Society* 29 (2019): 181–200.
[123] TNA, CO 657, Nigeria, Colony & Southern Provinces: Annual Medical and Sanitary Report, 1918, 9.

gatherings and people's movement, which further caused major panic across western Nigeria, "simple leaflets of advice, in English and Yoruba, were distributed, and house-to-house visitation was undertaken with the help of European volunteers."[124] At this difficult time, the role of local sanitary attendants assisting European sanitary inspectors became important because they were responsible for the fumigation of infected houses and ships.

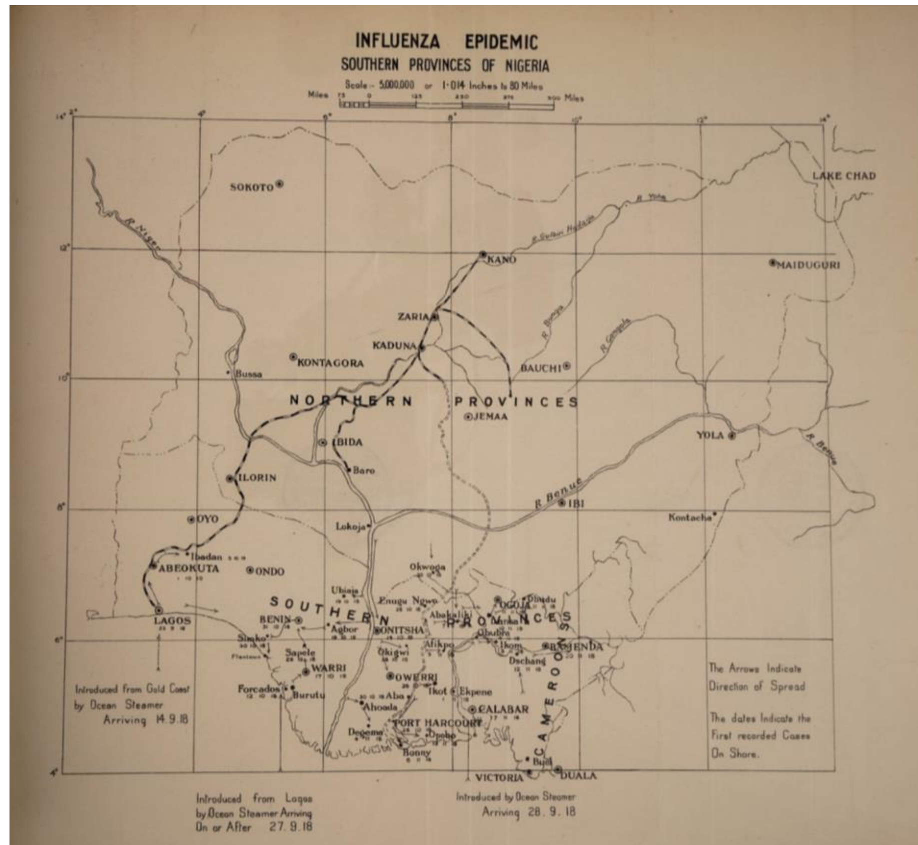
Archival records do not reveal the protective materials provided for these Africans. However, sources show that with the increasing number of casualties in Lagos, the Sanitary Department in the port city began to experience a shortage of auxiliary personnel. Health officials attributed this shortage to Africans' fear of infection, making some residents and contracted migrant laborers—as hygiene auxiliary—desert the spraying/cleaning task.[125] Though financial provision was made for the "spraying gang," these Africans abandoned the disinfection assignment they were employed to carry out because they were unwilling to accept the life-threatening "sanitizing mission" the British authority deflected to their bodies. Since the public health laborers lacked formal training in the sanitary control of infectious diseases and were fully aware of their vulnerability to the flu, many joined those fleeing Lagos. Even when some Africans who stayed back to continue the sanitary exercise became infected with the flu virus, they evaded quarantine to avoid the poor health service. This mass desertion partly led to the temporary suspension of the cleansing exercise.[126]

[124] Some Africans interpreted the unsolicited visitation of European sanitary inspectors (about 29 in Lagos alone) and their African attendants/interpreters as violation of their privacy. See: Tomkins, "Colonial Administration in British Africa during the Influenza Epidemic of 1918-19," 71.

[125] TNA, CO 879/118, "Report of the Influenza Epidemic in Lagos," April 25, 1919.

[126] The fumigation exercise was also interrupted because the sulphur and cyclin ingredients used in disinfecting contaminated places were in short supply. Jimoh Mufutau Oluwasegun, "Managing Epidemic: The British Approach to 1918–1919 Influenza in Lagos," *Journal of Asian and African Studies* 13, no. 1 (2015): 9.

Figure 4.3: Map showing the spread of the Influenza in Western Nigeria, 1918-1919



Source: WL B31490232, Nigeria, Colony & Southern Provinces: Annual Medical & Sanitary Report, 1918.

During the temporary suspension of fumigation in late 1918, the colonial authority quickly mobilized leaders of the various religious groups in western Nigeria. The British colonial government required the assistance of these social elites to convince their members to comply with public sanitary regulations and other health instructions designed to limit the spread of the flu. Notwithstanding, archival sources show that some family members of flu patients continued to conceal cases of infection. Most Africans feared that their sick relatives, even those ill but not infected by the virus, would be forcefully taken away to the makeshift isolation centers.[127] What is more, some Africans also assumed that the bodies

[127] BLN, "The Influenza Epidemic of 1918," *The African Messenger*: March 9, 1922.

of their dead relatives would not be released for appropriate burial rites until after an autopsy had been performed. Irrespective of these conflicting and erroneous beliefs among the local population, the government galvanized the support of the local press, tribal chiefs, and respected African social elites to build trust urgently needed to bridge the cultural gap and suspicion between the European colonizers and the African public. This cross-cultural collaboration was considered pertinent for a successful data collection about the spread of the disease. The colonial authority also believed that friendly state-society relations would make the local population more receptive to public health education on preventing and controlling the disease.[128] While working toward this goal, African sanitary attendants in Lagos and other western Nigerian towns continued to inspect residents' homes to ascertain the number of sick people and the condition of any influenza-infected patients.

Even though Nigeria was reported to have organized the most thorough measures in West Africa, a critical lesson that the colonial government in western Nigeria learned from the deadly impact of the pandemic was the difference between medical problems and sanitary ones.[129] Stated differently, the spread of the epidemic disease showed the limited knowledge of local sanitary attendants hired to educate the public and enforce government disease control measures. Given this weak and uncoordinated bureaucratic arrangement of public health, especially the sanitary department in Lagos, the medical and sanitary services director stated that "the increase of sanitary staff will have to be seriously considered in the near future" in light of the present knowledge of sanitary requirements.[130] Interestingly, the

[128] BLN, "Notice of influenza," *The Nigerian Pioneer*: September 26, 1918.
[129] Tomkins, "Colonial Administration in British Africa during the Influenza Epidemic of 1918-19," 71.
[130] WL B31490232, Nigeria, Colony & Southern Provinces: Annual Medical and Sanitary Report, 1918, 39.

initiative to increase the participation of Africans in this department was not only taken by European health officials. As the next chapter shows, high-ranking Africans in the medical department equally developed intensive training programs to facilitate the employment of Africans in towns and villages of western Nigeria starting from the second half of the 1920s.

Conclusion

The case of African resistance to social services of municipal nature discussed in this chapter, including potable water supply, shows that western Nigerian towns were a society in transition, as was the case in nineteenth-century London, India, and the early twentieth century Trinidad. In the context of the sanitary administration of Nigeria from 1900 to the early 1920s, this chapter transcends traditional arguments on colonialism, which often point to how the European colonizers were wrong and colonized Africans were right. Instead, it shows that both historical actors were agents of social change in western Nigeria. Scholars of health and medicine have argued that a few Africans benefited from the colonial medical service, particularly before 1914. Still, as this chapter has demonstrated, the British colonial authority in the region extended small-scale preventive health programs to the unwilling Africans before the outbreak of the First World War. While the extension of potable water to the colonized people had serious financial implications for poor Africans in major towns, African politics of resistance deployed to counter the “expensive” initiatives hindered the inclusion of local political leaders in the planning and execution of public health programs. African oppositional politics also increased tension and suspicion between the authority and the local population. By the mid-1920s, as the next chapter shows, efforts to mend this divide culminated in the appointment of a Yoruba doctor as the first MOH in Nigeria.

Chapter Five

Health Education and the Making of African Sanitary Inspectors, 1900-1930

> The house-to-house inspection in connection with the Yellow Fever scare goes on apace; merrily for the Sanitary Inspectors and their assistants who, besides reveling in the prestige that a "little brief authority" gives them at the same time enjoy the satisfaction of knowing that they are engaged on a good paying job.[1]

Introduction

In the last three chapters, this study demonstrated that discourses and debates about disease and health played a significant role in the conquest of Yorubaland and the sustenance of the British "civilizing mission" in the area. The chapters show how the European "civilizing mission" created new disease environments and complicated old disease experiences in the region. These conditions motivated colonial officials in Yorubaland to design and implement sanitary policies and programs to make the region more conducive for colonial settlement and administrations. However, colonial authorities devoted little resources to their mission to sanitize the area. Instead, they placed much of the financial burden of sanitizing African environments on the local population, who habitually negotiated the imposed reforms. One initiative that made the British sanitizing mission particularly unpopular in western Nigeria was the sanitary inspection program. The British colonial authorities started the public health initiative as part of their broader effort to involve Africans in the imperial sanitizing mission in Yorubaland. Confronted by filth diseases and the need to transform western Nigeria into a healthy place for Europeans and the local

[1] British Library Newsroom (hereafter BLN), "Lagosian on Dits," *Lagos Standard*, August 27, 1913.

population, British colonial administrators saw public health education and routine sanitary inspections as ways to remove environmental conditions that favored germs and diseases.

As illustrated in the final part of chapter two, the belief that European intervention would foster trade and state-building in postwar Yorubaland reinforced the *raison d'etre* of the sanitizing mission, which rested on the "civilizing mission." However, from the 1900s, the British colonial state in western Nigeria lacked adequate personnel and resources to bear the "white man's burden." Given the need to keep diseases from impeding the imposed "civilizing mission," the colonial state mobilized Africans as sanitation infrastructure rather than investing in hygiene facilities. Thus, this chapter explores how the local population in western Nigeria came to serve in the colonial health department as sanitary inspectors (*wole-wole*). It explains how Africans played a vital role in the British state-building efforts from the early 1900s to 1930. By analyzing the conditions that necessitated the training and recruitment of Yoruba people as health auxiliaries, this chapter argues that colonial authorities could neither "civilize" nor "sanitize" the people and environments in western Nigeria on their own. Instead, the enlistment of colonized Africans as sanitation workers improved the capacity of the British colonial state to effect some positive social change and relatively deal with preventable diseases from 1900 to the interwar period.

European health inspectors had policed sanitation since the 1890s when the British annexed Yorubaland. Africans joined them in the early 1900s, taking more leadership roles in the interwar period. Yet, scholars have neglected their contributions, perhaps because of the hegemonic role biomedicine and its administrators played during the same period. In fact, historian Megan Vaughan, writing on colonial health in Africa, claims that by the end

of 1918, biomedical progress had eroded the early view of African landscapes as unhealthy. While this claim may be valid, she glosses over a complex history of the British sanitary administration of her African colonies. Contrary to Vaughan's claim that "the holistic view of the sanitarian has been marginalized and its place taken by the medical research 'campaign'" after 1918, this chapter argues that colonial authorities continued to consider hygiene and environmental sanitation as the lifeline of the "civilizing mission" in West African towns.[2] This understanding led to intensive public health education and sanitary inspection, which, from the 1900s, was imbued with racial and class prejudice. After leading the establishment of local hygiene schools for Africans in the 1920s, the Yoruba doctor, Isaac Ladipo Oluwole (1892-1953) produced better-trained sanitary inspectors who policed the public and educated them on modern hygiene principles. Hence, this chapter argues that the sanitizing mission in western Nigeria was more than an imperial project in which British colonial officials led the "unkept" African public to sanitary enlightenment. The contributions of Africans to the mission show that health initiatives did not originate from Europeans alone. They also came from African officials and were shaped by them.

Furthermore, this chapter shows that the contribution of local health inspectors deserves recovery because they were integral to colonial health in western Nigeria. On the one hand, the African-led initiative that produced them highlights the ability of Africans to manage their health. On the other, African sanitary inspectors help us understand the colonial health system's advances and limitations. Focusing on sanitary inspectors in

[2] Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness* (Stanford: Stanford University Press, 1991), 35.

Nigeria assists us in unraveling an indigenous initiative that improved colonial public health. It further contributes to labor studies, specifically, the idea of "people as infrastructure," which AbdouMaliq Simone started in 2004. He argues that the concept of infrastructure transcends material equipment to include human bodies, whose social obligations, political actions, and economic ideology often shape state-society relations.[3] In the postcolonial context, Rosalind Fredericks shows how the shrinking budget of Dakar reduced the financial allocation for sanitation infrastructure, placing on the bodies of Senegalese the burden of municipal waste management.[4] This chapter adds to these extant studies by showing how Africans, serving as sanitation infrastructure, shaped the British sanitizing mission, which sought to control preventable filth diseases in western Nigeria. The chapter concludes that while African sanitary inspectors were practically effective from a public health perspective, the politicized actions of a few expanded colonial hegemony by challenging the boundaries of African privacy. Yet, such malpractice did not make them irrelevant to colonial state-building, especially since they taught the African public causes of filth (preventable) diseases, separating them from chronic (curative) ones.

European Sanitary Inspectors and Public Health in Yoruba Towns, 1900-1910

After the British bombardment and annexation of Lagos as a Crown Colony in August 1861, they launched a mission to sanitize the region as part of the "civilizing mission" that justified colonial conquest. The Europeans employed Africans at different levels because

[3] AbdouMaliq Simone, "People as Infrastructure: Intersecting Fragments in Johannesburg," *Public Culture* 16, 3 (2004), 407-429.
[4] Rosalind Fredericks, *Garbage Citizenship: Vital Infrastructures of Labor in Dakar, Senegal* (Durham and London: Duke University Press, 2018).

climate conditions in West Africa discouraged Europeans from accepting appointments in the region, allowing Africans to play key roles in the British state-building project. This section examines sanitary inspection as a colonial state-building project, focusing on the politicized role of European sanitary inspectors and their African subordinate staff between 1900 and the late 1920s. Based on the experiences of Africans in Lagos and other Yoruba towns, this section argues that colonial sanitary inspection generated anti-colonial protests due to the interplay of race and class during inspection exercises. It argues that intolerant European colonial officials managed sanitary inspections poorly, helping to institutionalize a repressive hygiene regime that bolstered the power of some inspectors and their assistants over the African public. The initiative serves as a lens to better view the British "sanitizing mission" in Yorubaland and, more importantly, understand their "civilizing mission."

Megan Vaughan has argued that "Curing their Ills" was one of the legitimizing discourses European imperialists used to justify colonial conquest in Africa by labeling the colonized and their landscape as diseased. Yet, British West Africa had a shortage of health officials that could cure the "ills" due to the high mortality of Europeans. Those available mostly attended to the health of Europeans, sidelining Africans. Even when there was room for Africans, many natives would rather see African doctors who were few. Thus, William Fergusson (a person of African descent and colonial Governor of Sierra Leone from 1841 to 1845) noted that Africans distrusted white medical officials and would not consult them. Hence, he advocated for a scholarship scheme to train them in Western medicine in Britain.[5]

[5] Adell Patton, "Dr. John Farrell Easmon: Medical Professionalism and Colonial Racism in the Gold Coast, 1856-1900," *The International Journal of African Historical Studies* 22, no. 4 (1989): 601–636.

The British War Office approved the scheme in 1853, and by 1893, a generation of African doctors emerged in the Gold Coast, Gambia, Nigeria, and Sierra Leone. Still, their arrival did not end the shortage of doctors in British West Africa because colonial authorities appointed few Africans to the colonial health department due to racial discrimination.[6] This racialization of the medical profession in Nigeria put colonized Africans in a disadvantaged position, depriving them of adequate healthcare, especially in the early colonial period.

Notwithstanding, colonial administrators in western Nigerian towns needed healthy Africans to contribute to their imperial project. For this reason, Africans with primary education and some English language skills were given medical and sanitary training in their towns to augment the few European and African medical professionals in the colonies. These Africans then served as colonial health auxiliaries, working as birth attendants, laboratory assistants, and vaccinators.[7] The auxiliary staff assisted British health officials in the day-to-day administration of colonial health and executing state-building programs. Given the knowledge of disease-causing germs and the premium placed on hygiene among British colonial officials, environmental sanitation became a public health project, which the officials extended to Africans. In particular, efforts of colonial authorities to deal with certain Yoruba practices, which some health officials believed to be breeding germs, led to the launch of routine hygiene inspections in colonial towns. In western Nigeria, British sanitary inspectors and their African aides jointly executed the initiative in the 1890s. To

[6] Karl David Patterson, *Health in Colonial Ghana: Disease, Medicine, and Socio-Economic Change, 1900-1955* (Waltham, MA: Crossroads Press, 1981), 11-20.
[7] Ryan Johnson and Amna Khalid, "Introduction," Ryan Johnson & Amna Khalid (eds.), *Public Health in the British Empire: Intermediaries, Subordinates, and the Practice of Public Health, 1850-1960* (New York: Routledge, 2012).

improve public sanitation and health in Yorubaland, the colonial state in the area hired some natives as hygiene aides or sanitary attendants. They worked under the instruction of a few European sanitary inspectors, mostly in major towns like Abeokuta and Lagos.

In 1900, the colonial authority in Lagos passed a law to regulate health inspection, specifying the powers and duties of inspectors. According to the Public Health Ordinance of 1900 (section 12 amended), sanitary inspectors had the power to visit households in their assigned districts and record cases of any nuisance that required removal or abatement:

> The Health Officer [sanitary inspector] or any person authorized by him shall have a right to enter, from time to time, any premises for the purpose of examining as to the existence thereon of any nuisance liable to be dealt with under the Ordinance at any time between the hours of six in the morning and six in the evening.[8]

Apart from the invasive authority to inspect places and the official hours specified to exercise such authority, section 50 of the amended 1900 law granted sanitary inspectors the power to act as police constables and arrest residents who refused to allow their homes and compounds inspected. In situations where Africans denied European sanitary inspectors admission into their premises or breached sanitary regulations, offenders were liable to a fine of £5 or imprisonment not exceeding one month.[9] This set of penalties for Africans who violated sanitation laws or challenged colonial hygiene agents' authority demonstrates the colonial state's determination to eliminate conditions that may nurture disease vectors based on the late nineteenth-century scientific theories of germs.

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[8] The New York Public Library (hereafter NYPL), "The Public Health Ordinance No. 5, September 13, 1899 (amended in 1900)," in: *Southern Nigeria Statutes: Public Health Organization in Nigeria* (Lagos: Government Printer, 1900), 962.
[9] NYPL, "The Public Health Ordinance No. 5, September 13, 1899 (amended in 1900)," 957-958 & 966.

In itself, sanitary inspection and the colonial public health law for micromanaging African hygiene practices were not entirely irrational, as some scholars would want us to believe.[10] Indeed, the provisions of the health law were complex for non-literate Africans. They were also harsh and sometimes colonizing for people due to the sanctions that backed them. Still, the British colonial state did not purposively design the statutes to torture or oppress colonized Africans. In his 1938 *African Survey* report, the British colonial administrator Lord Hailey reminds us that "colonial policy is…the result of the projection into overseas areas of certain domestic characteristics and philosophies of life."[11] This recognition that Britain tried to create its mimicked self in Africa implies that British officials attempted to establish in their colonies administrative systems similar to those employed for state-building in England. Although by training, European colonial officials were encouraged before leaving Europe to allow local conditions in the colonial periphery to dictate their administrative policies. Yet, they often fell back on the ideas/practices, initiatives, and programs they knew had worked best for state-building in the imperial metropole. Thus, exporting metropolitan institutions to Yorubaland made sense to colonial officials who were products of their culture and time. In the context of the sanitizing mission, the British colonial government intended to make colonized Africans play their part in the imperial project because the region's shared environment had linked the colonizers' health to that of the colonized people. More importantly, the British had tested some of these initiatives, which promoted behavioral change via sanitary inspection and

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[10] Stephanie Newell, *Histories of Dirt: Media and Urban Life in Colonial and Postcolonial Lagos* (Durham and London: Duke University Press, 2020), 21-23.
[11] William Malcolm Hailey, *An African Survey: A Study of Problems Arising in Africa South of the Sahara* (Oxford: Oxford University Press, 1938), 542.

public health regulations at home and abroad. Similar to the programs in Nigeria, health inspection and hygiene education were part of the nineteenth-century modernizing projects in metropolitan London and key Indian states.[12] The relative social improvement recorded made the imperialists believe they had universal state-building strategies to engineer social change in a place like western Nigeria. Hence, the 1900 health law sought to create a spatial order that British colonial officials thought was necessary for state-building in Yorubaland.

In theory, the ordinance had some elements of accountability and transparency designed to spare Africans from highhanded hygiene officials who might try to abuse their powers. It placed sanitary inspectors under the Medical Officers of Health (MOH) supervision, who mandated them to submit to him all notices for removing or abating any nuisance. The order required European sanitary inspectors to describe the nuisance and time within which it should be removed or abated in the manner prescribed by such notice. Significantly, it allowed Africans to testify against corrupt or highhanded white health inspectors and their aides in court. However, convicting a white official based on the reports of a colonized African was unlikely to occur, given that racial discrimination was the order of everyday life in the colonies. Rather than convict sanitary inspectors, the public health law created a space for colonial officials to consolidate their powers. The accuracy of this claim is evident in the harsh provisions of the law despite the "liberating" caveats in it. The 1900 public health law stipulated severe penalties for Africans caught selling contaminated food or drink without a clear explanation of how health inspectors were to identify

[12] On London, see the last section of Chapter 2; John Hume Jr., "Colonialism and Sanitary Medicine: The Development of Preventive Health Policy in the Punjab, 1860 to 1900," *Modern Asian Studies* 20, 4 (1986): 710-718.

contaminated food and drinks, leaving this vital aspect of health inspection to inspectors' discretion. The law also prohibited Africans from selling food items in the open air to avoid food poisoning. Other colonizing elements of the law prohibited Africans from butchering animals for public consumption unless inspected by a sanitary inspector.[13] If summoned to the colonial court of summary jurisdiction for offering contaminated food or drink to the public, Africans were liable to a fine not exceeding ten shillings for every article condemned. As we shall see here and in the next chapter, high-handed sanitary inspectors exploited these rules to exert power over Africans. Likewise, their African aides used the new social status/class conferred on them to take undue advantage of the local population.

Sources do not give a complete picture of the working conditions of the sanitary attendants and aides. Still, we know they had some English language skills, could read and write, but had no identifying work uniform. On the one hand, their lack of work uniform suggests these Africans only had informal status in the colonial health department. On the other hand, the little recognition they enjoyed in the hierarchy of colonial health workers gave them a good cover to impersonate their European masters and intimidate/exploit other Africans.[14] While these sanitary attendants lacked the legal power to conduct sanitary inspections in the absence of their European masters, the African hygiene auxiliaries sometimes acted in the name of their European instructors, who had the power of entry. When working alongside their superiors, the sanitary aides functioned as guides, language translators, and cultural bridges between European sanitary inspectors and the African

[13] NYPL, Southern Nigeria Statues, *Public Health Organization in Nigeria*, 963 & 971.
[14] BLN, "Lagosian on Dits," *Lagos Standard*, August 20, 1913.

public during the routine inspection of public and private spaces. Beyond communication management between European colonial officials and the local population, hygiene auxiliaries in colonial towns of western Nigeria were responsible for serving abatement notices (clean-up orders) to those found wanting in cleanliness. They assisted in filling drains on streets in the fight against mosquitoes; they also marked and cut overbearing trees branches near residential buildings to prevent fatalities from wind-related falling trees.[15] The task assigned to these Africans shows an official preoccupation with implementing the imperial sanitizing mission, including hygienic waste disposal and promotion of environmentally-friendly practices based on the belief that filth diseases would prevail without sanitary inspection of African residences, compounds, and markets.

Indeed, the annual report of Southern Nigeria for 1907 shows that the colonial government continued to devote resources to public sanitation in native towns, "and the natives are beginning to understand the benefits thereby accruing to themselves."[16] Yet, as noted here and in chapter three, some colonial sanitation rules were vague on important issues. Like other public health initiatives Africans considered irrational and challenging to follow for socio-cultural and financial reasons, these rules were imposed on the African public. In adopting/following the metropolitan public health culture to the letter in western Nigeria during the early 1900s, for instance, the British sanitary inspectors mandated that dog owners get their pets licensed at a fee in Lagos. Colonial authorities adopted this policy to reduce dogs fouling public places, stray dogs, and reported dog attacks in the Crown

[15] Interview with Dr. Sunday Adeleke Ojewale, (69 years), Environmental Health Officer, Ibadan, July 24, 2019; Interview with Mr. Augustine Ebisike (58 years), Environmental Health Officer, Abuja, July 8, 2019.
[16] Governor Egerton to The Secretary of State, Southern Nigeria: Colonial Annual Report for 1907, No. 583, 35.

Colony. The order was new to Africans, most of whom saw it as government extortion. Notably, European hygiene officials did not state how unlicensed dogs were to be treated when impounded. By leaving such a vital subject to the discretion of their aides, European health inspectors gave room to malpractices, which caused a social divide between colonial authorities and the African public. One newspaper report described the attitude of officers assigned to sanitize Lagos of unlicensed dogs in January 1900 as "tax or death."[17] The report shows that the first aim of the officials was to break the animals' legs and use the creatures' fore-feet to drag them to the impounding pen. The nature of cruelty that impounded dogs suffered in the custody of hygiene officials left the pets in a condition that often made their owners less desirous of recovering them.

Most Africans in Lagos viewed the dog control measure as examples of the colonial government's extreme, intrusive, and irrational programs, the same way they felt about the siting of public latrines in their quarters, all in the name of public sanitation and health. (see chapter three). While some Africans preferred to have the public toilets built on the lagoon outside their neighborhood for easy cleaning and less nauseating odor in their quarters, colonial officials at the local health board thought they knew what was suitable for the Africans.[18] Colonial health officials believed that many Africans would continue polluting the streets with feces if they built the toilets outside African quarters. Of course, placing the facilities on African streets made public health sense, given that people would not have to walk a long distance to access the public convenience. Yet, dismissing African voices

[17] BLN, "Weekly Notes," *Lagos Weekly Record*, January 27, 1900.
[18] BLN, "The Land Latrines," *Lagos Weekly Record*, July 22, 1899; BLN "Weekly Notes," *Lagos Weekly Record*, September 5, 1903.

and imposing development projects on them was colonial. In other words, the British imported public sanitation initiatives became a hegemonic ideology and practice, which permitted one mode of thought and discredited others. By ignoring the opinion of Africans on issues that concerned their health and social improvement, the British colonial state-building programs failed to meet the expectations of the colonized people. The paternalistic attitudes of colonial officials also caused a social divide between the government and the local population, resulting in African flagrant violation of public health and sanitation rules.

There was an opportunity to bridge this social divide by putting an African in charge of sanitation in Lagos in the second half of 1908 when the tropical hygiene expert Professor William Simpson visited the colonial capital. In his September 1908 memo to Walter Egerton, the Governor of Southern Nigeria, Simpson noted that the "general complaint is the difficulty of getting anything done" about public sanitation and health in the town.[19] Simpson attributed this problem to the lack of a special sanitary department in Lagos. Although what he meant by "special" was unclear, his memo indicates that he wanted an African-led sanitary department that would focus on the local population's health education. After he toured the area, he suggested creating a Sanitary Branch of the West African Medical Staff to improve sanitation in the rapidly urbanizing town. Simpson also proposed the employment of "a local Health Officer for Lagos."[20] He argued that MOH, whose whole time would be devoted to sanitation, should be posted to some strategic towns. These officials, he argued, should have a diploma in Public Health and of Tropical

[19] William Simpson, *Sanitary Matters in Various West African Colonies and the Outbreak of Plague in the Gold Coast* (London: His Majesty's Stationery Office, 1909), 81.
[20] Simpson, 82.

Hygiene.[21] Simpson's other idea for advancing the British sanitizing mission was that the colonial government establish a college in Lagos, where young Africans would receive training in hygiene and sanitary science, an idea the Secretary of State embraced then.[22]

However, the rigid color bar, which was one of the defining characteristics of the colonial civil service, including the health department in western Nigeria, prevented the appointment of Africans in the top cadre of colonial government's services into senior positions. In fact, qualified Africans failed to get senior positions in the colonial medical service due to racial discrimination. Some of them even lost their employment because of the racial prejudice of senior British Medical Officers in Lagos, one of which was Dr. W. H. Langley, who believed that West African doctors were deficient in worthy ethical conduct and moral sense. He justified his generalized racial assessment of West African medical practitioners based on selected cases of misconduct among African medical staff, such as charges of dishonesty against Dr. Oguntola Sapara in handling the town dispensary, corruption and incompetence claims against Dr. Adeniyi Jones during his time at Yaba Lunatic Asylum and during his time at Badagry, falsification of dispensary returns against Dr. Lumpkin, absenteeism complaints against Dr. Cole, and the allegation of negligence against Dr. Quarty Papafio in the Gold Coast.[23] When Dr. Ladipo Oluwole, the future MOH for Lagos, applied in 1913 to fill a vacant medical officer position in the Badagry area of Lagos (which existed after the dismissal of Dr. Jones), Dr. Langley deemed the applicant

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[21] BLN, "Proposed Sanitary Board," *The Lagos Weekly Record*, April 10, 1909

[22] BLN, "Proposed Sanitary Board," *Lagos Standard*, March 17, 1909; BLN, "The West African Medical Staff," *The Lagos Weekly Record*, September 11, 1909.

[23] The National Archives, London (hereafter TNA), CO 879/113, Memorandum by Dr. Langley, "Questions and Answers in Parliament," in *Medical and Sanitary Matters in Tropical Africa*, Lagos, 17th May 1913, 6-9.

"not desirable." He forwarded a similar biased report to the Secretary of State in March 1913 when the Colonial Office sought his opinion on the desirability of native medical doctors for enlarging government employment. This racial bias, evident in Langley's attitude towards African doctors, rested on the nineteenth-century Social Darwinism that portrayed Africans as unequal and mentally inferior to Europeans.

After Simpson departed Lagos in late 1908, Governor Egerton created a Municipal Board of Health in December instead of abiding by the tropical hygiene specialist's memorandum on improving sanitation in western Nigeria. This board was independent of the Medical Department and the Public Works Department. The board took charge of Lagos's public health improvement. In opposition to Simpson's idea of "a local Health Officer for Lagos," Europeans continued to lead health education in the port city and other towns in the Yoruba interior.[24] Since the Europeans in charge of sanitary inspection and health education had little knowledge of African cultures and ways of life, their approach to and execution of public health laws was offensive to many people. To cite one example, a European sanitary inspector, Daniel Howells, convicted six market women, two of whom were very old, on Friday, April 1, 1910, at the Ereko Meat Market in Lagos. Their conviction attracted a fine of 10 shillings each for breaching Section 15 of the Market Ordinance. This part of the colonial public health regulation prohibited meat sellers from trading in the open air outside the market area. On the one hand, this law aimed at protecting the meat on sales from roadside bacteria-infected dust that could contaminate the food. On

[24] Legislative Council, The Lagos Municipal Board of Health (Incorporation) Ordinance, October 8, 1909; Walter Egerton to The Secretary of State, Annual Colonial Report of Southern Nigeria for 1908, No. 680, 35; WL B31490372, Southern Nigeria: Annual Report on the Medical Department for the Year 1908, 3.

the other, colonial officials believed they should protect the meat from direct rays of sunlight in a bid to preserve its freshness. The evidence provided during the trial suggests that these market women were guilty of the charge, and their punishment was in accordance with the existing law.[25] However, the sanitary law under which these women were punished was new to them. Given their level of education and age, they had no idea of its interpretation and implications because they were neither consulted nor carried along in the drafting and passage processes. Furthermore, their lawyer argued that "these women were in fact selling just outside their stalls as the custom has been over 20 years, [and] some of them has sold for 35 years."[26] Since British colonial officials imported most of the public health laws from elsewhere, they failed to adapt them to local idiosyncrasies upon adoption.

Most Africans saw the above conviction as morally wrong for several reasons. First, the space inside Ereko market stalls was small. As each trader usually had about five to six apprentices learning/working with them, trading confined to the market stall was practically impossible. Secondly, Rule 3 of the market ordinance required all buying and selling to end at 5.00 p.m. daily when public health officials were to lock the market after traders had cleaned and vacated the place. Officials claimed they designed the restricted closing hours to prevent traders from selling animals with infected carcasses. However, the market hours did not always work for the local population because it was short. Thus, those trading till 9 p.m, as the night market custom had been before colonial rule, were often harassed/arrested even when no sunlight would contaminate their consumables during the late hours.

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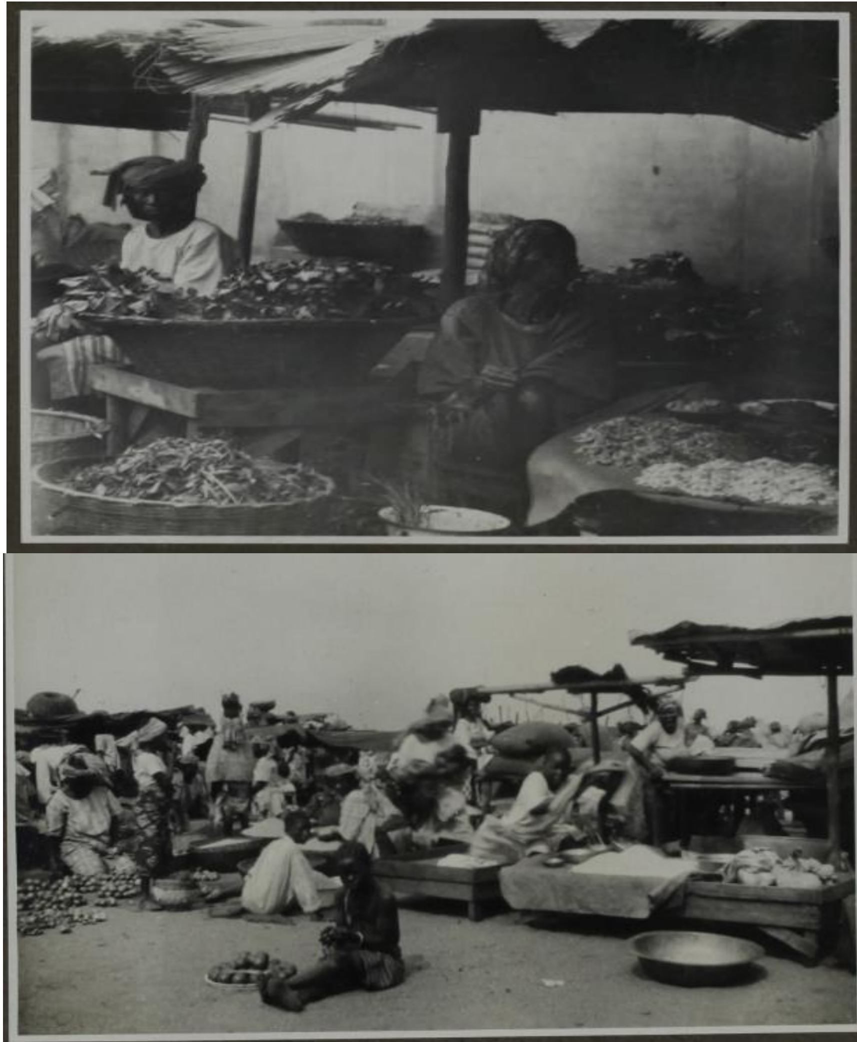
[25] TNA, CO 32604/647, Acting Governor Southern Nigeria to The Secretary of State for the Colonies, Meat Market at Lagos, October 3, 1910.
[26] TNA, CO 32604, Sir William Neville Geary to The Southern Nigeria Governor, Petition of the Meat Market Sellers, April 8, 1910.

Figures 5.1: Local Markets in Lagos, Circa 1910



Source: Wiley Digital Archives, Mrs. Patrick Ness, London Royal Geographical Society, Ref No. S0016813.

Perhaps, the most important reason the Africans perceived this verdict as unjust was that the colonial public health law threatened their source of livelihood. Sources suggest that traders sold larger meats by scale inside the Ereko market. However, numerous poor buyers could not afford the larger quantity; they preferred to buy pieces outside the market, where sellers also accepted cowries (local currency) instead of the British coins.[27] While

[27] TNA, CO 32604, Petition of the Meat Market Sellers, April 8, 1910.

European sanitary inspectors were preoccupied with food hygiene and the protection of public health from the "intolerable nuisance" generated in the markets, Africans were more concerned with their economic prospects.[28] From an economic perspective, the interest of African traders did not align with that of the European hygiene inspectors because the small purchasers outside the market offered more profit than the bulk buyers inside. From a public health stance, the African traders understood food hygiene, health, and wellness differently from the British colonial hygiene concept centered on germ theories. Finally, apart from the fine, Howells was reported to have kicked and beaten the women, collected six pence from each of them as application fees to the government, and then threatened to make life uncomfortable for them if they reported to any lawyer. Rather than review the draconian law, colonial authorities in Lagos urged traders to rent more space in the market. This approach threatened African sources of income, placed the cost of the new urban order on the people, and made them more resentful of the British colonial hygiene regime.

African Hygiene Auxiliaries and Mosquito Destruction in Yoruba Towns, 1910-1919

The previous section emphasized the failure of European sanitary inspectors to properly educate their African aides in friendly public engagement when inspecting people's homes. The reason was that European colonial officials lacked this skill themselves. Their racial prejudice against Africans particularly made it difficult for local hygiene auxiliaries or the African public to learn much about the new hygiene doctrines. While the subordinate staff learned intolerance and the use of coercion from their European masters, this section argues

[28] TNA, CO 32604, Memorandum by the Municipal Board, Reasons Which Prompted the Municipal Board of Health to Recommend No Alteration to Existing Conditions.

that the poor training of the auxiliaries staff made the sanitizing mission less desirable to the African public, leaving public health vulnerable to preventable filth diseases.

The reprehensible activities of European sanitary inspectors and their local aides became more contentious in the closing period of 1910. The increase in their misconduct stemmed from the research of another European public health expert Rubert Boyce of the Liverpool School of Tropical Medicine, who visited Lagos and other British West African towns during the year to study Yellow Fever. His inspection of major towns in British colonies and subsequent suggestion for public health improvement motivated Governor Egerton's administration to renew its commitment to the sanitizing mission in western Nigeria. One immediate result of the continued effort was the passage of the Destruction of Mosquitoes Ordinance (No. 16) on August 4, 1910. The colonial government framed the law as a "measure against the spread of malarial and yellow fever."[29] However, its effect was the imposition of anti-mosquito measures on Africans and, most times, punished those who purportedly provided conducive environments to the insect. The "preventive" law also allowed sanitary inspectors and their assistants to enter African homes from 6 a.m to 6 p.m to inspect and destroy suspected mosquito habitats. The British launched a similar initiative in Ghana after the Gold Coast Medical and Sanitary Department was established in 1910.[30] As in Ghana, the law in Nigeria stipulated monetary fines for obstruction. It also stated that:

> It shall not be lawful for any owner or occupier [of a building] to allow the presence on his premises of any receptacle in which water is stored or may collect, unless such receptacle is properly protected or screened from the access of mosquitoes, nor shall such owner or occupier allow on his

[29] Acting Governor To Secretary of State, Annual Colonial Report of Southern Nigeria 1910, No. 695, 21.
[30] Sylvester Gundona, "'Coping with this Scourge': The State, Leprosy, and the Politics of Public Health in Colonial Ghana, 1900-mid 1950s," PhD Dissertation, University of Texas at Austin, May 2015, 140-141.

> premises any conditions which may, in any way be favourable to the breeding of mosquitoes.[31]

As we would see, the search for mosquito vectors to eradicate their breeding habitats in African quarters would intensify sanitary inspection and misconduct among officials.

One of the provisions of the ordinance that was profoundly concerning for most Africans was Section 2. This part of the law permitted inspectors to "take such steps as they may consider necessary to destroy larvae and clear away unhealthy accumulations of water and for that purpose to enter any premises during the day time."[32] As in other aspects of colonial public health programs, such as potable water and waste management, which I have analyzed in the previous chapters, European colonial officials did not consult Africans and their leaders when drafting the Mosquito Destruction Ordinance. Local newspapers reported that the Bill was not only rushed through all its stages in one sitting, but European officials also passed it in the absence of the Native unofficial members. The latter never expected the Bill to advance beyond the first reading.[33] In a bid to make the repressive law appear harmless and fair to Africans, colonial officials granted residents of buildings to be inspected a right of appeal against such exercise. However, many Africans seemed unaware of this "right" due to the government's ineffective public health education strategies and their poor funding of basic education for Africans. Thus, the oppressive way European sanitary inspectors and their aides executed the law in Nigeria defeated its health purpose.

[31] The Acting Colonial Governor, The Destruction of Mosquitoes Ordinance, No. 16, *Legislative Council*, (August 1910), 3.
[32] TNA, CO 28733/143, Attorney General Southern Nigeria to The Acting Governor, Report on the Destruction of Mosquitoes Ordinance 1910, August 27, 1910.
[33] BLN, "Mosquito Destruction Ordinance," *The Times of Nigeria*, Tuesday April 13, 1915.

Some hygiene auxiliaries particularly brought the law into disrepute and rendered it odious to the public with their malpractices. Anti-colonial newspaper the *Record*, which was most critical of the new law, defined the *modus operandi* of the health aides as follows:

> The Sanitary Inspectors—the staff of which has been considerably augmented of late—make a house-to-house inspection of each dwelling house and compound in town. The Inspectors are accompanied by a number of laborers, whose duty, it appears, is to empty and overturn every pot of water on the premises that is condemned by the Inspector as containing mosquitoe larvae. The men, however, are not always accompanied by the Inspectors, and when it is known that they are for the most part raw natives, fresh from the interior, and all illiterates, it may be judged how well qualified these labourers are for the duties assigned to them. Filled with an exaggerated sense of their importance in being selected for the office, it is with them a case of Man, vain man, clothed with a little brief authority, and they do not hesitate to assert that authority in the most offensive manner possible, exhibiting all the arrogance and petty tyranny of the veritable "Jack in Officer," considering that they are sufficiently protected by being "officers" of the government, and are at liberty to be as rough and insulting as possible…for not content with overturning the water, they sometimes proceed to break up the pots, and any remonstrances on the part of the owners, is followed by abuse and threats of reporting to the *Dokita* [S.I].[34]

This shows that the sanitizing mission was not simply about designing and executing modernist state-building programs in support of the civilizing mission. The unprofessional behavior of some hygiene auxiliaries explains their mindset about and participation in the British sanitizing mission, taking advantage of the state-building programs to increase their power and social status. Yet, some Africans believed that most European sanitary inspectors were unaware of the excesses of their attendants when not under their direct supervision during home and street inspections. For this reason, many people thought that if the government had better-trained sanitary inspectors, they would check the excesses of

[34]. BLN, "The Operation of the Destruction of Mosquitoes Ordinance," *The Standard*, August 24, 1910, 4.

the auxiliary workers who were "known to insist upon emptying out water that has been only a few hours drawn, and which could not possibly have accumulated mosquitoe larvae."

A critical review of the mosquito destruction order reveals that despite its public health aims, which targeted yellow fever and malaria reduction in towns, the law made it difficult for Africans to preserve water in their homes. Although the African public covered their water vessels as tightly as possible, the problem was that inspectors did not believe such efforts kept mosquitoes out. Sometimes, they were right. The shape of the containers and their constant opening to obtain water in the many homes exposed domestic water pots to mosquitoes and their larvae. As a reporter for the *Record* briefly puts it, Africans would need extraordinary power of insight and intelligence to tell when mosquitoes gained access to the water in their vessels.[35] Since many Africans were without Western education in the first decade of the 1900s, we can assume that few Africans could identify mosquito larvae in their water. Therefore, the law was unfair to people that inspectors punished for lacking the larvae detection skill. Interestingly, this crucial knowledge was one benefit Africans should have gained had colonial officials intensified health education than inspection/fine.

The relationship between health inspectors and many Africans became tense when sanitary auxiliaries were instructed to go beyond dealing with uncovered water pots, puddles, and pools on people's premises to cutting off water-bearing trees and plants in residential buildings and streets. The labeling of African agricultural and farm produce as vector-breeding plants that must be swept away by the "sanitizing mission" in a bid to improve public health in colonial towns infuriated the local population. Yet, the ruthless

[35] BLN, "The Enforcement of the Destruction of Mosquitoes Ordinance," *The Record*, Oct. 29, 1910, 12.

destruction of valuable fruit and vegetables in African gardens was not a part of the mosquito destruction ordinance, resulting in a query from the *Record* editorial:

> [W]e have searched the ordinance in vain for trace of any regulation requiring the destruction of banana trees...it can be imagined, then, what hardship it entails upon poor people when their source of livelihood is destroyed. We are not aware that mosquitoes are any more partial to bananas than to other fruit trees, and if bananas are to be destroyed, mangoes and other fruit trees are likely to follow.[36]

Likewise, one African concluded in March 1912 that the mosquito law had become an avenue for harvesting revenue as nearly all those found guilty of having larvae in their water receptacles paid fines.[37] In this frame, hygiene auxiliaries were more of a nuisance and peril to the general public under European supervision than a solution to public health problems. While critics did not dismiss the law as utterly useless, the *Record* noted that the lack of training of sanitary attendants made the "beneficial measures to degenerate into an instrument of oppression and annoyance."[38] Despite the newspaper's anti-colonial stance, this claim suggests that the sanitizing mission had its public health values regardless of the intrusive and repressive methods employed in advancing it.

The impact of the mosquitoes ordinance was, perhaps, more evident in the drastic decrease in the malaria vector during the second decade of the 1900s. Between 1911 and February 1912, when Governor Egerton finally left Nigeria, the total mosquito index reduced from 11.1 in 1911 to 5.06 in 1912.[39] In addition. official reports indicate that by

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[36] BLN, "The Operation of the Destruction of Mosquitoes Ordinance," *The Standard*, August 24, 1910, 4.

[37] Cases from colonial Ghana show a similar pattern, where 1,673 of the 1,675 people prosecuted were fined from 1910-21. The others paied fines not exceeding 40 shillings. See: Gundona, "'Coping with this Scourge:'" 141; BLN, "The Sanitary Inspectors Again: March 25-03-1912," *The Lagos Weekly Record*, March 30, 1912.

[38] BLN, "Weekly Notes," *The Lagos Weekly Record*, September 7, 1912.

[39] The Colonial Governor to The Secretary of State, Annual Report of Southern Nigeria for 1913, No. 825, 24.

the end of 1912, "the sanitation of the Colony and Protectorate showed a decided change for the better."[40] The total mosquito index further reduced again to 3.77 in 1913. Although the figure was small compared with the previous years, colonial health officials believed it was much larger than it would be if other Yoruba big towns like Ibadan and Osogbo with little sanitary control were omitted from the assessment. Nevertheless, professional misconduct by European sanitary inspectors and allegations of abuse of power against their African attendants continued to eclipse the little improvement the colonial sanitation and public health initiative engendered. More so, colonial authorities neither reformed the sanitary inspection program nor made new laws to empower the local population against authoritarian and highhanded health inspectors. This failure to improve the public health program demonstrates the incompetence of the British colonial government in the area to effect positive social change as they could not establish friendly state-society relations.

Therefore, the social divide and tense relationship between sanitary inspectors and the African public hampered the effectiveness of the British "sanitizing mission" and state-building initiatives in Nigeria. In fact, similar to how enslaved Africans cultivated day-to-day resistances that included foot-dragging, feigned ignorance, and sabotage to frustrate slaveholders' goals in the Americas, half-hearted compliance to imperial hygiene laws became one way Africans negotiated colonial established public sanitation and health order in Lagos and other major Yoruba towns.[41] Stated differently, deliberate disobedience to

[40] The Colonial Governor to The Secretary of State, Annual Report of Southern Nigeria for 1912, No. 782, 27.
[41] James C. Scott, *Weapons of the Weak: Everyday Forms of Peasant Resistance* (New Haven and London: Yale University Press, 1985), 29; James Oakes, "The Political Significance of Slave Resistance," *History Workshop*, no. 22 (1986): 89-107.

public health laws became the "weapon of the weak" that Africans in Yoruba towns deployed against the highhandedness of colonial sanitary inspectors and their local attendants. For instance, in African quarters where drains were provided to prevent flooding and eradicate potential breeding grounds of malaria-carrying mosquitoes, the open sewers turned into refuse depots. As one African writer noted, "only those who live in such quarters where one of these 'death-traps' is to be found can enter into the suffering, which we in the neighbourhood experience…having got into this bad habit of emptying their buckets of 'faeces' into them at night and during the rains."[42] The writer noted the unhealthy smell and suggested that, "it will require, at every hour, a policeman posted along these corner drains to stop the habit."[43] This means that European sanitary inspectors failed to create the desired attitudinal change in many Africans and, by implication, retarded the advancement of the sanitizing mission. The unfriendly laws also pitted Africans against health inspectors.

Given the inability of the British colonial sanitary inspectors to either control the nefarious activities of their aides or promote health and environmentally friendly practices among the local population, concerned European public health officials in western Nigeria proposed new policies. At the London Royal African Society meeting of March 17, 1913, one British M.O. stationed in Southern Nigeria, Dr. G. F. Darker, called for the formation of new sanitary inspectors, whom he termed "hygiene boys" in British West Africa. These "boys" were to be young Africans whose duties would include health visiting and education and sanitary inspection of premises and communities. For Dr. Darker, the most significant

[42] BLN, "On the Abuse of Drains," *The Nigerian Chronicle*: August 25, 1911.
[43] Similar reports were recorded in Nairobi and Freetown. See: Nairobi Sanitary Commission, *East Africa Protectorate* (Nairobi: Uganda Railway Press, 1913), 7-8; Simpson, *Sanitary Matters*, 28.

obstacle to the success of the British sanitizing mission in West Africa during this period was the hegemonic enforcement of health regulations by the very few European sanitary inspectors and the half-baked auxiliaries whose "misdirected energy" was disintegrating the Empire.[44] In response to the cultural divide that continued to generate friction between sanitary inspectors and Africans, as well as the unprofessional conduct of local hygiene auxiliaries, Darker illustrated the task his hygiene boys would perform:

> Now a hygiene boy is a somewhat specialised and trained individual; he is a person who has been taught to carry out those improvements in the immediate surroundings of dwelling houses which tropical medicine and tropical experience have shown to be necessary for the purpose of lessening disease.[45]

With an emphasis on training, the M.O. believed that most Africans could hardly recognize the "not-so-obvious" infringement of environmental sanitation and food hygiene rules as punishable offenses against public health laws. Hence, Dr. Daker argued for the replacement of unprofessional and naïve health inspectors with specially-trained youths who would aid the sanitizing mission. This idea was ignored until the mid-1920s, when the deteriorating health condition in key Yoruba towns compelled the colonial authorities to appoint a Yoruba doctor as Assistant Medical Officer of Health (AMOH) for Lagos. The poor state of public sanitation would also engender government support for the training of African high school graduates and certificate holders as sanitary inspectors.

Instead of improving public health in line with Simpson or Darker's ideas, protests about health inspectors' misconduct in Yoruba towns received a mild response from the

[44] G. F. Darker, "The Practice of Tropical Hygiene," *Journal of the Royal African Society* 13, 49 (1913), 51-52.
[45] Darker, 51.

government. The medical report of Southern Nigeria for 1913 indicates that the colonial governor, who "recognizing the necessity for employing a better educated and more intelligent class of natives than is now designated by the title of Sanitary Inspector, had under consideration a scheme for the training of Sanitary Inspectors."[46] Though colonial officials did not select any African for training until the end of 1914, records show that ten natives who had passed the Sixth Standard exam were chosen for a 3-year apprenticeship with a salary of £35 to £50 per annum. Upon graduation, the trainees were to fill vacant sanitary inspector positions or those occupied by inferior men and receive the same salaries as government Clerks.[47] In 1914, colonial authorities in western Nigeria re-graded the ranks of inspectors to make way for Africans into the profession officially. The highest grade was for 1st Class inspectors earning £96 to £150 per annum, followed by the 2nd Class officers receiving £60 to £90, and finally, 3rd Class officials with a salary of £35 to £50 per annum.

When the sanitary inspection training for Africans began in Lagos in 1915, certain British colonial hygiene inspectors expelled two trainees who reportedly lacked aptitude for the work and recruited one new candidate in their place.[48] Apart from the short report that points to European inspectors acting as the instructors of native trainees, other available sources do not reveal the details of the health inspection training, such as the method of coaching and the courses taught to Africans. However, reports from Northern Nigerian towns where colonial officials inaugurated a similar program in 1915 indicate that African sanitary inspectors-in-training who were ex-pupils of government schools and who had

[46] WL B31490426, Southern Nigeria: Annual Report on the Medical Department for 1913, 20-21, 44.
[47] WL B3163882X, Nigeria, Southern Provinces: Annual Medical and Sanitary Report for 1914, 63-64.
[48] WL B31490207, Nigeria, Southern Provinces: Annual Medical and Sanitary Report for 1915, 43 & 57.

received a nomination from the Director of Education learned their craft under European sanitary officers whom they were attached to support daily. They went on inspection together, and the training method was simply through close observation of the Europeans.[49]

After the trainee had observed his European master for the whole day, he was required to report what he had learned in the Hausa language to the (sanitary inspector) training officer. It was on this report that the European master would make further explanations and corrections. The annual report for 1915 further shows that the trainees were sent out on their own to inspect nearby districts and submit sanitary reports on them after a time. It was the responsibility of the training officer to check the value of the reports and the quality of work done in the inspected communities. The period of this master-servant training was usually for a year or less, depending on the pupil's aptitude. When the apprentice had satisfactorily convinced the teacher of his fitness for the office, the training officer would then certify the African as a qualified sanitary inspector.[50] In other words, apart from the hands-on approach of the European sanitary inspector, these training officers did not teach their African apprentices any academic coursework on hygiene or sanitary science. Without teaching their recruits any foundational courses in germ theories and sanitary science, the scheme throws some light on how much knowledge the British colonial authorities were ready to pass on to the newly trained African health inspectors. Notably, it reveals the little value colonial authorities attached to the capacity building of Africans in their state-building efforts. Ostensibly, colonial authorities were more

[49] WL B31490207, Nigeria, Northern Provinces: Annual Medical and Sanitary Report for 1915, 20.
[50] WL B31490207, Nigeria, Northern Provinces, 20.

interested in using the natives as infrastructures required to advance the sanitizing mission that had hitherto shielded the "civilizing mission" from germs/filth diseases. Out of nine African sanitary inspectors-in-training that began their apprenticeship in Lagos in 1915, two were promoted and posted to Abeokuta as health inspectors in 1916. The other seven trainees completed the training in December 1916, after which they participated in written, oral, and practical examinations.[51] Six candidates who scored above fifty percent in the assessment were posted to other Yoruba towns as sanitary inspectors. The public expectation was their training would make them better public health workers/educators.

However, the pilot program did not change the conduct of the European sanitary inspectors and their African protégés. Without patiently educating the African public, European and African sanitary inspectors continued to impose metropolitan urban order and hygiene ideas on the local population. In particular, many newly trained African sanitary inspectors turned the Destruction of Mosquito Ordinance into a revenue source for the British colonial authorities. The minimum penalty for a first-time offender was a fine of 5 shillings, and for a second offense, the fine ranged between 10 and 20 shillings. One oppressive way sanitary inspectors executed the law can be seen in how they connected mosquito larvae to African water pots and receptacles. Indeed, some Yoruba earthenware pots aided mosquito breeding because the large dimension pots were fragile and could not take a great amount of handling. In order to find the necessary support to protect the fragile vessels from damage, these pots were inserted, from a few inches to almost their entire depth in the ground. Africans used them to store water, sometimes to dye clothes, or do

[51] WL B31490219, Nigeria, Southern Provinces: Annual Medical and Sanitary Report for 1916, 11.

other industrial tasks.[52] The fixed position of the pots made it impossible to overturn them. Moreover, most of them were difficult to clean out after use, and others were hard to cover.

Figure 5.2: Half-Buried Large Ceramic Pots in Ibadan, Circa 1951

Source: Lorenzo Turner, Smithsonian Anacostia Community Museum Archives, ACMA LDT-N-R06-161.

In this context, Friday of every week gained notoriety in Lagos as "mosquito day" because it was set aside to hear cases against Africans who defied the mosquito law. A reporter noted that many "peaceful, unoffending, and respectable citizens," mostly poor women appeared in the court "every Friday morning and arraigned in rows like a gang of criminals or culprits before the district magistrate."[53] It suggests that many of them never appeared in court before but were now charged for violating public health laws. Worse still, offenders incurred sanitary inspectors' wrath if they challenged the officials' testimonies in court. Such boldness reportedly attracted severe punishments designed to be exemplary and deterrent.[54] Initially, when authorities passed the law in Lagos, the urban working class

[52] Interview with Mr. Amos Alademehin, (71 years), Herb Seller, Ibadan, July 27, 2019; Interview with Mrs. Hannah Dare (86 years), Retired Teacher, Ikare-Akoko, July 25, 2019.
[53] BLN, "Mosquito Destruction Ordinance," *The Times of Nigeria*, Tuesday April 13, 1915, 4.
[54] Interview with Dr. Sunday Ojewale, (69 years), Environmental Health Officer, Ibadan, July 24, 2019.

received more fines on days fixed for sanitary inspections due to their busy schedules. Other Africans sometimes forgot to prepare their homes for inspectors' visits. Oddly, however, the severity of fines and the intensity of inspectors' misconduct "roused the community to a sense of self-protection, consequently fewer prosecutions."[55] In Ghana, the number of Africans prosecuted by the sanitary department dropped from 730 in 1910 to 276 in 1911.[56] Coercion thus became a tool for managing colonial hygiene regimes and African resistance.

Between 1915 and 1918, the First World War affected public sanitation in western Nigerian towns because many British colonial health officials returned to Europe to support the war. While their position remained vacant, the supervision and inspection of sanitary activities lagged, especially in native towns. Also, colonial authorities in the area reduced the funds devoted to the sanitizing mission due to the compelling cost of the war efforts. By 1916, the number of sanitary inspectors had shrunk across the western region. Whereas the Southern Nigerian government had about 100 European and African health officials, only four European and sixty-six African sanitary inspectors were in Lagos.[57] Of the latter, colonial authorities dismissed six, one inspector resigned, and eight new natives were appointed to augment the department. We do not know the number of health inspectors posted to other Yoruba towns, but sources reveal that the teaching of hygiene principles continued in schools across the region. According to the annual sanitary report, these lessons "had the effect of making many children give increased attention to personal cleanliness and...the necessity of getting rid of mosquitoes."[58] In other words, the British

[55] BLN, "Mosquito Destruction Ordinance," *The Times of Nigeria*, Tuesday April 13, 1915, 4.
[56] Gundona, "'Coping with this Scourge,'" 142.
[57] WL B31490219, Nigeria, Southern Provinces, 10.
[58] WL B31490219, Nigeria, Southern Provinces, 24.

colonial authorities in western Nigeria lacked the funds to provide adequate sanitation infrastructures for Africans during the war, forcing the natives to take preventive measures.

The expansion of racial segregation in 1917 further restricted African access to public sanitation and health facilities. Frederick Lugard, the governor of amalgamated Northern and Southern Nigeria, mainly protected European health via the Public Health Ordinance of 1917, which established new segregation rules for township layouts.[59] The order granted colonial officials access to improved sanitation and health infrastructures in European reservation areas. The governor's attitude to African health, evident in his use of residential segregation to exclude the local population from sanitation services, reinforced the persistent belief among some British colonial officials in western Nigeria that public sanitation in the area required spatial order and close sanitary surveillance of African lives.

Indeed, the selective obedience of some Africans to colonial public health rules sometimes justified colonial authorities' sanitary surveillance of the local population. For instance, intramural interment (home burial) was outlawed with the introduction of public cemeteries in 1911, which supplemented church cemeteries already in use in the region.[60] The provision of these public cemeteries became necessary to prevent diseases likely to be caused by the local indoor burial culture. However, no single body was buried on the sites

[59] The Townships and Public Health Ordinances of 1917 was among the 70 laws that replaced over 132 previously confusing ordinances. The Townships Act graded towns into classes based on the number of Europeans residing there: Lagos was the only 1st Class town (managed by a Town Council), 2nd Class (usually administrative/commercial centers under British officials appointed by colonial governors), and 3rd Class Townships (government stations with mixed population). See: The Colonial Governor to The Secretary of State, Annual Colonial Report of Nigeria for 1917, No. 1008, 27; Akin L. Mabogunje, *Urbanization in Nigeria* (London: University of London Press, 1968),113.

[60] The Births, Deaths and Burials Ordinance, No. 3 Sections 42 of 1911 (amended) condemned home burial that was a cultural practice in Yorubaland during this period and stipulated a fine not exceeding £20 for offenders. See NYPL, Southern Nigeria Statues, *Public Health Organization in Nigeria*, 1079.

provided in Ibadan between 1925 and 1929, even though most church cemeteries in the town were already congested by 1924.[61] This selective conformity to the British hygiene doctrines, influenced by African cultural practices and beliefs, impeded the development of the British sanitizing mission, giving the colonialists excuses to break African resistance.

In a bid to maintain public sanitation and health of most Africans during the First World War, colonial authorities temporarily employed natives lacking experience or training as sanitary inspectors in 1917. Although the recruits had the required education to start the health inspection training after the war, colonial officials believed their provisional acceptance would reveal whether they were fit for permanent positions.[62] Out of the trained seventy-three African inspectors in 1918, six resigned, one died, and the government terminated the appointment of fifteen. Among the thirty temporary inspectors recruited to fill the available vacancies, twenty of them were deemed suitable to join the colonial health department as sanitary inspectors-in-training.[63] The trainees worked with European and African health officials in Lagos and other Yoruba towns during the 1918 influenza.

I have explained in chapter two the significant role Yoruba women played in maintaining domestic hygiene and public sanitation during the precolonial period. Given the intersectionality of colonial and indigenous patriarchies in the colonial enterprise, women's gender role brought them more summons for violating hygiene ordinances than employment positions in the colonial sanitary department. This restricted their chance of

[61] The location of these sites may have impeded their use. See: Olufunke Adeboye, "The Church Graveyard: Understanding Missionary Mortuary Practice in Ibadan, 1853-1960," *Ibadan Journal of History* (2013), 55-56.
[62] WL B31490220, Nigeria, Colony and Southern Provinces: Annual Medical & Sanitary Report, 1917, 14.
[63] WL B31490232, Nigeria, Colony and Southern Provinces: Annual Medical and Sanitary Report for 1918, 14-15.

contributing meaningfully to the British state-building programs in Yorubaland. Although the appointment of women as sanitary inspectors in Lagos was recommended in 1918 to mobilize the womenfolk against the 1918 influenza pandemic in western Nigeria, available sources do not suggest any African woman was considered suitable for the job.[64] Like the work of police officers in western Nigeria, the British colonial authorities saw sanitary inspectors' professional duties as men's work, leading to occupational segregation and underrepresentation of women in the colonial health department. Rather than train them as hygiene auxiliaries to enlighten other women on applying modern germ theories and sanitary science to everyday life, their gender took them to colonial courts for men to sanction them for sanitary offenses they barely understood. As a result, the British sanitizing mission in western Nigeria undervalued African women's ability to contribute to colonial state-building efforts by minimizing their position as key actors in private and public cleanliness and as a force to reckon with in advancing public sanitation and health.

Despite many reported cases of malpractices and unprofessional conduct of poorly-trained African hygiene auxiliaries, the British colonial authorities in western Nigeria continued to see these subordinate staff of the colonial health department as critical to the colonial state-building programs and the "civilizing mission" in Nigeria. The colonial government in Lagos particularly considered the work of these public health workers germane to the colonial enterprise for three major reasons. First, I have shown above the significant role these African hygiene aides played in lowering the mosquito index between 1911 and 1913, especially in colonial cities like Lagos, Ibadan, Ilesha, and Abeokuta. The

[64] WL B31490232, Nigeria, Colony and Southern Provinces, 25.

impact of these Africans on colonial health proves their effectiveness as public health infrastructure, capable of removing certain social and environmental conditions favorable to disease vectors such as mosquitoes and, by extension, reducing filth diseases.

Secondly, in the last section of chapter four, I showed that African hygiene/sanitary auxiliaries' work aided the efforts of other frontline health workers in protecting major Yoruba towns during the 1918 global influenza that struck western Nigeria on September 14, 1918. Apart from inspecting ships arriving in Lagos and quarantining people suspected of having the Spanish flu, they carried out home inspections and sometimes sent sick people to isolation facilities, sometimes forcefully. Of course, their proactive actions occasionally violated people's privacy, especially those without flu symptoms. Yet, they contained the Influenza pandemic that killed millions globally, preventing it from causing significant damage to the colonial economy and public health system across western Nigerian towns.

Finally, given the usefulness of local hygiene inspectors in averting preventable diseases during World War I, when the colonial health budget was chronically small, the British colonial authorities in western Nigeria considered them cheaper than importing more European sanitary inspectors. Notably, senior colonial health officials believed that hygiene auxiliaries' knowledge of the local language and culture would ease the colonial sanitary administration of Nigeria. By training the natives to transform the tense relations and social divide between the colonial government and the people who remained skeptical of the sanitizing mission, colonial authorities believed the "civilizing mission" would succeed. In this context, the Director of Medical and Sanitary Services argued after the First World War that "the increase of sanitary staff will have to be seriously considered in the

near future."[65] Recall that the native hygiene auxiliaries who received their training under European sanitary inspectors struggled to carry out their responsibilities after the Influenza struck western Nigerian towns in 1918 and 1919, leading to about three percent of the population's death.[66] Still, the call for the recruitment of more Africans into the colonial health department as hygiene inspectors suggests that the British colonizers recognized the contributions of the subordinate staff to the colonial health system. As we shall see in the next section, continued efforts to reform colonial public health programs and advance the sanitizing mission in western Nigeria transcended European creativities. Some Yoruba indigenes in the health department also contributed to the colonial state-building efforts.

Dr. Ladipo Oluwole, Local School of Hygiene, and the Sanitizing Mission, 1920-1930

During the interwar period, the British sanitizing mission in western Nigeria reached a milestone with the appointment of Africans into top positions in the colonial health department. This wave of enlistments, training, and full-time employment, stemmed partly from the British idea of the Dual Mandate, backed by the imperial belief in trusteeship.[67] According to the colonial administrator Frederick Lugard, it was the duty of "civilized" European imperial powers to extract "dormant" and "wasting" African resources, hold the proceed "in trust" for the natives and use it to develop both the imperial metropole and the colonial periphery. This implies Britain's mandate being the trustee was to exploit and "develop" Africa. During the interwar period, these ideologies were less about the genuine

[65] WL B31490232, Nigeria, Colony and Southern Provinces, 39.
[66] TNA, CO 879/118/1061/129, "Report on Influenza in Nigeria", October 1918, 339; TNA, CO 879/119/1075/20, "Further Report on Influenza in Nigeria," October 1918, 56 & 61.
[67] Frederick Lugard, *The Dual Mandate in British Tropical Africa* (London: Blackwood and Sons, 1922).

improvement of British African colonies for the benefit of the colonized people. Instead, they sought the advancement of African social conditions based on the belief that such measures would boost the colonial economy and contribute to the economic recovery of Europe. Apart from discussing some British motives for recruiting more Africans to the colonial civil service during the 1920s, this section examines how senior African medical officials in the colonial health department responded to colonial hygiene and sanitation initiatives accentuated before World War I. It particularly argues that African health officials reformed the paternalistic approach of colonial authorities to public health in western Nigerian towns. It also demonstrates that the Yoruba medical officer Dr. Ladipo Oluwole positively improved the colonial sanitizing mission during the 1920s by training professional sanitary inspectors to support the imperial mission. Oluwole had no power to abolish British colonial draconian public health laws. He, however, taught Africans how to administer the statutes with cultural awareness and sensitivity. His impacts and those of his recruits on public health show how Africans reformed the colonial mission to sanitize.

The debate over whether to put Africans in charge of environmental sanitation and health administration in the capital city started in December 1908 when the governor of Lagos, Walter Egerton, created the Municipal Board of Health to improve public health and educate people on filth diseases. However, it took successive regimes another decade to realize the benefit that African health officials could bring to public health in the region because of colonial racial discrimination. In line with the Africanization of government institutions that began after World War I, the possibility of having an African at the helms of public health affairs began to emerge in 1919 with the election of African officials who

joined nominated members of the Lagos Town Council. Five years later, specifically 1924, the first African, Dr. Ladipo Oluwole (1892-1953), the son of a school principal and prominent Anglican Bishop Isaac Oluwole, was appointed to the Assistant Medical Officer of Health (AMOH) position in Lagos, the colonial capital of western Nigeria.[68]

Apart from the colonial policy of Africanizing the local institutions, Dr. Oluwole's appointment stemmed from western Nigeria's deteriorating public sanitation and health conditions. After World War I, the gradual decline in public health was primarily due to population increase and poverty in the region. The reported improvement in pre-World War I public health status deteriorated shockingly from September 1924 with the appearance of relapsing fever in many towns. The impact of the economic recession that followed the war had acted as a stimulus for rural-urban migration, increasing slum settlements, and poor living conditions in western Nigerian trade centers. The unsanitary condition also led to more malaria, tuberculosis, and rat infestation cases early that year. In particular, a bubonic plague epidemic started in Lagos in July 1924, entering the colony via the maritime kola trade with Ghana. Out of the 414 people affected by the plague, 343 (82.8 percent) died.[69] Despite the claim of Europeans to "superior" health knowledge, British medical officials and their health inspectors faced formidable obstacles in dealing with deteriorating public health conditions. The problems were also complex because of the arrogance of European colonial officials to the African public, whose (re)actions to health projects, like Victorian-

[68] Nigeria Society of Health, *Dr. Isaac Ladipo Oluwole, 1892-1953; Father of Public Health in Nigeria.* (Ibadan: Nigerian Society of Health, 1959).
[69] Since the plague lasted till 1931, total mortality rate by 1930 was small. See: Colonial Governor to The Secretary of State, Annual Colonial Report of Nigeria for 1924, No. 1245, 12; Newell, *Histories of Dirt*, 51.

era Londoners, included ignorance, marvel, reluctance, compromise, and resistance.[70] Dr. Oluwole's appointment thus occurred due to the need of colonial authorities to bridge the socio-cultural divide hindering public health development in Lagos and other Yoruba towns and to contain the bubonic plague that was assuming epidemic proportions in the 1920s.

Dr. Oluwole took advantage of the opportunity accorded him by the British colonial government in Lagos to tackle the socio-cultural divide that had hitherto held down the British sanitizing mission in western Nigeria. To be efficient in his service to the colonial government, the Yoruba doctor left for Britain after his appointment in 1924 to receive public health training. When he returned to Nigeria from Glasgow in 1925 after studying for a one-year Diploma in Public Health (D.P.H.), he started using his knowledge of the local culture to promote public sanitation and health as the AMOH. His solution to public health challenges in western Nigeria was self-help. Dr. Oluwole engaged in building social capital in African communities, which he perceived as capable of bridging the tradition versus modernity divide undermining public health progress in the area. He did not believe that the deteriorating health of the local population was solely due to government neglect or poverty among Africans. Rather, he attributed the resistance and selective conformity of the African public to ignorance of the "newly" emerging germ-focused hygiene doctrines. For Dr. Oluwole, health education and closer sanitation administration in urban and rural areas were two vital methods to get the African public interested in the sanitizing mission.[71]

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[70] As argued earlier, British colonial paternalistic approach to implementing public health programs in the colonies were imported from London where people negotiated them. For instance, one newspaper editorial responding to state sanitation programs in London stated that "we prefer to take our chances with cholera and the rest than to be bullied into health." See: Editorial, "Objecting to Sanitary Reform," *The Times*, July 1854.
[71] Nigeria Society of Health, *Dr Isaac Ladipo Oluwole, 1892-1953*, 8-9.

Figure 5.3: Dr. Isaac Ladipo Oluwole, Circa 1930s

Source: The Society of Health, *Dr. Isaac Ladipo Oluwole 1892-1953: Father of Public Health in Nigeria*, 3.

Dr. Oluwole approached public health in western Nigeria more broadly, departing from the pre-World War I European obsession with mosquitoes. Where previous health initiatives meant to improve colonial state medicine faced prejudice and resistance from Africans irrespective of the programs' merits, Dr. Oluwole's approach enjoyed popular support, both from the colonizers and the colonized.[72] His method for public health improvement included disease control through school and home visiting, public health education, and intensive training of reliable Africans as sanitary inspectors. Though similar to the existing model, yet laced with cultural awareness and understanding. In his role as

[72] Olutayo C. Adesina, "Between Colonialism and Cultural Authenticity: Isaac Ladapo Oluwole, Oladele Adebayo Ajose, Public Health Services in Nigeria, and the Glasgow Connection," in Afeosemime U. Adogame and Andrew G. Lawrence (eds.), *Africa in Scotland, Scotland in Africa: Historical Legacies and Contemporary Hybridities* (Boston: Brill, 2014), 90-99.

the AMOH, Dr. Oluwole fused local knowledge with his knowledge of disease etiology. He would later be regarded as the father of public health in Nigeria due to his contribution to colonial state-building and preventive health in western Nigeria.

Employed as a link between Africans and the colonial state in health matters, the African doctor reinvented the sanitizing mission and the training of Africans as health inspectors. Distinct from the poorly educated hygiene auxiliaries assisting European health visitors, Dr. Oluwole's recruits were predominantly black males with a Form IV education (equivalent to a pass in the Cambridge University Senior Certificate or London University Matriculation Examination), fluent in the local Yoruba language and with a fair knowledge of English as a second language.[73] They received their training inside the office of the MOH at the Government Health Office in Lagos because they had no classroom buildings until 1927. Under Dr. Oluwole's direct supervision of what was a pilot project in 1925, the first set of trainees (some of whom he had known from his time in Abeokuta, where he worked as a General Medical Practitioner) received theoretical and practical training in public health. The number of instructors involved in this program is unknown. However, sources show that Dr. Oluwole taught most courses, assisted by European sanitary superintendents, three of them lecturing once every week.[74] Dr. Oluwole made sure the course instructors had some cultural knowledge of the Western Nigerian peoples, perhaps to make the Europeans adapt their lectures to local peculiarities.

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[73] W. H. Peacock, "Presidential Address on the Training and Place of Auxiliary Health Staff in Tropical Colonies," *Journal of the Royal Sanitary Institute* 57, 5, (May 1, 1936): 301.

[74] TNA, CO/657/20, Annual Medical and Sanitary Report of Nigeria for 1927, 36; CO/657/22, Annual Medical and Sanitary Report of Nigeria for 1928, 29; CO/657/22, Annual Report of the Lagos Town Council for 1929, 22.

Unlike the earlier experiential training program devoid of relevant curriculum, the syllabus that Dr. Oluwole used in training the indigenous health inspectors was based on the recommendation of the Committee for the Training of Subordinate Staff of the Medical Department. The *wole-wole* in-training spent their first two years taking coursework vital to identifying public health threats. Among others, trainees learned parasitology, food inspection, communicable and epidemic disease, disinfection, waste disposal, and village sanitation. They also learned to perform essential tasks such as clerical duties, police-court duties, vital statistics, elementary meteorology, and sanitary law.[75] Dr. Oluwole allocated the third/final year of the training exercise to practical fieldwork, whereby recruits were placed under patient experienced sanitary inspectors to serve as sanitary attendants. The final examination to graduate from the program was held every third year. The Board of Examiners were the Deputy Director of Sanitary Service, the Assistant Deputy Director of Sanitary Service, the MOH, the AMOH, and two European sanitary inspectors.

Earlier, Dr. Oluwole had contributed to the British establishment of the West African Health Examinations Board (WAHEB), which became an affiliate of the Royal Sanitary Institute of London in 1930. The body managed African sanitary inspectors' regulations and certification. The affiliation of the examination board with a recognized British institution relaxed the longstanding professional racism that characterized Anglo-African relations within the colonial civil service in Nigeria. It also served other British West African colonies: the Gold Coast, Liberia, Nigeria, Sierra Leone, and The Gambia.[76]

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[75] TNA, CO/657/21, Annual Medical and Sanitary Report of Nigeria for 1926, 31.
[76] WAHEB, "Background," https://wahebonline.org/background-history/, accessed on September 9, 2021.

When the first batch of the African sanitary inspectors graduated in 1927, they were rated based on the new grade—from 3rd to 1st Class, the latter being the highest. Of the twenty-seven sanitary inspector-in-training who sat for the May exam, eleven graduated with a grade of 2nd Class and sixteen in the 3rd Class category.[77] Most of them received employment offers in Lagos, and their promotion was based on merit (determined by the Director of Sanitary Service) and on the length of their service. Salaries were to be from £120 to £320 per annum. These African sanitary inspectors had a similar invasive statutory power as the European sanitary inspectors: to enter, inspect, and supervise private and public cleanliness, including premises, markets, and communities. They quickly became involved in advancing the sanitizing mission, promoting preventive health, and extending colonial authority as they intensified public health education and environmental sanitation.

For the purpose they served, we can compare these Africans with the young Ziba men who worked as gland-feelers in the fight against sleeping sickness in colonial Tanzania or the medical auxiliaries Dr. Walter Fisher produced in colonial Zambia. The latter learned Western microbial theories as Africans, and by vernacularizing the knowledge, they shaped the European civilizing mission in the area.[78] Still, African sanitary inspectors in western Nigeria, dressed in their well-tailored *khaki* shirts and pants, were better due to the quality of their training in public health standards. This was due to the breadth of their syllabus and the practical training. In a way, they were in the vanguard of modern African state-building.

[77] TNA, CO/657/20, Annual Report of the Lagos Town Council for 1927, 23.
[78] Mari Webel, “Medical Auxiliaries and the Negotiation of Public Health in Colonial North-Western Tanzania,” *The Journal of African History* 54, 3 (November 2013): 393–416; Walima T. Kalusa, “Language, Medical Auxiliaries, and the Re-Interpretation of Missionary Medicine in Colonial Mwinilunga, Zambia, 1922–51,” *Journal of Eastern African Studies* 1, 1 (March 1, 2007): 57–78.

Scholars who have studied African sanitary inspectors' part in the British sanitizing mission have characterized them only as colonial tools of native control/domination in the historiography of public health in West Africa. Perhaps in stern obedience to the German historian and pioneer of modern source-based historical analysis Leopold von Ranke, who urged historians to tell the truth "as it actually happened," these scholars define African sanitary inspectors simply by the politicized role they played during colonial rule, pointing to their vexatious actions and the cases of corruption/misconduct filed against them. For instance, the Ghanaian health historian Sylvester Gundona, writing on the politicized actions of hygiene inspectors in his 2015 study of the British sanitizing mission on the Gold Coast, defined the public health workers as "pests rather than benefactors to the indigenous population."[79] He premised this description on the increasing number of Africans that local sanitary inspectors fined for public health offenses after summoning them to court, making the African public label them "summer-summer" (summons, summons). John Uwa painted them mainly as "dreaded" predatory health workers who coerced Nigerians to obey colonial public health regulations.[80] Likewise, the only lesson Stephanie Newell's recent research on dirt in Lagos seemed to have taught us about the "greatly feared *wole-wole*" is that the hygiene inspectors were always off the leash and "had the power to evict people from their homes."[81] Yet, sources show that these "single stories" are incomplete and unidirectional, missing the sanitary inspectors' most important state-building responsibilities, which they performed under the British colonial administration from the late 1920s to the late 1940s.

[79] Gundona, "'Coping with this Scourge,'" 142
[80] John Uwa, "Transcultural Tension and the Politics of Sewage Management in (Post) Colonial Lagos," *Social Dynamics* 44, 2 (2018): 222.
[81] Newell, *Histories of Dirt*, 20.

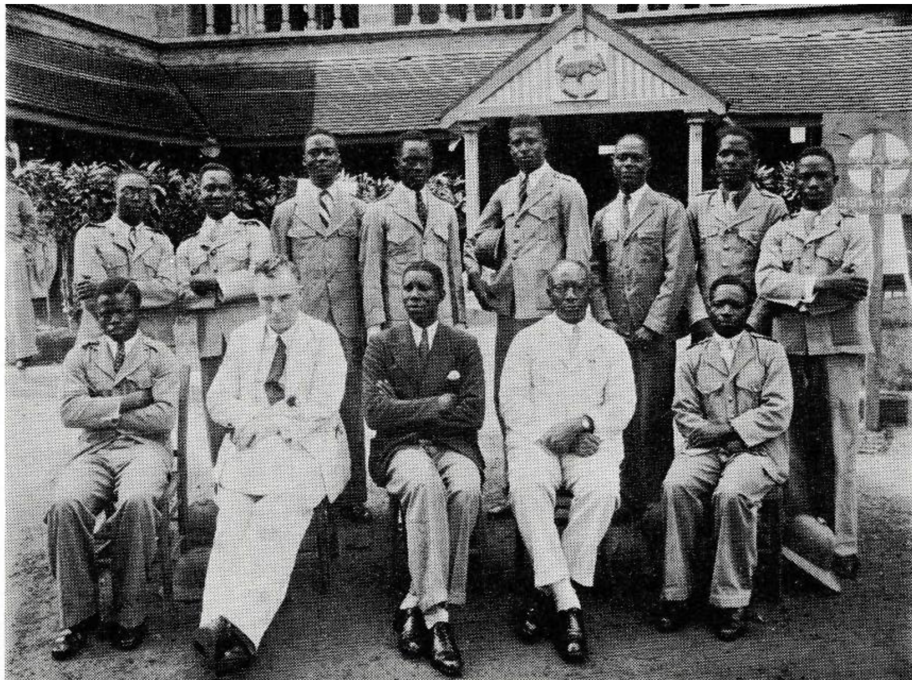
Interestingly, we now know that the colonial government in Lagos was not the only local authority that found local hygiene inspectors helpful as an instrument of state-building in western Nigeria. In the semi-autonomous Egba kingdom, which did not become a British colony until 1914, the Egba United Board of Management created a department for public sanitation. The Board appointed a "Master of Sanitation," who coordinated a corps of health inspectors for public hygiene maintenance from 1885.[82] After reforming the Board in the 1890s, the new Egba United Government under the *Alake* (King) recruited Africans as sanitary inspectors, trained them in Lagos, and deployed them to improve public sanitation in Abeokuta. By 1903, *Alake* remarked that these men "helped to make Abeokuta the healthy town in the Hinterland that it is."[83] From 1904, the sanitary inspectors helped the EUG to enforce sanitation laws and fined deviants for breaches. This suggests that even though some sanitary inspectors committed malpractices on duty, the usefulness of the majority of them as state-builders outweighed the few cases of misconduct against them.

Evidence from other British colonies further attests to the relevance of these public health workers in state-building. When Cyprus became a British crown colony in May 1925, the island, like West African towns, was infested with malaria-carrying mosquitoes. By 1936, the colony recorded about 18,000 malaria cases annually until native sanitary inspectors made the territory healthy.[84] Mehmet Aziz, a native sanitary inspector, turned

[82] Agneta Pallinder-Law, "Aborted Modernization in West Africa? The Case of Abeokuta," *Journal of African History* 15 (1974), 72.
[83] Rhodes House Library, RH 732/14/44, "Letter from Alake to the Governor," Ake Palace, Abeokuta, July 3, 1903, in William MacGregor, Confidential Despatch to Colonial Office on Toll Collection in Abeokuta and Ibadan (Lagos, Government House, July 7, 1903).
[84] Tabitha Morgan, "Forgotten Cyprus Hero Who Eradicated Island's Malaria," *BBC News*, May 23, 2021, retrieved from https://www.bbc.com/news/world-europe-57122406 on September 15, 2021.

the mosquito-infested island into one of the first malaria-endemic countries to be free from the disease in the world. His anti-malaria campaign, which the Colonial Development Act funded, also received local support. Although the approach deployed by Aziz was military-like, he was able to secure the cooperation of the local population and other Cypriot sanitary inspectors who eliminated malaria from the island in the late 1940s.[85] They did not stop at protecting people from malaria. The public health workers also organized health education programs, teaching people ways of preventing infectious diseases like cholera, typhoid, and tuberculosis. As we shall see, Dr. Oluwole and his newly trained recruits tried to improve colonial health in western Nigeria like Aziz and his men did in British Cyprus. This reflects the capacity of African sanitary inspectors to contribute to public health and state-building.

Figure 5.4: Dr. Oluwole and the first set of African Sanitary Inspectors, Circa 1927



Source: The Society of Health, *Dr Isaac Ladipo Oluwole 1892-1953: Father of Public Health in Nigeria*, 10

[85] Tabitha Morgan, *Sweet and Bitter Island: A History of the British in Cyprus 1878-1960* (London: I.B.Tauris & Co, 2010), chapter 12.

Since African sanitary inspectors lived in villages/towns similar to Cyprus, where underfunded colonial sanitation required inputs from the natives, they knew what to do to make the region healthier. African sanitary inspectors in Yoruba communities operated under Chapter 56 of the colonial Public Health Ordinance, which allowed them to work mostly in township areas. As colonial government public health workers, they supervised environmental sanitation and food hygiene.[86] Their duties included issuing abatement notice (clean-up order) on any household or community found wanting in cleanliness. During routine rounds, the African sanitary inspectors would check for improper public latrine constructions, evidence of urination outside latrines, unsanitary refuse disposals, and other filth diseases prevention tasks such as rodent control and disinfection of premises. In addition, the *wole-wole* assisted colonial authorities in marking dilapidated buildings for demolition. Moreover, they circulated public health information, especially precautions.

Given the need to prevent diseases from disrupting colonial wealth extraction, the penny-pinching British colonial administration in western Nigeria deflected the burden of public health improvement to African sanitary inspectors. Rather than invest in modern hygiene infrastructures and services to improve public health in rural and urban centers, colonial authorities in Lagos mobilized local health inspectors as the human infrastructure to sanitize the colony through health education and, sometimes, threats and coercion. This concept of sanitary inspectors as cheap hygiene infrastructure, protecting the "civilizing mission" from epidemic diseases, offers a highly internalist lens for understanding the British sanitizing mission and perhaps the British colonial administration in West Africa.

[86] NYPL, Southern Nigeria Statues, *Public Health Organization in Nigeria*, 958-959.

From the 1890s, the British colonial state advanced imperial modernizing projects in Yorubaland like new transportation networks and plantation agriculture, which sought to make the region a viable market for British goods and a source of natural resources for the metropole's economy. The "civilizing" projects encouraged unplanned urbanization that exacerbated the already precarious health and environmental conditions in post-war Yorubaland, thus requiring African assistance to alleviate the public health problem. This transition to a more "participatory" model of public health management, whereby Africans became sanitary inspectors, not auxiliary, masked deeper issues of material infrastructural rot, which the postcolonial government inherited. Indeed, it was one way the British colonial state in western Nigeria patched the failing sanitizing mission it started in the late nineteenth century. Consequently, fairly educated African youths and their cultural ties to Yorubaland became the lifeline/backbone of the British sanitizing mission while acting as public health infrastructure, state-builders, and foot soldiers of the colonial hygiene regime. The importance of this initiative to understanding the British colonial administration better in West Africa, especially during the economic depression of the interwar period, is that it provided colonial authorities with a relatively quick financial fix to the deteriorating public health condition in the area. Employing Africans as hygiene infrastructure meant a drastic reduction in European sanitary inspections who earned fat salaries. It was also a political maneuver that addressed African agitation for inclusion in the running of the colonies. By displacing the public health burden to African bodies, colonial authorities strategically dealt with the demand of the African public for improved sanitation while also facilitating the inclusion of Africans in the administration of the colonies during the interwar period.

Although the British colonial government's strategic reliance on African bodies as sanitation infrastructures through disinvestment in material hygiene facilities opened a space for African sanitary inspectors to participate in the colonial state-building projects, it rendered domestic hygiene a public affair. Principal offenses on which abatement notices were served in Lagos included defective private latrines, damp floors, private wells without tight-fitting covers, overgrown grass around buildings, and accumulated domestic waste in compounds.[87] Out of the 9,905 notices issued during 1927, a total of 9,270 people complied with the recommendations of sanitary inspectors. Sanitary inspectors obtained court orders for legal action in 118 cases, and the remaining 135 non-compliant residents received fines. Notwithstanding, the increase in African compliance to sanitary inspectors' clean-up orders demonstrates a new era in the British sanitizing mission in western Nigeria. While poorly trained hygiene auxiliaries under the tutelage of European sanitary inspectors previously deployed punishment before health education, the newly trained sanitary inspectors under Dr. Oluwole were patient with the African public, thus securing their wilful cooperation.

Dr. Oluwole's contribution to colonial state-building and public health development spread beyond Lagos in 1927 when his recruits started making positive impacts in Lagos. News about the professional conduct of his recruits spread across Nigeria, attracting more candidates from other regions. This increasing demand for sanitary inspectors' training metamorphosed into the first School of Hygiene in colonial Nigeria, which, as I mentioned earlier, started at the office of the MOH for Lagos because they had no school building. Stated differently, based on the success Dr. Oluwole recorded in his training of sanitary

[87] TNA, CO/657/20, Annual Report of the Lagos Town Council for 1927, 20.

inspectors that graduated in 1927, colonial officials across Nigeria and the Cameroons sent natives from their regions for the training, motivating the establishment of the Yaba School of Hygiene.[88] Therefore, when another round of inspectors' training started in July 1927, fourteen Town Councils and nine Sanitary Departments had recruits taking hygiene courses at the Lagos school.[89] From Nigeria's east and northern parts, local colonial authorities sponsored relatively educated indigenes to participate in the sanitary inspection training. Upon completing their training program in 1929, most graduates worked in colonial cities. Simultaneously, they visited peri-urban districts for sanitary inspections once in a while.

This vocational training opportunity brought African youths from different regions of Nigeria together, fostering a sense of duty (state-building), shared identity, and national cohesiveness. By implication, the contribution of Dr. Oluwole and other African sanitary inspectors to colonial state-building in Nigeria transcended public health improvement. The local (training) program fostered nationalism during the period. African nationalism, which took the form of strikes and protests against hostile colonial policies that engendered poor living and working after the First World War, became a collective bargaining tool for these public health workers. Similar to the nationalist activities of other emerging colonial state institutions, including the army and railway workers, local sanitary inspectors in western Nigeria contributed to the rising African voices of discontent against ill-conceived colonial policies during the interwar years. Sources do not reveal that these public health workers joined any emerging nationalist parties during this period. However, one local newspaper

[88] Historical Papers Research Archive, Collection Number AD1715, N. S. Turnbull, "Health Services in Nigeria," August 21, 1944, 1; Nigeria Society of Health, *Dr. Isaac Ladipo Oluwole, 1892-1953; Father of Public Health in Nigeria*, 6-7.
[89] TNA, CO/657/20, Nigeria: Annual Report of the Lagos Town Council for 1927, 23.

reported in 1936 that African sanitary inspectors in a western Nigerian town went on strike and petitioned the Senior British Resident of their Province, protesting the unprofessional imposition of an untrained sanitary inspector to supervise their work.[90] On the one hand, the insistence of local sanitary inspectors on working with a qualified supervisor shows their genuine commitment to the state-building and public health work they were employed to do. On the other, their action reflects growing labor unrest in other African states under foreign rule, such as South Africa and Sudan, where miners and tramway workers used strikes to obtain better wages and improved work conditions during the interwar period.[91]

In the late 1920s, the academic standards required by Dr. Oluwole and the Board of Examiners for admission into the sanitary inspectors training school in Lagos decreased because the colonial state in Nigeria did not invest adequately in African formal education. Compared to the first batch of local sanitary inspectors recruited by Dr. Oluwole, subsequent trainees that applied for admission from outside Lagos entered the hygiene school with qualifications lower than Form IV, reflecting the colonial neglect of quality education for the local population. Colonial authorities' efforts to address the problem of academic qualification threatening the sanitary inspectors' training program resulted in the establishment of health scholarships. The funding project, which the government instituted for the secondary education of Africans in 1927, sought to prepare interested candidates for training as public health workers, including sanitary inspectors, laboratory assistants, birth attendants, and vaccinators.[92] To educate students who would qualify as candidates for

[90] "Strikes of Inspectors Threatened - Alleged Maltreatment," *Nigeria Daily Times*, December 2, 1936.
[91] See: "Strike At Krugersdorf," *Rand Daily Mail*, December 5 1936; "Tramwaymen On Strike," *Sudan Daily Herald*, December 19, 1936.
[92] TNA, CO/657/20, Nigeria: Annual Report on the Southern Provinces for 1927, 91.

sanitary inspection training, Katsina College in northern Nigeria awarded 12 scholarships to students from September 1927 and another 25 awards to pupils of King's College in Lagos from January 1928. In the north, 36 funding were awarded and 50 in the South by the time the hygiene school in Lagos released a new batch of sanitary inspectors in 1929.[93]

Looking at how the British colonial authorities in Nigeria quickly funded the health inspection training reveals the government's intent to use Africans as hygiene facilities. To be sure, evidence from a paper laid before the Legislative Council suggests that colonial authorities did not commit funds to material infrastructures required for waste management in the area. The Sessional Paper shows that sanitary conditions at Epe and Ikorodu towns and Ejinrin market were distressing; latrines were inadequate, and there were neither dustbins nor incinerators.[94] This report further reveals that a special committee that visited the towns had identified a lax in their public sanitation arrangements four years earlier. Yet, "funds hitherto have not been available to carry out, even partially, the recommendations." Still, African sanitary inspectors in Yoruba towns like Abeokuta, Ibadan, Ijebu-Ode, and Lagos prevented major epidemic disease outbreaks and reduced pressure on the colonial health budget by teaching the African public how to manage their waste safely.

As expected, the relative sanitary improvement recorded during this period was not immediate or rapid. In fact, the new health inspectors were trained to go about their tasks with patience and empathy—a skill the previous ill-trained hygiene auxiliaries lacked—bearing in mind that "our object is to see the people educated."[95] In this context, most health

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[93] TNA, CO/657/20, Nigeria: General Annual Medical and Sanitary Report for 1927, 13.
[94] TNA, CO/657/22, Nigeria: General Annual Medical and Sanitary Report for 1928, 8.
[95] National Archives Ibadan (hereafter NAI), Oyo Prof. I, No. 895, "Medical Officer of Health To Senior Resident, Sanitation in Ibadan Town," in: Sanitation Oyo Province: Matters Affectings, March 27, 1928.

inspectors tolerated Africans, making positive changes slow to achieve in some districts. In the 1927 sanitary report of Oshogbo, Henry Fowler, the M.O. in charge, reported that compounds in Ede were cleaner, but now the streets and drains formed receptacles for garbage. He particularly condemned the pollution of the small stream that ran through the center of the town, which served the dual purpose of garbage pit and water supply.[96] A similar complaint was registered in the peri-urban areas of Ogbomosho, where African residents living around the American Baptist Mission College turned the extensive borrow pit near the school into a public latrine.[97] These unsanitary practices were not limited to rural and peri-urban areas. When some Ibadan residents complained about the poor sanitary condition of Sabon Gari (strangers' quarters) in 1928, the sanitary officer assigned there reported that residents in the district were unwilling to use the two garbage incinerators available. Instead, he noted that "they usually prefer dumping refuse, empty tins, bottles and broken pots and other rubbish into the nearest bush or depression."[98] While the sanitary inspector did not give a reason for such practice, Africans probably resorted to this measure because the waste facilities were not within their reach. Given this problem of accessibility, it is logical that Africans did not adopt the long-distance waste disposal system instantly.

However, through public enlightenment campaigns, the approach of many Africans to environmental sanitation improved. Sanitary Inspectors ensured proper use of refuse incinerators, coordinated cleaning of abattoirs, cleared weed from residences, and educated the local population on proper storage of materials that could give cover to rodents. In

[96] NAI, Oyo Prof I, No. 895, Sanitary Report and Mosquito Index Quarter Ending September 30, 1927.
[97] NAI, Oyo Prof I, No. 895, Ibadan Medical Officer of Health to Oyo Senior Resident, March 28, 1928.
[98] NAI, Oyo Prof I, No. 895, Ibadan Senior Sanitary Officer to Ibadan District Officer, Sabon Gari - Ibadan, April 19, 1928.

Abeokuta, the Sanitary Department provided free traps that inspectors gave to landlords/ladies after fumigating their houses to prevent plague. In Ekiti, sanitary inspectors assisted in containing smallpox outbreaks by encouraging vaccination.[99] By June 1930, the Senior Sanitary Officer in charge of suppressing the plague in Lagos reported that deaths had fallen significantly.[100] Similar improvements were recorded outside western Nigeria. Earlier in the 1920s, religious and cultural beliefs had made it nearly impossible for African or European male sanitary inspectors to conduct home inspections in northern Nigeria. However, by 1929, this had changed. Sources show, for example, that traditionally conservative Islamic Hausa communities allowed sanitary inspectors to go into their compounds and give advice on sanitation. Moreover, the annual report of 1931 mentioned that northern Nigerian women who had trained as sanitary inspectors were already working to reduce the environment favorable to disease vectors in Kano by breaking the religious barrier previously hindering sanitary inspection of premises.[101] This suggests that by the end of 1930, towns in western Nigeria experienced slow but steady sanitary improvements.

Conclusion

Studying the recruitment, training, and employment of Africans as sanitary inspectors and their role in colonial state-building allows us to understand better the internal dynamics and contradictions of colonial rule in western Nigeria. First, the British aim to control and

[99] BLN, "Sanitary Activities," *The Nigerian Daily Times*: January 20, 1930, 3; Elisha P. Renne, "Sopona, Social Relations and the Political Economy of Colonial Smallpox Control in Ekiti, Nigeria," in Wale Adebanwi (eds.), *The Political Economy of Everyday Life in Africa: Beyond the Margins* (New York: Boydell & Brewer, 2017), 266-281.
[100] BLN, "Plague in Lagos," *The Nigerian Daily Times*: June 11, 1930, 2.
[101] TNA, CO/657/22, Nigeria: Annual Medical and Sanitary Report for 1929, 27; G. I. Jones, Annual Report on the Social and Economic Progress of the People of Nigeria for 1931, No 1569, 14.

possibly eradicate germs and filth diseases in West Africa, though rooted in the European's late-nineteenth-century imperial social and economic objectives in Africa, shows that not all colonial experiments and policies were destructive. From a sanitary point of view, the British sanitizing mission aimed to improve public health in Western Nigeria and other areas in British Africa. Secondly, studying the imperial mission shows that the European colonial officials tasked to "sanitize" the colonies could not create the social change desired by the imperial metropole without Africans' help, including Dr. Oluwole and his group of sanitary inspectors. Given the state-building role he played in starting the first sanitary inspection training school in Lagos, this chapter argues that Nigerians took the sanitizing mission from European colonial officials and expanded what used to be a predominantly white-dominated and controlled sphere. They participated in the mission to sanitize, using the space open to them by the colonial government to play vital roles in colonial state-building in Nigeria. Dr. Oluwole created a colonial sanitary institution that became a site where inter-ethnic interactions occurred, and a sense of national identity was forged among African sanitation workers. This implies that European colonial officials did not orchestrate the slight improvement in public sanitation and health in Nigeria. Instead, the progress in public health, which some western Nigerian towns experienced in the interwar period, was a product of ideas from many forces, including local chiefs and kings. As the next chapter shows, African leaders, as native authorities over small towns and villages, would further expand the British sanitizing mission beyond the control of the colonial government. The various ways they shaped colonial state-building offer insightful perspectives on the roles played by traditional African rulers in the history of public health development in Nigeria.

Chapter Six

African Chiefs, Native Administration Sanitary Inspectors, and the Public, 1930-45

> About 30 days ago, while I was building my new house, Sanitary Inspector came there in my absence [insisting] my house should be [brought] down; and when I came back from [the] farm, I was told by my families all what Sanitary Inspector says. I then proceeded to *Bale*'s house and explained to him, but *Bale* [chief] said that I should find something for the Sanitary Inspector. I at once gave 5 shillings to *Bale* to give to Sanitary Inspector before Osa and Balogun, and since that time, he (S.I) made no further trouble about my building and during the time he complained of mosquito lava in my house and I gave him 1 shilling personally, but 5 shilling was given to *Bale* to give him as bribe and that is customary to us here.[1]

Introduction

This chapter examines the politics, contestation, and negotiations that accompanied African agentive roles during their participation in the British "mission to sanitize" western Nigeria. Since the British administrative policy of indirect rule gave Native Authorities (NA) some autonomy in managing their towns, including picking candidates for the sanitary inspector training, engaging these rulers in the hygiene program adds a new perspective to Nigeria's public health history.[2] This chapter builds on the analysis of the African agency in the preceding chapter by bringing together the three prominent actors that shaped the colonial administration of public sanitation and health in western Nigeria: local chiefs, N.A sanitary inspectors, and the public. It explains how these actors perceived and responded to the

[1] National Archives Ibadan (hereafter NAI), Ibadan Div. 1/1, No. 1610, "Statements made by Ogungbe before Police Constable Afolabi on 08/02/1938," in: Complaint against Sanitary Inspector, Gbongan, Mar. 16, 1938.
[2] John Frederick Lugard, "Principles of Native Administration" in: Robert O. Collins and James M. Burns (eds.), *Historical Problems of Imperial Africa* (Princeton: M. Wiener, 1994), 110-117.

hygiene training program of the late 1920s. In chapter five, this study examined the roles that African medical professionals played in aiding the sanitary administration of western Nigeria, adding to existing understandings of how the colonized people contributed to the British sanitizing mission. As a critique of and contribution to the extant literature on imperial hygiene and public health development in African towns, the chapter showed that Africans were not passive recipients of metropolitan health programs. While believing that colonial authorities needed to invest in African health, the Yoruba physician Isaac Ladipo Oluwole and his "hygiene boys" did not rely entirely on the government's leadership for public health improvement. The Assistant Medical Officer of Health (AMOH) established training centers where he led the teaching of African youths in modern hygiene principles.

Indeed, Dr. Oluwole and his recruits of uniformed sanitary inspectors took over a section of the colonial health department once controlled predominantly by white officials, advancing public sanitation and domestic hygiene in the process. Yet, some scholars have called for a more rigorous analysis of the African agentive roles in the colonial context to maximize the value "agency" offers as a category of analysis. The gender historian Lynn Thomas argues that asserting agency as a "core argument" in African history is outdated because such claims have turned into a "safety argument" for most scholars in recent times. She contends that deploying "agency" as "a" or "the" key argument has become a tradition for scholars who feel comfortable limiting their analysis to how colonized Africans shaped colonizers' initiatives/projects to improve their lives and other local needs.[3] While nothing is inherently wrong with making such claims when exploring the colonial situation, Thomas

[3] Lynn M. Thomas, "Historicising Agency," *Gender & History* 28, 2 (2016), 328–329.

encourages Africanist scholars to complicate agency by identifying the several intersecting forces that shaped people's actions/decisions. Earlier, scholars like Gayatri Spivak made similar appeals while objecting to uncritical assessments of all historical subjects as enlightened individuals making rational decisions, especially in the colonial context. The postcolonial theorist exploring the limits of agency in historical analysis cautioned against ascribing vague agency to the oppressed, whose decisions, actions, and perspectives we could only know through the social and political contexts created by the elites and the powerful.[4] Although she recognizes the ability of colonized people to make their own decisions, Spivak argues for a better understanding of the circumstances that influenced those decisions and actions. For this reason, the American historian Joan Scott describes "agency" as decisions/actions "created through situations and statuses conferred on" people rather than choices made of their volition.[5] From these perspectives, this chapter approaches the local politics, contestation, and negotiation that accompanied the sanitary inspection program in western Nigeria from 1930 to 1945. Exploring empire this way offers the prospect of understanding better the complexity of the colonial situation, the conflicting strategies of rule, the contours of colonial control, and the many resistances of Africans.

Building on Dr. Oluwole's sanitary inspector training program, this chapter shows how the endogenous public health initiative transformed Yoruba towns into sites of power struggles between health inspectors, the people, and their local chiefs. It attempts to answer: what circumstances and situations shaped African agency? How did the colonized people

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[4] Gayatri Chakravorty Spivak, "Can the Subaltern Speak?" In: Patrick Williams and Laura Chrisman (eds.) *Colonial Discourse and Post-colonial Theory: A Reader* (New York: Columbia University Press, 1994), 66-111.

[5] Joan W. Scott, "The Evidence of Experience," *Critical Inquiry* 17, 4 (1991), 793

use their agential capacity? And importantly, what were the unintended consequences of the administrative policing of African sanitation practices? By analyzing the impact of the hygiene training program outside Lagos, this chapter explores what Dr. Oluwole's achievement adds to our understanding of the British mission to sanitize western Nigerian towns. It shows how some local chiefs and the health inspectors used the power, authority, and space that the hygiene inspection training and employment as health workers offered them. The central argument here is that local health inspectors, as intermediaries between the colonial government and the public, emerged from a society where poverty and material deprivations made many people pursue their changing personal desires in ways that disregard societal legal and moral codes. In this environment, personal competence, professional training, and employment failed to protect people from social and economic insecurities imposed by the colonial situation. Thus, most African sanitary inspectors took advantage of their power, exploiting the weak colonial state/economy to control African daily lives, including domestic hygiene practices. The hygiene agents, advancing personal agendas unrelated to public health, turned the British sanitizing mission into a means of elevating their social status. This analysis of how local health workers executed their duties and interfaced with local chiefs point to the colonial state's failure to deal with poverty, social exclusion, and alienation. The health officials were not only poorly paid, but they were also politically and socially marginalized within colonial governance. The failure allowed poorly-paid unprofessional sanitary inspectors and sometimes corrupt chiefs to articulate alternative meanings to Dr. Oluwole's imaginations of public sanitation and health for western Nigeria.

Health Auxiliaries, the Colonial Situation, and Local Politics of Hygiene

In western Nigeria, as elsewhere in the colonial world, European conquest and rule imposed a unique situation on the colonized people, which conditioned their actions and decisions. To fully understand the experience of these subject people and how they navigated the colonial situation, this section places African sanitary inspectors within the socio-political context they belong. It explains the conditions under which the local "hygiene boys" were selected for training in public sanitation, the terms of their employment as health workers, and the politicized way they executed their public health responsibilities in Yoruba towns.

By the early 1930s, a 1929 Colonial Development Act, aiming to improve British colonies' social and economic conditions, provided some funds to support the training of auxiliary health workers in western Nigeria. As seen in chapter five, the creation in Lagos a center for training local health inspectors in 1927 motivated the inception of additional centers at the end of that decade. This allowed Africans to take partial control of sanitary inspection of food and public sanitation in western Nigeria. Recall that the British policy of Africanization, which resulted in the employment of more Africans into the colonial civil service, also raised the number of local health inspectors supervising public sanitation in native and colonial towns. Scholars have hinted that the decision of colonial authorities to support the sanitary inspector training in towns outside Lagos during the interwar period was not fortuitous. For Michael Worboys, the colonial policy change was driven by the economic imperatives of empire, which required the labor of healthy Africans.[6] In the

[6] Michael Worboys, "The Colonial World as Mission and Mandate: Leprosy and Empire, 1900-1940," *Osiris* 15 (2000), 212-213.

decade after the First World War, the rising unemployment in Europe, which British officials thought African human and material resources would reduce at home, led to the funding of disease control projects in Africa to enhance labor productive capacity. The health historian draws from Michael Havinden and David Meredith's analysis of the British ideas of "trusteeship" and Lord Lugard's "dual mandate" to explain the intervention as the official response of the British Parliament to the interwar economic crisis in the empire, including African demand for improved living/working conditions. Worboys notes that while the British government focused on boosting colonial agriculture and mining by improving the health of African laborers, their long-term goal was to make African states a source of raw materials for the British economy.[7] Thinking colonial rule would last and that African welfare could wait, the Act provided little funds for small-scale projects that were to bring immediate benefit to the empire. Sectors such as agriculture and public health received some attention to aid economic development in the colony and foster commerce and industries in the metropole.[8] In this frame, the Act required that the Colonial Office (CO) and the Colonial Development Advisory Committee avoid proposals for long-term projects requiring recurrent funding.

One of the small-scale projects carried out with the Colonial Development Fund was the establishment of more government training centers for African sanitary inspectors. Like in the late 1920s, the goal was to recruit and train Africans to educate the public on

[7] Worboys argues that the third phase of medicine as a tool of empire began after 1929 when imperial officials created a role for colonial health in their policy of "trusteeship," which aimed at developing resources in the colony for the mutual benefit of the colonized people and the European colonizers. See: Worboys, "The Colonial World as Mission and Mandate," 213; Michael Havinden and David Meredith, *Colonialism and Development: Britain and its Tropical Colonies, 1850-1960* (London: Routledge, 1993), 312.
[8] Colonial Development Act 1929, chapter 5, from www.legislation.gov.uk/ukpga/Geo5/20-21/5/enacted.

"modern" sanitation principles and build a cordial relationship with the local population. The colonial authorities' efforts to create more hygiene inspector training schools, the planning of which started in 1930, began to materialize in 1932 after establishing a center in Kano to serve northern Nigeria. The Medical Officer of Health (MOH) for the town, Dr. N. S. Turnbull, established the center inside the Kano Government Health Office, assuming the role of a tutor and school principal.[9] Until 1934 when the number of enrolled candidates grew and graduates became government health inspectors, Dr. Turnbull singlehandedly trained the first batch of recruits as NA sanitary inspectors using the local Hausa language. At that time, the colonial government in Lagos had sent a new health superintendent to take over Dr. Turnbull's teaching responsibility and change the language of instruction at the center to English. In April 1933, another center known as the "Sanitary Training Centre" was founded in Ibadan inside the Onireke Health Office to complement the Yaba school already serving western Nigeria.[10] Until 1940 when the training center officially became the "School of Hygiene" and two Yoruba sanitarians-Messrs B. A. Adelaja and Mr. J. A. Olusanya, joined the teaching staff, European health officials were the only set of tutors instructing students. Finally, in the Owerri Province of eastern Nigeria, colonial authorities founded an additional training center in 1934 at Aba.[11] However, the colonial government later moved this hygiene school to Umuahia town. They situated it near the Government College, which supplied the regional hygiene training center with young recruits who had

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[9] Kano State College of Health Sciences and Technology, "History - School of Hygiene, Kano," available at http://www.kacohsat.edu.ng/#about, accessed on March 5, 2022.

[10] Oyo State College of Health Science and Technology, "College History," available at https://oyschst.edu.ng/oyschst/history.php, accessed on March 5, 2022.

[11] NAI, Oyo Prof 1/699 Vol. III, Director of Medical Services to the Senior Health Officer for Southern Provinces, Ibadan: Hostel for School of Hygiene, February 23, 1937.

just graduated from secondary school. Provincializing the training of the health auxiliaries allowed local boards of health under the NA across colonial Nigeria to nominate and sponsor well-known and competent individuals who would be trained and then placed in charge of community sanitation and health inspection.

Given that Ibadan developed as the administrative headquarters of western Nigerian towns, colonial officials saw the new training center in the city as an opportunity to cultivate more native health inspectors who could be employed and transferred to rural communities under their administration. In this regard, the colonial government provided £1000 for the erection of buildings between 1932 and 1933.[12] Upon completing the classrooms, European officials handled the training of candidates at the center. While the sanitary superintendent and former instructor at the Royal Army Medical Corps School of Hygiene, Mr. A. E. Warminger managed the school for five years, Dr. Robertson assisted him in teaching and training candidates. As in Lagos, the language of instruction was English. Unlike the three-year training in Lagos, however, the approved period of education in Ibadan was two years. During that period, the syllabus recommended by the Lagos committee for the training of subordinate staff of the medical department was divided equally between lectures and fieldwork. These officials did this to fast-track the graduation of sanitary inspectors for villages and smaller towns around Ibadan, where certain practices were deemed unhealthy.

Since the colonial government in western Nigeria allowed public health ordinances to be made locally in a bid to foster popular acceptance, NAs who were held responsible for the sanitation of their towns found the hygiene training program interesting, both for

[12] Historical Papers Research Archive, AD1715, N. S. Turnbull, Health Services in Nigeria, August 21, 1944.

public health and political reasons. Unlike previous public health initiatives implemented using paternalistic methods, the colonial authority in western Nigeria offered African chiefs the opportunity to exert some influence on the program to gain their political support. Such influence included handpicking candidates to be trained; that is, the recruitment, training, and employment of Africans as health inspectors was subjected to the acceptance of local chiefs, whose town the recruits would work. This means that colonial authorities did not have to impose the hygiene training program on African chiefs, unlike the potable water initiative in Lagos. For this reason, and perhaps because an African, Dr. Oluwole, started the program, it attracted little resistance from most African chiefs. However, the hygiene auxiliaries were not answerable to them. The health inspectors answered to District Officers (D.Os) and European officials overseeing the colonial health department in the province.[13] In the case of any clash with the local population or the chief, it was these European medical officials that African health inspectors were to report. During the interwar period, colonial authorities aimed to educate the public on the value of clean environments for a productive economy rather than the forceful imposition of any specific modernizing program or laws. Thus, the success that colonial authorities anticipated from the initiative depended not only on a cordial relationship between health inspectors and the chiefs but also with the public.

Despite allowing African chiefs/kings to nominate, accept or reject potential health inspectors, the responses of these local rulers to the public sanitation training program were not uniform. Studies show that some chiefs were resistant to the idea of having another

[13] NAI, Ije Prof. 422 (Volume III), Native Administration Sanitary Inspectors, General Correspondence: Health Officer Ijebu-Ode to Chief Sanitary Inspector, Sept. 14, 1937.

authority—the government hygiene agent—in their town.[14] These chiefs were particularly protective of their political space and popularity because they feared the respect their people had for them might wane should the sanitizing activities of sanitary inspectors bring about public health improvement in the towns. Furthermore, archival sources suggest European D.Os proposed certain sanitary regulations for public health improvement in rural/peri-urban towns in the 1930s.[15] Since most Europeans did not live in these marginal towns, colonial authorities had a few reasons to impose the sanitation laws on local chiefs and their people. Colonial officials in Africa only showed interest in rural health because of the belief that preventable diseases like malaria, cholera, and dysentery were threats to the colonial economy, which relied on the pool of migrant laborers from the rural areas.[16] Yet, not all Yoruba chiefs/kings welcomed colonial public health rule or the health inspector training program. In Ekiti Division, for instance, Chief *Olojudo* of Iddo town and his counterparts in Ijero, Emure, Okemessi, and Ado towns rejected colonial sanitary regulations because of the scarcity of funds that would be required to implement the law.[17] The European D.O. in charge of Ado Ekiti also removed Oye and Aiyede settlements from the list of towns to sign into law the sanitary regulations made under the Public Health Ordinance. This was because, at the time, the towns lacked a British-recognized NA that would enforce the law.

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[14] Adedamola Adetiba and Enocent Msindo, "Chiefs and Rural Health Services in South-Western Nigeria, c. 1920—c. 1950s," *Social History of Medicine* 35, 1 (2022), 16.
[15] NAI, Ondo Prof I/565BA, D.O. Ekiti Division to Resident Ondo Province, August 3, 1935; NAI, Oyo Prof I/699 Vol. I, Memorandum from D.O. Ife/Ilesha Division to Resident Oyo Province, February 2, 1933.
[16] Glen Ncube, "Robert A. Askins and Healthcare Reform in Interwar Colonial Zimbabwe: The Influence of British and Trans-Territorial Colonial Models," *Historia* 63, 2 (2018), 62-92.
[17] Archival sources do not reveal whether the sanitary condition of these communities became worse or better than those areas where colonial public health regulations were implemented during the period under review. See: NAI, Ondo Prof I/565BA, D.O. Ekiti Division to Resident Ondo Province, August 3, 1935; NAI, Oyo Prof I/699 Vol. I, Memorandum from D.O. Ife/Ilesha Division to Resident Oyo Province, Feb. 2, 1933.

Apart from a few cases of apprehension, hesitation, and negotiation among African chiefs, most NAs in Yorubaland welcomed the hygiene training program since they could nominate candidates of their choice and take credit for improving sanitation and health in their towns. For instance, *Owa* (the king) of Ilesha and the *Oni* (the king) of Ife initially objected to the sending candidates from their towns to Ibadan for the hygiene training, citing economic and political reasons for their objection. However, the two rulers craftily agreed when they heard that the training program would receive financial support from the provincial government.[18] More importantly, the colonial government assured the N.As that the duties of the trained sanitary inspectors would strictly be educative, and prosecution of those found wanting in healthy environmental practices would be rare. Going by the British colonial officials' zealous effort to mobilize the support of African chiefs for the training program, it appears the colonizers were confident that most Africans in western Nigeria would become "environmentally-responsible subjects" under the tutelage of N.A sanitary inspectors. Moreover, reducing cases of preventable diseases in the region would, in turn, increase the number of healthy people buying British goods and working for the colonizers. As the following paragraphs show, most local health inspectors and chiefs could not help the British realize these colonial ambitions as all the key players had competing interests.

Multiple sources indicate that some African chiefs abused the recruitment process by handling the public health initiative as a source of power and privilege they could exploit to further their interests. Whereas some chiefs sent candidates to the hygiene schools to

[18] NAI, Oyo Prof 1/699 Vol. I: Ibadan D.O. to Resident, Training Centre - African Sanitary Inspectors, December 22, 1932; Ibadan D.O. to Resident, African Sanitary Inspectors, January 23, 1933; Oyo Resident to MOH Ibadan, Training Centre - African Sanitary Inspectors, March 16, 1933; Oyo Resident to Secretary of Southern Provinces, Training Centre - African Sanitary Inspectors, September 28, 1934, 1-4.

demonstrate their support for the colonial government health program, in reality, they were covertly strengthening their power and securing their political space by nominating youths they could control. Using the Ibadan sanitation training center as a public health resource for disease prevention/control and bolstering their position in the sanitary administration of Yorubaland, some N.A chiefs dropped the admission standard of the hygiene schools. Some of these chiefs chose candidates loyal to them for the sanitary inspector training, even with as low as Standard VI—the present-day primary school leaving certificate.[19] Others who were simply indifferent to the quality of youths they nominated might have conceived the training as a potential source of income their relatives could exploit. So, of the total twenty students anticipated to come from Ife, Ibadan, Ilesha, and Oyo for the class of 1933, the *Bales* (chiefs) of Ibadan town nominated the entire target of twenty candidates instead of the twelve slots allocated to them.[20] The other three administrative divisions nominated five candidates: Oyo and Ilesha sent two nominees each, and Ife recommended one candidate. In a bid to involve those without social connection in the program, colonial authorities allowed the African public to apply directly to the school without being nominated by their chief. By the end of 1932—the year before classes started, about 260 youths had applied for admission into the Ibadan school. Sources do not reveal the biography of the selected candidates. However, the MOH for Oyo noted that traditional rulers engaged in nepotism when choosing entrants for the training because they considered the position of sanitary

[19] NAI, Oyo Prof 1/699 Vol. I, The Bale's Office to Ibadan District Officer, Health School - Ibadan, March 7, 1933; Oyo Resident to Secretary of Southern Province, Training Centre - African Sanitary Inspectors, September 28, 1934, 1-4; BLN, "Improvement of Oyo," *The Nigerian Daily Times*: December 1, 1932.
[20] NAI, Oyo Prof 1/699 Vol. I, The Bale's Office to Ibadan District Officer, Health School - Ibadan, March 7, 1933.

inspectors "as a sinecure to be disposed of to the claims of relationship or obtained by the influence of privileged position."[21] This criticism was because some candidates nominated by the chiefs were deemed academically "unfit" after starting the two-year program. The colonial officials supervising the training believed that nepotism was responsible for chiefs' failure to inquire about candidates' abilities and character before nominating them.

To be sure, lecturers in the Ibadan school of hygiene complained about candidates' poor academic performance in the training and unprofessional work ethics after graduation. While students were examined and graded regularly based on their academic performance in theory and practical works, their general conduct and human relation also determined whether they would graduate and be employed after the public health training program.[22] Out of the twenty-five students who enrolled in April and June 1933 (the first batch), the management dismissed two students—J. L. Olowofoyeku and R. O. Adepoju—from Ilesha and Ibadan because "their general aptitude was below the average," and another three left voluntarily.[23] Among those admitted in November 1933 (the second batch), one Mr. F. P. Laosun was considered "mentally satisfactory" after one-year training, but "his conduct and general demeanor [was] unsatisfactory." He was reported to have been warned several times by course instructors, but "his defect of character render[ed] him unsuitable for the

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[21] NAI, Oyo Prof 1/699 Vol. I: MOH Ibadan to Ibadan D.O., Ede - Sanitary Inspectors, October 24, 1934; MOH Ibadan to the Resident, Ede - Sanitary Inspectors, October 24, 1934.
[22] NAI, Oyo Prof 1/699 Vol. I, MOH Ibadan to The Resident, Training Centre for African Sanitary Inspectors, Ibadan. F. P. Laosun, February 7, 1935; Oyo Resident to Ibadan D.O., Training Centre for African Sanitary Inspectors, Ibadan. F. P. Laosun, February 16, 1935.
[23] NAI, Oyo Prof 1/699 Vol. I: MOH Ibadan to The Resident, Training Centre - Ibadan, August 9, 1933; MOH Ibadan to the Resident, Names of Students in Attendance at Training Centre, August 20, 1934.

position he would have ultimately."[24] In Mr. Laosun's letter of apology, where he pleaded to be allowed to resign rather than dismissed, the student admitted he was scolded by the sanitary superintendent, Mr. Warminger, for impoliteness: laughing while making a *salga* (latrine) and leaving the class during lecture without requesting permission.[25] The school's management did not accept his apology and the eventual dismissal of Mr. Laosun shows the level of maturity and discipline that instructors at the Ibadan Hygiene School expected from sanitary inspectors-in-training. Commenting on Mr. Laosun's behavior, the MOH in Ibadan compared the trainee to a schoolboy who showed little interest in practical training.

Regarding the question of trainees' ability, competence, and character, it is doubtful that the conclusion of the European MOH about the students was accurate. Indeed, some chiefs might have handpicked hygiene school trainees who had little or no interest in the health program, but ineptitude alone does not fully explain their lack of enthusiasm. Scholars who have examined the economic situation in many European colonies in Africa during the interwar period suggest that poverty and unemployment rates were high in the 1930s across western Nigerian towns, as in other African territories. In Lagos, for instance, economic historian Ayodeji Olukoju argues that before the third decade of the 1900s, plantation owners and managers usually placed Africans on contracts and paid them at the end of the contract. In the 1930s, however, the decline in prices of goods made this arrangement difficult. For Olukoju, "the phenomenon of defaulting employers became

[24] NAI, Oyo Prof 1/699 Vol. I, MOH Ibadan to The Resident, Training Centre for African Sanitary Inspectors, Ibadan. F. P. Laosun, February 7, 1935; Oyo Resident to Ibadan D.O., Training Centre for African Sanitary Inspectors, Ibadan. F. P. Laosun, February 16, 1935.
[25] NAI, Oyo Prof 1/699 Vol. I: F. P. Laosun to The Resident, February 17, 1935; Oyo Resident to The MOH Ibadan, Training Centre for African Sanitary Inspectors, Ibadan. F. P. Laosun, February 14, 1935.

rampant, and in the first eight months of 1934, fifty-nine laborers obtained favorable court decisions against their employers."[26] In many provinces and divisions, African government workers had to take wage cuts to keep their positions during the depression of the 1930s. Historians studying poverty and social welfare in colonial Nigeria have also demonstrated that many European firms merged during the 1930s to save their investments, leading to the termination of some Africans' jobs.[27] While some Africans earning low wages endured the hardship, others who lost their jobs and were poor and could not meet their immediate needs sought alternative employment opportunities, including the health inspection training program. In the context of the economic crisis of the 1930s, African chiefs might have seen the health inspector's training as an alternative to unemployment for their people since the program promised gainful occupation after becoming NA sanitary inspectors.

Along this line of thought, some N.A disregarded the colonial chain of command by employing people in the town as sanitary inspectors, perhaps in response to the rising unemployment and poverty. Correspondence between the MOH for Ibadan and the Oyo Resident shows that these European health officials were not pleased with the Timi (chief) of Ede, who hired three sanitary inspectors without discussing with the D.O or Resident in 1934. Before, the Resident or MOH made such appointments, but this changed during the interwar years when the N.A knew the colonial government needed their support for the health inspectors' training program. The MOH for Ibadan considered "appointments made in this way injudicious as there [was] invariably an element of favoritism in them." The

[26] Ayodeji Olukoju, "The Travails of Migrant and Wage Labour in the Lagos Metropolitan Area in the Inter-War Years," *Labour History Review* 61 (1996), 62.
[27] Uyilawa Usuanlele, "Poverty And Welfare In Colonial Nigeria, 1900-1954," PhD Dissertation, Queen's University, Kingston, 2010, 242-252.

health official complained that based on his experience, such appointments were usually "unsatisfactory, as men with no qualifications [were] foisted on the public."[28] Indeed, this might have appeared as insubordination to the colonial officials. However, it suggests that the same economic imperative that drove the colonizer's interests in public sanitation—to boost colonial agriculture/mining and reduce unemployment in Britain—equally shaped Africans' decision to consider the training as a potential source of income/employment.

Even if the European colonial officials had demanded that Ede N.A withdraw the appointments, the chiefs would likely have declined such an order. This perspective draws on a similar case in 1933 whereby the MOH for Ibadan, Dr. E. J. Clark suspended one N.A inspector, Mr. Kasumu Gbenjo, in Osogbo for being "incompetent." Rather than support the health official, the N.A in Ibadan continued to pay the sanitary inspector the sum of £3 every month without performing the task assigned to him.[29] We do not know the full details of Mr. Gbenjo's offense or the official response of Ibadan N.A chiefs to the suspension. Notwithstanding, the continuous payments to the inspector suggest a conflict of interest between colonial health officials and the chiefs. Also, where the MOH saw the perpetuation of a vicious system of nepotism, to the N.As, these were opportunities to bolster their power by employing individuals they knew and could control rather than people loyal to the European officials. Other health historians have identified a similar conflict of interest between British MOH and Yoruba traditional rulers in the Ijebu Province. In their recent

[28] NAI, Oyo Prof 1/699 Vol. I: MOH Oyo Province To The D.O Ibadan, "Ede – Sanitary Inspector," October 24, 1934; MOH Oyo Province to The Oyo Resident, "Ede – Sanitary Inspector," October 24, 1934.
[29] The MOH suggested all candidates for posts as sanitary inspectors be selected by himself and one administrative officer and their appointment be probationary for a period of three to six months. See: NAI, Oyo Prof 1/699 Vol. I: MOH Oyo Province to District Officer Ibadan, "Ede Sanitary Inspectors," October 24, 1934.

article on chiefs and colonial health in rural towns of western Nigeria, Adedamola Adetiba and Enocent Msindo show that N.As were concerned about the kind of report that sanitary inspectors submitted to colonial officials on the condition of public hygiene in their towns. According to the authors, this apprehension motivated chiefs in the province to challenge the right of the provincial health officer to meddle in who they hire as sanitary inspectors and how they control such health workers.[30] The struggle between these local rulers and colonial officials over who should control the political space in Ijebu towns reached a point in 1934. That year, one lower-ranked chief, Olugboyega overseeing the Owu district, defied the sanitary superintendent by permitting a bereaved family to bury their dead without demanding they obtain a permit from the town's sanitary inspector. Like Olugboyega, the refusal of Ibadan N.A to recognize the suspension of Mr. Gbenjo and the unilateral decision of Ede chief to employ new inspectors reinforces the fact that public sanitation and health management in western Nigeria transcended the sole control of Europeans or local chiefs.

Like the chiefs, African youths who secured admission to the Ibadan training center did not only demand improved allowance for their upkeep during the program; the students also demanded they be paid well after graduation. At the beginning of their training in 1933, the school's management told the first batch of nominated candidates that their subsistence allowance would be fifteen shillings per month. While the monthly allowance was to cater to the student's living expenses, including food, clothes, house rent, and laundry, their annual salary after the program would be £30 without increment.[31] However, six months

[30] Adetiba and Msindo, "Chiefs and Rural Health Services in South-Western Nigeria," 17-18.
[31] NAI, Oyo Prof 1/699 Vol. I: Oyo Resident to Ibadan D.O., Subsistence Allowance to Native Administration Sanitary Inspectors-in-Training, November 29, 1933; MOH Ibadan to The Resident, N.A Sanitary Inspectors-in-Training, January 29, 1936.

into the course, the students sent a letter to the Senior Resident of Oyo Province demanding details of their post-graduation salary and a raise in their monthly upkeep allowance. They lamented that their "chopping allowance" could no longer sustain them for a month.[32] This letter reflects the students' plight and concern about the depressed economy and high cost of living during the interwar period. Although colonial officials knew from the students' petition that economic survival was vital to the trainees, still, they rejected the students' appeal.[33] The authority also reneged on the promise that each graduate would receive £30 per annum after completing the training. Instead, the officials proposed fifty shillings per month as salary for those retained as NA sanitary inspectors after the training program.

Not satisfied with the penny-pinching approach of the colonial authority, the students, in their follow-up petition, reminded colonial officials of the verbal agreement they had at the start of the program. Believing they had been well-trained in tropical hygiene, the pupils framed their program as "a university education on sanitation," for which the authority should reward them handsomely upon graduation.[34] Whereas the MOH in Ibadan believed a better allowance and wage would attract many poor candidates to the program, his superior had a different concern. The Resident of Oyo Province feared the "students [would] not stay long in their posts at 50 [shillings] a month and the expenditure and trouble on their training [would] be lost."[35] Here, this official was wrong, as we shall see. Students who got immediate employment as sanitary inspectors did not quit their jobs.

[32] NAI, Oyo Prof 1/699 Vol. I: The Sanitary Students to The Resident Oyo Province, Students - Sanitary Training Centre - Petition from, September 26, 1933.
[33] NAI, Oyo Prof 1/699 Vol. I: Oyo Resident to The MOH Ibadan, "Training Center - Ibadan," Sept. 28, 1933.
[34] NAI, Oyo Prof 1/699 Vol. I: The Sanitary Students to The Senior Resident Oyo Province, July 1, 1934.
[35] NAI, Oyo Prof 1/699 Vol. I: The Resident to MOH Ibadan, Training Centre - African Sanitary Inspectors, September 1, 1934, 1-2; MOH Ibadan to The Resident Oyo Province, September 6, 1934.

They used their power and status to generate more income, intimidating and demanding bribes from people they were hired to guide to "sanitary enlightenment." By the end of 1934, officials had increased the training allowance to £1 per month with extra two shillings for notebooks, while graduates were to receive £2.10 monthly upon employment. Indeed, colonial officials managed the minor problem, but the debate over inspectors' welfare points to the abiding issue of inadequate funding, which had hindered public health development since 1900. Though sanitary inspection seemed cheaper than funding material infrastructure, colonial authorities still failed to make funds available for the project. As this chapter shows later, the government's failure to revive the depressed economy, address poverty, and the high cost of living would drive many health inspectors into corruption.

The training of N.A sanitary inspectors continued simultaneously with the training and employment of other subordinate staff to the medical and sanitary department of N.A in western Nigeria. Rather than teach the recruits simple scavenging works such as latrine digging, pool drainage methods, and methods of mosquito destruction, selected sanitary inspectors-in-training received standard elementary hygiene and public health lessons.[36] The contents of their syllabus ranged from lectures on the hazards of impure water to the effects of unsuitable food on health, lessons on the impact of unsanitary housing, and ways of preventing infectious diseases. Instructors also taught them strategies for persuading the public to take steps towards good sanitation. After their first year in the program, trainees were assigned to senior sanitary inspectors to serve as sanitary attendants during the routine

[36] The Resident Officer in Oyo Province disagreed with the MOH on the structure of the syllabus because the former believed it was too broad for village sanitation. NAI, Oyo Prof 1/699 Vol. I: MOH Ibadan to The Resident, Training Centre - Ibadan, June 19, 1933; The Resident to MOH Ibadan, Training Centre - African Sanitary Inspectors, September 1, 1934, 1-2.

inspection, which formed a key part of their fieldwork. By 1935, only fifteen of the twenty-five students that made up the first batch remained in the program. Twelve graduated in April: ten from Ibadan, one from Oyo, and one from Ife. The other three from Ibadan, Oyo, and Ilesha received more training until June 1935.[37] After completing their training that year, they took the London Royal Sanitary Institute examination organized locally, and successful candidates obtained the diploma from the Royal Institute of Public Health, London. The second batch of eight candidates who enrolled at the Ibadan center in November 1933 also completed their sanitary inspection training in November 1935.

Figure 6.1: Native Administration (N.A) Sanitary Inspectors-in-Training, c. 1930

Source: Lagos State Records and Archives Bureau (https://twitter.com/LASRABofficial)

Interestingly, not all inspectors trained in Ibadan received automatic appointments after completing their program. Only candidates considered enthusiastic and outstanding in coursework and fieldwork were appointed by their originating town. Like those trained in

[37] NAI, Oyo Prof 1/699 Vol. I: MOH Ibadan to The Resident, Training Centre - African Sanitary Inspector, April 8, 1935.

Lagos (see chapter five), local sanitary inspectors trained in Ibadan and deployed to western Nigerian peri-urban and rural areas were ranked from 3rd to 1st Class. The N.A. authority paid the lowest-ranked officers £2.10 monthly, and those posted to villages received a one-time bonus for buying bicycles in addition to their salary.[38] Finally, colonial authorities promoted the inspectors based on merits and years of service in the local health department.

Most of the nominated candidates that graduated in 1935 from the Ibadan school received appointments from their N.As to serve in peri-urban and rural towns. For most of the colonial period, African medical and hygiene auxiliaries remained subordinate to white officials and confined to the lower echelons of the health department. Yet, their positions of "little" authority constituted the lynchpins of colonial administration in Africa, shaping the (dis)functioning of the European imperial "mission to sanitize." Even beyond Africa, scholars researching colonial health have shown that public health programs were far from being a top-down process in the British empire but one that African intermediaries and auxiliary workers helped shape, including those that served the interests of the minority whites.[39] Others have problematized the conventional view of the European "civilizing mission" as an imperial project that was managed primarily from the imperial metropole. In her study on infant welfare work in Barbados, Juanita De Barros shows how auxiliary workers supported a short-lived colonial infant welfare scheme. Recognized as vital to colonial health reforms, the author credits medical auxiliaries who worked as midwives in the colony for successfully reducing infant mortality rates during the early twentieth

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[38] NAI, Oyo Prof 1/699 Vol. I, MOH Ibadan to The Resident, N.A. S. Inspectors-in-Training, Jan. 29, 1936.
[39] Ryan Johnson and Amna Khalid, *Public Health in the British Empire: Intermediaries, Subordinates, and the Practice of Public Health, 1850-1960* (New York: Routledge, 2012).

century.[40] This suggests that health auxiliaries' concerted efforts and roles in the European imperial project defined how colonized people experienced some colonial health programs.

Likewise, in their edited volume on the role of Africans as intermediaries, Benjamin Lawrance, Emily Osborn, and Richard Roberts argue that in the various settings where the auxiliary workers served, they influenced and transformed colonial power and authority, acting as self-motivated actors. Given their intermediary role as one of the middlemen between the government and the public on health-related matters, "they aided and abetted the expansion of the colonial state."[41] In the western Nigerian context, advancing the colonial idea of public sanitation took the "hygiene police" to Yoruba communities, where they spread imperial hygiene principles as a corrective measure to the perceived African unsanitary cultural practices and unfriendly environmental habits. Based on the circular issued by the MOH in Ibadan, these laborers were "to confine their activities to public sanitary work only," including stoking of public incinerators, burning of refuse at public dumps, managing public latrines, and "on no account are they to work in private compounds."[42] This implies that their social engineering work, aimed at improving public health, would focus on suppressing open defecation, implementing anti-mosquito projects, enforcing public health laws on food/drink hygiene, and stopping unsafe methods of refuse disposal. The trained N.A sanitary inspectors set out to accomplish these tasks by routinely inspecting streets and public spaces like abattoirs and markets. While malaria was the

[40] Juanita De Barros, "A Laudable Experiment": Infant Welfare Work and Medical Intermediaries in Early Twentieth-Century Barbados," in: Johnson and Khalid, *Public Health in the British Empire*, chapter five.
[41] Benjamin Lawrance, Emily Osborn, and Richard Roberts (eds), *Intermediaries, Interpreters, and Clerks: African Employees in the Making of Colonial Africa* (Madison: University of Wisconsin Press, 2006), 6.
[42] NAI, Oyo Prof 1/699 Vol. I, MOH Ibadan, Circular to Native Administration Sanitary Inspectors in Ibadan Division, April 1, 1936.

commonest disease in Abeokuta as elsewhere in Yorubaland, historian Rufus Akinyele shows that the Egba N.A addressed the mosquito scourge as a health crisis, engaging in public health education and inspection of compounds and public spaces.[43] African health inspectors educated the public on preventing conditions favorable to mosquitoes and, in the process, improved public drainage systems. As the next section shows, these inspectors violated African privacy against the order of their superiors.

(Un)Intended Consequences of Administrative Policing of African Hygiene Practices

In fairness to colonial officials managing N.As and the activities of sanitary inspectors in western Nigeria during the 1930s and 40s, it appears political sensitivities were part of their approach to establishing a "modern" state administration. Archival sources show they tried to make routine sanitary inspections less intrusive and hegemonic by holding both the N.A and their sanitary inspectors accountable. Yet, those efforts, which I turn to below, did not address the problem of social inequality, high cost of living, and poverty that influenced people's actions. In this colonial condition, it was difficult for most sanitary inspectors not to use their power for personal agendas and harder for colonial officials to supervise them.

In towns and villages where Public Health Ordinance was not already in effect, local sanitary rules were codified in the early 1930s to provide the required legal framework for the activities of N.A health inspectors. During the drafting of local sanitation rules in some parts of western Nigeria, colonial officials were culturally conscious of their language when describing the work and powers of sanitary inspectors. For instance, during the drafting of

[43] Rufus Akinyele, "Health and Sanitation in Colonial Abeokuta," in: Toyin Falola and Steven Salm (eds.), *Nigerian Cities* (Trenton, N.J.: Africa World Press, 2004), 293-313.

the Ekiti N.A Sanitation Order in 1932, the MOH instructed the D.O. in the division to remove the word *Olopa* (police) from the sanitation ordinance to encourage N.As in the area to accept it.[44] While the colonial concern with how Africans interpreted or understood colonial sanitation regulations may not necessarily mean that these officials wanted to make sanitary inspection less coercive, it signaled a distinct departure from previous paternalistic methods. As this sensitivity trickled down from British Residents to the MOH and the D.Os, the latter extended the political and cultural sensitivity to N.As and their sanitary inspectors. D.Os mandated local rulers in western Nigerian towns to exercise patience when dealing with members of the public on sanitation-related matters. This directive was intended to make public health education less intimidating and more attractive to colonized people who had cultivated deep mistrust for colonial authorities and resentment for its officials.

As part of government efforts to secure the trust of Africans, sanitary inspectors and N.As were directed not to punish violations of sanitation rules until after a careful review.[45] Colonial officials perhaps passed down this instruction to correct previous mistreatments of Africans. Historians and human rights scholars have argued that before the early 1930s, colonial authorities in Southern Nigeria used several intrusive and draconian laws to control Africans' socio-economic affairs. In this region, British colonial officials, deploying, for instance, the Collective Punishment Ordinance in the 1920s, sometimes imposed monetary fines and forced labor as punishment on rural communities for offenses committed by individuals.[46] At times, local chiefs whom Mahmood Mamdani labeled as decentralized

[44] NAI, Ondo Prof I/565BA, Memorandum from MOH Ondo Province to D.O. Ekiti Div., Sept. 17, 1932.
[45] NAI, Oyo Prof I/895, Memo from District Officer Oshogbo to Senior Resident Oyo Province, Dec. 2, 1930.
[46] Bonny Ibhawoh, *Imperialism and Human Rights: Colonial Discourses of Rights and Liberties in African History* (Albany: State University of New York Press, 2007), 65-67.

despots due to their relative financial autonomy and political power under the indirect rule system were particularly instrumental in expanding this hegemony and social control.[47] So, with this history of oppression in the minds of colonial officials and Africans, it is obvious why the government tried to separate the N.A. health inspection program of the 1930s from the previous coercive public health measures and policies that Africans had experienced.

To prevent local chiefs from using the health inspectors to intimidate their political opponents and perceived enemies, colonial officials instructed the new sanitary inspectors to tread lightly in the marginal communities they were posted in a bid to keep the program moderately effective. In Oshogbo, for instance, the D.O. instructed the *Ataoja* (king) and the town's health inspector not to take any case of sanitary offense to court unless the ward-head of the quarter in which the offense had taken place applied for the summons.[48] This was because colonial officials believed that members of the African public would be more inclined to support the "mission to sanitize" should the number of fines inspectors charged people be reduced and prosecution rates dropped. To further prevent unnecessary friction between the newly trained sanitary inspectors and the N.As of towns they were assigned to educate, British officials ordered the local "sanitation supervisors" to tread with caution when demanding laborers to assist their work from local chiefs.[49] This was primarily to keep the "sanitizing mission" moderately effective at the local level, just as the N.As were ordered. On this note, the Resident overseeing Oyo Province stressed that no hygiene inspector should force voluntary labor during sanitation exercises in their stations.

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[47] Mahmood Mamdani, *Citizen and Subject: Contemporary Africa and the Legacy of Late Colonialism* (Princeton: Princeton University Press, 1996), Chapter 2.
[48] NAI, Oyo Prof I/895, Memo from District Officer Oshogbo to Senior Resident Oyo Province, Dec. 2, 1930.
[49] NAI, Oyo Prof 1/699 Vol. I: MOH Ibadan to The Resident, Supervisors of Sanitation, April 23, 1935.

Noting the principal tasks expected of them, the MOH for Ibadan stated that sanitary inspectors were to "investigate the condition of the villages, prepare a scheme of necessary sanitary improvements…and there [would] be no question of 'forced labor' in anything undertaken."[50] This means sanitary inspectors were to motivate, advise, and help Africans by making them feel they were doing things for themselves and not that government agents were forcing them to sanitize their environments. In taking additional measures to prevent abuse of power by hygiene inspectors, the MOH for Ibadan proposed that N.A sanitary inspectors should not be allowed to fall into a comfortable association with a particular community. The colonial health officer argued that sanitary inspectors should not be allowed to stay longer than two months before being transferred to another village for the same duration.[51] If transferred temporarily, the sanitary inspectors were to be ordered to return to their first place of primary assignment to see to what extent the local population had maintained good sanitation on their own. These strategies were enough for colonial officials in Yoruba towns to prevent friction between hygiene inspectors and the public.

If the British colonial authorities implemented these measures at all, especially the rotation strategy, sources suggest they did little to change how most Africans perceived sanitary inspectors. Based on the report of N.A sanitary inspectors that graduated in 1935, many communities did not welcome them because people viewed the inspectors as vicious colonial government agents whose duty was to use European hygiene principles to impose arbitrary fines on them. Informing the Resident of Oyo Province of the poor reception by

[50] NAI, Oyo Prof 1/699 Vol. I: The Resident Ibadan, Training Centre - African Sanitary Inspectors, April 11, 1935; MOH Ibadan to The Resident, Supervisors of Sanitation, April 23, 1935.
[51] NAI, Oyo Prof 1/699 Vol. I: MOH Ibadan to The Resident, Training Centre - African Sanitary Inspector, April 8, 1935.

Africans, the MOH for Ibadan stated that "even where their efforts have met with most success, there has been little co-operation on the part of the inhabitants and in some cases, definite opposition."[52] This rejection of the sanitary inspectors was not peculiar to the local population in western Nigerian towns. Ogbu Kalu observed that a stampede would ensue in eastern Nigerian communities whenever people saw the "predatory" sanitary inspectors roaming through village markets, collecting bribes from hapless traders.[53] Likewise, people in other colonies avoided sanitary inspectors as much as those in Nigeria. Recent studies on household sanitation in the Gold Coast show that most Africans responded to the arrival of sanitary inspectors by locking their homes and shops. Those caught unaware saw the health workers as rude because they polluted people's water while searching for mosquitoes larvae.[54] In the western Nigerian context, the MOH believed that this attitude would change over time, noting that "the *Bale* [chief] of some village[s] have expressed the opinion that nothing could be done without some show of authority."[55] Recall that when the sanitary inspectors were posted to their places of assignment, the British Resident for Oyo warned against the use of any coercive strategies. While some local chiefs believed a show of force by sanitary inspectors would get the African public interest in their work, colonial officials were unwilling to risk upsetting the people over health inspection. This shows that the evidence of coercion and abuse that some scholars identify in colonial health initiatives was

[52] NAI, Oyo Prof 1/699 Vol. I, MOH Ibadan to The Resident, Sanitary Inspec. - Oyo Province, June 5, 1935.
[53] Ogbu U Kalu "Poverty and Its Alleviation in Colonial Nigeria," in: Adebayo Oyebade (ed.) *The Foundations of Nigeria: Essays in Honor of Toyin Falola* (Trenton, NJ: African World Press, 2003), 442.
[54] Akwasi Kwarteng Amoako-Gyampah, "Household Sanitary Inspection, Mosquito Control and Domestic Hygiene in the Gold Coast [Ghana] from the Late-Nineteenth to the Mid-Twentieth Century," *Social History of Medicine* 5, 1 (February 2022): 20-22.
[55] NAI, Oyo Prof 1/699 Vol. I, MOH Ibadan to The Resident, Sanitary Inspec. - Oyo Province, June 5, 1935.

sometimes not perpetuated by the "racist" European officials alone but also by Africans in positions of power in the colonial system.[56] It is important to understand this complexity for us to untangle the problem of power relations and resistance in the colonial landscape.

Instead of coercion, the MOH for Ibadan suggested that some laborers be employed to assist N.A sanitary inspectors in their work to show the people what could be achieved. However, the Resident rejected this proposal. He did not believe "'the examples' carried out by the labourers would encourage the public to act on their own behalf," nothing further that, "on the contrary, it would cause them all the more to expect the Native Administration to do all the work."[57] The MOH suggested employing laborers to work with sanitary inspectors because other chiefs in communities like Moniya and Gambari had successfully used a similar method, paying six shillings daily to maintain sanitation in their areas. However, for the Resident, "it is not suggested to employ labourers in these villages to do what the inhabitants [could] do for themselves." At the time, Africans in western Nigeria were already paying direct taxes, and the authority could have hired casual laborers to sanitize the towns from the revenue. However, feeling racially/morally superior to the subject people, the Resident would rather use the local population as free labor than put their taxes to use. This shows that up to the 1930s, some Europeans wanted Africans treated as children in need of tutelage, notably in basic hygiene principles. Yet, not all the officials shared this belief, and the MOH was one. In his letter to the Resident, the MOH reminded

[56] For instance, Jimoh Oluwasegun critiques the colonial Forest Ordinance aimed at controlling malaria for imposing hardship on Africans. Although he notes that one state agent was attacked around Five Cowries Bridge, he failed to tell us how African inspectors executed the law. See: "The British Mosquito Eradication Campaign in Colonial Lagos, 1902-1950," *Canadian Journal of African Studies* 51, 2 (2017), 230-232.
[57] NAI, Oyo Prof 1/699 Vol. I, The Resident Oyo Province to The MOH Ibadan, Sanitary Inspectors - Oyo Province, June 13, 1935, 1-2

his superior that "these people as taxpayers are entitled to some return by the expenditure of Native Administration funds for sanitary improvements in their villages," and this should include "well water, incinerators, and public toilet."[58] He believed Africans should have these hygiene facilities because their provision was as much a part of public health. Since the depressed economy of the 1930s made the provision of these facilities difficult, most N.As relied on a few volunteers working with sanitary inspectors to improve public health.

Figure 6.2: Sanitary inspector (*wole-wole*) inspecting a domestic well in Lagos Island

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Sanitary Inspectors (aka wole-wole) inspecting domestics wells within the Island of Lagos.

Source: Lagos State Records and Archives Bureau (https://twitter.com/LASRABofficial)

By the end of the decade, the depressed colonial economy, high cost of living, and poverty had impacted how most sanitary inspectors executed their duties. At this point, it became evident that what began as training and employment of African public health agents

[58] NAI, Oyo Prof 1/699 Vol. I, MOH Ibadan to The Resident, Sanitary Inspectors - Oyo Province, June 5, 1935.

had developed complications expected in an environment of budget restraints, where local rulers and new state formation practices met and produced different outcomes. Specifically, people reported abuses, corruption, and misconduct perpetrated by health inspectors across western Nigeria. Examples of such misconduct included unauthorized entry into people's homes, destruction of people's properties in the name of public hygiene, and intimidation. The complaints from Africans were so high that in 1936, the authority barred N.A sanitary inspectors from inspecting private houses and compounds within the Ibadan Division.[59]

In the Egba town, where *Alake* (the king) could not secure the cooperation of the people, N.A sanitary inspectors resorted to regular use of coercion and occasional arrests to control the local population's hygiene and cultural practices. Parallel to the nefarious activities of health inspectors in Oyo Province, scholars have reported that N.A sanitary inspectors in the Egba kingdom supplied the native court in Abeokuta with a stable stream of public health offenders. These Africans, who were mostly poor older women, according to Akinyele, contributed the bulk of Egba Native Council revenue in the 1930s as their indictment for failing to sanitize their surroundings and providing conducive habitats for malaria-carrying mosquitoes attracted steep fines/penalties.[60] The *Alake* and his sanitary inspectors extended this form of governmentality to African homes in 1936, breaching the boundary of their privacy by declaring a weekly "Dry Pot" day. On the day designated to observe the town's environmental sanitation exercise, *wole-wole* (house searchers), as the Yoruba referred to the sanitary inspectors, visited the local population's compounds. These

[59] NAI, Oyo Prof 1/699 Vol. I, MOH Oyo Province to The Resident Oyo Province, April 1, 1936.
[60] Akinyele, "Health and Sanitation in Colonial Abeokuta," 300.

officials would inspect household water vessels to ensure the containers stored only freshly secured water and were free of mosquito larvae. Residents of houses marked for inspection who obstructed the work of the "hygiene police" or refused to pay bribes were arrested and sometimes imprisoned. This confirms that British colonial officials did not sustain colonial health and their machinery of rule in western Nigeria through hegemony or control alone but by the concerted and collaborative effort of the few natives in positions of authority. Notably, the politicized work of African sanitary inspectors in western Nigeria suggests they acted as self-motivated actors rather than mere objects of colonial social engineering.

Apart from corruption/malpractices reported in many towns, another problem that animated the N.A sanitary inspector training from inception was the little significance that newly trained sanitary inspectors attached to the profession. Most people who enrolled in the training and worked as sanitary inspectors did so due to the rising unemployment in the region. Some candidates who lacked enthusiasm for the job but managed to graduate from the hygiene school in Ibadan failed to impress their European supervisors at their stations. This lack of passion for sanitation work, especially among educated natives, also existed in other colonies like British Kenya. Here, graduates of hygiene schools would rather take any other available jobs after their hygiene training than beg for colonial government sanitary inspector position. This applies to the case of the trade union and anti-colonial leader Tom Mboya, whose motivation for joining the African sanitary inspector training in Nairobi was the subsistence allowance attached to the program rather than a passion for the profession.[61]

[61] Tom Mboya, *Freedom and After* (Nairobi: East African Educational Publishers, 1963), 17-18.

Worst still, most Africans serving in the lower cadre of the colonial civil service, including auxiliary health workers, earned poor wages through the 1930s up to the outbreak of the Second World War. According to the letter sent by the Nigeria Civil Service Union to the colonial government in 1939, the labor union stated that the average salary of Africans in public service was "not a living wage."[62] Even when the economy improved slightly in the mid-1930s, basic commodities remained expensive. This condition got worse in the early 1940s due to wartime demands from Africans. As expected, colonized Africans responded differently to poor wages and economic insecurity under the British colonial administration. Whereas some quit government jobs and started farming or trading, others who stayed back engaged in corrupt practices like theft of government properties and sabotage of public policies/programs for personal gain.[63] Here, attention to widespread poverty and social deprivation in western Nigeria cast "agency" in a different light. For individuals of poor and lower social class fortunately recruited by their towns as sanitary inspectors or posted to another town as health inspectors, the position provided them with economic opportunities. Policing people's domestic hygiene and environmental sanitation practices promised them financial self-improvement and class respectability among their fellow Africans. In this context, we see the politics of hygiene and environmental sanitation that complicate colonizers versus colonized and white versus black binaries. More importantly, as we shall see below in the complaints/petitions of Africans against sanitary inspectors, the aspirations of the hygiene auxiliaries to cast themselves as powerful and

[62] NAI, CSO 26/2, File 28715/S.18 Vol. II, Nigeria Civil Service Union to Chief Secretary to Government, February 8, 1941, 177.
[63] Bill Freund, "Theft and Social Protest among the Tin Miners of Northern Nigeria," in: Donald Crummey (ed.) *Banditry, Rebellion, and Social Protest in Africa* (London: James Currey, 1986), 54-55.

their psychical desires for reclassification within the colonial racial and class hierarchies redefined the entire sanitary inspection program. Like all historical (colonized) subjects elsewhere, corrupt and unprofessional N.A sanitary inspectors were motivated by the entanglement of personal desires, material deprivations, and the poor colonial economy that provided minimal opportunities for them. It was these efforts to survive the colonial situation that shaped most of the actions/decisions of N.A sanitary inspectors in Nigeria.

The above analysis does not suggest that all sanitary inspectors in western Nigeria were corrupt or performed poorly in their posts. Evidence suggests that some excelled in their assigned stations while others were not just well-suited for the job but only took it to escape poverty or acquire social status/power. To be sure, archival records show that by 1936, Ede, Gbongan, Olode, and Ogbomosho towns had received NA sanitary inspectors.[64] Those sent to Moniya (Mr. James), Iroko (Mr. Gilbert), Akinyele (Mr. Babajide), Gambari, and Ondo showed enthusiasm and were "remarkable" for the interest they showed in their work. However, the health inspector in Fiditi, Mr. Aboyade, failed to receive a similar commendation. When Aboyade graduated from the hygiene school at Ibadan in April 1935, he was posted to the native town in Oyo Province. Official reports show he was indifferent to the unsanitary condition of Fiditi "owing to an entire lack of ability to get things done."[65] In their efforts to be sure his passive approach to duties was not linked to the socio-political conditions in the rural community, colonial officials transferred him to Oyo, a peri-urban

[64] NAI, Oyo Prof 1/699 Vol. I, MOH Ibadan to The Resident, Native Administration Sanitary Inspectors, January 7, 1936; Ondo Prof 120A, Annual Report for Ondo Division 1933, January 1934, 13.
[65] NAI, Oyo Prof 1/699 Vol. I, MOH Ibadan to The Resident, Mr. S.A. Aboyade, N.A. Sanitary Inspector - Oyo Division, October 14, 1935.

town. Here, he received some prisoners to serve as his sanitary laborers, but still, Aboyade failed due to "his inherent incapacity for the work of a sanitary inspector."

Indeed, the local politics of health in Fiditi and Oyo might have proved difficult for Aboyade to navigate. Yet, his performance there suggests his best was not enough. Notably, his lack of zeal for the job points in some ways to his abilities and qualification for the sanitary inspector work. While recommending his dismissal, the MOH noted that "this man was a candidate selected in the first instance by the *Alaafin* [Oyo king]."[66] For the MOH, Aboyade's unprofessionalism and failure stemmed from N.A's nepotism as he did not merit admission to the Ibadan hygiene school. Even though the health inspector had a satisfactory performance during the government-approved training, the colonial MOH stated that Aboyade had "an unfortunate manner," and he—the MOH—had "no confidence in him as a guide and instructor to the people."[67] While this indicates that officials did not ignore all cases of ineptitude and corruption, some misconducts cast serious doubts on the quality of individuals recruited into the sanitary inspector positions. Among others, one example of inspectors' unprofessional conduct concerns how they treated laborers provided by local chiefs—sometimes paid and at other times voluntary—to assist their work. The standard practice for sanitary inspectors was to use these sanitary laborers to facilitate regular clean-ups in towns. However, rather than maximize the labor power of the manual workers, N.A sanitary inspectors often directed them "to push [his] bicycle or carry his note book on his

[66] NAI, Oyo Prof 1/699 Vol. I, MOH Ibadan to the Resident, Mr. S.A. Aboyade, N.A. Sanitary Inspector - Oyo Division, October 14, 1935.
[67] NAI, Oyo Prof 1/699 Vol. I, MOH Ibadan to the Resident, Mr. S.A. Aboyade, N.A. Sanitary Inspector - Oyo Division, October 14, 1935.

rounds."[68] Since the "hygiene boys" seemed younger than the first set of trainees that Dr. Oluwole recruited in Lagos during the late 1920s, it was probable that their little exposure and youthfulness influenced their actions. Other factors such as inadequate education and scarcity of people with high qualifications to compete for the job may have influenced their misconduct, tainted their reputation, and defeated their relevance as public health vanguard.

In addition, the politicized actions of local hygiene agents show how some of them appropriated the "redemptive" and "sanitizing" power of the colonizer to further their self-seeking agendas and that of some local chiefs. On the one hand, N.A sanitary inspectors changed what Dr. Isaac Oluwole designed to foster public hygiene into an oppressive public health program as they abused the powers of their new office. On the other, the need for N.As to work with some power-drunk sanitary inspectors led to an unholy collaboration between these "hygiene police" and local rulers. The National Archives at Ibadan is replete with petitions written by Africans, showing atrocities committed by the government agents and their displeasure with all forms of sanitary inspection due to the awful actions of some chiefs and their compliant sanitary inspectors. Towards 1940 in Gbongon, a town under Ibadan Division, some residents complained about the collaboration between their *Bale* (chief) and the corrupt N.A sanitary inspector in charge of the town. In over twenty petitions submitted to the police, they accused the sanitary administrators of their town of corruption and abuse of power. Narrating their ordeal in the hands of the inspector, a statement from one Mr. Yanko, a butcher, shows how the government agent exploited him and his brothers:

[68] NAI, Oyo Prof 1/699 Vol. III, Secretary Southern Provinces to The Senior Health Officer for Southern Provinces, Hostel for Sanitary Inspectors-in-Training at Ibadan, April 19, 1937, 1-3.

> About 3 months ago, Sanitary Inspector buried my meat twice, cost 10 shillings each making £1; about 10 days after these, he buried the whole cow costs £2.10. I then, after all this affect, went to him and begged. He told me to go bring something and I go with £1.5 together with Salami Taitis with his own £1.5. My brother Ajape went with me to his house. He then received it from me in the presence of my brother Ajape and Salami Taiti and myself, from that time he never troubles me again.[69]

Along with other butchers, they demanded the intervention of the police and the colonial officials supervising the town. Specifically, they wanted officials to deal with instances of bribery, unlawful confiscation of food items, illegal building restrictions, and illegal home inspection perpetrated by the N.A sanitary inspector in alliance with the town's chief.

In another petition submitted by one Mr. Ogungbe, a farmer in the town, he reported that the town's NA sanitary inspector ordered the demolition of the new house he had just started building. In Ogungbe's words, quoted verbatim at the beginning of this chapter, paying bribes to the chief and the sanitary inspector had become "customary" to them."[70] So, in their joint statement at a police station in Ibadan, the oppressed local population in Gbongon expressed their frustration at the activities of the inspector attached to their town:

> We who put down our own names in this letter for the sake of the present sanitary inspector who is now troubling us in our town Gbongan, and delivering the message which he was not sent by the government and still collecting unnecessary money from us...When we report[ed] the matter last month two policemen [were] sent to our town...We [thought] the matter [would] come before the government as case, to ask this sanitary inspector why, but not at all till now. We write another letter to remind you about this case on 15/2/38, but we hear nothing again. But on last Saturday 5 March, one Ibadan N.A Police without uniform came to Gbongan to find out about our report of the sanitary inspector, and we [were] very glad. He went to the house of this sanitary inspector and [drank] plenty palm wine and gin, he left his house, he went to *Bale*'s house he [drank] plenty palm wine and gin,

[69] NAI, Ibadan Div. 1/1, No. 1610, "Statements made by Yanko before Police Constable Afolabi on February 8, 1938," in: Complaint against Sanitary Inspector, Gbongan, March 16, 1938.
[70] NAI, Ibadan Div. 1/1, No. 1610, "Statements made by Ogungbe before Police Constable Afolabi on February 8, 1938," in: Complaint against Sanitary Inspector, Gbongan, March 16, 1938.

> when the gin [was] troubling him, he [said] "I am a detective [sent] to find out about the matter of my friend sanitary inspector, nothing will come out at all, no fear." This detective left our town the second day in *Bale*'s car back to Ibadan. He [did] not do any work than drink about the town. Therefore, we say again that we are dying by the character of the sanitary inspector. We think this letter will help us this time to put the character of this sanitary inspector to end.[71]

This statement shows that in the hands of the chief, the sanitary inspector became a veritable hunting dog as it was the *wole-wole* who directed victims to the chief, who would then teach people how to please the sanitary inspector. The petition also points to the alliance of the triad: the local chief, the police, the sanitary inspector. Given the position these three occupied in the colonial power hierarchy, it was unlikely the people would get justice from the government. This line of argument does not necessarily suggest that the sanitary inspector was guilty of the allegations against him, although he might be. The people might have also fabricated the charges out of resentment for the inspector, for all we know. In the Kenyan capital, Nairobi, where racial discrimination was fused with resentment for African sanitary inspectors whose task involved inspecting both black and white houses, fraudulent petitions were used as a tool of resistance against the public health workers.[72] Still, the petitions of the Gbongon people show how Africans experienced colonial hygiene and their efforts to shape it in ways that would improve their lives. One could see the on-the-ground realities that bedeviled the initiative pioneered by Dr. Oluwole, whose aim was to promote health education rather than create a system to exploit the public.

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[71] NAI, Ibadan Div. 1/1, No. 1610, "Statements made by Ogungbe and all his people before Police Constable Afolabi on February 8, 1938," in: Complaint against Sanitary Inspector, Gbongan, March 16, 1938.
[72] Tom Mboya, *Freedom and After*, 21-22.

To be sure, Africans reported corrupt sanitary inspectors to the authorities, but their petitions and complaints often took longer to get official attention or redress. Parts of the measures taken by the colonial government to keep sanitary inspectors in check included suspension, salary reduction, and dismissal. When some of the corrupt sanitary inspectors were still considering themselves high officials with the full authority of the sanitary department behind them in the late 1930s, colonial officials clipped their growing feathers by relieving about nine of their duties in 1937 for professional misconduct.[73] Sources show that more stringent measures had been taken earlier in the decade to establish that the health inspectors were not above the law. In this regard, the case of one Mr. John is instructive.

On October 24, 1934, one 50-year-old Lagos Town Council sanitary inspector, Mr. Joseph Adeniyi John, while on routine inspection around Customs near the Port Health Office, found a woman, Ms. Asimoun, "committing nuisance and obstruction" by selling cooked food behind a public latrine. As a public health worker with over twenty-two years of experience in the colonial sanitary department, those patronizing the food vendor thought Mr. John would educate and caution her. However, they were wrong. In his attempt to arrest Asimoun instead, she fled the scene, taking along with her a pot containing meat soup and leaving behind the rest of her goods, including another pot of soup and a basket full of *eba* (boiled granulated cassava or boiled farina).[74] With the help of the laborer attached to him (Mr. Fasasi) and the Town Council dustman (Mr. Popoola), John smashed up and removed the "nuisance" left behind by the vendor. These included one "dirty" wooden table, one

[73] NAI, Oyo Prof 1/699 Vol. III, Secretary Southern Provinces to the Senior Health Officer for Southern Provinces, Hostel for Sanitary Inspectors-in-Training at Ibadan, April 19, 1937

[74] The National Archives (hereafter TNA), CO 30022/43, Copy of Explanation by Joseph Adeniyi John to The Lagos MOH, in: Petitions: Joseph Adeniyi John, November 18, 1935.

wooden stool, two enamel basins, three China plates, and one galvanized iron bucket.[75] Since Asimoun took to her heels, she must have thought she was guilty. However, one Mrs. Obasa, an educated elite who got wind of the event, submitted a petition against John for destroying the food vendor's valuables. The unexpected outcome of the case shows how social class and race shaped the politics of colonial hygiene in Yoruba towns. None of the people called to give eye-witness accounts of the incident or testify to the character of John as a sanitary inspector gave good reports, including his superiors at the Port Health Office and other four individuals at the scene who begged him to let the vendor be.

When John appeared before the town council about a month later to answer for the allegations against him, his defense was that the spot where Asimoun was serving food was "unhygienic and not permissible for such purpose."[76] Though the council agreed, they did not approve his conduct nor allow him access to the hearing of the petitioners (Mrs. Obasa and Ms. Asimoun). Interestingly, the council members did not sanction this inspector until March 1935, four months later. He was allowed back on the street throughout that period, oppressing poor Africans. In the initial ruling, the General Purposes Committee of the town council recommended that John's salary be reduced from £190 to £150 per annum and be downgraded from 1st to 2nd Class.[77] A council member who knew the sanitary inspector would not endure the demotion and pay cut advised him to apply for voluntary retirement and leave the service with full pension and gratuity. However, his superiors' character-

[75] TNA, CO 30022/43, Port Health Officer Rhys Jones to Lagos Town Council MOH, Extract from Minutes of the Council of 27/11/1984, in: Petitions: Joseph Adeniyi John, October 29, 1934, 2.
[76] TNA, CO 30022/43, Copy of Explanation by Joseph Adeniyi John to The Lagos MOH, in: Petitions: Joseph Adeniyi John, November 7, 1934, 1-2.
[77] TNA, CO 30022/43, Governor to The Secretary of State, in: Petitions: Joseph Adeniyi John, Nov. 8, 1935.

damaging statements to the town council made the initial punishments seem like a slap on the wrist. According to his superior at Port Health Office, Rhys Jones, John should be "summarily dismissed" because "he is utterly useless and unsuitable as an inspector, and this Department would be far better off without him, even if no relief were sent."[78] He further confirmed that John was guilty of destroying the vendor's properties "incidentally outside his area." The report of the town's MOH was not different from this, noting that John "has a bad record." Shedding light on the questionable record, the MOH stated that John's file showed that complaints of a similar nature had been submitted against him before, which led to his transfer to the Port Health Office, "where he has been ever since."[79] Based on this antecedent, the MOH described him as "utterly unsuitable for work under the Council" and should not be trusted under any circumstances. Although John applied for voluntary retirement, the town council denied his request blaming some policy changes for the refusal. They offered him a reduced pension and fired him for inefficiency.

Evidently, John was guilty of destroying the food vendor's properties. Still, his punishment might have been influenced by race, given that his white superiors' reports motivated his dismissal. Notably, it is doubtful a European sanitary inspector would have received similar punishment for the same offense in the colonial landscape. Recall that in chapter five, a European sanitary inspector, Daniel Howells, arrested six market women, two of whom were very old, in April 1910 at Ereko Meat Market in Lagos for selling meat in the open air outside the market area. Apart from the fines Howells made them pay, he

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[78] TNA, CO 30022/43, Port Health Officer Rhys Jones to Lagos Town Council MOH, Extract from Minutes of the Council of 27/11/1984, in: Petitions: Joseph Adeniyi John, November 7, 1934.
[79] TNA, CO 30022/43, MOH to Lagos Town Council Secretary, Extract from Minutes of the Council of 27/11/1984, in: Petitions: Joseph Adeniyi John, October 30, 1934.

also kicked and beat the women, collected six pence from each of them as application fees to the government, and then threatened to make life uncomfortable for them if they reported to any lawyer.[80] Being white and upper class, the town council turned a blind eye to the abuse. But as a local health inspector, John was not accorded the same respect, and they should not have. This shows how race and class shaped colonial authorities' measures designed to check the excesses of high-handed sanitary inspectors in western Nigeria.

What made the case of John different from other local sanitary inspectors dismissed during this period was his courage to challenge the governor, the MOH, and the authority of the town council that dismissed him. Despite charging him with corruption, and abuse of power, John wrote a counter-petition objecting to the reduction of his salary, pension, and gratuity. The content of the letter he sent to the secretary of state in London sheds light on the arguments made so far in this chapter and the last: the role of health inspectors as the vanguard of public health in western Nigeria and the economic cause of their misconduct. More importantly, his case adds nuance to our understanding of how some African sanitary inspectors dealt with sanctions when the colonial state found them guilty of misconduct. In his own defense, John highlighted his contributions to public health in Lagos, citing the heroic part he played during the influenza pandemic of 1918/19. He stated he "was in the thick of the terrible fight against Disease and Death [in 1918 and again in] 1924 when there was Plague and Epidemic."[81] While describing the council's decision as absurd, John called the secretary of state's attention to the hard work he had done in his 22-

[80] TNA, CO 32604, Sir William Neville Geary to The Southern Nigeria Governor, Petition of the Meat Market Sellers, April 8, 1910.
[81] TNA, CO 30022/43, Petitions: Joseph Adeniyi John to The Secretary of State for the Colonies, October 18, 1935, 2

years of service, during which he moved from 3rd Class in 1912 to 1st Class position. For him, a benign government would not throw him away as old and inefficient when he had given the best of his life to serving the government. Indeed, John begged that the colonial government apply "the principles of Justice, Equity and Fairplay" to his case. Still, he emphasized the sacrifices he had made, stating that "your humble petitioner need not mention that with a full salary of £190 per annum, he had found living very hard with the burden of wife, children, and grandchildren."[82] By pointing to the difficulty he and several other auxiliary health workers encountered while raising families on the colonial government salary, John indirectly blamed his frustration, misconduct, and other corruption charges on the poverty and social deprivation engendered by the colonial economy. In other words, even though the colonial government set aside some punitive measures for corrupt sanitary inspectors, these sanctions were ineffective in the absence of improved wages.

By the time the Second World War started, imperial officials in London had realized the 1929 Colonial Development Act was a failure, given its inability to improve the social condition of the colonized people. Efforts made by the new secretary of state, Malcolm MacDonald, and his cabinets to draft a new Act, the Colonial Development and Welfare Fund, received some support from the Treasury in 1940. According to the new Act, imperial development grants to colonies would no longer focus on developing the metropole's economy but on improving social services in the colonies.[83] Given the British wartime demand from colonies like Nigeria in the 1940s, the mere approval of the new Colonial

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[82] TNA, CO 30022/43, Petitions: Joseph Adeniyi John to The Secretary of State for the Colonies, October 18, 1935, 6.
[83] Havinden and Meredith, *Colonialism and Development*, 200-201.

Development and Welfare Act did not alter the "colonial situation." Notably, the shocking impact of World War II on prices of goods, cost of living, wages, and employment fuelled nationalist agitations before 1945. More specifically, it compounded the experiences of the previous decade, impoverishing western Nigerian societies to the point that people could not afford their essential needs.[84] Even after the Colonial Office provided some funds to drive the social improvement of Africans and the development of the colonial economy, a bulk of the funds went into scientific research recommended by the former British colonial administrator William Malcolm Hailey. Lord Hailey, as popularly called, had early in 1939 authored the highly influential study *African Survey*, which faulted imperial officials in London for poor funding of scientific research into Africa's problems. Though nothing is inherently wrong with these approaches to socio-economic development, in the context of postwar recovery in colonial Africa, the top-down method ignored widespread poverty.

As this colonial condition made it difficult for most poor and power-drunk health inspectors to do their job with integrity and professionalism, most Africans became more apprehensive of sanitary inspectors whenever people heard the news of their arrival. This perhaps explains why the *Bale* (chief) of Iyafin village, Mr. Ketosu Hunsu, and his chiefs ganged up against Joseph Adefarasin, a 3rd Class African Sanitary Inspector who visited their town in December 1944 to set up a health committee and direct sanitation works.[85] Recall that at the beginning of chapter one, this study started with details of the criminal trial of this sanitary inspector, who the N.A in the Iyafin community accused of corruptly

[84] Havinden and Meredith, *Colonialism and Development*, 203.
[85] NAI, MH (Fed) 1/1/4009, Adefarasin, Mr. J. A. Personal Papers, March 21, 1945.

demanding and receiving a bribe of two shillings and six pence (2/6d) to overlook and pardon the town's uncleanliness. As mentioned in the chapter, even though Adefarasin was discharged and acquitted on March 21, 1945, his ordeal points to the abiding resentment that most Africans had for the colonial "hygiene police." However, it is ironic that by 1946, colonial authorities in western Nigeria believed that people's perception of sanitary inspectors had changed. In the public health section of the annual colonial report for 1946, colonial officials noted that "what is most gratifying of all is a better appreciation by the people of the duties of the Sanitary Inspectors." Perhaps congratulating themselves for a job well done, the report emphasized that the sanitation officer "is more acceptable to the people today than a few years ago and is being recognized as a friend instead of as an enemy and a nuisance."[86] Based on the foregoing evidence and discussion, this claim appears misleading, especially when Africans were demanding an end to all forms of colonial social control and social engineering in Nigeria. This further underscores the need for scholars to understand the varied forms of colonial encounter/control and, as Fredrick Cooper puts it, appreciate "the general condition and its specific forms, including empire and colonies."[87]

Conclusion

As a kind of on-the-cheap alternative to expensive investments in material infrastructure, the fairly educated N.A sanitary inspectors in western Nigeria became vital to the colonial health system. In fact, they were instrumental in imposing the Victorian idea of hygiene on

[86] Nigeria: Annual Reports for the Northern, Western, Eastern Provinces and the Colony, 1946, 5.
[87] Frederick Cooper, *Colonialism in Question: Theory, Knowledge, History* (Berkeley: University of California Press, 2005), 30; Also see: Frederick Cooper, "Conflict and Connection: Rethinking Colonial African History," *The American Historical Review* 99, no. 5 (1994): 1516–1545.

Africans. Beyond documenting the contributions of these public health agents to the British "mission to sanitize" western Nigeria, this chapter has shown the contours of colonial power politics that played out between African chiefs, sanitary inspectors, and the local population from 1930-45. By exploring the contours, the chapter complicates the internal dynamics of African resistance, showing how it profoundly shaped the British public health program in western Nigeria. Scholars like Walima Kalusa have documented similar cases of how African health auxiliaries were far from being obedient intermediaries and agents of the colonial state. In his study of medical auxiliaries in Zambia, the author shows that Africans (un)consciously undermined the public health project of medical missionaries and that of the British colonial state. They did not use their Western medical training to win the local population's souls for Christ or suppress local theories of disease/healing. Instead, the subordinate staff of the colonial medical department frustrated their employer's efforts by incorporating local understandings of disease in the practice of Western medicine, which inadvertently reinvented missionary medicine.[88] Likewise, in western Nigerian towns, N.A sanitary inspectors used their position to shape colonial sanitation projects and determine the local population's involvement in and experience of public health projects.

On several occasions, their intrusive work—inspection of private and public places and the imposition of ambiguous disease control measures on people—pitted the health workers against Africans whose sanitary practices were deemed "unhealthy" and required reform. Despite the quality of training Dr. Oluwole and other top sanitary superintendents

[88] Walima T. Kalusa, "Medical Training, African Auxiliaries, and Social Healing in Colonial Mwinilunga, Northern Rhodesia (Zambia), 1945–1964," in: Johnson and Khalid, *Public Health in the British Empire*, Chapter 8.

gave the sanitary inspectors, persistent malpractices and corruption among them point to the nature of the colonial state in Africa. This nature embodied conditions like unequal and differentiated access to power/resources, class stratification, inequality within oppressed groups, abuse of power, and exploitation of the masses by the elites, all of which imposed limitations on how far the hygiene agents contributed to health development. In this frame, a key unintended consequence of the colonial sanitation program was the further transfer of colonial power to sanitary inspectors who used it to exploit other Africans. This view tilts towards extant literature on the subjective nature of colonial health in Africa, focusing on the forms and content of African agency between 1900 and 1945.

Chapter Seven

Conclusion

By the late nineteenth century, when the British colonialist used Lagos as a launchpad to penetrate the Yoruba interior, western Nigerian towns were recovering from the devastating impact of the Atlantic slave trade and its attendant interstate wars that lasted almost a century in the region. Having already colonized Lagos since the mid-nineteenth century, the expansion of British authority into the Yoruba interior in the early 1900s signaled a new phase in the region's socio-economic and political history. As elsewhere in British West Africa, the colonial government in Nigeria tried to make the perceived disease environment more healthy, first for Europeans and then for colonized Africans. In an attempt to achieve this goal, colonial authorities mobilized some aspects of the late nineteenth-century sanitary science and bacteriology in Europe, which framed most diseases of filth and poverty as strictly "tropical." To eradicate them then, as the medical advisor to the Colonial Office Patrick Manson noted in 1899, was "simply a matter of knowledge, and the application of this knowledge - sanitary science and sanitation." In this regard, the preceding chapters showed that the late nineteenth and early twentieth-century British "civilizing mission" in western Nigeria and the notion of the "white man's burden" went hand in hand with a mission to sanitize the environment colonial officials labeled "the white man's grave."

Notably, the last six chapters revealed the dynamics and processes of the sanitizing mission in western Nigerian towns, connecting the problem of mismanaged urbanization to concerns over waste management, lack of access to potable water, and social inequalities. From the critical analysis of these themes and topics, the following are some of the broader

conclusions we can draw from this study of the imperial project that sought to transform Africans into environmentally responsible subjects. First, colonial sanitary intervention to control preventable diseases in western Nigerian towns, especially Lagos, was not designed primarily to improve the social conditions of Africans. Early initiatives to provide Lagos with clean water and waste management facilities were part of a broader effort to advance the British "civilizing mission" that required healthy labor for the mundane task of colonial wealth extraction. Thus, similar to how Western medicine aided colonial coercive regimes in Africa, imperial hygiene programs allowed colonial authorities to control African lives, including breaching their privacy through repressive and intrusive public health programs.

Secondly, in showing how European colonial officials tried to use public sanitation and health programs to transform African lives and their sources of livelihood, this study engaged Maynard Swanson's concept of the "sanitation syndrome." In his widely cited 1977 article, the author argues that the European racist view of Africans as a source of infection and disease motivated segregationist policies and programs in African cities.[1] Since the publication of this work, many scholars have adopted the concept when showing how race permeated public health programs of the colonial state in Africa. Even though this approach remained counter-hegemonic and useful, scholars like Marc Epprecht have called for a more rigorous analysis that goes beyond the actions of white colonial officials.[2] Given how Swanson's theory oversimplified a complex history, the author tasked scholars to scratch beyond the surface by exploring the responses of Africans to and participation in

[1] Maynard W. Swanson, "The Sanitation Syndrome: Bubonic Plague and Urban Native Policy in the Cape Colony, 1900-1909," *Journal of African History* 18, 3 (1977), 387-410.
[2] Marc Epprecht, "The Native Village Debate in Pietermaritzburg, 1848–1925: Revisiting the 'Sanitation Syndrome'," *Journal of African History* 58, 2 (2017), 259-283.

the "sanitation syndrome." In exploring the British sanitary administration of western Nigerian towns from 1900 to 1945, this dissertation responds to Epprecht's call. It showed that Swanson's "sanitation syndrome" in the Nigerian context was not a predominantly white officials' business but a sphere equally shaped by Africans. The study revealed that colonized Africans, whether as colonial government allies, anti-colonial critics, medical officials, sanitary laborers, hygiene inspectors, or ordinary members of the African public, played active roles in shaping colonial sanitation. The chapters also showed that Africans turned the discourse and practice of sanitation into a contested site, preventing the practical intervention of the British colonial authority from having the anticipated outcome. As most Africans pushed back on the government's efforts to provide rapidly urbanizing towns like Lagos with potable water and public latrines, some Africans, especially unprofessional and corrupt semi-literate health inspectors, used their position to oppress their fellow Africans.

This is important because it shows that although Africans could not stop colonial sanitary interventions, they shaped the sanitizing mission. Specifically, the study showed that African subaltern politics and resistance influenced public health development during the British colonial administration of western Nigerian towns. By rejecting some disease control measures and negotiating others, the study revealed how Africans asserted their right to determine what public health programs they wanted. This way, the study expands our understanding of the various strategies that colonized Africans deployed in resisting anti-poor hygiene and public health initiatives that threatened their cultural beliefs, freedom, and livelihood. While showing the contours of the chronically underfunded "mission to sanitize" Africans and their environment, this dissertation revealed how race,

social class, poverty, ignorance, and unequal power relations even among Africans shaped people's experience of colonial sanitation and other public health interventions.

Another important conclusion from the study is that the works of African sanitary inspectors, though politicized in many communities, revealed what constituted sanitary (preventive) as different from medical (curative) problems in the history of health and disease in western Nigeria. During their public health education and routine inspections, African sanitary inspectors persuaded and sometimes coerced people to desist from toxic environmental practices that undermined public health and well-being. Such practices included unsafe waste disposal and open defecation. To an extent, the activities of *wole-wole* in rural and urban areas helped reduce people's susceptibility to preventable diseases. They also reduced the pressure on the colonial health budget. Indeed, the premise of the sanitizing mission was influenced by the racialized notions of "the dirty natives" in need of sanitary "enlightenment," yet, sanitary inspectors trained by Dr. Oluwole served practical health purposes. As the vanguard of public health in modern Nigeria, they educated people on basic disease control methods and prevented epidemics of filth diseases. Thus, this study has responded to calls for a painstaking analysis of the complexities of empire rather than simplifying the colonial past.[3] In the context of African postcolonial development, scholars showing similar complexities have revealed that preventive health in apartheid South Africa went on to serve as a model for the World Health Organization's Primary Health Care intervention in the 1970s, while others have shown the danger in lumping all colonial

[3] Terence Rangers, "Nationalist Historiography, Patriotic History and the History of the Nation: The Struggle Over the Past in Zimbabwe," *Journal of Southern African Studies*, Vol. 30, No 2 (2004), 214-234.

initiatives "in the same irretrievably racist boat."[4] As in this study, their research points to the need for capacity building and community control of development initiatives in Africa.

On the subject of capacity building and disease control programs in contemporary Africa, one cannot but wonder how far the continent has moved beyond its nineteenth-century image as the diseased continent. Importantly, what condition is Africa's public sanitation and health infrastructure today? While the apparent answer is discouraging, the devastating impacts of recent Ebola, Lassa fever, and Covid-19 outbreaks have further shown that the public health system in each country is unevenly distributed and in a poor state. For this reason, one public health scholar opines that "[we] may resist and reject the image, but the disease burden borne by communities living in Africa today is enormous and growing."[5] Unfortunately, most African countries and several other former colonies in Asia and the Caribbean battling international capitalism and the legacies of colonialism are too poor to build new public health systems.

Reflecting on the sanitary condition of most postcolonial Nigerian cities, one writer argues that "since the sanitary inspectors disappeared from our society shortly after independence, most Nigerian cities are a mixture of a few clean areas and a lot of filth and squalor in most areas."[6] Another contemporary informant referred to the sanitary inspection era as the good old days.[7] These views were based on the strict application of sanitary rules

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[4] Shula Marks, "Reflections on the 1944 National Health Services Commission: A Response to Bill Freund and Anne Digby on the Gluckman Commission," *South African Historical Journal*, Vol. 66, Issue 1 (2014), 174-185; Marc Epprecht, *Welcome to Greater Edendale: Histories of Environment, Health, and Gender in an African City* (Montreal & Kingston: McGill-Queen's University Press, 2016), 36.
[5] Maureen Malowany, "Unfinished Agendas: Writing the History of Medicine of Sub-Saharan Africa," African Affairs 99, 395 (2000), 325-349.
[6] Joseph O. Irukwu, *Nigeria at 100: What Next?* (Ibadan: Safari Books Limited, 2014), 151.
[7] Interview with Dr. Sunday Ojewale, (69 years), Environmental Health Officer, Ibadan, July 24, 2019.

among some Africans whose living conditions defied current knowledge of health and disease causation. These Nigerians believe that the relative force sanitary inspectors applied when enforcing European "alien" sanitary rules was to change people who held on to some outdated habits inimical to public health. Of course, the regime of hygiene compulsion raised questions of privacy, yet, the initiative left a blueprint for postcolonial public health development, which states battling Lassa fever, Ebola, monkeypox, and other preventable diseases could decolonize and adopt for rural health development.

Interestingly, as the role of Native Administration sanitary inspectors in Nigeria's public health development became politicized and contested in the late colonial period, the World Health Organization kickstarted a similar program in Liberia, Brazil, Chile, and Mexico in 1952.[8] Rather than simply managing the disease environment, the training of environmental sanitation personnel in these countries, as in Nigeria, points to the need for strengthening national health administration beyond curative medicine. As this study has shown, colonial authorities saw sanitary inspectors in western Nigeria as part of the public health infrastructure, which they used to curb diseases in poor and resource-starved areas.

[8] World Health Organization, *The Work of WHO 1953: Annual Report of the Director-General to the World Health Assembly and to the United Nations, No 51* (Geneva: World Health Organization, 1954), 23.

BIBLIOGRAPHY

Archival Sources

National Archives Ibadan, Nigeria

Colonial Secretary's Office 1/1/22, The Governor to Secretary of State, May 5, 1898.
Ondo Div. 8/1, Traveling Commissioners Journals 1897–1900.
Colonial Secretary's Office 187, Lagos Water Supply, March 15 to April 21, 1900.
Colonial Secretary's Office 1/3/5, William Macgregor to Colonial Office, Nov. 11, 1901
Colonial Secretary's Office 26/2/15683, Organisation to Promote Sanitary Condition, 1902
Lagos Town Council Records, Municipal Board 159/09, May 14, 1909
Lagos Town Council Records, Municipal Board 209/09, May 27, 1909
Lagos Town Council Records, Municipal Board 209/09, May 31, 1909.
Nigeria: *Criminal Code Act*, Cap C38 LFN 2004, 1 June 1916.
Oyo Prof. 4/5/115/1917, Ibadan Council Rules 1911-17: Minutes of Council Meeting.
Oyo Prof I, No. 895, Sanitary Report and Mosquito Index Quarter Ending Sept. 30, 1927.
Oyo Prof. I, No. 895, Sanitation Oyo Province: Matters Affectings, March 1928-1930.
Colonial Secretary's Office 26/2/12723, Oyo Province: Annual Report for 1930, Vol. VIII.
Osun Div. 1/1/2974, Oshogbo Proposed Water Supply, 1928-1930
Oyo Prof 1/699 Vol. I: Training Centre - African Sanitary Inspectors, 1932-36.
Ondo Prof 120A, Annual Report of Ondo Division, 1933.
Ondo Prof 1/565BA, D.O. Ekiti Division to Resident Ondo Province, August 3, 1935
CO 30022/43, Petitions: Joseph Adeniyi John, Oct. 1934 to Nov. 1935
Oyo Prof 1/699 Vol. III, Ibadan: Hostel for School of Hygiene, Feb. 23, 1937.
Ije Prof 422 Vol. III, N.A Sanitary Inspectors, General Correspondence Sept. 1937.
Oyo Prof 1/699 Vol. III, Hostel for Sanitary Inspectors-in-Training at Ibadan, Apr 1937.
Ibadan Div. 1/1, No. 1610, Complaints against Sanitary Inspector, Gbongan, Mar. 1938.
CSO 26/2, 28715/S.18 Vol. II, Nigeria Civil Service Union to Govt. Secretary Feb. 1941.
MH (Fed) 1/1, No 4009, "Adefarasin, Mr. J. A. Personal Papers," March 21, 1945.

The National Archives, London

CO 147/164, William MacGregor, Lecture on Malaria, Lagos: November 28, 1902
CO 591/3, Annual Report of Egba Province for 1905
CO 591/3, Annual Report for 1905 on the Provinces under the British Resident at Ibadan.
CO 591/3, Capt. Ambrose, Report of Ilesha North Eastern District for 1905
CO 591/3, Annual Report, Ijebu Ode, 1905.
CO 591/3, Health Report for the East District of Lagos Feb. 1906
CO 591/3, Health Report for the East District of Lagos, March 1906
CO 591/3, Health Report for the West District of Lagos, April, 1906
CO 591/3, Health Report for the East District of Lagos for April 1906.
CO 591/3, Annual Report of Ijebu Ode, July 1, 1906.
CO 591/3, Health Report for the West District of Lagos for July, 1906
CO 591/3, Health Report for the West District of Lagos for September 1906.

CO 520/77/3427, Water Supply: Minutes of Native Council Meeting of 20th July 1908
CO 520/67/44755, Southern Nigeria Confidential: Egerton to Secretary of State, Nov, 1908
CO 520/67/46282, Lagos Water Supply, November 29, 1908
CO 591/3/12769, Ibadan District Report for 1909
CO 520/77/3427, Lagos Water Supply Scheme, January 7, 1909
CO 12769, Ibadan District Report for 1909, Lagos
CO 29222, Osogbo Water Supply, 1909.
CO 32604, Petition of the Meat Market Sellers, April 1910.
CO 32604/647, Meat Market at Lagos, October 1910.
CO 28733/143, Report on the Destruction of Mosquitoes Ordinance 1910.
CO 879/113, *Medical and Sanitary Matters in Tropical Africa*, Lagos, 1913.
CO 879/119/1075/20, Further Report on Influenza in Nigeria, October 1918.
CO 657, Nigeria, Colony & Southern Provinces: Annual Medical/Sanitary Report, 1918.
CO 879/118/1061/129, Report on Influenza in Nigeria, October 1918.
CO 879/118, "Report of the Influenza Epidemic in Lagos," April 25, 1919.
CO/657/21, Annual Medical and Sanitary Report of Nigeria for 1926.
CO/657/20, Nigeria: General Annual Medical and Sanitary Report for 1927.
CO/657/22, Nigeria: General Annual Medical and Sanitary Report for 1928.
CO/657/22, Nigeria: Annual Medical and Sanitary Report for 1929.
CO 657/60, Nigeria Annual Report of the North, West, East Provinces, 1946, No. 28/1947

The New York Public Library

Lagos Government, *Southern Nigeria Statutes: Public Health Organization*, 1900
NYPGR3791447-B, Image of a lower-class African family in Lagos, 1899
NYPGR2982092-B, Gov. Egerton, Oba Eleko, and the Central Native Council, 1912

London School of Hygiene and Tropical Medicine Archives

GB 0809 Ross/83/13. Henry Strachan, "Notes on a Tour to Inspect the Chief Towns on the Route from Ibadan-Ikerun." September 25 to Oct. 18, 1901

Wellcome Library Archives

B31490359, Southern Nigeria: Annual Reports on the Medical Department for 1906.
B31490360, Southern Nigeria: Annual Report of the Medical Department, 1907
B31490372, Southern Nigeria: Annual Report of the Medical Department for 1908
B31490384, Southern Nigeria: Annual Report of the Medical Department for 1909.
B31490396, Southern Nigeria: Annual Report of the Medical Department, 1910
B31490426, Southern Nigeria: Annual Report of the Medical Department for 1913.
B3163882X, Southern Nigeria: Annual Report of the Medical Department for 1914.
B31490207, Nigeria: Annual Report of the Medical and Sanitary Department for 1915.
B31490219, Nigeria, Southern Provinces: Annual Medical and Sanitary Report for 1916
B31490220, Nigeria, Southern Provinces: Annual Medical and Sanitary Report, 1917
B31490232, Medical and Sanitary Report for the Colony and Southern Province for 1918

Rhodes House Library

RH 732/14/44, William MacGregor, *Confidential Despatch to Colonial Office on Toll Collection in Abeokuta and Ibadan*. Lagos, Government House, July 7, 1903.

Historical Papers Research Online Archives (University of the Witwatersrand)

AD1715, N. S. Turnbull, "Health Services in Nigeria," August 21, 1944

Lagos State Records and Archives Bureau

Image of Native Administration Sanitary Inspectors-in-Training, c. 1930
Image of Sanitary inspector inspecting a domestic well in Lagos Island

Smithsonian Anacostia Community Museum Archives

LDT-N-R06-161, Image of Half-Buried Large Ceramic Pots in Ibadan, 1951

Wiley Digital Archives

S0016813, Image of Local Markets in Lagos, 1910

British Library Newsroom, London

The Lagos Observer
Lagos Weekly Record
The Nigerian Pioneer
The Mirror
The [London] *Times*
The Lagos Standard
The Times of Nigeria
The African Messenger
The Record
The Nigerian Chronicle
The Nigerian Daily Times

Oral Sources

Dr. Sunday Ojewale, (69 years), Environmental Health Officer, Ibadan, July 24, 2019.
Mr. Augustine Ebisike (58 years), Environmental Health Officers, Abuja, July 8, 2019.
Elder Adegoke Adejube, (69 years) Retired Teacher, Ikare-Akoko, July 25, 2019.
Mrs. Hannah Dare (86 years), Retired Teacher, Ikare-Akoko, July 25, 2019.
Mr. Amos Alademehin, (71 years), Herb Seller, Bode market, Ibadan, July 27, 2019.
Dr. Toyin Oduntan, African History Professor, Towson University, USA, May 6, 2021.
Dr. Olatunji Ojo, African History Professor, Brock University, Canada, May 12, 2021.
Mr. Yinka Idowu, (79 years) Rtd. Environmental Health Officer, Omu Aran, Aug. 3, 2019
Mr. Gbenga Obagaye, (68 years), Businessman, Akure, July 26, 2019.

Published Primary Sources

Bellamy, C. V. *Report of the Advisory Committee for the Tropical Diseases Research Fund for the years 1906-1910*. London: Darling & Son, 1907.

Bowen, Thomas Jefferson. *Central Africa: Adventures and Missionary Labors in Several Countries in the Interior of Africa, From 1849 to 1856*. Charleston: Southern Baptist Publication Society, 1857.

Buchanan, Keith and John Pugh, *Land and people in Nigeria: The Human Geography of Nigeria and Its Environmental Background*. London: University of London Press, 1955.

Buxton, Thomas. *The African Slave-Trade*. London: Merrihew & Thompson, 1839.

_____. *The Remedy: Being Sequel to the African Slave Trade*. London: W. Clowes & Sons, 1840.

Chadwick, Osbert. Memorandum on the Sanitation of Lagos. London: Waterlow, 1897.

Christophers, Samuel R. and John W. W. Stephens. *Further Reports to the Malaria Committee of the Royal Society*. London: Harrison and Sons, 1900.

_____. *Further Reports to the Malarial Committee of the Royal Society*, third series. London: Harrison and Sons, 1900.

Clapperton, Hugh. *Journal of a Second Expedition into the Interior of Africa, From the Bight of Benin to Soccatoo*. London: John Murray, 1829.

Crowther, Samuel. *Vocabulary of the Yoruba Language*. London, CMS Society, 1843.

Darker, G. F. "The Practice of Tropical Hygiene." *Journal of the Royal African Society* 13, 49 (1913), 51-53.

Denham, Dixon, Hugh Clapperton, and Walter Oudney. *Narratives of Travels and Discoveries in Northern and Central Africa, in the years 1822, 1823, and 1824*. London: John Murray, 1826.

Elgee, Cyril H. *The Evolution of Ibadan*. Lagos: Government Printer, 1914.

Giles, George M. J. *General Sanitation and Anti-Malarial Measures in Sekondi, the Goldfields, and Kumassi*. London: University Press of Liverpool, 1905.

Hailey, William Malcolm. *An African Survey: A Study of Problems Arising in Africa South of the Sahara*. Oxford: Oxford University Press, 1938.

Hayford, Casely. *Gold Coast Native Institutions: With Thoughts upon a Healthy Imperial Policy for the Gold Coast and Ashanti*. London: Sweet & Maxwell, 1903.

Johnson, Samuel. *The History of the Yorubas: From the Earliest Times to the Beginning of the British Protectorate*. Lagos: C.M.S Bookshop, 1921.

Kipling, Rudyard. "The White Man's Burden," *McClure's Magazine* 1899.

Lander, Richard. *Records of Captain Clapperton's Last Expedition to Africa: With the Subsequent Adventures of the Author*, Vol. II. London: Henry Colburn and Richard Bentley, 1830.

Lugard, Frederick. *The Dual Mandate in British Tropical Africa*. London: Blackwood and Sons, 1922.

MacGregor, William, Ronald Ross, J. M. Young, C. F. Fearnside, George Williamson, George Low, Rubert Boyce, Edward Henderson, Patrick Manson, J. L. Poynder. "A Discussion on Malaria and Its Prevention." *British Medical Journal* 2, 2124 (1901).

Maclachlan, T. Banks. *Mungo Park*. Edinburgh: Oliphant Anderson & Ferrier, 1898.
Manson, Patrick, "Introductory Address: London School of Tropical Medicine," Greenwich, October 2, 1899.
_____. Harry Johnston, J. A. Baines, Dr. Felkin, Alfred Sharpe, and J. W. Wells. "Acclimatization of Europeans in Tropical Lands: Discussion." *The Geographical Journal* 12, No. 6 (1898), 599-600.
Millson, Alvan. "The Yoruba Country, West Africa." *Royal Geographical Society* 13, 10 (1891), 577-587.
Morel, Edmund D. *Affairs of West Africa*. London: William Heinemann, 1902.
Nairobi Sanitary Commission. *East Africa Protectorate*. Nairobi: Uganda Railway Press, 1913
Peacock, W. H. "Presidential Address on the Training and Place of Auxiliary Health Staff in Tropical Colonies." *Journal of the Royal Sanitary Institute* 57, 5, (1936): 299-310.
Pears' "Soap Advertisement." *McClure's Magazine* Vol. XIII, No 6, (October 1899), 481.
Raynes, H. E. "Mortality of Europeans in British West and British East Africa." *Journal of the Institute of Actuaries* 58, no. 1 (1927): 21–32.
Ross, Ronald. *Memoirs, With a Full Account of the Great Malaria Problem and Its Solution.* London: John Murray, 1923.
_____. *Mosquito Brigades and How to Organise Them*. London and Liverpool: George Philip & Son, 1902.
_____. *The Prevention of Malaria*. London: John Murray, 1910.
Rowland, E. D. "The Necessity of Pure Water for Health." *Timehri* 5 (1891): 227-235.
"Sanitary Condition of Lagos," *The British Medical Journal* 2, No. 2347 (1905), 1669.
Scott, Keltie. (ed.). The Statesman's Year-Book: Statistical and Historical Annual of the States of the World for the Year 1902. London: Macmillan, 1902.
Simpson, William. *Report on Sanitary Matters in West African Colonies*. London: Darling, 1909.
Stone, Richard Henry. *In Africa's Forest and Jungle: Six Years Among the Yorubas*. Edinburgh: Oliphant Anderson & Ferrier, 1900.
Talbot, Percy Amaury. *The Peoples of Southern Nigeria: A Sketch of their History, Ethnology and Languages, With an Abstract of the 1921 Census*. London: Oxford University Press, 1926.
Taylor, Logan. "Sanitary Work in West Africa." *The British Medical Journal* 2, 2177 (1902), 852-854.
The Liverpool School of Tropical Medicine. "The Work of the Liverpool School of Tropical Medicine in West Africa." *The British Medical Journal* 2, 2130 (1901), 1279.
Ward-Price, Henry Lewis. *Dark Subjects*. London: Jarrolds, 1939.
Wilder, Alexander. *History of Medicine. A Brief Outline of Medical History and Sects of Physicians, from the Earliest Historic Period; With an Extended Account of the New Schools of the Healing Art in the Nineteenth Century*. New Sharon: New England Eclectic Publishing Co., 1901.

Winslow, Charles-Edward. *The Conquest of Epidemic Disease: A Chapter in the History of Ideas*. Princeton: Princeton University Press, 1944.
Winterbottom, Thomas. *An Account of the Native Africans in the Neighbourhood of Sierra Leone: To Which is added an Account of the Present State of Medicine among them, Volume I*. London: C. Whittingham and John Hatchard, 1803.
Winterbottom, Thomas. *An Account of the Native Africans in the Neighbourhood of Sierra Leone: To which is added an Account of the Present State of Medicine among Them, Volume II*. London: C. Whittingham and John Hatchard, 1803.

Government Documents and Reports

Legislative Council. Lagos Municipal Board of Health (Incorporation) Ordinance, 1909.
The Public Health Proclamation, 1900," *Government Gazette*, September 28, 1900
The Destruction of Mosquitoes Ordinance, No. 16, *Legislative Council*, August 1910.
International Health Conference. "Constitution of the World Health Organization." World Health Organization, June 1946.
The London Gazette, Issue: 18863: 21 October 1831
Ord, George. *Parliamentary Report on the Condition of British Settlements on the West Coast of Africa*. London, 29 March 1865.
Gold Coast *Towns Act*, 1892.
Chamberlain, Joseph. "Speech to the House of Commons, 22 August 1895.
Ordinance for Promoting the Public Health, 1899, *Lagos Government Gazette*: No. 5
Annual Report of Lagos for 1899, No. 321.
Annual Report of Lagos for 1900-1901, No 348.
Annual Colonial Report for Lagos, 1902, No. 400.
Annual Colonial Report for Lagos: 1903 (No. 427)
Annual Report of Lagos for 1904, No. 470
Annual Report of Southern Nigeria (Lagos) for 1905, No. 507
Annual Report of Southern Nigeria for 1905, No. 512.
Annual Report of Southern Nigeria for 1906, No. 554
Annual Report of Southern Nigeria for 1907, No. 583
Annual Report of Southern Nigeria for 1908, No. 680.
Annual Report of Southern Nigeria for 1910, No. 695.
Annual Report of Southern Nigeria for 1912, No. 782
Annual Report of Southern Nigeria for 1913, No. 825.
Annual Report of Nigeria for 1914, No. 878.
Annual Report of Southern Nigeria for 1915, No. 920.
Annual Report of Southern Nigeria for 1916, No. 946
Annual Report of Nigeria for 1917, No. 1008.
Annual Colonial Report of Nigeria for 1924, No. 1245
Annual Report on the Social/Economic Progress of the People of Nigeria, 1931, No. 1569.
Nigeria: Annual Reports for the North, West, East Provinces and the Colony, 1946.

Secondary Sources

Books and Edited Volumes

Adebanwi, Wale (ed.). *The Political Economy of Everyday Life in Africa: Beyond the Margins*. New York: Boydell & Brewer, 2017.

Adeloye, Adelola. *African Pioneers of Modern Medicine: Nigerian Doctors of the Nineteenth Century*. Ibadan: Ibadan University Press, 1985.

Adogame, Afeosemime U. and Andrew G. Lawrence (eds.). *Africa in Scotland, Scotland in Africa: Historical Legacies and Contemporary Hybridities*. Boston: Brill, 2014.

Akintoye, Stephen. *A History of the Yoruba People*. Dakar: Amalion, 2010.

Allman, Jean and Victoria Tashjian. *"I Will Not Eat Stone": A Women's History of Colonial Asante*. Portsmouth: Heinemann, 2000).

Anderson, John David and Richard H. Grove (eds.). *Conservation in Africa: Peoples, Policies and Practice*. New York: Cambridge University Press, 1989.

_____. *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines*. Durham: Duke University Press, 2006.

Apter, Andrew H. *Black Critics and Kings: The Hermeneutics of Power in Yoruba Society*. Chicago: The University of Chicago Press, 1992.

Arnold, David (ed.). *Imperial Medicine and Indigenous Societies*. Manchester: Manchester University Press, 1988.

_____. *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India*. Berkeley: University of California Press, 1993.

_____. *Science, Technology, and Medicine in Colonial India, 1760–1947*. Cambridge: Cambridge University Press, 2000.

Ayandele, Emmanuel A. *The Missionary Impact on Modern Nigeria 1842-1914: A Political and Social Analysis*. London: Longmans, 1966.

Azevedo, Mario J. *Historical Perspectives on the State of Health and Health Systems in Africa, Volume I: The Pre-Colonial and Colonial Eras*. London: Palgrave Macmillan, 2017.

Barnes, David S. *The Great Stink of Paris and the Nineteenth-Century Struggle Against Filth and Germs*. Baltimore: John Hopkins University Press, 2006.

Biobaku, Saburi O. (ed.). *Sources of Yoruba History*. Oxford: Clarendon Press, 1973.

Blier, Suzanne. *Art and Risk in Ancient Yoruba: Ife History, Power, and Identity, c. 1300*. New York: Cambridge University Press, 2015.

Boahen, A. Adu. *African Perspectives on Colonialism*. Baltimore: Johns Hopkins University Press, 1989.

Bonnell, Jennifer. *Reclaiming the Don: An Environmental History of Toronto's Don River Valley*. Toronto: University of Toronto Press, 2014.

Briggs, Laura. *Reproducing Empire: Race, Sex, Science, and US Imperialism in Puerto Rico*. Berkeley: University of California Press, 2002.

Buckley, Anthony D. *Yoruba Medicine*. Oxford: Clarendon Press, 1985.

Bynum, William F. and Roy Porter Last. *Companion Encyclopedia of the History of Medicine*, Volume I. London: Routledge, 1993.

Cain, Peter and Anthony G. Hopkins, *British Imperialism: Innovation and Expansion, 1688-1914*. New York: Longman, 1993.

Callero, Peter L. *The Myth of Individualism*. Lanham: Rowman and Littlefield, 2013.

Clarke, William H. *Travels and Explorations in Yorubaland, 1854-1858*, edited by Joseph A. Atanda. Ibadan: Ibadan University Press, 1972.

Cole, Patrick. *Modern and Traditional Elites in the Politics of Lagos*. New York: Cambridge University Press, 1975.

Collins, Robert O. and James M. Burns (eds.). *Historical Problems of Imperial Africa*. Princeton: M. Wiener, 1994.

Conklin, Alice L. *A Mission to Civilize: The Republican Idea of Empire in France and West Africa, 1895-1930*. Stanford: Stanford University Press, 1997.

Cooper, Frederick and Laura Stoler (eds.). *Tensions of Empire: Colonial Cultures in a Bourgeois World*. Berkeley: University of California Press, 1997.

_____. *Colonialism in Question: Theory, Knowledge, History* (Berkeley: University of California Press, 2005.

Corbly, Don. *The Last Colonials*. Morrisville, NC: Lulu Press, 2009.

Crosby, Alfred. *Ecological imperialism: The Biological Expansion of Europe, 900-1900*. New York: Cambridge University Press, 1986.

_____. *Epidemic and Peace, 1918*. Westport: Greenwood Press, 1976.

Crowder, Michael and Obaro Ikime (eds.). *West African Chiefs: Their Changing Status under Colonial Rule and Independence*. New York: Africana Publishing, 1970.

Curtin, Philip D. *Image of Africa: British Ideas and Action, 1780-1850*. London: Macmillan, 1965.

_____. *Disease and Empire: The Health of European Troops in the Conquest of Africa*. Cambridge: Cambridge University Press, 1998.

_____. *The Atlantic Slave Trade: A Census*. Madison: University of Wisconsin Press, 1969.

Dakubo, Crescentia Y. *Ecosystems and Human Health: A Critical Approach to Ecohealth Research and Practice*. New York: Springer, 2011.

Davis, Diana K. *Resurrecting the Granary of Rome: Environmental History and French Colonial Expansion in North Africa*. Athens, OH: Ohio University Press, 2007.

De Barros, Juanita and Sean Stilwell (eds.) *Public Health and theImperial Project*. Trenton, NJ: Africa World Press, 2016.

_____. *Order and Place in a Colonial City: Patterns of Struggle and Resistance in Georgetown, British Guiana, 1889-1924*. Montreal: McGill-Queen's University Press, 2002.

Diamond, Jared and James Robinson. *Natural Experiments of History*. Cambridge: Harvard University Press, 2010.

Diop, Cheikh Anta. *Precolonial Black Africa: A Comparative Study of Political and Social Systems of Europe and Black Africa, from Antiquity to Formation of Modern States*. Westport: Lawrence Hill and Co., 1987.

Douglas, Mary. *Purity and Danger: An Analysis of Concepts of Pollution and Taboo*. New York: Praeger, 1966.

Dumett, Raymond E. (ed.) *Gentlemanly Capitalism and British Imperialism: The New Debate on Empire*. London: Longman, 1999.

_____. Imperialism, *Economic Development and Social Change in West Africa*. Durham: Carolina Academic Press, 2013.
Dwyer, Denis. *The City in the Third World*. London: Macmillan Education, 1974.
Echenberg, Myron. *Black Death, White Medicine: Bubonic Plague and the Politics of Public Health in Colonial Senegal, 1914-1945*. Portsmouth, NH: Heinemann, 2002.
Echeruo, Michael. *Victorian Lagos: Aspects of Nineteenth Century Lagos Life*. London: Macmillan, 1977.
Ekundare, Olufemi. *An Economic History of Nigeria, 1860-1960*. London: Methuen, 1973.
Epprecht, Marc. *Welcome to Greater Edendale: Histories of Environment, Health, and Gender in An African City*. Montreal: McGill-Queen's Press, 2016.
Espinosa, Mariola. Epidemic Invasions: *Yellow Fever and the Limits of Cuban Independence, 1878-1930*. Chicago: University of Chicago Press, 2009.
Fadipe, Nathaniel A. *The Sociology of the Yoruba*. Ibadan: Ibadan University Press, 1970.
Falola, Toyin (ed.), *African Historiography: Essays in Honour of Jacob Ade Ajayi*. London: Longman, 1993.
_____. (ed.), *Yoruba Historiography*. Wisconsin: University of Wisconsin, 1991.
_____. and Ann Genova (eds.). *Historical Dictionary of Nigeria*. Lanham: The Scarecrow Press, 2009.
_____. (ed.). *Nigerian History, Politics and Affairs: The Collected Essays of Adiele Afigbo*. Trenton, N.J.: Africa World Press, 2005.
_____. and Ann Genova (eds.). *Yoruba Identity and Power Politics*. New York: University of Rochester Press, 2006.
_____. and Christian Jennings (eds.). *Sources and Methods in African History: Spoken Written Unearthed*. Rochester: University of Rochester Press, 2003.
_____. and Dennis Ityavyar (eds.). *The Political Economy of Health in Africa*. Athens: Ohio University Press, 1992.
_____. and Emily Brownell (eds.). *Landscape and Environment in Colonial and Postcolonial Africa*. New York: Routledge, 2012.
_____. and Matthew Heaton (eds.). *Health Knowledge and Belief Systems in Africa*. Durham, NC: Carolina Academic Press, 2008.
_____. and Matthew M. Heaton (eds.). *A History of Nigeria*. New York: Cambridge University Press, 2008.
_____. and Matthew M. Heaton (eds.). *HIV/AIDS, Illness, and African Well-Being*. New York: University Rochester Press, 2007.
_____. and Steven Salm (eds.). *Nigerian Cities*. Trenton: Africa World Press, 2004.
_____. *A Mouth Sweeter than Salt: An African Memoir*. Ibadan: Bookcraft, 2013.
_____. Ibadan: Foundation, Growth and Change, 1830-1960. Ibadan: Bookcraft, 2012.
_____. *Africa: Volume 1, African History Before 1885*. Durham: Carolina Academic Press, 2000.
Fanon, Frantz. *A Dying Colonialism*, Trans. by Haakon Chevalier. New York: Grove Press, 1965.
Farley, John. *Bilharzia: A History of Imperial Tropical Medicine*. New York: Cambridge University Press, 1991.
Figus, Matteo. *A Normal Nigerian Anomaly*. Morrisville, NC: Lulu Press, 2017.

Finkelman, Paul (ed.). *Slave Trade and Migration: Domestic and Foreign*. New York: Routledge, 1989.
Foucault, Michel. *Discipline and Punish: The Birth of the Prison* (New York: Pantheon Books, 1977.
Fredericks, Rosalind. *Garbage Citizenship: Vital Infrastructures of Labor in Dakar, Senegal*. Durham and London: Duke University Press, 2018.
Fyfe, Christopher. A History of Sierra Leone. London: Oxford University Press, 1962.
Gibbs, James L. (eds.). *Peoples of Africa*. New York: Holt, Rinehart and Winston, 1965.
Giblin, James Leonard. *The Politics of Environmental Control in Northeastern Tanzania, 1840-1940*. Philadelphia: University of Pennsylvania Press, 1992.
Gordon, David and Shepard Krech III (eds.). *Indigenous Knowledge and the Environment in Africa and North America*. Athens: Ohio University Press, 2012.
Green, Edward C. *Indigenous Theories of Contagious Disease*. Walnut Creek: Altamira, 1999.
Harrison, Mark. *Public Health in British India: Anglo-Indian Preventive Medicine, 1859–1914*. Cambridge: Cambridge University Press, 1994.
Hartwig, Gerald W. and Karl David Patterson (eds.). *Disease in African History: An Introductory Survey and Case Studies*. Durham: Duke University Press, 1978.
Havinden, Michael and David Meredith, *Colonialism and Development: Britain and its Tropical Colonies, 1850-1960*. London: Routledge, 1993.
Headrick, Daniel R. *The Tools of Empire: Technology and European Imperialism in the Nineteenth Century*. New York: Oxford University Press, 1981.
Herbst, Jeffrey. *State and Power in Africa: Comparative Lessons in Authority and Control*. Princeton: Princeton University Press, 2000.
Hodge, Joseph Morgan. *Triumph of the Expert: Agrarian Doctrines of Development and the Legacies of British Colonialism*. Athens: Ohio University Press, 2007.
Ibhawoh, Bonny. *Imperial Justice: Africans in Empire's Court*. Oxford: Oxford University Press, 2013.
_____. *Imperialism and Human Rights: Colonial Discourses of Rights and Liberties in African History*. Albany: State University of New York Press, 2007.
Iliffe, John. *Africans: The History of a Continent*. New York: Cambridge U. Press, 1995.
_____. *The African Poor: A History*. Cambridge: Cambridge University Press, 1987.
Irele, Abiola and Biodun Jeyifo (eds.). *The Oxford Encyclopedia of African Thought,* Volume I. Oxford: Oxford University Press, 2010.
Irukwu, Joseph O. *Nigeria at 100: What Next?* Ibadan: Safari Books Limited, 2014.
Isichei, Elizabeth. *A History of African Societies to 1870*. New York: Cambridge University Press, 1997.
Jackson, Lee. *Dirty Old London: The Victorian Fight Against Filth*. New Haven: Yale University Press, 2014.
Jacobs, Nancy. *Environment, Power, and Injustice: A South African History*. New York: Cambridge University Press, 2003.
Jegede, Obafemi. *Incantations and Herbal Curses in Ifa Divination: Emerging Issues in Indigenous Knowledge*. Ibadan: African Association for the Study of Religion, 2010

Johnson, Ryan and Amna Khalid (eds.). *Public Health in the British Empire: Intermediaries, Subordinates, and the Practice of Public Health, 1850-1960*. New York: Routledge, 2012.

Jones, Kathleen. *The Making of Social Policy in Britain*. Exeter: Short Run Press, 2000.

Joyce, Roger Bilbrough. *Sir William MacGregor*. Oxford: Oxford University Press, 1971.

Kuhanen, Jan. *Poverty, Health and Reproduction in early Colonial Uganda*. Joensuun: University of Joensuun Publications in Humanities, 2005.

Lagemann, Johannes. *Traditional African Farming Systems in Eastern Nigeria*. Munich: Weltforum Verlag, 1977.

Lawal, Nike, Matthew Sadiku and Ade Dopamu. *Understanding Yoruba Life and Culture*. Trenton: Africa World Press, 2004.

Lawrance, Benjamin, Emily Osborn, and Richard Roberts (eds). *Intermediaries, Interpreters, and Clerks: African Employees in the Making of Colonial Africa*. Madison: University of Wisconsin Press, 2006.

Leach, Melissa and Robin Mearns (eds.). *The Lie of the Land: Challenging Received Wisdom on the African Environment*. London: International African Institute, 1996.

Levan, Carl and Patrick Ukata (eds.). *The Oxford Handbook of Nigerian Politics*. Oxford: Oxford University Press, 2018.

Lloyd, Geoffrey E. R. (ed.). *Hippocratic Writings*. Harmondsworth: Penguin, 1978.

Lorber, Judith. *Breaking the Bowl*. New York: WW Norton and Company, 2005.

Lovejoy, Paul. *Transformations in Slavery: A History of Slavery in Africa*, 2nd Edition. Cambridge: Cambridge University Press, 2000.

Lupton, Kenneth. *Mungo Park: The African Traveler*. Oxford: Oxford U. Press, 1979.

Lyons, Maryinez. *The Colonial Disease: A Social History of Sleeping Sickness in Northern Zaire, 1900–1940*. New York: Cambridge University Press, 1992.

Mabogunje, Akin. *Urbanisation in Nigeria*. London: University of London Press, 1968.

Maddox, Gregory. *Sub-Saharan Africa: An Environmental History*. Santa Barbara: ABC-CLIO, 2006.

Mamdani, Mahmood. *Citizen and Subject: Contemporary Africa and the Legacy of Late Colonialism*. Princeton: Princeton University Press, 1996.

Matteson, Kieko. *Forests in Revolutionary France: Conservation, Community, and Conflict 1669-1848*. Cambridge: Cambridge University Press, 2015.

Mazrui, Ali A. *General History of Africa Volume VIII: Africa since 1935*. Berkeley: University of California Press, 1993.

McCann, James. *Green Land, Brown Land, Black Land: An Environmental History of Africa, 1800-1990*. Portsmouth: Heinemann, 1999.

McClintock, Anne. *Imperial Leather: Race, Gender, and Sexuality in the Colonial Contest*. New York: Routledge, 1995.

McGrew, Roderick. *Encyclopedia of Medical History*. London: Palgrave Macmillan, 1985.

McKenzie, Peter. *Hail Orisa: A Phenomenology of a West African Religion in the Mid-Nineteenth Century*. Leiden: Brill, 1997.

McNeill, John R. and Peter Engelke. *The Great Acceleration: An Environmental History of the Anthropocene since 1945*. Cambridge: Belknap Press of Harvard University Press, 2014.

Moore, Henrietta and Megan Vaughan. *Cutting Down Trees: Gender, Nutrition, and Agricultural Change in the Northern Province of Zambia, 1890-1990*. London: Heinemann, 1994.

Morgan, Tabitha. *Sweet and Bitter Island: A History of the British in Cyprus 1878-1960*. London: I.B. Tauris & Co, 2010.

Muojama, Olisa. *The Nigerian Cocoa Industry and the International Economy in the 1930s: A World-System Approach*. Newcastle at Tyne: Cambridge Scholars, 2018.

Murdock, George Peter. *Theories of Illness*. Pittsburgh: University of Pittsburgh, 1980.

Ndege, George Oduor. *Health, State and Society in Kenya: Faces of Contact and Change*. New York: University of Rochester Press, 2001.

Newell, Stephanie. *Histories of Dirt: Media and Urban Life in Colonial and Postcolonial Lagos*. Durhan: Duke University Press, 2020.

Nicolson, I. F. *The Administration of Nigeria, 1900-1960: Men, Methods and Myths*. Oxford: Clarendon Press, 1969.

Nigeria Society of Health. *Dr. Isaac Ladipo Oluwole, 1892-1953; Father of Public Health in Nigeria*. Ibadan: Nigerian Society of Health, 1959.

Njoh, Ambe. *Urban Planning and Public Health in Africa: Historical, Theoretical and Practical Dimensions of a Continent's Water and Sanitation Problematics*. London: Routledge, 2012.

Obaro Ikime (ed.). *Groundwork of Nigerian History*. Ibadan: Heinemann, 1980.

Odumosu, Olu, S. Aluko, Aderanti Adepoju (eds.). *Problems of Migration in Nigeria*. Ibadan: Caxton, 1976.

Oduntan, Oluwatoyin. *Power, Culture and Modernity in Nigeria: Beyond the Colony*. New York: Routledge, 2018.

Ogot, Bethwell (ed.). *General History of Africa, Volume 5*. Paris: UNESCO, 1992.

Okocha, Jude. *Justification by Faith in African and Western Context*. Marburg: Tectum Verlag, 2012.

Okonkwo, Rina. *Protest Movements in Lagos, 1908-1930*. Lewiston: Edwin Mellen, 1995.

Olaniyan, Richard A. and Ehimika A. Ifidon (eds.). *Contemporary Issues in Africa's Development: Whither the African Renaissance?* Newcastle: Cambridge Scholars Publishing, 2018.

Olaoba, Olufemi B., Ademola S. Ajayi, and Victor O. Edo. *Yoruba History and Historians: A Festschrift for Professor Gabriel Olorundare Oguntomisin*. Ibadan: John Archers, 2015.

Olukoju, Ayodeji. *Infrastructure Development and Urban Facilities in Lagos, 1861-2000*. Ibadan: Institut français de recherche en Afrique, 2003.

_____. *The "Liverpool" of West Africa: The Dynamics and Impact of Maritime Trade in Lagos, 1900-1950*. Trenton, N.J.: Africa World Press, 2004.

Omu, Fred I. A. *Press and Politics in Nigeria, 1880-1937*. London: Longman, 1978).

Onokerhoraye, Andrew. *Social Services in Nigeria: An Introduction*. London: Kegan Paul, 1984.

Oyewumi, Oyeronke. *The Invention of Women: Making an African Sense of Western Gender Discourses*. Minneapolis: University of Minnesota Press, 1997.

Packard, Randall. *The Making of a Tropical Disease: A Short History of Malaria*. Baltimore, MD, Johns Hopkins University Press, 2007.

_____. *White Plague, Black Labor: Tuberculosis and the Political Economy of Health and Disease in South Africa*. Berkeley: University of California Press, 1989.

Parsons, Timothy. *The Rule of Empires: Those Who Built Them, Those Who Endured Them, and Why They Always Fall*. Oxford: Oxford University Press, 2010.

Philips, John Edward (ed.). *Writing African History*. Rochester: University of Rochester Press, 2005.

Platt, Harold. *Shock Cities: The Environmental Transformation and Reform of Manchester and Chicago*. Chicago: The University of Chicago Press, 2005.

Power, Helen J. *Tropical Medicine in the Twentieth Century: A History of the Liverpool School of Tropical Medicine, 1898-1990*. London: Routledge, 1999.

Prince, Ruth and Rebecca Marsland (eds.). *Making and Unmaking Public Health in Africa: Ethnographic and Historical Perspectives*. Athens: Ohio University Press, 2014.

Roberts, Jonathan. *Sharing the Burden of Sickness: A History of Healing and Medicine in Accra* (Bloomington: Indiana University Press, 2021).

Robertson, Claire and Martin Klein (eds.). *Women and Slavery in Africa*. Madison: The University of Wisconsin Press, 1983.

Rodney, Walter. *How Europe Underdeveloped Africa*. London: Bogle-L'Ouverture, 1972.

Salms, Steven and Toyin Falola (eds.). *African Urban Spaces in Historical Perspective*. Rochester: University of Rochester Press, 2005.

Scott, James C. *Weapons of the Weak: Everyday Forms of Peasant Resistance*. New Haven: Yale University Press, 1985.

Simpson, George. *Yoruba Religion and Medicine in Ibadan*. Ibadan: Ibadan University Press, 1980.

Tamuno, Tekena N. *The Evolution of the Nigerian State: The Southern Phase, 1898-1914*. London: Longman, 1972.

Tilley, Helen. *Africa as a Living Laboratory: Empire, Development, and the Problem of Scientific Knowledge, 1870-1950*. Chicago: The University of Chicago, 2011.

Turshen, Meredeth. *The Political Ecology of Disease in Tanzania*. New Brunswick: Rutgers University Press, 1985.

_____. *The Politics of Public Health*. New Brunswick: Rutgers University Press, 1989.

Ugwuegbu, D. *Social Psychology and Social Change in Nigeria: A Systematic Evaluation of Government Social Policies and Programs*. Bloomington: iUniverse, 2011.

Ukelina, Bekeh. *The Second Colonial Occupation: Development Planning, Africulture, and the Legacies of British Rule in Nigeria*. Lanham: Lexinton Books, 2017.

Usman, Aribidesi and Toyin Falola. *The Yoruba from Prehistory to the Present*. New York: Cambridge University Press, 2019.

Vasina, Jan. *Oral Tradition: A Study in Historical Methodology*. Translated by H. M. Wright. London: Routledge and Kegan Paul, 1965.

Vaughan, Megan. *Curing Their Ills: Colonial Power and African Illness*. Stanford, CA: Stanford University Press, 1991.

Vaughan, Olufemi. *Nigerian Chiefs: Traditional Power in Modern Politics, 1890s–1990s*. Rochester: University of Rochester Press, 2000.

Waltraud Ernst and Bernard Harris (eds.). *Race, Science, and Medicine, 1900-1960*. London: Routledge, 1999.
Watson, Ruth. "*Civil Disorder is the Disease of Ibadan*": *Chieftaincy and Civic Culture in a Yoruba City*. Athens: Ohio University Press, 2003.
Webb, James L. A. *The Long Struggle against Malaria in Tropical Africa*. New York: Cambridge University Press, 2014.
Webel, Mari K. *The Politics of Disease Control: Sleeping Sickness in Eastern Africa, 1890–1920*. Athens: Ohio University Press, 2019.
Willett, Frank. *Ife in the History of West African Sculpture*. New York, McGraw-Hill, 1967.
Williams, Patrick and Laura Chrisman (eds.) *Colonial Discourse and Post-colonial Theory: A Reader*. New York: Columbia University Press, 1994.
Wood, Anthony. *Nineteenth Century Britain, 1815-1914*. New York: David McKay, 1960.
World Health Organization. *The Work of WHO 1953: Annual Report of the Director-General to the World Health Assembly and to the United Nations, No 51*. Geneva: World Health Organization, 1954.
Zeleza, Paul Tiyambe. A Modern Economic History of Africa: The Nineteenth Century. Dakar: CODESRIA, 1993.

Journal Articles

Abubakar, Ibrahim. "The Health Care Sector and National Security in Nigeria: An Exploratory Perspective." *Journal of the Historical Society of Nigeria* 21 (2012), 133-153.
Adebayo, Akanmu G. "Iwo: A Reevaluation of Refugee Integration, Intergroup Relations, and the Scenography of Power in a 19th-Century Yoruba City." *Afriques* 11 (2020).
Adebisi Alade. "Review of Marc Epprecht's Welcome to Greater Edendale: Histories of Environment, Health, and Gender in an African City." *Historia: Journal of the Historical Association of South Africa* 62, 2 (2017), 157-159.
Adeboye, Olufunke. "The Church Graveyard: Understanding Missionary Mortuary Practice in Ibadan, 1853-1960," *Ibadan Journal of History* (2013), 44-61.
Aderinto, Saheed. "Dangerous Aphrodisiac, Restless Sexuality: Venereal Disease, Biomedicine, and Protectionism in Colonial Lagos, Nigeria." *Journal of Colonialism and Colonial History* 13, 3 (2012), 1–14.
Adetiba, Adedamola and Enocent Msindo. "Chiefs and Rural Health Services in South-Western Nigeria, c. 1920—c. 1950s." *Social History of Medicine*, (January 2022).
Adewale, Samuel A. "Crime in African Traditional Religion." *Orita: Ibadan Journal of Religious Studies* 26/1-2 (1994), 54-66.
Adewoye, Omoniyi. "The Judicial Agreements in Yorubaland 1904-1908." *The Journal of African History* 12, 4 (1971): 607-627.
Akintoye, Stephen. "The Ondo Road Eastwards of Lagos, 1870-95." *Journal of African. History* 10, 4 (1969), 581-598.
Ako, Rhuks. "Nigeria's Land Use Act: An Anti-Thesis to Environmental Justice." *Journal of African Law* 53, 2 (2009), 289-304.

Alagoa, Ebiegberi Joe. "Introduction: Oral Historical Traditions in Africa." *Tarikh* 8 (1987), 1-8.
Amadi, Lawrence E. "Church-State Involvement in Educational Development in Nigeria, 1842-1948," Journal of Church and State 19, no. 3 (1977), 481-496.
Amoako-Gyampah, Akwasi Kwarteng. "Household Sanitary Inspection, Mosquito Control and Domestic Hygiene in the Gold Coast [Ghana] from the Late-Nineteenth to the Mid-Twentieth Century." *Social History of Medicine* 35, 1, (Feb. 2022), 278-301.
Anderson, Warwick. "Immunities of Empire: Race, Disease and the New Tropical Medicine, 1900–1920." *Bulletin of the History of Medicine* 70 (1996): 94–118.
Aremu, Paxton, Yemi Ijisakin, and Shehinde Ademuleya. "The Significance of 'Igbarubi-Edi' in Edi Festival in Ile-Ife: A Spiritual Concession." *Journal Research in Peace, Gender and Development* 3, 7 (2013), 126-132.
Arnold, David. "Death and the Modern Empire: The 1918-19 Influenza Epidemic in India." *Transactions of the Royal Historical Society* 29 (2019): 181–200.
_____. "Medical Priorities and Practice in Nineteenth-Century British India." South Asia Research 5, no. 2 (1985): 167-183.
Atanda, Joseph A. "The Iseyin-Okeiho Rising of 1916: An Example of Socio-Political Conflict in Colonial Nigeria." *Journal of Historical Society of Nigeria* Vol. 4, No. 4, (June 1969), 497–514.
Ayandele, Emmanuel A. "Review of J. H. Kopytoff's A Preface to Modern Nigeria: The 'Sierra Leonians' in Yoruba, 1830-1890." *Journal of the Historical Society of Nigeria* 4 (1967), 190-192.
Baker, R. A. and R. A. Bayliss. "William John Ritchie Simpson (1855–1931): Public Health and Tropical Medicine." *Medical History* 31, 4 (1987): 450–465.
Balogun, Oladele. "The Concepts of Ori and Human Destiny in Traditional Yoruba Thought: A Soft Deterministic Interpretation." *Nordic Journal of African Studies* 16 (2007): 116–130.
Balogun, Yetunde. "The Emergence and Contributions of Christian Missions to the Civilization of Yoruba Kingdoms in the Old Oyo Empire." *International Journal of Arts & Sciences* 9, 4 (2017): 21-30.
Barber, Karin. "How Man Makes God in West Africa: Yoruba Attitudes Towards the Orisa." *Africa: Journal of the International African Institute* 5, 3 (1981), 724-745.
Bascom, William. "Urbanization among the Yoruba." *American Journal of Sociology* 60 (1955): 446–54.
Beinart, William. "African History and Environmental History." *African Affairs* 99, no. 395 (April 2000): 269-302.
Bigon, Liora. "Between Local and Colonial Perceptions: The History of Slum Clearances in Lagos (Nigeria), 1924-1960." *African and Asian Studies* 7 (2008): 49-76.
_____. "Sanitation and Street Layout in Early Colonial Lagos: British and Indigenous Conceptions, 1851-1900." *Planning Perspectives* 20, 3 (2005): 247-69.
_____. "Tracking Ethno-Cultural Differences: The Lagos Steam Tramway, 1902–1933." *Journal of Historical Geography* 33, no. 3 (July 1, 2007): 596-618.
_____. "Urban Planning, Colonial Doctrines and Street Naming in French Dakar and British Lagos, c. 1850-1930." *Urban History* 36, 3 (2009), 426-448.

Bolaji, Ezekiel and Taye Kehinde, “An Analysis of the Proverbs the Yorubans Live.” *Education Resources Information Center* (2017): 3.

Brown, Spencer H. “Public Health in Lagos, 1850-1900: Perceptions, Patterns, and Perspectives,” *The International Journal of African Historical Studies* 25, 2 (1992), 370-360.

_____. “Public Health in U.S. and West African Cities, 1870–1900.” *The Historian* 56, no. 4 (1994): 685–98.

_____. “A Tool of Empire: The British Medical Establishment in Lagos, 1861-1905.” *International Journal of African Historical Studies* 37, 2 (2004), 309-343.

Carland, John M. “Public Expenditure and Development in a Crown Colony: The Colonial Office, Sir Walter Egerton, and Southern Nigeria, 1900-1912.” *Albion* 12, no. 04 (1980): 368-386.

Cell, John. “Anglo-Indian Medical Theory and the Origins of Segregation in West Africa.” *The American Historical Review* 91, 2 (1986), 307–335.

Cole, Festus. “Sanitation, Disease and Public Health in Sierra Leone, West Africa, 1895–1922: Case Failure of British Colonial Health Policy.” *The Journal of Imperial and Commonwealth History* 43, 2 (2015): 238-266.

Cooper, Frederick. “Conflict and Connection: Rethinking Colonial African History.” *The American Historical Review* 99, no. 5 (1994): 1516-1545.

Crozier, Anna. “Sensationalising Africa: British Medical Impressions of Sub-Saharan Africa, 1890–1939.” *The Journal of Imperial and Commonwealth History* 35, no. 3 (September 1, 2007): 393-415.

Crummey, Donald (ed.). *Banditry, Rebellion, and Social Protest in Africa*. London: James Currey, 1986.

Curtin, Philip “The End of the ‘White Man’s Grave’? Nineteenth-Century Mortality in West Africa.” *The Journal of Interdisciplinary History* 21, no. 1 (1990): 63–88.

_____. “‘The White Man’s Grave’: Image and Reality, 1780-1850.” *Journal of British Studies* 1 (1961), 94-110.

_____. “Epidemiology and the Slave Trade.” *Political Science Quarterly* Vol. 83, Issue 2 (1968), 190-216.

De Barros, Juanita. “‘To Milk or Not to Milk’: Regulation of the Milk Industry in Colonial Georgetown.” *The Journal of Caribbean History* 31, no. 1 (1997): 185–208.

_____. “Purity and Filth: Views of Indo-Guianese Labour in Colonial Georgetown, 1890-1924.” *Association of Caribbean Historians* (1998), 1-28.

_____. “Sanitation and Civilization in Georgetown, British Guiana.” *Caribbean Quarterly* 49, 4 (2003), 65-86.

Dumett, Raymond E. “The Campaign against Malaria and the Expansion of Scientific Medical and Sanitary Services in British West Africa, 1898-1910.” *African Historical Studies* 1, no. 2 (1968): 153-197.

Ebenso, Bassey, Gbenga Adeyemi, Adegboyega Adegoke and Nick Emmel. “Using Indigenous Proverbs to Understand Social Knowledge and Attitudes to Leprosy among the Yoruba of Southwest Nigeria.” *Journal of African Cultural Studies* 24, 2 (2012), 208-222.

Edo, Victor Osaro and Monsuru Muritala. "Overcrowding and Disease Epidemics in Colonial Lagos: Rethinking Road and Railway Infrastructure." *Nigerian Journal of Economic History* Vol 11 (2014): 177-192.

Enuoh, Oliver and Francis Bisong. "Colonial Forest Policies and Tropical Deforestation: The Case of Cross River State, Nigeria." *Open Journal of Forestry* 5 (2015), 66-79.

Epprecht, Marc. "The Native Village Debate in Pietermartizburg, 1848–1925: Revisiting the 'Sanitation Syndrome'." *The Journal of African History* 58, 2 (2017), 259-328.

Erhagbe, Eddy and Simon Ehiabhi. "The Search for Hygienic Water in Uromi District: The Colonial Attempt." *Canadian Social Science* 7, no. 5 (2011): 61–67.

Faleye, Olukayode. "Environmental Change, Sanitation and Bubonic Plague in Lagos, 1924–31." *International Review of Environmental History* 3 (2017): 89–103.

Falola, Toyin and Matthew Heaton. "Global Explanations versus Local Interpretations: Historiography of the Influenza Pandemic in Africa." *History in Africa* 33 (2006): 205-230.

_____. and Theophilus Avoseh. "T. O. Avoseh on the History of Epe and Its Environs." History in Africa 22 (1995), 165-195.

Fetter, Bruce. "Pease Porridge in a Pot: 'The Social Basis of Health and Healing in Africa,'" *History in Africa* 20 (1993): 44–45.

_____. "Pitfalls in the Application of Demographic Insights to African History." *History in Africa* 19 (1992), 299–308.

Fitzmaurice, Susan. "When Natives Became Africans: A Historical Sociolinguistic Study of Semantic Change in Colonial Discourse." *Journal of Historical Sociolinguistics* 3, 1 (2017): 1–36.

Forget, G. and J. Lebel. "An Ecosystem Approach to Human Health." *International Journal of Occupational and Environmental Health*, 7(2), 2001, 3-38.

Gale, Thomas S. "The Struggle Against Disease in the Gold Coast: Early Attempts at Urban Sanitary Reform." *Transactions of the Historical Society of Ghana* 16, 2, 1995: 185-203.

_____. "Segregation in British West Africa." *Cahiers d'Études Africaines* 20, no. 80 (1980): 495–507.

_____. "Hygeia and Empire: The Impact of Disease on the Coming of Colonial Rule in British West Africa." Transafrican Journal of History 11 (1982): 80-91.

Goebel, Allison, Belinda Dodson, and Trevor Hill. "Urban Advantage or Urban Penalty? A Case Study of Female-Headed Households in a South African City." *Health and Place*, 16 (3), 2010, 573-580.

Goerg, Odile. "From Hill Station (Freetown) to Downtown Conakry (First Ward): Comparing French and British Approaches to Segregation in Colonial Cities at the Beginning of the Twentieth Century." *Canadian Journal of African Studies* 32 (January 1, 1998), 1–31.

Heaton, Matthew and Toyin Falola. "Global Explanations versus Local Interpretations: The Historiography of the Influenza Pandemic of 1918-19 in Africa." *History in Africa*: 33 (2006), 205-230.

Hume Jr., John. “Colonialism and Sanitary Medicine: The Development of Preventive Health Policy in the Punjab, 1860 to 1900.” *Modern Asian Studies* 20, 4 (1986): 710-718.

Idachaba, Francis Sulemanu. “Agricultural Research Policy in Nigeria.” *International Food Policy Research Institute* 17 (August 1980), 1-76.

Issa, Amina. “Malaria and Public Health Measures in Colonial Urban Zanzibar, 1900-1956.” *Hygiea Internationalis* 10, no. 2 (December 19, 2011): 35–51.

Jegede, Ayodele. “The Yoruba Cultural Construction of Health and Illness,” *Nordic Journal of African Studies* 11, no. 3 (2002): 322-335.

Kalusa, Walima T. “Language, Medical Auxiliaries, and the Re-Interpretation of Missionary Medicine in Colonial Mwinilunga, Zambia, 1922–51.” *Journal of Eastern African Studies* 1, 1 (March 1, 2007): 57–78.

Kelly, Emma R., Ryan Cronk, Emily Kumpel, Guy Howard, Jamie Bartram. “How we assess water safety: A critical review of sanitary inspection and water quality analysis.” *Science of The Total Environment* 718 (2020), 137237.

Lawal, Olakunle A. “Islam and Colonial Rule in Lagos,” *American Journal of Islamic Social Sciences* 12 (1995), 66-80.

Lovejoy, Paul and David Richardson. “Competing Markets for Male and Female Slaves: Prices in the Interior of West Africa, 1780–1850.” *International Journal of African Historical Studies* 28, 2 (1995): 261-93.

Malowany, Maureen. “Unfinished Agendas: Writing the History of Medicine of Sub-Saharan Africa.” *African Affairs* 99, 395 (2000), 325-349.

Manton, John. “‘Environmental Akalism’ and the War on Filth: The Personification of Sanitation in Urban Nigeria.” *Africa: Journal of the International African Institute* 83, no. 4 (2013): 606-622.

Marks, Shula. “Reflections on the 1944 National Health Services Commission: A Response to Bill Freund and Anne Digby on the Gluckman Commission.” *South African Historical Journal* 66, 1 (2014), 174-185.

Marks, Shula. “What Is Colonial about Colonial Medicine? And What Has Happened to Imperialism and Health?” *Social History of Medicine* 10, no. 2 (1997): 205–19.

Mboya, Tom. *Freedom and After*. Nairobi: East African Educational Publishers, 1963.

Mobolade, Timothy. “The Concept of Abiku.” *African Arts* 7, (1973), 62-64.

Morgan, William Basil. “The Influence of European Contacts on the Landscape of Southern Nigeria.” *The Geographical Journal* 125, no. 1 (1959): 48-64.

Mustapha, Abdul. “Colonialism and environmental perception in Northern Nigeria.” *Oxford Development Studies* 31, 4 (2003), 405-425.

Ncube, Glen. “‘The Problem of the Health of the Native’: Colonial Rule and the Rural African Healthcare Question in Zimbabwe, 1890s–1930,” *South African Historical Journal* 64, no. 4 (December 1, 2012): 807–26.

Ncube, Glen. “Robert A. Askins and Healthcare Reform in Interwar Colonial Zimbabwe: The Influence of British and Trans-Territorial Colonial Models.” *Historia* 63, 2 (2018), 62-92.

Nilsson, David. "A Heritage of Unsustainability? Reviewing the Origin of the Large-Scale Water and Sanitation System in Kampala, Uganda." *Environment and Urbanization* 18, no. 2 (October 1, 2006), 369–85.

Njoh, Ambe J. "Colonial Philosophies, Urban Space, and Racial Segregation in British and French Colonial Africa." *Journal of Black Studies* 38, no. 4 (2008): 579–99.

_____. "Colonization and Sanitation in Urban Africa: A Logistics Analysis of the Availability of Central Sewerage Systems as a Function of Colonialism." *Habitat International* 38 (April 1, 2013): 207-213.

_____. and Fenda A. Akinwumi. "The Impact of Colonization on Access to Improved Water and Sanitation Facilities in African Cities." *Cities* 28, no. 5 (2011), 452–60.

Nunn, Nathan. "The Long-Term Effects of Africa's Slave Trades." *Quarterly Journal of Economics* 123 (2008): 139-176.

Nwanunobi, Onyeka. "Incendiarism and Other Fires in Nineteenth-Century Lagos (1863-88)." *Africa: Journal of the International African Institute* 60 (1990), 111-112.

Oakes, James. "The Political Significance of Slave Resistance." *History Workshop*, no. 22 (1986): 89-107.

Oduntan, Oluwatoyin. "Beyond 'The Way of God:' Missionaries, Colonialism and Smallpox in Abeokuta." *Lagos Historical Review* 12 (2012): 1-22.

Ogundiran, Akinwumi. "Managing Epidemics in Ancestral Yoruba Towns and Cities: 'Sacred Groves' as Isolation Sites." *African Archaeological Review*, 2020, 1–6.

Ojo, Olatunji. "The Organization of the Atlantic Slave Trade in Yorubaland, ca.1777 to ca.1856." *International Journal of African Historical Studies* 41 (2008), 77-100.

_____. "The Slave Ship Manuelita and the Story of a Yoruba Community, 1833-1834." *Tempo* 23, 2 (2017), 360-382.

Olaoba, Olufemi and Oluranti Ojo. "Influence of British Economic Activities on Lagos Traditional Markets, 1900-1960." *Historical Society of Nigeria* 23 (2014),111-130.

Olukoju, Ayodeji. "Population Pressure, Housing and Sanitation in West Africa's Premier Port-City: Lagos, 1900-1939." *The Great Circle* 15, No. 2 (1993), 66-97.

_____. "The Travails of Migrant and Wage Labour in the Lagos Metropolitan Area in the Inter-War Years." *Labour History Review* 61 (1996), 49-70.

Oluwasegun, Jimoh Mufutau. "Managing Epidemic: The British Approach to 1918–1919 Influenza in Lagos." *Journal of Asian and African Studies* 13, 1 (2015): 412-424.

_____. "The British Mosquito Eradication Campaign in Colonial Lagos, 1902-1950." *Canadian Journal of African Studies* 51, 2 (2017): 219-227.

Omoni, Oluwole. "Formation of Town Associations among the Yoruba: A Response to Colonial Situation." *Odu: A Journal of West African Studies* 38 (1991), 128-141.

Omosini, Olufemi. "Background to the Forestry Legislation in Lagos Colony and Protectorate, 1897-1902," *Journal of the Historical Society of Nigeria* 9, no. 3 (1978): 45-69.

Owoeye, Jide and Y. M. D. Adedeji. "Poverty, Sanitation and Public Health Nexus – Implications on Core Residential Neighbourhood of Akure, Nigeria." *International Journal of Developing Societies* 2, 3 (2013), 96-104.

Oyebade, Adebayo (ed.). *The Foundations of Nigeria: Essays in Honor of Toyin Falola*. Trenton, NJ: African World Press, 2003.

Oyebola, David. "Traditional Medicine and Its Practitioner among the Yoruba of Nigeria: A Classification." *Social Science and Medicine* 14A (1980), 23-29.

Oyemakinde, Wale. "Railway Construction and Operation in Nigeria, 1895-1911: Labour Problems and Socio-Economic Impact." *Journal of the Historical Society of Nigeria* 7, no. 2 (1974): 303–24.

Pallinder-Law, Agneta. "Aborted Modernization in West Africa? The Case of Abeokuta." *The Journal of African History* 15, no. 1 (1974): 65–82.

Patterson, K. David and Gerald Pyle. "The Geography and Mortality of the 1918 Influenza Pandemic." *Bulletin of the History of Medicine* 65 (1991): 4–21.

Patton, Adell. "Dr. John Farrell Easmon: Medical Professionalism and Colonial Racism in the Gold Coast, 1856-1900." *The International Journal of African Historical Studies* 22, no. 4 (1989): 601–36.

Rangers, Terence. "Nationalist Historiography, Patriotic History and the History of the Nation: The Struggle Over the Past in Zimbabwe," *Journal of Southern African Studies* 30, 2 (2004), 214-234.

Roberts, Jonathan. "Medical Exchange on the Gold Coast during the Seventeenth and Eighteenth Centuries," *Canadian Journal of African Studies* 45, 3 (2011), 480-523.

_____. "Western Medicine in Africa to 1900, Part I: North, West, and Central Africa." *History Compass* (2017), 1-8.

Scott, Joan W. "The Evidence of Experience." *Critical Inquiry* 17, 4 (1991), 773-797.

Sigsworth, Michael and Michael Worboys. "The Public's View of Public Health in Mid-Victorian Britain." *Urban History* 21, 2 (October 1994), 237-250.

Simone, AbdouMaliq. "People as Infrastructure: Intersecting Fragments in Johannesburg." *Public Culture* 16, 3 (2004), 407-429.

Stock, Robert. "Environmental Sanitation in Nigeria: Colonial and Contemporary." *Review of African Political Economy*, no. 42 (1988): 19–31.

Stroud, Ellen. "Does Nature Always Matter? Following Dirt through History." *History and Theory* 42, no. 4 (2003): 75–81.

Swanson, Maynard W. "The Sanitation Syndrome: Bubonic Plague and Urban Native Policy in the Cape Colony, 1900-1909." *The Journal of African History* 18, 3 (1977), 387-410.

Thomas, Lynn M. "Historicising Agency." *Gender & History* 28, 2 (2016), 324–339.

Tilley, Helen. "Ecologies of Complexity: Tropical Environments, African Trypanosomiasis, and the Science of Disease Control in British Colonial Africa, 1900-1940." *Osiris* 19 (2004), 21-38.

_____. "Medicine, Empires, and Ethics in Colonial Africa." *AMA Journal of Ethics* 18, 7 (2016), 743-753.

Tomkins, Sandra. "Colonial Administration in British Africa during the Influenza Epidemic of 1918-19." *Canadian Journal of African Studies* 28 (1994): 69–71.

Uwa, John. "Transcultural Tension and the Politics of Sewage Management in (Post) Colonial Lagos." *Social Dynamics* 44, 2 (2018), 221-238.

Van Tol, Deanne. "Mothers, Babies and the Colonial State: The introduction of Maternal and Infant Welfare Services in Nigeria, 1925-1945." *Spontaneous Generation: A Journal for the History and Philosophy of Science* 1 (2007), 110-131.

Waite, Gloria. "Public Health in Pre-Colonial East-Central Africa." *Social Science Medicine* 24, 3 (1987): 197-208.

Walsh, Michael J. "The Edi Festival at Ile Ife." *African Affairs* 47, 189 (1948), 231-238.

Webel, Mari. "Medical Auxiliaries and the Negotiation of Public Health in Colonial North-Western Tanzania." *The Journal of African History* 54, 3 (Nov. 2013): 393–416.

Werlin, Herbert H. "Corruption in a Third World Country: Why Nigerians Cannot Handle Garbage." *World Affairs* 168, 2 (2005), 79-85.

Winters, Christopher. "Urban Morphogenesis in Francophone Black Africa." *Geographical Review* 72, no. 2 (1982): 139–54.

Wolff, Norma H. "The Use of Human Images in Yoruba Medicines." *Ethnology* 39, No. 3 (2000), 205-222.

Worboys, Michael. "The Colonial World as Mission and Mandate: Leprosy and Empire, 1900-1940." *Osiris* 15 (2000), 207-218.

Thesis and Unpublished Papers

Agubosim, Samuel. "The Development of Modern Medical and Health Services in Warri/Delta Province, 1906-1960." Ph.D. Thesis, University of Ibadan, 1997.

Esposito, Elena. "Side Effects of Immunities: The African Slave Trade." Max Weber Programme Working Paper, European University Institute (October 2015).

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

Usuanlele, Uyilawa. "Poverty and Welfare in Colonial Nigeria, 1900-1954." PhD Thesis, Queen's University, Kingston, 2010.