CRITICAL READINGS IN THE HISTORY OF CHRISTIAN MISSION

EDITED BY MARTHA FREDERIKS
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Medical Missionaries and Modernizing Emirs in Colonial Hausaland: Leprosy Control and Native Authority in the 1930s

Shobana Shankar

In 1938, the Sudan Interior Mission (SIM) heralded its 'Peaceful invasion of the Northern emirates of Nigeria' with a photo spread in the quarterly *Sudan Witness*.* The previous year, the Mission had formalized agreements to work with the Native Administrations (NAs) of Kano, Katsina and Sokoto in the management of three provincial leprosaria. In celebration of Christian–Muslim cooperation, the magazine featured photos of the Emir of Gwandu, who had shown special friendship to SIM missionaries in supporting their leprosy work and granting them a site for their first regular non-medical station in Sokoto Province (Fig. 1).[1]

These photos belie the prevailing view of cultural separation and conservatism in colonial Hausaland, a model of British 'indirect rule' through indigenous political authorities. Writing two years before Nigerian independence, James Coleman judged the resistance of Northern emirs to Christian missions as a major obstacle to the progress of nationhood: 'Perhaps the most important factor was the hostility of the traditional Muslim rulers of northern Nigeria

Source: Shankar, S., "Medical Missionaries and Modernizing Emirs in Colonial Hausaland: Leprosy Control and Native Authority in the 1930s," *Journal of African History* 48.1 (2007), pp. 45–68. © Cambridge University Press.

* I dedicate this paper to the memory of Phil Shea, whose contributions to and support for Northern Nigerian history told from Nigerian perspectives are beyond measure. I thank Bob Arnold at the Sudan Interior Mission (SIM) Archives in North Carolina, and, in Nigeria, Dr. Kiru, Ayuba Usman, Halima Wayi, staff at Ya da Kunya and the Katsina State Health Services Management Board for their assistance with this research. The following readers generously gave comments on early drafts of this paper: Esperanza Brizuela-Garcia, Mary Dillard, Karen Flint, Marcus Green, David Hardiman, Murray Last, Julie Livingston, John Manton, Michael McGovern and Brian Peterson. I am grateful to the *Journal*'s anonymous readers for their insightful suggestions for elaborating key ideas. This research was supported by Fulbright/IIE; Wenner-Gren Foundation for Anthropological Research, UCLA; and a Mellon Postdoctoral Fellowship from Barnard College-Columbia University.

1 'Peaceful invasion of the Northern Emirates of Nigeria', *Sudan Witness*, 14, 1 (Jan.–Feb. 1938).

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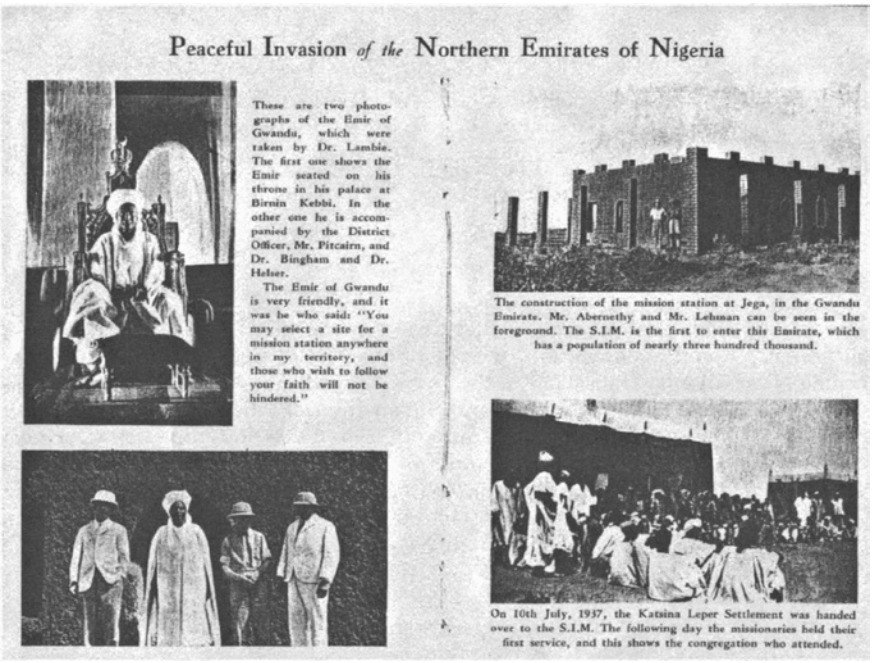


FIGURE 1 From *Sudan Witness*, 14, 1 (Jan.–Feb. 1938)

to Christian evangelization and Western education, and the British policy of sustaining them in their opposition'.[2] More recently, scholars have blamed British administrators, not emirate authorities, for restrictions on education, missions and even other Muslim sects as a means of 'preserving' political tradition and order.[3] While it seems beyond dispute that the colonial government in Northern Nigeria took a reactionary and often repressive stance on

2 James S. Coleman, *Nigeria: Background to Nationalism* (Berkeley, 1965), 133.

3 Jonathon Reynolds, 'Good and bad Muslims: Islam and indirect rule in northern Nigeria', *International Journal of African Historical Studies*, 34 (2001), 601–18; Andrew E. Barnes, 'Christianity and the colonial state in northern Nigeria: 1900–1960', in Toyin Falola (ed.), *Nigeria in the Twentieth Century* (Durham, 2002), 281–92; also by Barnes, '"Evangelization where it is not wanted": colonial administrators and missionaries in northern Nigeria during the first third of the twentieth century', *Journal of Religion in Africa*, 25 (1995), 412–41; P. K. Tibenderana, 'The emirs and the spread of western education in northern Nigeria, 1910–1946', *Journal of African History*, 24 (1983), 517–34; E. O. Ayandele, 'The missionary factor in Northern Nigeria 1870–1918', in Ogbu Kalu (ed.), *The History of Christianity in West Africa* (London, 1982), 133–58; C. N. Ubah, 'Problems of Christian missionaries in Muslim emirates, 1900–1928', *Journal of African Studies*, 3 (1976), 351–71; E. P. T. Crampton, *Christianity in Northern Nigeria* (Zaria, 1975).

potential 'threats' to Muslim authority as a matter of political expediency, we still know little about what the inclusion and adaptation of ostensibly 'rival' institutions may have meant for the constitution of native authority and for colonial politics.

This article explores the political implications of the Mission–NA leprosy campaign, a topic yet to be studied in detail.[4] Using new evidence from SIM archives and oral interviews, I argue that the significance of this cooperative medical work, after nearly three decades of an unofficial yet tacit prohibition on missions in the Northern Nigerian emirates,[5] goes beyond religious interaction. Emirs translated Islamic ideals of charity into governmental responsibility for medical welfare, demonstrating their modernizing impulse in matters of social progress. Indeed, the leprosy scheme brought together the elite and non-elite in ways that would have previously been unimaginable and took emirs' power to new reaches in an era of expanding native authority in Nigeria and throughout much of British Africa.

The case of leprosy control in the Northern Nigerian emirates prompts us to look more closely at colonial medicine in the practice of political power by both European and African regimes. Histories of medicine and native authority, in separate scholarship, point in a common direction: the impossibility of capturing the cultural complexities of lived experiences and legacies of empire in dichotomies of African tradition and European modernity, Western and non-Western, and colonizer and colonized. Scholars have described the dynamics of these encounters in many ways, as processes of invention and accommodation in politics, on the one hand, and as pluralism and entanglement in body politics, illness and health on the other.[6] Yet ongoing social construction is as much a factor in Megan Vaughan's account of a syphilis epidemic in British East and Central Africa as it is in Thomas Spear's survey of indirect rule and African cultural categories.[7] Bringing medicine into the realm of native authority envisions politics as more than government and sees the effects of

4 C. N. Ubah, 'Christian missionary penetration of the Nigerian Emirates, with special reference to the medical missions approach', *Muslim World*, 77 (1977), 16–27; Ralph Schram, *A History of the Nigerian Health Services* (Ibadan, 1971), 59, ch. 10.

5 Barnes, '"Evangelization where it is not wanted"', 413.

6 Lynn Thomas, *Politics of the Womb: Women, Reproduction, and the State in Kenya* (Berkeley, 2003), 17–20.

7 Megan Vaughan, 'Syphilis in colonial east and central Africa: the social construction of an epidemic', in Terence Ranger and Paul Slack (eds.), *Epidemics and Ideas* (Cambridge, 1992); Thomas Spear, 'Neo-traditionalism and the limits of invention in British colonial Africa', *Journal of African History*, 44 (2003), 3–27.

health care beyond narrowly defined communities of practitioners, patients and colonial governmental authorities.

My aim in drawing together studies of medicine, Native Administration and missions is to cast the Northern Nigerian emirs—who have been characterized as quintessential traditionalists and therefore idealized indirect rulers—as agents of change, not merely 'compromisers' who 'kept the old apparatus of governance in place and allowed Europeans to impose their idea of civilization'.[8] Medical work was a symbol of their progressive outlook and solidified the 'colonial caliphate', Murray Last's apt expression for the Northern Nigerian Muslim leadership that ruled in the first half of the twentieth century and was 'able to explore modern ideas while still firmly held within the matrix of Islam'.[9] The leprosy campaign shows, too, that the north and the south of colonial Nigeria, understood by Coleman and others to be on different courses, shared the experience of colonial welfare, though with different results.[10] The British saw a colony-wide campaign of mission-run leprosaria as a means of introducing 'western education and cultural values' to a wide cross-section of their subjects.

Modern ideas, here, clearly meant Christian mission culture and other aspects of what Brian Larkin calls 'the classical paradigm of the West'.[11] While his examination of Hausa engagement with Indian films interrupts the binary of African responses to Western rule, I suggest here that the 'classical' itself may need rethinking. The Northern Nigerian leprosy campaign bears less of the direct tension assumed in the classic Muslim versus Christian opposition than one might expect. Quite the contrary, Muslim Hausa and Christian missionaries shared scriptural and charitable traditions in which leprosy had a special significance. In the context of their encounter, both plumbed their historical experiences and knowledge of the disease. Even 'secular' British authorities were not immune to the Christian imagery deeply embedded in their cultural upbringing. Historical specificity is therefore needed to define modernity and

8 David Robinson, *Paths of Accommodation: Muslim Societies and French Colonial Authorities in Senegal and Mauritania, 1880–1920* (Athens OH, 2000), 238.

9 Murray Last, 'The "colonial caliphate" of northern Nigeria', in David Robinson and Jean-Louis Triaud (eds.), *Les temps des marabouts: itinéraires et stratégies islamiques en Afrique occidentale francais v. 1880–1960* (Paris, 1997), 72.

10 Kalu O. Kalu, 'Beauty for ashes: Presbyterian leprosy work in south-eastern Nigeria, 1926–56', in Ogbu U. Kalu (ed.), *A Century and Half of Presbyterian Witness in Nigeria, 1846–1996* (Enugu, 1996), 193–219; C. N. Ubah, 'Hope for the despondent: a colonial health care scheme at Uzuakoli, eastern Nigeria', *Transafrican Journal of History*, 21 (1992), 51–68.

11 Brian Larkin, 'Indian films and Nigerian lovers: media and the creation of parallel modernities', *Africa*, 67 (1997), 408.

tradition in particular moments and encounters. As Ogbu Kalu rightly notes about welfare practices, 'the past has its uses for the present'.[12]

Rather than simply describe this concurrence of worldviews, my interest lies in how binary oppositions gained or lost significance in particular historical circumstances, interpretive processes and social interactions. Dichotomies, such as the Muslim–Christian one, do have currency, and the cultural logic of colonialism, so dependent on them, sometimes sharpened and entrenched them. As Sandra Greene demonstrates, cultural imperialism transformed Africans' understanding of their very bodies and their environment, in often oppositional terms and in 'different epistemologies within the same society'.[13] For most colonized people, modernity was not everywhere.[14] The very process of defining and differentiating the old and new involved social relations of power within colonized societies. Who, not what, defined the meanings of traditional and modern.

In the history of medicine, leprosy is a special case through which to explore how old and new were perceived and deployed. Because of its antiquity, its unpredictability and its global presence, the disease found a prominent place in the colonial civilizing mission. As Eric Silla rightly notes in his study of leprosy in French Soudan (later Mali), 'though limited to a minority of sufferers, leprosy was an historical phenomenon in the broadest sense and had far-ranging implications'.[15] The French and British targeted leprosy as a way of demonstrating the benefits of their rule for their subjects, whose tolerance for leprosy sufferers was proof of their ignorance.[16] Both powers emphasized segregation, but their approaches were different. According to Silla, French government medical work was authoritarian, separated by the Law of Laicization from missions, which 'provided a more appealing form of health care'. Sufferers avoided state institutions.[17] The British, on the other hand, launched a campaign

12 Ogbu Kalu, 'Poverty in pre-colonial and colonial west Africa: perceptions, causes and alleviation', in Emmanuel Akyeampong (ed.), *Themes in West Africa's History* (Athens OH, 2006), 183.

13 Sandra Greene, *Sacred Sites and the Colonial Encounter: A History of Meaning and Memory in Ghana* (Bloomington, 2002), 7.

14 Larkin, 'Indian films and Nigerian lovers', 410, quoting Arjun Appadurai and Carol Breckenridge. His discussion concerns media, which does not depend on the actual encounter between people. Medicine, similar to film as a material culture, can operate the same way. Space does not allow a full discussion of material culture in this medical encounter, but this paper differs from Larkin's in giving more attention to the adaptations of those in power, not their opposition, in the face of new ideas and technologies.

15 Eric Silla, *People are not the Same: Leprosy and Identity in Mali* (Portsmouth NH, 1998), 22.

16 Ibid. 88.

17 Ibid. 93, 115.

from the Indian subcontinent to Africa, with researchers, colonial and local authorities and voluntary agencies together establishing segregated facilities and providing treatment and palliative care. This health project 'shows how close medical humanism and Christian caring could become'[18] and raised the hopes of sufferers of the disease.[19] Megan Vaughan has distinguished between mission and state forms of medicine in the ways that each imagined, categorized and valued African bodies; but in leprosy work these modes of representation are not so easily distinguished.[20] As Sanjiv Kakar notes, 'there existed for leprosy a consensus which overrode differences and which cut across the colonial divide of religion and medicine'.[21] As I show here, from the point of view of emirs and Muslim patients, the leprosy campaign was 'hospital medicine' that bore great resemblance to almsgiving in Islamic tradition.

I begin with a consideration of the changes in leprosy control introduced with the coming of the British and continue by examining how Christian missionaries and emirate NAs entered into cooperative agreements to establish segregated settlements. I focus on SIM, which became the largest mission in the emirates, making particular reference to Kano Province, where refinements in leprosarium operations gave rise to the largest institution of this type in Hausaland. The leprosaria in all the provinces stood outside main cities and served as central government institutions. Their history therefore is one of networks connecting urban to rural, Muslim and non-Muslim, elite and poor, and emirs and missionaries.

Changing Attitudes towards Leprosy in Hausaland: Colonial Segregation and Centralization

Leprosy sufferers continue to have a place in Hausa society. Many live as mendicants with relative success in an environment where Islam enjoins the support of the unfortunate with alms (*zakat*). Those with more mobility may join a begging troupe, such as the ones seen today singing in the Kano Pilgrims' Camp for people waiting to perform the *hajj* or who have just returned. Former

18 Michael Worboys, 'The colonial world as mission and mandate: leprosy and empire, 1900–1940', *Osiris* (2nd ser.), 15 (2002), 207–18.

19 John Iliffe, *The African Poor* (New York, 1987), 214–29; Ubah, 'Hope for the despondent'.

20 Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness* (Stanford, 1991), 74; see also Ulrike Kistner, 'The walls without and the walls within: leprosy and social control in South Africa', *Berichte zur Wissenschafts-Geschichte*, 21 (Dec. 1998), 237–50.

21 Sanjiv Kakar, 'Leprosy in British India, 1860–1940: colonial politics and missionary medicine', *Medical History*, 40 (1996), 228.

patients identified a 'uniform' they wore in begging, a simple red fez (*dara*) that marked the wearer's piety and asceticism.[22] In this largely Muslim society, leprosy had an iconographic value, reminding the faithful to show charity.

Recalling John Peel's caution about assuming the necessary relationship between begging and poverty and the intentions of almsgivers raises questions about the fortunes of leprosy sufferers in Hausaland.[23] Stories are told—perhaps only jokes—about the wealthy sufferers in Zaria who return the generosity shown them by sponsoring pilgrims' air flights to Mecca.[24] Such a joke may be made in the vein of Hausa calling sufferers of dwarfism Malam Dogo (or 'Mr. Tall') out of politeness, which certainly seems to be a greater concern than pity in dealing with leprosy sufferers. Rather distinct from pity, stereotypes and jokes refer to their stubborn tempers and hot-headedness and warn people to take care not to offend them by being patronizing.

The disease also has significance in the performance and therapeutic features of the Hausa possession tradition of *bori*. A leprous spirit, known as Auta or Goje, is believed to move about on a horse. If Auta possesses or 'rides' a person, the adept's hands and feet curl and the voice becomes hoarse.[25] Said to cause coughing, ulcers and leprosy, the spirit-caused form of the illness is considered curable in some areas of Hausaland, while the incurable form is believed to be caused by God.[26]

In 1910, British medical officer J. M. Dalziel undertook research on leprosy in the Sokoto area and maintained that the region's peoples held no one explanation for contagion. Rather, regional, ethnic and clan identity accounted for the varying etiologies of leprosy in different parts of the Northern Provinces. Believing that Islam accounted for laxity towards the disease, Dalziel focused on Hausa and Fulani theories of leprosy transmission that included physical contact, heredity, the ingestion of certain kinds of fish, and atavism, a theory that alien blood activated leprosy that lies dormant in the body. Children of leprosy sufferers were believed to be immune.[27] These ideas may have struck

22 Interview with Umaru Usman Baba Ladan, 6 June 2001, Ya da Kunya, Kano. This plain hat contrasts with the more ornate hats worn in Hausaland.

23 John Peel, 'Poverty and sacrifice in nineteenth-century Yorubaland: a critique of Iliffe's thesis', *Journal of African History*, 31 (1990), 465–84.

24 Personal communication with Dr. Fatima Palmer, 24 Apr. 2001, Nassarawa, Kano.

25 Joseph Greenberg, *The Influence of Islam on a Sudanese Religion* (New York, 1946), 37. Interview with Anna Wayi Doba, 27 May 2001, Hausawa, Kano.

26 L. Lewis Wall, *Hausa Medicine* (Durham NC, 1988), 191.

27 J. M. Dalziel, 'Some notes on leprosy in Sokoto Province', *Northern Nigeria Gazette Supplement*, 12 (31 May 1911), 150–4.

the medical officer as similar to others throughout the world,[28] but Dalziel dismissed them, suggesting the need to instill greater fear in Africans: 'Whatever theory is held as to the mode of spread …, the leper himself must be regarded as the chief danger and should therefore be isolated'.[29]

Until 1910, British Residents had practiced leprosy segregation as one part of general 'sanitary improvements' that included new quarantines for smallpox and leprosy sufferers in Kano and burial grounds for victims of contagious diseases outside the city.[30] Charles Robinson, a visitor to Hausaland in the 1890s, reported the existence of a quarter for sufferers in Kano city,[31] but Dalziel simply noted 'the tendency to segregate lepers in the neighborhood of the hill Dala within the town'.[32] Robinson might have seen a transient group, rather than an entire neighborhood. Where leprous people lived apart from the rest of the population, they were typically compelled to resettle with their families by their community, not by government.[33]

The colonial administration, on the other hand, made leprosy a priority after Dalziel deemed it an 'alarming' problem in Hausaland. He advised British officers to focus on native rulers, who had shown some willingness to support modified isolation. Although the Sultan of Sokoto had reportedly asked that *sarakuna* (titleholders) suffering from the disease be left undisturbed, Dalziel felt that British officers should use such discussions with Muslim rulers to 'educate native opinion'. A campaign emerged that targeted common people.

More intensive anti-leprosy efforts began with census taking. Starting in 1910, in each province, local officials provided information about the numbers of sufferers in each division as a proportion of the total population.[34] The afflicted population in Kano was estimated as the highest, at 9,366, just over one-third of 1 per cent of the entire population. The Resident admitted that the statistics were less than accurate: 'The figures set out in the attached tabular statements have however been collected with considerable difficulty, and only after enquiries which have taken some time'.[35] The data were collected unsystematically, in some cases at junctions of main roads and, in others, in city

28 Worboys, 'Mission and mandate', 213–14; Eric Silla, '"After fish, milk do not wish": recurring ideas in a global culture', *Cahiers d'études africaines*, 36 (1996), 613–24.

29 Ibid.

30 Kano History and Culture Bureau (KHCB), SNP.7/472/1908, Kano annual report 1908, 13.

31 Charles Robinson, *Hausaland or 1500 Miles Through the Central Soudan* (London, 1896), 147.

32 Dalziel, 'Some notes', 150.

33 Ibid.

34 See, for example, KHCB, R.951, Kano annual report 1910, nn. 187–8.

35 Ibid.

wards of Kano and Katsina. No separate leprosy enclave was mentioned. The methodology of data collection is also unclear, but it appears that the British were entirely dependent on tax collectors for information.

In 1911, the government issued the Lepers Proclamation, giving officials greater powers of inspection and punishment. Defining a 'leper [as] any person suffering from any kind of leprosy, and any person lawfully detained as a leper', the law mandated punishment for anyone withholding information about leprosy sufferers, real or suspected.[36] The code granted an exception to those able to practice isolation at home and focused on excluding sufferers from certain occupations, including food preparation, leather-work and domestic service. Any breaches of this ban were to result in fines.

The Proclamation constructed a new juridical category in the leprosy sufferer and unprecedented responsibilities for emirate authorities, even though the British emphasis on segregation contradicted most indigenous theories of contagion and imposed a general practice where none had existed previously. In Kano, the NA reportedly began a public awareness campaign shortly after the new Proclamation went into effect:

> In September [1911] the Emir of Kano issued a Memorandum on the subject of Leprosy drawn up by the Senior Medical Officer Doctor Graham describing the dangers of contagion with lepers and the probable causes of the dissemination of the disease … This memorandum was read aloud by the District Alkali to the assembled people in every market town of the Emirate.[37]

The government maintained 'a carefully revised list … of the lepers in Kano town showing their occupations and sources of livelihood with a view to placing all whose conditions of life are in any way dangerous to the community in a settlement outside the walls of Kano'.[38] The NA also required the diseased to wear special dress, a strategy first implemented by the Emir of Katsina. In that province, in the year following the issuance of the Proclamation, fifty patients had come under the Medical Officer, whose ministration simply involved the disinfection of the sufferers' clothing and bandages once weekly.

Residents had a tendency to exaggerate the accord between British and indigenous rulers; therefore, the level of participation on the part of the emirate authorities is uncertain. Sources suggest that the new measures gave emirs the

36 Proclamation no. 8, *Northern Nigeria Gazette* (1911), 39–45.

37 KHCB, SNP.7/13 (114), Kano annual report 1911, 19.

38 KHCB SNP.7/13 (114), extracts from Katsina annual report 1911.

power to monitor the movement of people, in town at least. For example, leprosy and syphilis, seen as increasingly prevalent, were stated reasons for the Emir of Katsina to monitor transients.[39] According to Dalziel's report, most Hausa did not believe that leprosy was sexually transmitted or came from strangers. He gave little proof for his qualification that 'many intelligent natives in all of the Hausa provinces believe that leprosy may be acquired by intercourse with a leper woman'.[40]

The linking of the disease to migrants reveals a British preoccupation. Immigrants were a primary issue in the definition of native spheres of power, particularly as the completion of the Baro–Kano Railway in 1913 and the amalgamation of the Northern and Southern provinces of Nigeria in 1914 brought more 'strangers' to the emirates. In Kano and Zaria, especially, where strangers' quarters (*sabon gari*) were created, colonial officials tried in vain to keep Muslim and non-Muslim enclaves separate, with the NA responsible for the former and with British oversight in the reserve areas for non-native Africans. The Resident of Kano justified stringent controls on movement in the 'township', the newer urban areas, in 1913:

> I think that it is better to dissociate the whole township from native authority. Otherwise control will be divided and as it is impossible that the Native Administration should exercise full and effective control over native foreigners in accordance with Mohammadan [*sic*] Law and native custom, it will strengthen, rather than weaken, the Emir and Native Administration if the township is excluded in practice from their sphere of authority. The danger that natives might settle in the township in order to escape the authority of their lawful Superiors is guarded against by not allowing such persons to settle there. It is probable that only the criminal classes and undesirable parasites would desire to do so.[41]

Residential segregation did not work because local Muslims moved into *sabon gari* to establish businesses and take advantage of new markets.[42] It is striking, however, that public health, in its widest medical and social sense, justified segregation amongst Africans, though not to the extent that it was used for separating Europeans and Africans. It demarcated the boundaries of political

39 Kano annual report 1911, 19–20.

40 Dalziel, 'Some notes', 150.

41 KHCB 95/1914, Kano annual report 1913, 10.

42 Ahmed Bako, 'A socioeconomic history of sabon gari Kano, 1913–1989' (Ph.D. thesis, Bayero University, Kano, 1990), 115.

authority, however fluid they really were. It also had the effect of reinforcing an idea of original inhabitants and strangers, as well as the new geography of Southern and Northern Nigeria. Though the medical rationale strengthened emirs' powers over Muslim subjects, it also restricted them to carefully defined 'Muslim' spheres that at first meant the urban seats of the emirates. Colonial medicine, from its earliest beginnings, had an important function in upholding the apparatus of indirect rule by delimiting spaces of native authority. How emirs responded to this delimitation is explored more fully below.

The leprosy scheme was symbolically important, if not aggressively put into practice. As of the 1920s, few sufferers lived in government custody. The Kano NA constructed a formal lazaret or almshouse for outcast leprous people in 1925. The camp housed 100 'voluntary inmates'. Among these inmates, each adult received a monthly allowance from the NA and regular visits from the Medical Officer.[43] The Emir of Hadejia operated such an almshouse in the Northern Division of Kano Province.[44]

Though little more than a charity, these provisions for leprosy sufferers entailed a new financial responsibility for the NA. With the lazarets, moreover, the government began to link urban and peri-urban spheres and gain greater visibility and control beyond the city. This early public health program was reshaped in the later 1920s and 1930s, when new medical research and resources became available for the implementation of a centralized leprosy-control regime.

Teaching Tolerance: Missions' Place in the Reform of Native Administration

Michael Worboys notes that, in the development of colonial medicine, the period from the late 1920s saw intensifying debates over the welfare of subject populations.[45] Medical personnel and policymakers were not the only ones involved. Situated more 'locally', missionaries and indigenous rulers had great stakes in any changes affecting the daily lives and welfare of ordinary people, and their levels of participation in government schemes to improve health were matters of intense debate.

The development of an imperial leprosy campaign demonstrates this tendency towards inclusive government. In the early twentieth century, the

43 KHCB, R.24, Kano annual report 1925, 30.

44 KHCB, No. 400, Northern division quarterly report 1930, 10.

45 Worboys, 'Mission and mandate', 212.

medical approach to leprosy in the colonies was radically rethought. Although there was much disagreement about the efficacy of containing the disease by isolating sufferers, segregation became the common practice in the face of pressure from some British medical officers and Indian elites; for missionaries, whose opinions were mixed, isolation was an aid to conversion.[46] Through the efforts of Sir Leonard Rogers and Dr. Ernest Muir, researchers at the Calcutta School of Tropical Medicine, the Indian model of segregation was fine-tuned and promoted by the British Empire Relief Association (BELRA), established in 1924. Rogers developed a solution of chaulmoogra oil, derived from varieties of the hydnocarpus tree, for administration by injection at the leprosaria. His successor, Muir, took the new therapy on the road, touring African colonies in the 1930s to export the Indian model, but, by that time, the oil was deemed ineffective and actually sometimes harmful. Nonetheless, Muir continued to promote its use in segregation settlements. Despite doubts, oils and segregation were prescribed, and segregation remained in practice in the 1960s, even after more effective sulfone drugs were in use.

While this realignment in leprosy control was occurring in India, the subject of social welfare was being rethought in Northern Nigeria, and mission societies used the issue to renew their efforts to enter the emirates. Claiming that their exclusion was inhibiting religious freedom and denying subjects the benefits of 'western civilization', the Church Missionary Society (CMS), SIM and several other societies together brought the matter before the Governor of Nigeria, Graeme Thomson, in London in 1927, with the help of the Bishop of Salisbury and the prominent Christian statesman Joseph H. Oldham.[47] Thomson took a much softer position on missions than any previous governor. He emphasized that restrictions were not permanent and explained that the only remaining obstacle to missions to Muslims was the uncertainty of the political climate on the ground. The Governor summarized his position: 'I insisted … that as soon as I was satisfied that it would safely be undertaken, I would try to have the principles of religious toleration instilled into the minds of the Emirs'.[48]

46 Kakar, 'Leprosy in British India', 215–30.

47 Arewa House Archives (AHA), K.5333, Mission Representatives to Thomson, 23 June 1927, 32. Oldham's activism on behalf of missions in Africa was primarily related not to medicine but to education, about which he, five governors of African colonies, and others were meeting in June 1927: Keith Clements, *Faith on the Frontier: A Life of J. H. Oldham* (Edinburgh, 1999), 220–4.

48 GB National Archives, formerly Public Records Office (PRO), CO 583/160/5, Thomson to Wilson, 26 June 1927.

The British aimed to move missions into Muslim territories as part of a gradual exposure of native rulers to the assumed benefits of Western culture.[49] The governor saw medical work as a way of doing so. In December 1927, he suggested to the Colonial Office the benefit of cooperative leprosy-control work, citing the success of the United Missionary Society at Itu in southeastern Nigeria, where the number of leprous residents had multiplied by a hundredfold in one year.[50] Shortly thereafter, Thomson negotiated an arrangement between BELRA and the North American Church of the Brethren Mission to establish a leprosy settlement at Garkida, in Biu, Bornu Province, a religiously mixed area under an emirate NA. The mission agreed to run the institution, and the NA provided farmland, housing assistance and allowances for residents' food.[51]

Garkida leprosarium was just a beginning, almost a way of moving from the 'margins' of the emirates into their core. Medicine was not the only tool in what Thomson called 'the education of emirs in religious tolerance', which by 1930 broadened to become the inculcation of the emirs in 'principles of liberty of conscience'.[52] Echoing the Anglo-American tradition of separation of church and state, the British wanted to use their relationships with the Hausa and Fulani rulers as the basis for a cultural transformation, and, paradoxically, religion was a major part of educating the emirs. Residents filled their reports with the initiative of emirs and their staff in taking English-language tuition and otherwise exposing themselves to secular European culture.[53] More important, however, was the pilgrimage of the Emir of Katsina, Dikko. His was the first officially sponsored flight to Mecca, with a stop in England. Dikko was an exemplar of the newly exposed Muslim ruler and a paragon of the Westernized Muslim elite that the British aspired to cultivate as indirect rulers; moreover, his successes symbolized respect for religion and its actual facilitation under the British.

The colonial government began soliciting Residents' assessments of the various emirs' potential for 'tolerating' Christian missions. In September 1930, the Secretary for the Northern Provinces prepared a précis of reports from all the provinces. Most Residents agreed that little work had yet been undertaken to prepare emirs for missions, but they felt, in contrast to Governor Thomson,

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49 GB National Archives, CO 583/160/5, Strachey to Thomson, 25 July 1927.

50 GB National Archives, CO 583/156/2, Thomson to Secretary, Northern Provinces (Scty. NP), 30 Dec. 1927, 1–4; Scty. NP to Thomson, 30 Apr. 1928.

51 GB National Archives, CO 583/167/3, Thomson to Scty NP, 16 Sept. 1929; Scty NP to Thomson, 30 Apr. 1928.

52 GB National Archives, CO 583/160/5, Thomson to Oldham, 26 June 1927; CO 583/176/15, Thomson to Oldham, 14 Dec. 1930.

53 KHCB, 25673/SNP 17/8, Kano Province annual report 1935, 8.

that the onus lay on the European missionaries to respect local custom if they were to enter Muslim areas. The Resident of Bauchi went so far as to complain that the North American missionaries of SIM expected too much, when they themselves were intolerant.[54]

Christian–Muslim relations were not the only religious interactions under discussion; so, too, was the relationship between Muslims and 'pagans'. Thomson invoked the theme of tolerance in 1930, in his address at the first meeting of members of Northern Nigerian native councils, which was to serve as the basis for the NA Advisory Council for the Northern Provinces. Noting the welcome given by Muslim leaders to the non-Muslim Attah of Igbirra and the Aku Wukari, the 'representatives of more primitive peoples', the Governor described it as:

> a significant witness to the disappearance of ancient differences and prejudices, and to the growth of a generous and tolerant spirit, springing in some measure from a sense of their common privilege and responsibility in being called to a share in the counsels of Government.[55]

Appealing to elite paternalism, as well as to the ethnic superiority of Fulani over Hausa, he likened 'the poorest and least enlightened subjects' under the non-Muslim rulers to the 'ignorant Habe' in the emirates and enjoined all those present at the meeting to 'remember … the need of wise tolerance and equal justice for all, … so that the benefits of progress shall extend to all men'.[56]

Magnanimity towards the poor was an important matter on the agenda. The question of support for leprosy sufferers and others with disabilities arose when the Muslim representatives reached the subject of *zakat* in grains, to be stored in the *beit-al-mal* (native treasury), revealing that rulers considered infirmity in terms of poverty, not medical work, which was discussed separately. The Emir of Gwandu suggested that each village create a grain reserve to sustain lepers, the aged and the disabled, and for the public in emergencies. The British agricultural officer objected that this plan would burden the poor and that payment in kind was retrograde, but the *alkali* (Muslim judge) Bauchi explained that *zakat* was a gift, not a tax, and paid only in relation to one's

54 AHA, 5333, Religious tolerance: précis of replies from residents to secretary's confidential memorandum No. 1.5533/188 dated 15 Sept. 1930, 1.

55 GB National Archives, CO 583/180/6, Record of proceedings at full meeting with native rulers, Dec. 1930, 1.

56 Ibid. 10.

capacity. The judge added that the emir received this money and retained sole responsibility for it.[57]

This characterization of the emir as a religious figurehead—as the collector of alms and the overseer of good works—was an important assertion of political boundaries, between the colonial government and the NAs. *Zakat* was hardly sacrosanct and had been subject to manipulation in the past. M. G. Smith reports on a situation in 1914 when, during famine in Kano, district heads (*hakimai*) sold portions of their tithes to starving commoners 'at considerable profit'. The heads were criticized, and, shortly thereafter, commoners were allowed to dispense with their own tithes as they saw fit, 'thereby abolishing the *hakimai*'s prescriptive rights to it'.[58] The voluntary nature of *zakat* was clearly questionable,[59] but in suggesting to the British that tithes were not collected by force and came under the discretion of emirs, the *alkali* simplified alms as a matter of faith better left to the NAs.

These discussions about leprosy and alms reveal that negotiation and debate over 'traditions' were important, but that simplicity for the sake of uniformity was often the result. This was true on the emirs' side but also for the British, as illustrated by their compromises in leprosy control, in spite of the evidence against the efficacy of segregation and oil injections; and by the application of a single leprosarium model in many colonies, in spite of their different local circumstances. The 'reform' of indigenous rule, which Governor Donald Cameron formally carried out in 1933, was a process of streamlining which helped the British and the NAs at a time of worldwide economic depression. That year, the mission movement into the emirates began, giving NAs control over new institutions and non-Muslim peoples.

Converging Interests and Agreements

Although the British saw themselves shepherding Christians and Muslims in forging a closer relationship, Muslim officials in large measure shaped the course of missions in the emirates. In 1933, the Kano NA began helping SIM select sites in the province, the first in any Muslim area since the CMS settled in Zaria in 1899. The NA Survey Department provided the Mission with maps

57 Ibid. 12.

58 M. G. Smith, *Government in Kano 1350–1950* (Boulder, 1997), 432.

59 On debates about the payment and uses of *zakat*, see Holger Weiss, 'Zakat and the question of social welfare: an introductory essay on Islamic economics and its implications for social welfare', in Holger Weiss (ed.), *Social Welfare in Muslim Societies in Africa* (Uppsala, 2002), 15–18.

of rural areas,[60] and, after a site was selected in Garko in southeastern Kano, the emir visited and approved it. The same year, the NA approved a site in Kano township for SIM to use as a 'forwarding center' between their stations in Northern Nigeria and the French colonies of Niger and Upper Volta.[61] The sultan in Sokoto and other NA officials followed a similar procedure.[62]

The choice of southeastern Kano for the mission site is significant for two reasons. First, the area had concentrations of Maguzawa and other non-Muslim populations, a clearly important factor for NAs. In the early 1930s, the Emir of Kano refused SIM's request for a location in a town with a District Head, i.e. a Muslim center, and suggested instead Farin Dutse.[63] This location was identified with Warjawa and Ajawa, groups described as having 'only a vague connection with ... Kano'.[64] After opening Garko, SIM's Albert Helser and C. Gordon Beacham received 'Maguzawa figures' from the Kano NA. Helser wrote, '[Assistant District Officer] Mr. Dewar urged that we look at several sites. The Galadima said that he would make a good metalled road to whatever site was chosen. The Galadima has several good sites to show. He seemed very happy about the possibility of a Mission'.[65] The two sites that SIM acquired following these negotiations were at Roni in Kazaure emirate and Malumfashi, in southern Katsina, both known as Maguzawa centers.

Sani Mohammed Bako has suggested that Maguzawa had little influence, hence missions among them would have little impact. Rural people, he argues further, were less likely to attack missionaries.[66] The reported statement of Galadiman Kano reveals yet another possible motivation for Muslim authorities to urge missions towards rural 'pagans': Europeans among non-Muslims would mean a step in extending the central government's power in rural areas. Yet it seems that the colonial government and NAs were working at odds here. For the colonial government in Kaduna, the interest in Maguzawa had to do with the reform of Native Administration. Seeking for 'true tribal organization'

60 Sudan Interior Mission Archives (SIMA), Kano Province correspondence 1926–39 (Nigeria Box 11), Early administrative era Kano emirate, Map department to SIM, 18 Sept. 1933.

61 SIMA, Kano miscellaneous 1934–45 (Sr-18/A), Notes from diary of Mrs. C. Gordon Beacham, in letter to C. Ferrier, 20 Aug. 1983.

62 SIMA, Kano miscellaneous 1934–45 (Sr-18/A), Beacham to Bingham, Grigwood, Trout, Jones, 29 Mar. 1933; SIMA, Helser, AD Correspondence, 1 Jan. 1938–30 June 1939 (CH-2/A), Helser to Beacham, 11 May 1938.

63 SIMA, Kano province correspondence 1926–39 (Nigeria Box 11), Lindsell to Playfair, 5 Sept. 1930.

64 KHCB, KANO PROF. HIS/5/1936, 'Pagans in Kano province', 1936, 5.

65 SIMA, Correspondence Albert Helser 1936–56, Helser to Beacham, 19 May 1936.

66 Sani Mohammed Bako, 'The impact of the SIM/ECWA activities on the rural areas of Kano state' (MA thesis, Bayero University, Kano, 1985), 62.

to be 'dug out of the ruins caused by alien administration',[67] British officials wanted to retrench the emirate-type political organization earlier extended into non-Muslim polities.[68] Among Maguzawa, for instance, the British had noticed the unpopularity of Muslim courts.[69] This resistance may, however, have urged the NA to demonstrate their power in southeastern Kano, where administering the law was complicated.[70] The NA might have wanted authority not only over Maguzawa, but also to limit the power of 'pagans' over Muslims. The Sumaila NA tax surveyor was known to be 'a habitual drinker of native beer' and a participant in 'unholy orgies' of Maguzawa and Mbutawa.[71] Though different interests may have been at play, non-Muslims in the emirates came into the spotlight around the time of negotiations between government officials and missionaries, who were happy merely to have a place in the emirates.

The second important consideration in settling SIM in southeastern Kano in 1933 likely related to the distribution of medical facilities. Out of nine NA dispensaries in Kano, Wudil was the southeastern-most point where any government medical site stood.[72] Mission stations meant more medical facilities with no expense to the NA. Likewise, in 1934, the NA allowed BELRA to open a provincial leprosy segregation settlement at Sumaila. Similar facilities were opened near Katsina and Zaria cities in the same year.

The first workers at all three leprosaria came with the Anglican-affiliated Toc H Society. Probably as early as 1930, the founder, Reverend Tubby Clayton, and six lay workers assisted in lazaret construction in Kano. In 1935, Toc H transferred missionary volunteer W. A. Lambert from Itu to help run Sumaila and later Zaria.[73] At Sumaila, he had 24 residents under a chief who formerly had served as the head of a lazaret.[74] Lambert lodged in a government rest-house two miles from the camp and trekked daily on horseback. The NA purchased the animal and saddle for him, in addition to providing him a *dogari* (native

67 Rhodes House, MSS.Perham 402/2, Native administration policy: pagan administration, Scty. NP to all Residents, 15 Mar. 1934, 2.

68 Margery Perham, *Native Administration in Nigeria* (Oxford, 1937), 91, 93, 142. Margery Perham undertook research in Kano for this book in the early 1930s, and her diaries record comparisons of, and discussions she had about, 'pagans' and Muslims in the emirates.

69 'Pagans in Kano Province', 4.

70 Alhaji Mahmadu Koki, *Kano Malam*, trans. and ed. Neil Skinner (Zaria, 1977), 130. The author, who worked as an *alkali* in the district, discussed the difficulty of deciding cases amongst non-Muslims and between Muslims and non-Muslims.

71 KHCB, Sumaila district reassessment report 1924, 17.

72 KHCB, SNP 17/3, Vol. I, Kano province annual report 1933, 34.

73 University of Birmingham Library Special Collections (BSColl), ACC 118 F1, W. A. Lambert, 'My life with the lepers', manuscript (no date), 11, 24.

74 Ibid. 11.

policeman). His main responsibility entailed overseeing the residents in bush-clearing, road-building, farming and other work. Lambert also trained several 'leper nurses' who reportedly administered 7,000 oil injections.[75]

British sources do not mention Toc H workers, but the NAs had been cooperating on their own with Christian missionaries with little fanfare when Dr. Muir toured leprosy settlements and lazarets in Nigeria and recommended a joint mission–government campaign. The doctor was proposing nothing new with the idea of Mission–NA partnership, but his call for the reorganization of existing leprosy facilities into a system of centralized government leprosaria, managed according to formal agreements between colonial authorities, NAs and missions, was a departure. Muir wanted greater colonial government oversight of a bureaucracy formed of a provincial leprosy board, central settlements that were residential treatment and worker-training facilities and a constellation of scattered leprosy villages and clan settlements connected by a public information network and periodic visits by government representatives.[76]

Muir officially contacted missionaries to gauge their interest in leprosy work. He approached Walter Miller of the CMS and Albert Helser, who worked at the Brethren-run Garkida leprosarium.[77] Miller was pessimistic about the possibilities for cooperation, writing that

> Islam has looked upon the leper as a man or woman to give alms to, not to cure or help. The Native Administration is passively opposed to segregation and british [*sic*] treatment, and resents the removal of people who as recipients of alms help the pious moslem [*sic*] go to Heaven.[78]

Miller was not entirely incorrect in his assessment of Hausa views of leprosy sufferers as alms-seekers and the disease itself as not curable, and nor was his idea that in Northern Nigeria the need for 'preventive medicine is greater than healing'.[79] Yet he misjudged the level of support that emirs would give to the British scheme.

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75 Ibid. 12. Lambert does not specify whether he himself gave any injections, but, in this period, foreign workers typically did not do so, instead instructing 'cleansed' patients to do so. These 'middle figures' merit closer study, as in Nancy Rose Hunt's *A Colonial Lexicon: Of Birth Ritual, Medicalization and Mobility in the Congo* (Durham, 1999).

76 AHA, POR/A17, Dr. E. Muir, 'Leprosy in Nigeria: a report on anti-leprosy work in Nigeria with suggestions for its development' (Lagos, 1936).

77 BSColl, CMS/ACC 237 F2, Miller to Muir, 17 Mar. 1936; SIMA, Playfair personal papers, etc., Playfair to friends, 29 Apr. 1937, 2.

78 Miller to Muir.

79 Walter Miller, *Reflections of a Pioneer* (London, 1936), 122–3.

Helser had less experience with Hausa than Miller, who had lived in Zaria for many years, and had a very different reaction. Leaving the Brethren at Garkida over theological disagreements in 1936,[80] he joined SIM and saw medical work as a necessity for its entry into the Muslim areas. SIM had become involved in informal medical work south of the emirates, and, at posts in Niger Province, local missionaries helped Residents with leprosy segregation.[81] Helser saw in Muir's plan the opportunity to formalize government–mission cooperation and step up evangelism.

The government and missions began to implement Muir's plan in 1937, with the North American missions having the most prominent place. The Brethren continued at Garkida, while SIM took over provincial leprosaria in Kano, Katsina and Sokoto; later, in the 1940s and 1950s, this Mission took charge of leprosaria at Bauchi, Niger and Ilorin-Kabba. The mostly European Sudan United Mission (SUM) worked in Maiduguri in Borno, Vom on the Jos Plateau and Mkar on the Benue. Because the CMS already had a presence in Zaria, it took over the leprosarium there, without the participation of Miller. The missionaries from these societies replaced the Toc H workers.

The contracts governing the leprosy settlements divided the parties' responsibilities, laying out the NAs' more explicitly. The NAs would build all structures, including the dispensary, toilet facilities, patients' quarters and furniture. It also pledged to pay a weekly sum of about 1*s.* 3*d.* per patient, in addition to a yearly allowance of 1*s.* for drugs and dressings for each. The Resident initially set the number of NA-supported patients at 400, while the mission could accept and support any over this number. Patients would grow food crops and cotton for spinning and weaving into bandages, to supplement the NA allowance.[82] The mission's chief role was to manage daily operations, all medical matters, staffing and maintenance.[83]

The negotiations for Katsina and Sokoto were concluded in 1937, but negotiations on the Kano contract dragged on because of a disagreement over limits on missionary activity. The Secretary for the Northern Provinces wanted to clarify that SIM would not proselytize among Muslims. The contracts for Katsina and Sokoto included the SIM-approved definition of proselytism as unwelcome visitation and pressure; in the Kano contract, however, 'unwelcome' had been removed, and proselytization had come to mean any house-to-house

80 Raymond Hickey, *Christianity in Borno State and Northern Gongola* (Nigeria, 1984), ch. 3.

81 SIMA, Annual reports: Nigeria and French West Africa 1911–1945 (EM-1), Annual report 1911, 3; AHA, 5333, Resident, Niger province, to Scty. NP, 14 Nov. 1930, 2.

82 Lambert, 'My life', 12.

83 SIMA, Early administrative era (Nigeria box 12), Agreement between NA and mission, Apr. 1938.

visitation, teaching Christianity to any Muslims or inducement to religious conversion. The SIM leadership objected to the changes, particularly the language that would prevent 'explaining the tenets of the Christian faith to any honest inquirer'.[84] The contract was amended with the more specific stipulation that Muslims had to request Christian teaching before missionaries could give it. The Secretary warned the Mission against 'aggressiveness of any nature'.[85]

Compromise and Competition at the Kano Leprosarium

The leprosaria was a kind of theater where the NAs, missions and colonial officers played politics that had little to do with the explicitly medical aspects of the place or even the economic arrangements. Gaining the loyalties of the settlement residents seems to have been more important. Some of the strategies used were outwardly competitive, but emirs and missionaries more often used subtle tactics in order to be perceived as the kinder authority figure. They outdid themselves in their kindness to one another and in their demonstrations of goodwill and charity towards the residents.

The Kano NA's about-face with regard to the leprosarium's relocation illustrates the lengths to which it would go to have 'its people' on site. After all of the efforts to place medical and mission institutions in southeastern Kano, the leprosarium was moved from Sumaila to Ya da Kunya, a village 11 miles northeast of the city, in Ungogo District, shortly after the mission takeover. The lack of water at Sumaila site was the reason given for the move and was certainly a problem.[86] Perhaps the large amount of fallow land at Ya da Kunya, on the outskirts of the district, was another reason, for residents were to feed themselves by farming and raising livestock.[87] From the point of view of Kano, the most important reason was surely Ya da Kunya's central location. One missionary noted that the Madaki of Kano had bluntly told him about Sumaila: 'Our people from here will never go there'.[88]

A comparison of two rosters of inmates in SIM care, one compiled before the move in December 1937 and the other after in May 1939, shows the dramatic

84 SIMA Kano lep. miscellaneous 1936–1945, Notes on leper settlement agreement (no date), 2.

85 Ibid. 3.

86 Lambert, 'My life', 8; SIMA, Helser, AD 1937 (CH-3/A), Helser to Playfair, 7 May 1937. Ya da Kunya was located near a river by the same name, and pipe-borne water was supplied from wells: KHCB, 32098, Kano Province Report 1939 I, 65–6.

87 KHCB MLG 525/1924, Assessment report, Ungogo district, 2.

88 SIMA, Helser, AD 1937 (CH-3/A), Helser to Playfair, 17 May 1937.

impact of the proximity to Kano city. Nearly one-quarter of the 200 residents at the original settlement identified Sumaila as their home district. At Ya da Kunya, the resident population had tripled, close to half (45 per cent) coming from Kano district. About one-third of the Kano people reported coming from the city itself.[89] While the vast majority of Kano city natives reported *birni*, the walled city, as their place of origin, a few were from *sabon gari* and Christians, judging from their names.

The Kano orientation appeared to benefit both the NA and the missionaries. The emir and his council members enjoyed more influence over the institution. Given the limitations on NA authority in the migrants' section of town, the leprosy settlement was the first religiously mixed (Muslim and Christian) population over which the NA had control. SIM missionaries had greater access to the Muslim populations and to well-placed Muslims they had longed to reach with a Christian message.

SIM essentially became a medical extension of the NA. Helser headed the reorganization of the Kano lazarets, a project that involved closing the lazarets to consolidate sufferers at the Mission institution. He suggested that all but the most incapacitated patients move to Ya da Kunya and that lazarets' residents should be given NA allowances that were no greater than those earned by leprosaria patients.[90] Missionaries regularly visited the NA City jail and hospital to find leprosy sufferers. They also trekked quarterly on foot and by car to each district in the province for the purpose of identifying prospective residents and escorting them to the settlements.[91] Because Christian workers traveled and dispensed medicine with the tacit support of the emirate authorities, they were well received by district and village heads. Several SIM workers succeeded in establishing a respected reputation in and around Kano and other main towns. Asharomo (Drink Broth), the Hausa sobriquet by which many people in and around Kano remember Helser even today, illustrates the image of well-being, beyond a literal idea of medicine, that Christians left through treks and word of mouth.[92]

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89 SIMA Kano lep. miscellaneous reports and info 1937–45 (SR-19/A), Reports of the Kano leper settlement SIM, Dec. 1937 and May 1939. The later list shows each resident's town and district.

90 SIMA, Kano province correspondence medical 1933–40 (Nigeria Box 12), Helser to Resident Featherstone, 17 May 1938.

91 Mrs. Harry L. Cox, 'In search of lepers', *Sudan Witness*, 14 (Mar.–Apr. 1938), 20–2; Helser to Resident Kano, 26 Aug. 1937, 4.

92 Group interviews at Giginyu, Jigiria, 17 Aug. 2001, and at Mariri, 22 Jul. 2001. Umaru Usman Baba Ladan interview; SIMA, Helser correspondence 1940–2 (CH-2/A), Playfair to Helser, 2 July 1941.

The mutual benefits notwithstanding, the missionaries grumbled about the NA as a worker might complain about a moody and inconsistent boss. In their public voice, in the *Sudan Witness* magazine, SIM featured effusive descriptions of emirs for Christian readers at home. According to SIM tradition, the Emir of Gwandu, after reading the Bible, presented to him by SIM, told missionaries, 'Christ healed the lepers and it is becoming of you, His followers, to do the same. You are the only ones who can heal them'.[93] Bibles were also dedicated to the Sultan, the Emir of Kano, and at the Kano Public Library as tokens of Muslim–Christian friendship; in Mission news, these gifts symbolized the Christian advance into Muslim areas.[94] In correspondence amongst field workers, SIM complained about the untrustworthiness of the NA. SIM missionaries suspected that 'lepers were usually spotted by the Hospital staff and disposed of before the weekly visit'.[95] The treks were opportunities for the British and emirate officials to monitor SIM activities through spying district heads.[96]

The Christians so desperately needed the NA, however, that they proposed that the Emir of Kano present alms directly to leprosarium residents in order to discourage their movement to the city to beg.[97] In an ironic twist of circumstances, the inability to keep leprosy sufferers segregated led Christian missionaries to contemplate the institutionalization of a fundamental principle of Islam. Just as missionaries in many parts of Africa often tolerated certain practices of 'rival' faiths for the sake of gaining converts, in the Northern Nigerian leprosaria they even tolerated Islam, in order to have leprosy sufferers remain in their care for as long as possible.

For their part, the emirs and their representatives made the leprosarium their own. They visited Ya da Kunya regularly. The Emir of Kano, after seeing the church building at Ya da Kunya, requested that the government construct a mosque,[98] to give the institution a Muslim seal but also to mark the NA's investment. Most importantly, in a complete reversal of earlier practice, the members of the *sarakuna* came to stay at the leprosarium. The NA sent ill members of its staff there; one Kano employee was sent to the Katsina leprosarium.[99]

93 'Field Director's report for Nigeria and French West Africa, 1936', *Sudan Witness*, 12 (Mar.–Apr. 1937), 2. Interview with June and Ian Hay, 25 June 2002, SIM Retirement Village, Sebring, Florida; interview with Marge Cummins, 25 June 2002, Sebring.

94 'News in Brief: Kano', *Sudan Witness*, 15 (Jan.–Feb. 1939), 23.

95 SIMA, Kano leprosarium miscellaneous reports and info. 1937–45 (SR-19/A), Kano Lep half-yearly report 1939, 2.

96 SIMA, Helser, AD 1 Jan. 1938–30 June 1939 (CH-2/A), Helser to Beacham, 19 May 1938.

97 SIMA, Early administrative era (Nigeria Box 12), Report of the 1st Leprosy Board meeting, provincial office, 25 Jan. 1938, 2.

98 SIMA, Playfair personal papers, Playfair to Holms, 8 Nov. 1939.

99 SIMA, Helser, AD 1937 (CH-3/A), Helser to Playfair, 18 Oct. 1937.

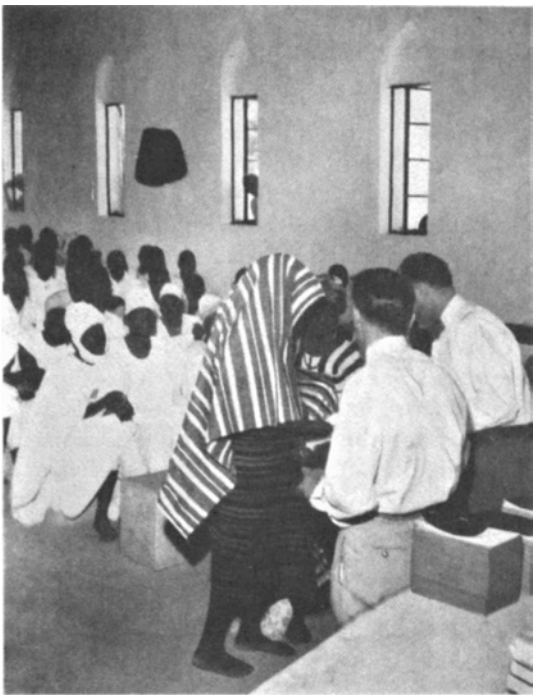


FIGURE 2
Muslim officials in attendance at discharge ceremony at the Kano Leprosarium (Ya da Kunya), *c.* 1950s. From 'The war against leprosy', *Nigeria* 47 (1955), 247

Members of the royal families also sought the care of the Christian doctors. A wife of the Emir of Katsina and a son of the Kano Emir were reportedly leprosaria residents at one time.[100] Muslims of good standing participated in the many functions held in the leprosarium chapel (Fig. 2).

For commoners, the presence of royalty at the leprosaria made a distinct impression that is remembered today as an amazing testament to the Christian–Muslim friendship shared in Northern Nigeria's past and the 'political' nature of religious conflict today. This 'intimacy' was new; in the mid nineteenth century, Heinrich Barth noticed that no poor man was allowed in the presence of the Kano Emir, a practice that was followed more strictly in Kano than in Sokoto.[101] One can imagine that, similar to the durbars at Id festivals today, the leprosarium functions were times to see and, for the fortunate, to be seen by the emir and his retinue.

100 SIMA, Katsina leprosarium report 1938–45 (SR-21/A), Katsina leprosarium daily report, 12 May 1939; interview with Abdulkarim Umar dan Asabe, 2 Aug. 2004, Federal Government College, Kano; interview with Usman Karkarna, 5 Aug. 2004, Ya da Kunya, Kano.

101 Heinrich Barth, *Travels and Discoveries in North and Central Africa* (4 vols.) (New York, 1857), II, 146.

The missionaries could not, it seems, see anything other than religion in NA actions. For instance, the NAs created the office of medical representative (*wakilin magani*), the incumbent living at the leprosaria and reporting to the emirs. The missionaries wrongly interpreted the official's functions as oversight of the establishment of a leprosarium mosque and the appointment of leaders of the Muslim community.[102] While the *wakilin magani* may have served the NAs' surveillance needs, the office was not religious. In one secular medical institution, the representative acted as little more than a social liaison 'holding court in his office'.[103]

The SIM account of the visit of the *ciroma* (crown prince) to Ya da Kunya in 1938 reveals another misunderstanding and the sense of competition the missionaries felt. The purpose of the visit had been to formalize the *wakili*'s residence at the leprosarium and to announce that discharged patients were to meet with the emir for an explanation of follow-up procedures, a measure intended to prevent them from begging or becoming involved in undesirable activities. According to the mission staff, the *ciroma* helped the assembled patients select a *liman* (Hausa, *imam*, a prayer leader) 'to name babies, bury the dead, marry and divorce and conduct devotions'.[104] The missionaries interpreted even the religious office wrongly, in Christian terms, not Muslim ones. Divorce in Muslim Hausa marriage does not require any presiding authority, and the appointment of a *liman* does not require emirate oversight.[105] Before leaving, the *ciroma* spoke of the emir's appreciation to SIM and left instructions to the *wakili* to follow the medical superintendent's order and 'not let religion interfere'. At the meeting convened immediately afterward, the missionaries spoke amongst themselves about the visit:

> The fact that the mission was allowed to have charge of everything even when the Chiroma, who now has the work of Madaki over the whole of Kano Province, was present, made it clear to the lepers that they are to continue to look to the mission as the party in charge of the settlement.[106]

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102 SIMA, Kano leprosarium résumés 1937–45 (SR-19/A), 2nd quarter report 1939.

103 School of Oriental and African Studies Library Special Collections, Jean Boyd collection, MS 36/SP/57-75 Box 19, 'Medical notes of officers serving in the north', 1940–60, 10.

104 SIMA, Kano province correspondence medical (leprosy) 1933–40 (Nigeria Box 12), Early administrative era, notes on chiroma's visit to Kano leprosy settlement, 6 July 1938.

105 It is questionable whether the leprous leader was really supposed to act in the roles listed by the missions, for illness would typically disqualify a person from serving as *liman*. Personal communication with Philip Shea, 18 July 2004, Bayero University, Kano.

106 Notes on chiroma's visit.

The intentions and interpretations are somewhat difficult to read with certainty through the missionaries' filter, but it seems that the NA gave full support to the mission, even if it intended also to strengthen the leprosarium's Islamic character with the building of a mosque and appointing a *liman*. The missionaries seem not to have interpreted the support for Islam as a direct challenge, but they doubtless felt insecure, given their dependence on the NA to lend legitimacy to the institution. The question of who was 'in charge' seems to have vexed SIM but not the emirate authorities. They were sufficiently comfortable that the leprosarium was theirs to send their wives and children to the place.

The ambiguity of authority led to an outright confrontation in 1939. At a meeting of native rulers, the emirs of Kano and Katsina, possibly with others, shared their discontent about SIM. They reported to British authorities on statements by leprosaria patients and rural heads that missionaries had removed children, including some under five, from their parents and given them Christian instruction. This is neither surprising nor untrue, for SIM attempted to separate uninfected children from their parents on medical grounds, in keeping with Dr. Muir's recommendation.[107] Martha Wall, a missionary nurse at Katsina, remembered the enormous difficulty in convincing mothers to give up their children, and the gradual process, with special feasts and regular visits, intended to woo mothers 'to show them that we are kind to babies and children, and that they would be happy with us'.[108] Emirs' belief that missionaries used their kindness to entice and overpower vulnerable people was not unfounded.[109]

The missionaries reckoned that the emirs were reacting to the conversions of a number of adult Muslims, whom SIM sources describe as well-placed *malamai* (scholars).[110] Apparently, several NA scribes and the firstborn son of the village head of Ya da Kunya had begun attending Bible-reading classes, but some of their fellow Muslims had objected and threatened to end Muslims' participation in Christian fellowship.[111] Conversations between SIM representatives and Dr. Naudi, the senior medical officer, suggest that colonial officials had known about Muslims' conversions, and, by implication, missionaries' evangelism, at the leprosaria for some time. According to SIM's Helser, Naudi felt that the mission had an 'unanswerable lever with the Government in

107 Muir, 'Leprosy in Nigeria', 10.

108 Martha Wall, *Splinters from an African Log* (Chicago, 1960), 98.

109 GB National Archives, CO 583 257, 30063, Policy of Nigerian Government as regards mission activities in Moslem areas, Hoskyns-Abrahall to Williams, 2 Jan. 1942, 4.

110 SIMA, Helser, AD 1939 (CH-2/A), Playfair to Helser, 3 Sept. 1939, 2.

111 SIMA, Kano leprosarium 1936–45 (SR-18/A), 2nd Quarter report, 30 June 1938; 3rd Quarter report.

providing professionally trained doctors and nursing sisters'.[112] SIM rued the relocation of the Kano leprosarium from a rural area, where 'little notice would have been taken of converts for a long time'.[113]

It is likely that both the coercion of women and children and the conversions angered the emirs. What is also noteworthy is the emirs' acceptance of many mission practices. Though they clearly did not believe in segregation as a medical necessity, as seen in their opposition to the removal of children, emirs never voiced any objection to other measures of the missionaries, who inspected, touched and treated people, including women and children.[114] But the missionaries' attempts to extend their power beyond medicine into child-rearing and religious education rankled.

The NAs reacted strongly by forcing the stoppage of work at the leprosaria crèches for children under 5. They requested that the following clause be inserted into the certificates of occupancy of every SIM mission site, medical and general: 'No Mohammedan children shall be taught religion by the Mission, whether with or without the consent of the parents. Second, Adults may be taught religion by the Mission if they come asking for it without persuasion'.[115] When SIM missionaries rejected this stipulation and threatened to pull out of the leprosaria, the government, in turn, intimated it might take them away from SIM.[116]

In the end, stipulations on children's education applied only at the leprosaria. Following the crisis of 1939, in which the NAs viewed children as captives, they maintained that medical missionaries should be managers and not use their positions to bring undue pressure on those who were under the age of 18.[117] Because SIM was an indispensable provider of medical services in the Northern Provinces and a virtual extension of the NA, it could not easily be discounted or ejected, but Muslim officials grew more vigilant in scrutinizing

112 SIMA, Helser correspondence, 1 Jan. 1938–30 June 1939 (CH-2/A), Helser to Beacham, 2 Aug. 1938.

113 Playfair to Helser.

114 As I have shown elsewhere, nearly half the patients at the Kano leprosarium in one brief period were females. The gender dynamics of the mission merit a separate study, but it is important to note that the initial appearance of girls and women at the mission institutions surprised colonial officials and missionaries. See Shobana Shankar, 'The social dimensions of Christian leprosy work among Muslims: American missionaries and young patients in colonial northern Nigeria, 1920–1940', in David Hardiman (ed.), *Healing Bodies, Saving Souls: Medical Missions in Asia and Africa* (Amsterdam, 2006).

115 SIMA, Kano leprosarium 1936–45 (SR-18/A), Notes on the Leprosy Board meeting, 19 July 1939, 2.

116 Playfair to Helser.

117 Policy of Nigerian Government as regards mission activities.

Christian medical and non-medical work. SIM–NA relations remained delicate, although cooperative leprosy work continued until the early 1970s, when Kano State took over Ya da Kunya and other states followed.

Conclusion

Mission medicine clearly did not belong only to the missionaries or the British authorities. Northern Nigerian indigenous rulers found their own strategies for empowerment in the leprosy scheme, though they may have participated in it for exactly the same purpose as the Christian missionaries—to convert people, not necessarily to Islam, but to their camp. Emirs and other Muslim officials clearly understood this colonial medical enterprise as political and social. They acted as representatives of the Islamic community while upholding secular medical progress, even supporting Christian missions, and protecting, in their view, their most vulnerable subjects, ill women and children. In medical work, NAs gained the moral authority as enlightened leaders over a diverse body of subjects—Muslim and Christian, African and European, urban and rural—alike.

Regardless of their private beliefs and interests, in their public roles the emirs translated their authority into 'native' and European terms, but, importantly, not medical ones. As the missionary Dr. Miller had guessed, they concerned themselves little with the actual leprosy treatment. Writing about traditional medicine in Hausaland, Murray Last proposes that 'not knowing' or 'not caring' is a part of the diverse cultural landscape. The idea of medicine as 'cultural camouflage … that enables one to survive' in 'the place where one happens to be' may well have operated in the leprosarium.[118] This new institution was certainly a heterogeneous place, and an odd one that was picked up and moved around—in many ways a revolving door. While not doubting the seriousness with which all involved took leprosy and the care of sufferers, one can sense that emirs saw the leprosarium as a place for exploring 'hospital medicine' and its potential for their families and friends.

The leprosaria arrangement began a relationship between missions and Muslim NAs that lasted through the reform of Native Administration and came again into the spotlight on the eve of independence. Speaking before

118 Murray Last, 'The importance of knowing about not knowing: observations from Hausaland', in Steven Feierman and John Janzen (eds.), *Social Basis of Healing in Africa* (Berkeley, 1992), 398.

SIM workers and government officials, Ahmadu Bello, the Northern Nigerian Premier, acknowledged missionaries' contributions in Northern Nigeria:

> I am pleased to know … that relations between the Government and the Missions have generally been cordial, co-operative and friendly. We cannot deny that there have been differences from time to time, but I believe that such differences when they occur can generally be settled by tolerance and good will; the differences in our religions need be no bar to our continuing to work together for the good of our people.[119]

He promised that missions would continue to be welcome and emphasized two points. 'Our Government is a Government of Northerners, both Moslems and Christians', he said. Second, he stressed that young men must respect authority and advised that missionaries teach their 'young men that differences in religion must not mean that they can do what they like and ignore those who are set in authority over them'.[120]

The rulers of Northern Nigeria clearly believed that religion and religious difference could be subordinated to medical welfare and to political authority. They themselves had submitted to the British, a 'Christian' administration under which they were able to exercise great power. Among 'their people', their power grew, not always in the mold of 'precolonial aristocracies',[121] but as a model of moderation in modernization.

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119 SIMA, Nigeria independence, etc. (Box 88), Nigeria—news releases, 1964–71, Speeches made at independence event, 22 Nov. 1958, 2.

120 Ibid.

121 Mahmood Mamdani, *Citizen and Subject: Contemporary Africa and the Legacy of Late Colonialism* (Princeton, 1996), 203.