

The Roman Catholic Mission and Leprosy Control in Colonial Ogoja Province, Nigeria, 1936-1960

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Long abstract

This thesis examines the role of the Roman Catholic Mission (RCM) in leprosy control in colonial Ogoja Province, south-eastern Nigeria, between 1936, when the mission was first invited to co-ordinate leprosy work, and 1960, when Nigeria achieved national independence and ceased to be administered as part of the British Empire. My analysis focuses on the RCM Ogoja leprosy scheme, founded in 1945 after almost a decade of failed efforts and war-induced delay, under the auspices of St. Patrick's Missionary Society (Kiltegan) and administered by the Medical Missionaries of Mary (MMM), two recently founded and predominantly Irish Catholic missionary societies. This scheme offers a useful template for the examination of the role of mission in the construction of colonial administration, the local and international ramifications of decolonisation, and the evolution of ideologies and genealogies of development and global public health.

The historiography of post-1945 Nigeria is dominated by narratives of galloping constitutional change, the growing salience of nationalist politics, and the dizzying process of colonial disengagement ostensibly culminating in Nigerian Independence in October 1960. The entrenchment of ethnic stakes which characterised the political spectacle of mid- and late- twentieth century Nigeria is traced to the political articulations and reactions taking place during this short period between World War Two and Independence. The extreme circumstances of the secession of Biafra and the Nigerian Civil War of 1967-70 seem to underline the logic of this mode of writing history and narrating politics in Nigeria. The resulting obeisance to a model centred on explicating postcolonial distress acts to impose a shortsighted and conceptually somewhat limiting teleology on a complex chronology. This thesis attempts to reconstitute one component of this complexity.

As the parameters of mission-government co-operation altered in the years leading up to Nigerian independence, the character of mission services came to seem less distinct from those provided by local, regional and national government bodies. This process is lent a

vener of inevitability both by predominant nationalist accounts of Nigerianisation, and accounts which focus on the decline of mission in post-colonial development politics. It is difficult to determine and explain the shape, scope and resilience of church- and mission-based enterprises in Nigeria through reliance on these historical models alone. In this thesis, I have contended that a focus on the specificities of ideology, bureaucracy and technology of missionary leprosy control, exploded into separable components for analysis of the early years of the RCM Ogoja Leprosy Scheme, and then recomposed in the crucible of rapid Nigerian and global change in the 1950s, challenges the teleologies imposed by nationalist and development history narratives. This division between ideology, bureaucracy and technology, corresponding here with chapters on spirituality, administration and medicine, allows us to dovetail our account of a particular and ostensibly marginal service with broader narratives of late colonial development politics, and to texture these narratives in a manner which proves vital to understanding Nigeria's encounter with the world at large.

In order to understand how and why the Catholic Church in Nigeria developed such a strong stake in welfare service delivery, and how it managed to convincingly articulate its stakeholding to a broader political and social constituency, we must examine how religious and lay Catholics, both missionary and Nigerian, understood their work and interpreted it to themselves and others. To this end, I focused on the language and rhetoric of spirituality, how it guided institutional governance and missionary praxis in the context of leprosy and evangelical work in Ogoja Province, and how it came to suffuse the Irish presence in this part of Nigeria with a particular interpretive and creative social power.

For the MMMs, their early visibility with regard to the colonial administration was mediated and controlled by the mission, itself dominated administratively by priests from St. Patrick's Missionary Society, and their responsibility for medical services was construed and understood within the boundaries conceived by Joe Barnes, the lay Irish male doctor. All the same, the corporate identity evolving among MMMs locally, across Eastern Nigeria and among the broader global MMM community, and the sense of expertise and ownership deriving from the practical experience of deploying medical services, both as medical and administrative staff, gave MMMs strategic leverage and a strong local profile among the communities they served.

Part of the process of instituting leprosy control in Ogoja Province was the collocation and

improvement of epidemiological knowledge and expertise on the area to be covered by the scheme. Thus, as well as harvesting of scattered notions of disease prevalence, and constructing a decidedly patchy geography of health and illness, the first medical staff of the RCM Ogoja Leprosy Scheme found themselves engaged, along with colonial administrators, in the often unwitting invention of a distinct type of colonial space. In this way, the concrete linking of knowledge about Ogoja to the design and provision of a particular range of services helped undergird new colonial welfare and development agendas in Ogoja Province prior to Independence. At the same time, the Scheme's identity came to be bound up with medical research at a time of rapid advances in the treatment of leprosy. Through the offices of Joe Barnes and Denis Freeman in Ogoja, a new set of experimental TB treatments was introduced into the world of leprosy chemotherapy, with the eventual result that clofazimine, developed by the Irish Medical Research Council project on TB therapy, was standardised for the treatment of leprosy in the early 1960s, and forms an important component of present-day multi-drug therapy for leprosy.

The filmic elaboration of the typical encounter with the leprosy sufferer, the construction of stylised biographies of leprosy patients in villages, and the ideal subjectivities which these representations propounded, present the idea of a 'leper' shorn of the particularities which animated both the day-to-day administration of leprosy villages, and the programme for the management and development of leprosy services province-wide. In reality, the conceptual and practical borders of the leprosy village were in need of continual reinforcement, amid the traffic in private patients and outpatients, defaulters, the discharge of community responsibilities, farming, markets and commerce.

The permeability of these borders was strategically refocused through the lens of stigma, one of the primary ordering concepts in western biomedical thought about leprosy. This concept, at the interface between the history of Christian religious and social thought, and the social project implicit in scientific biomedicine, held tremendous functional appeal in the articulation of a Christian discourse on colonial development. It also acted to reinforce the armoury with which the further reaches of missionary leprosy control were policed. The intellectual heritage and heuristic value of the ideas surrounding stigma were continually called into question when confronted with the variety of local thought and practice regarding leprosy. Significantly, though, the explanatory power of notions of stigma regarding leprosy, continually reinforced through missionary propaganda, helped conserve the power of obsolete approaches to leprosy control: in this way, persisting forms in institutional leprosy

care, predicated in part on the conservation of investment, received crucial support.

The elaboration of the thesis is divided as follows: in the introductory chapter, I outline the scholarly context in which this thesis grounds its contribution to the existing literature, focusing on the understanding of political action in late colonial Africa, and the reorientation of local politics towards a development-driven agenda, as well as on the intimate contribution of medical and public health thinking to the novel politics of decolonisation and independence. I also note limitations imposed by the research process on the conclusions it is possible to reach.

Chapters Two and Three develop the thematic and historical groundwork framing study of Irish missionary health care in Africa, and outlining the local contexts in which RCM leprosy control was carried out in Ogoja. Chapter Two, then, begins with an examination of medical thought and rhetorical imaginings surrounding leprosy. This is followed by an exploration of the analogies between Catholic health care in Ireland and in Nigeria, in an attempt to divine the substance or otherwise of claims to Irish exceptionalism in linked domains of imperial and postcolonial history and of the politics of aid and development in the post-1945 world. This examination is contextualised within a broader consideration of Irish Catholicism and the character of Catholic mission in British colonial Africa. This thematic groundwork is complemented by an account of the economic and social history of pre-colonial and early colonial Ogoja, focusing on the role played by systematic misunderstandings of Ogoja, which were operationalised as guides to colonial administration and rule. The chapter concludes with a consideration of the broader political context of post-1945 colonial Nigeria.

In Chapter Three, I detail the forces shaping the interventions of Catholic missionaries within the specific context of colonial Ogoja Province in the period before 1945, and develop a characterisation of these interventions which enables us to assess the strains of novelty and continuity in the later development of the RCM Ogoja leprosy scheme. The evolution of nascent concerns with leprosy is traced, bringing to the fore the accommodation between colonial administrators and missionaries forged through discourse on leprosy. I assess the status of colonial knowledge of Ogoja, its places, and people in the period leading up to 1945, showing, with reference to the planning process leading to the foundation of a provincial leprosy service, how the systematic misapprehensions of social dynamics across Ogoja and beyond, in part conditioned by the bounding of the province, crucially determined

the shape which the RCM Ogoja leprosy scheme took in the early years of its development. I also discern the relation between plans for provincial leprosy control in Ogoja and wartime planning for a Nigeria leprosy service, to be constituted according to a 'clan settlement' model, which married colonial ideas of ethnicity to unspoken notions of land ownership and territory, imposing a particular and derivative understanding of the relation between ethnicity and territory across the communities of Eastern Nigeria.

Chapter Four examines the construction of mission and religious identities associated with the Roman Catholic Mission's presence in Ogoja Province. Colonial administrative parlance depicted missionary organisations engaged in welfare work as voluntary agencies, and over time a regulatory discourse evolved seeking to determine the appropriateness of evangelical work in grant-aided voluntary agency settings. At the immediate level of the leprosy settlement as a model village, patterns in an idealised Catholic practice, drawing strongly on new and developing Irish norms of spirituality, were refracted onto the social space and hierarchy of the village and the medical establishment. Here, the particular importance of gender differentiation in Catholic hierarchical structure and thought on social and familial organisation play a crucial role in the development of local practices. An examination of the salience of prayer and spiritual communication as an interpretative forum for missionary medical work, presented in this chapter, enables a novel depiction of political process in late-colonial Nigeria. The chapter explores the production process and the propaganda value of the 1948 feature-length documentary *Visitation: the story of the Medical Missionaries of Mary*, and concludes with a consideration of martyrdom and sacrifice as organising principles of mission.

Chapter Five traces the interaction between colonial administration and missionary enterprises in the development and provision of welfare services in the particular context of leprosy control in Ogoja Province. In particular, I explore how conceptions of the proper relation between labour, taxation, wages and payment for medical services were a subject of constant contention between missionary and colonial officials and workers, and the ways in which this contention co-articulated with determinations about the siting of leprosy services, responses to local medical politics, and considerations of how best to administer the refractory ethnic confection that was Ogoja Province. Using this material, we can distinguish variations in concepts of administration, stewardship, trusteeship and rule, as understood by the various European parties to colonial and post-colonial welfare politics, and as negotiated with regard to a variety of contexts of local engagement.

In Chapter Six I look at the role of medical knowledge, as constructed in the curious institutional context of the 'clan settlement' leprosy scheme employed in northern Ogoja Province, in mediating relations between leprosy patients and sufferers, the communities from which they were drawn, in which they lived, and which they constructed in concert with missionaries, the missionaries themselves, both lay and professed, male and female, and scientists in British colonies, Britain, Ireland, and the wider world. Understandings of the significance of the RCM Ogoja leprosy scheme were mediated by discourses on medical research and rural development, while the practical issues surrounding infrastructure and the assembly of requisite *materia medica* were of constant concern from the medical point of view. Surgical techniques and medical treatments related to maternal health and infectious disease necessitated the founding of ancillary clinics alongside leprosy-related institutions, further complicating the relationship between mission and local communities. That the period from 1945 to 1953 was pivotal in leprosy chemotherapy is clear even in Ogoja, where numerous new drugs were trialled, including an Irish-developed compound, B.283, a precursor of clofazimine, used in the treatment of leprosy to this day.

Taken as a whole, Chapters Four, Five and Six explore a set of significant themes pertaining to the early development of the RCM Ogoja leprosy scheme. In the course of disentangling discourses which rationalised British colonial administration as principled and developmental, missionary activity as beneficent and salvational, and medical and public health administration as benign, progressive and scientific, I develop a depiction of European workers in health care in Ogoja which situates their work within a political economy of colonialism and decolonisation.

In Chapter Seven, I show how, in spite of the persistence of antiquated rhetoric about the plight of the leprosy sufferer, the increasing influence of developments in international public health, and the impact of greater funding for development and welfare, altered the national, imperial and international contexts in which health care interventions and strategies of infectious disease control were conceived and enacted. The notable alterations in the language of stewardship deployed by missionaries involved in leprosy control is closely scrutinised, as Nigerian independence approached, the achievement of complete coverage of leprosy cases in Ogoja seemed close at hand, and the role of local agents in the administration of public health and leprosy control became more pronounced.

In conclusion, transformations in the nature of the effective contract between mission and

government, altered the context in which Catholic missionary welfare services were provided, and in the case of leprosy control, interacted with fundamental technological and capacity changes to create a complex and, at times, fraught medical politics needing careful negotiation from all parties. Examined from the viewpoint of missionaries, this process sheds an interesting light on the processes of decolonisation and the politics of independence in Nigeria.