Religion and Philosophy

Christian Missions and the Challenge of Leprosy Patients in Northern Nigeria between 1928 and 1988

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Abstract
Christian Missionary activities have often been criticised by scholars in different fields of study. More often than not, the missionaries were considered as imperialists who aided and abated the colonization of Nigeria. However, few other scholars considered them as those who contributed to the socio- economic and political development of Nigeria. This paper airs the views of those who argued that the Christian missionaries contributed to the development of Nigeria. The paper discusses briefly the contributions of the missionaries to the wellbeing of the leprosy patients in Northern Nigeria. They were able to set up leprosy settlements, established wards, villages, laboratories, vocational services, physiotherapy services for the treatment and socialization of the patients. Several of these patients who availed themselves at the settlements were not only healed and discharged, but were reinstated to their societies.

Introduction
The Christian missionary activities in general, have been criticized and viewed by several scholars in different field of specialisations (like sociologists, anthropologists, theologians and psychologists.) in different perspectives. Some have tried to view them as imperialists, while others viewed them to have contributed to the socio-economic development of Nigeria. The paper lends voice to the views of those who have argued that, although Christian missionaries have had their weaknesses, they have contributed largely to the social development of Nigeria particularly in Northern Nigeria.

The study gives a brief historical analysis of the role of the Sudan Interior Mission (SIM) and the Sudan United Mission (SUM) among leprosy patients in Northern Nigeria between 1928 and 1988. This was the period that leprosy disease received the needed attention in Nigeria, particularly in Northern Nigeria, where the disease thrived most (Helser, 1935) as a result of poor sanitary condition, dirt, over population and the hot climatic conditions of the area.

The Christian missions under study are the SIM and SUM. They had particular interest in the "Soudan" and considered it their central focus for evangelism in the early part of the 20th century. They looked at the Soudan as an area that was the worse manned mission field in the sub-Saharan region (Kumm, 1935).

(i) The "Soudan"

The Soudan was the vast area that stretched some three thousand miles across Africa to the South of the Sahara. It covered Modern Dahomey, (now the Republic of Benin), Nigeria, Chad, Cameroon and the republic of Sudan. It was three times larger than Great Britain and the most populated part of Africa (Molie, 1909). The term Soudan was the derogatory name given to the area by the Arab traders, meaning "land of the Blacks". It formed part of the large Belt of the land, stretching right across the equatorial forest (Crampton, 1979). After the scramble for Africa in 1984/85, "Soudan" was partitioned between three European nations. The British, French and German. Nigeria fell under the British influence.

(ii) Northern Nigeria

Northern Nigeria is the area above the confluence of the great rives Niger and Benue. It is the central part of the Sudan. It lies in the Savannah Belt, which covers a large land. It was sub-divided into two regions: the extreme northern part of Nigeria and the extreme southern part of Nigeria. The former has the Hausa-Fulani, Kanuri and old Kanem Borno, while the later has several ethnic groups concentrated around the Plateau, Bauchi, Kaduna, Zaria, Adamawa, Niger and Benue (Haruna, 1965). Northern Nigeria was earlier considered a Muslim block, but this fact no longer holds, because of the considerable Christian activities that took place there, resulting to the growth of Christian communities in the area. The missionaries diffused their efforts as widely as possible and have produced a fairly widespread Christian community. As a result, there has been great Christian influence in the North so far.

Northern Nigeria covers an area of about 924,000 square kilometres. It has over two hundred and fifty ethnic groups. Many of these ethnic groups have the traditional religion as their religion and they can be divided along linguistic and cultural lines rather than ethnic lines. Majority of the ethnic groups traced their origin from the Middle East Baghdad, Syria, Saudi Arabia, Mecca and others claimed the Bantoid group (Grimly and Gordin, 1966). They have similar religious and cultural practices. Their religion was not by choice or conversion as the case with Christianity and Islam. It is native and the product of the thinking of their forefathers and was passed down orally from generation to generation.

(iii) The Pre-literate Treatment of the Socially Disadvantaged in Nigeria

In general, the socially disadvantaged are those people the society considered to be undesirable, abominable, untouchable and outcasts. They are referred to as "people with special needs", i.e. those with some form of physical and psychological deformity that does not allow them to effectively participate in all of human endeavours. The Leprosy patients do not fall into this category, they may be netter considered as the socially disadvantaged. This is because, the society could not relate with them physically because they were infected with leprosy. This phenomenon affected them emotionally. (Cruickshank, 1975).

In the pre-literate Nigerian society, leprosy patients were in most cases, isolated. It was a disease of all diseases, and was most dreaded for its destructive tendency. It affected the sensation of the nerves and deadened them. It was a disease for which

there was no cure. The victims suffered rejection, neglect and every social interaction was closed against them. Where they were tolerated, they were kept in closed or secluded areas. Sometimes they were kept in forested areas and other secluded places. In societies where they were allowed to remain in the house, they were kept in secluded rooms. Food and other items were thrown to them like dogs to avoid any physical contact with them. Their situation was pathetic.(Helser, 1935)'.

It mutilates the human body to an irreversible state and destroys mostly the toes; fingers and the whole human body. Their family members were equally rejected by the society. They were discriminated in all ramifications. Children of leprosy patients (males and females), who were not infected with the disease had to marry outside their villages. They go to remote villages to find husbands and wives outside the community. Husbands of infected wives could divorce them so also wives of infected husbands.(Ola,1993).

(iv) Causes of Leprosy

Among the multi-ethnic groups in Northern Nigeria, as obtained in any African society, leprosy was believed to have been caused by poison; this belief cuts across all the ethnic groups, particularly the Mwaghavul, Ngas, Berom, Mapun, Gomai and several others. Other causes of leprosy disease in the belief of the people included:

1. **Curse:** This could come from the gods and parents, as a result of disobedience to some social order or non-compliance to set rules and regulations of the society.
2. **Past Evil:** This could be an evil committed by one's parents or oneself. As a result, the gods exert punishment.
3. **Parents' Sins:** This could continue for generations if care is not taken. Children suffer from the sin committed against the gods, by their parents.
5. **Malicious Person:** These are mischief-makers, especially wizards and witches. It was also believed that food and drinks offered to someone could be poisoned by some diabolical means This explains why the giver often first tested such offer.

(v) Modern Understanding of Leprosy

Modern discovery shows that leprosy disease is caused by bacteria called micro-bacteria leprea. It has also been proved scientifically that the disease, though infectious, is curable. One Sir Hansen discovered the leprosy bacillus in 1875 (Macdonald,1953). This bacteria is believed to be infectious when it leaves the body of its victims through discharges. Dr. Reogen and Hesier investigated the use of chaulmoogra oil for the treatment.

From this point, research on the discovery of the drug for treating the disease continued, this led to the discovery of the Daposone or Diamino Phenyl Sulphon (DPS). This drug became so efficacious in treating the cankerworm. This later led to the world relief and eradication movement of leprosy.

(vi) Leprosy Relief and Eradication Attempts

Following the discovery of the bacillary, the attempt to relieve patients and to eradicate the scourge began in earnest. Serious clinical attacks against leprosy disease began after the Second World War, particularly with the Christian missions. Interest in relieving the patients began with the formation of leprosy organizations. These organizations included; the British Empire Leprosy Relief Association (BELRA), and the Mission to Lepers Association (ML). They all aimed at ridding the world of leprosy (Helser, 1935). The systematic efforts began in 1875 when several drugs were put to use and DPS was finally accepted as the major drug for leprosy treatment. With this effort several patients have been healed from the ailment. Part of their efforts included setting up of hospitals and treatment centres. They also set the stage for a global campaign against leprosy as several humanitarians got the vision. Hence, the World Leprosy day being celebrated each year.

Africa is believed to have the highest rate of leprosy. This is because the disease thrived most in dirty, hot, poverty-stricken and densely populated areas for which Africa is noted (Shramph 1965). Britain has been on the forefront for setting up the machinery for relieving and eradicating the disease. The British Leprosy Relief Association founded in 1923 was animated with the missionary spirit and later served as the coordinating Board for Leprosy control in Nigeria. The Nigerian Leprosy Services was established in 1928. British Empire Leprosy Relief Association kept providing funds and staff to the leprosy organizations (Turaki, 1993).

(vii) Leprosy Work in Nigeria

The first serious attempt to investigate the prevalence of leprosy in Nigeria and to organize for its treatment was in 1928 (Helser, 1935). This was when the Nigerian Beira was formed. The British government later set up a sub-committee in each of the provinces in Nigeria with each functioning in varying degrees. In the whole country, leprosy was discovered to have thrived more in the Northern part of Nigeria. The Christian Missionaries did not only advise the government to do something about the raging disease, but encouraged them in several ways. The government therefore liased with the Native Authorities and the Emirs to provide land for leprosy work. This accounts for the several leprosy centres in each province in Nigeria. Meanwhile, the effort of the government was not effective enough as it was not result-oriented.(Shramp,1965).

(viii) Why Leprosy Patients Attracted Missionary Attention

The European missionaries found leprosy patients in large number in their evangelical centres particularly in the tropical regions of Africa. They therefore desired to relieve the patients from the disease and to finally eradicate it. They made concerted efforts to provide the patients with the basic needs of life. More so, that they saw their uncomfortable conditions. They provided the patients with shelter, food and clothing the basic necessities to human existence. Other socio-personal needs included security, status, attention, independence and achievement. As they made these available, they exposed them to the gospel of love and care. Moreover, the 18th century evangelical revival did not move the missionaries to

spread only the gospel but also to fight against all forms of social ills in human society (Lere, 2001).

It is important to note that the SIM and SUM did not plan for a leprosy work in the Sudan, but due to necessity, they later embarked on leprosy work particularly that it was the only means by which they could reach the unreached with the gospel in the exclusively Moslem areas. This was because they were refused entry into the exclusively Moslem areas. Thus, Mr. G.B. William reiterated (1938):

I am directed to inform you that the whole policy with regards to missions in Northern Nigeria province… Part of this province have recently come under review… the leprosy settlements are managed by the missions on behalf of the Native Authority of Borno, Kano, Katsina and Sokoto provinces.

(ix) Arrival of SIM and SUM in Northern Nigeria

(a) **SIM** The founding of SIM is traced back to 1893 when some three British Canadians indicated their interest to evangelize the central Sudan. Rolland Bingham, Thomas Kent and Walter Gowan had their first trip to the Sudan in 1893. This was not successful, as it failed to create some impact in the area. The second trip also failed, although something was being done. The third trip yielded the desired result, but this time, Kent and Gowan died around Lokoja (Turaki, 1993) Rolland Bingham later founded the Sudan Interior Mission with four others who listened to his missionary plea and joined him. These were Mr. E.A. Andrew, Mr. Charles Robinson, Mr. Albert and Mr. W. Benfield. They worked tirelessly in the Sudan and set up their first missionary station in Northern Nigeria in Pategi. This station led to the rapid establishment of others. Thus, the vision of the first three was realized. (Hunter, 1961). The indigenous name of SIM is ECWA, it is the largest missionary organization in Northern Nigeria with about three million worshippers. Bingham, like Paul, did not spare his life but journeyed through the thick and thin of the missionary problems of the 'Soudan". Like Paul too, he took literally these words of Jesus. "This gospel must first be preached for a witness to all nations and then shall the end come".

(b) **SUM** The birth of this missionary body is closely linked with the founder, Dr. Karl Kumm. He was a devout Lutheran, who did not epitomize a kind of Catholicism or religion. Born in 1874 and got converted through one Mr. Glenny, he abandoned his medical career and took to missionary work. He visualized the Soudan, his mission field with high prospect. He had earlier founded a society called the Sudan Pioneer Mission (Lere, 1976). This body was later christened in Edinburgh the Sudan United Mission in 1904. (SUM) at Edinburgh, the denominations of missionaries did not only identify the enormous challenge of the Sudan but expressed their disappointments for their inability to meet the missionary challenges. They also expressed their hopes to do something about it. They were moved by the fact that Islam was fast absorbing the animist's population of the

> Sudan. They assumed SUM as their name with Karl Kumm as their leader and moved to the Sudan (Maxwell, 1954).

The four missionaries, Mr. Lowry Maxwell, Mr. Baterman, Mr. Burt and Mr. Ambrose in 1904 July, sailed in the "Akabo" ship to Nigeria. They arrived in Nigeria through the West gate of the Sudan (Maxwell, 1954). They moved up the Niger, where the British merchants company offered them a bungalow. Dr. Karl Kumm intimated Lord Lugard on their missionary vision in the Sudan. Lugard ordered that the missionaries should begin their work among the Hill tribes of Bauchi area. They moved up to Wase on the Plateau, where they set up their first missionary station at the foothill of Wase Rock. Wase was a Muslim dominated area and so their work was opposed. The station was burnt down in 1909. They later shifted their attention to Langtang.

The Church in the Sudan had greatly developed. It later adopted the indigenous name Ekas, Ekan and COCIN. Karl Kumm went round five continents. He was attacked by dysentery during one of his travels. This marked the end of his work as his health kept deteriorating. In 1925, he resigned and left for home. In 1930, he was in a hospital and confirmed, "I have travelled to five continents and am going to explore the 6th now, I send my love to my family, friends and all the world", (Molie, 1935).

(x) SIM and SUM among Leprosy Patients in Northern Nigeria

The North was religiously demarcated into three main areas: the Pagan, area, the Muslim dominated area and the non-Emirate area under Emirs. The two leaders, Rolland Bingham and Karl Kumm were instrumental to the evangelisation of the exclusive Moslem emirates. This was seen in their able leadership, courage and determination to reach the unreached in Hausa land. It is significant to note that the missionaries' interest in the Moslem areas long predated the coming of the British government in the area (Barnes 1995). Earlier attempts by T.J. Bowen, the Sudan party, the CMS and others were turned down by the Moslem Mallams. Even those with no intention of proselytising were refused entry in the area. More so, there was the unsettled District ordinance that was passed throughout the provinces to restrict the missionaries from operating in Muslim areas except with the permission of the administration (Ralph 1954). Mr. G.B. William, the Secretary to the Northern Prince had written a memo to all the provinces:

If the missionaries be permitted to establishing itself in the city of Kano or any other town in the provinces I refer, there is only one possible view of such permission in the eyes of the chiefs and the people of the country, but government has broken its solemn promise publicly and repeatedly add that it will not interfere with their religious beliefs (SNP 114/1912/paragraph 80).

The missionaries with evangelistic focus, stopped slave trade and other social ills, like killing of twins among the African natives, who were "primitive" in their socio-cultural practice. This was seen as part of their objectives "for evangelism. They provided social services like education, health, industry and agricultural services among others, (Sutton, 1979). This they felt would enhance not just the

spiritual life of the evangelised but also their physical lives. This principle received much emphasis in the first half of the 19th century from the social gospellers. Education and medical services became an integral part of the missionary enterprise, (Fisher,, 2004). This remains the best principle in planting the gospel, particularly in the non-western world. One Ruuschenbusch considered social gospel as an applied Christianity when agents like education and medical services are the basis for liberating the oppressed, obtaining legal status for all, providing relief for people who are sick and starving. This is because they perceived salvation as a whole and not part. They believed that only those in some comfort could listen to the gospel message. Some of the activities of the missionaries at the settlements included:

a. Children work unit

Huts were set up to keep children of patients under the care of non-leprosy patients. This was to avoid constant physical contact of the children with the infected mothers. They came periodically to breastfeed their babies.

b. Public health care

All the centres visited had health facilities. All patients were given heal tips by the medical personnel who stayed closer to them. They organise health education to enlighten the communities on some basic health care and how to detect leprosy patients.

c. Social activities

They set up recreational area like football pitch, sporting, and games. Patients were made to participate in all sporting activities. Where they were unable to, they were made to watch others do it. A site for their market was set up where they could buy and sell.

d. Wards

In each of the centres visited, there were two wards, A and B; one for males and the other for females. At the time the researcher visited some of the settlements, patients were (both males and females) on admission. Patients could take the drug for a duration of twelve months and be discharged due to the efficacious nature of the drug.

e. Pharmacy/dispensary

This is where drugs are kept and dispensed to patients. The leprosy centres still have good staff strength though under the states government. In some of the centres, some of the staff members are mostly the ex-patients or children of ex-patients.

f. Laboratory

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

g. Outpatient department

The out patient departments are meant for all categories of people not only the leprosy patients.all patients are attended to Cases discovered or **detected are sent to the appropriate departments for further investigation.** New leprosy patients are also identified and treated. Those with serious cases were admitted.

h. Industrial sector

Here, patients are taught some vocational skills like keeping poultry, building, carpentry, cookery, tailoring, mason, farming and other types of vocations. Staff were made in charge of training in the vocational areas. Patients who were able, were given farmlands to cultivate, there were tutors to supervise them. Every patient enjoyed free feeding and medication including those not admitted.

i. Reading and Writing

Adult patients were introduced to adult educational programmes while elementary schools were built by the missionaries for the children of patients. Patients were taught how to read and write. hey helped in rehabilitating patients as well.

(xi) Reaction of the Administration to the Missionary Presence

Lugard told the missionaries to work among the pagans until such a time that their work is admired by the emirs who would invite them to the exclusive Moslem areas. Sir Donald Cameroon stated:

The government desires that all missionaries who were refused access to Muslim areas must work outside Muslim areas until such a time that their work is admired by the Emirs who would invite them, as result of their work, they were invited to enter the more Mohammedam area, (Temple, 1965).

These policies were binding on all the missionary organisations in Northern Nigeria. The process for admission of the missionaries was by application. In most cases, these applications were turned down, as it depended much on the goodwill of the emirs to accept the missionaries' request. The opportunity came when the government realised that the problem of leprosy was too bad for it to contend with. The government decided to call on the missionaries to render their services in this area. When the permission was finally given, it was on some conditions. Among these conditions were:

1 The missionaries must restrict themselves to the leprosy settlements;
2 The missionaries must teach and preach only at the settlements;
3 They must instruct only those who were Christian patients.

However, the settlements were religiously charged that no patient could go without some influence. Dr. Helser sated: "we hear of patients who have gone back to their own villages and started or put more life into the work of the church, telling what things the Lord had done for them" (Macdonald, 1954).

With the discovery of the new drug, Dapsone, several patients were healed and discharged at the centres annually. Some became workers in the centres, others took to other trades and others still took after evangelism, and pastors back at home. The case of David Telta of Borno, Mr. Fago of Bauchi and Retired rev. Mamman are typical of such categories of persons. The establishment of vocational centres turned many into different trades for livelihood. With this, the care of leprosy became the singular avenue for the entry of the SUM and the SIM missionaries into the exclusively Moslem emirates.

Conclusion.

In conclusion, the Christian missions adapted an all inclusive method of evangelism among the leprosy patients in northern Nigeria. This method greatly improved the social status of the patients. The patients really had a new lease of life. The missionaries did not isolate them but lived with them in the settlements. This was a source of comfort to the patients who were rejected by their own people. They found a means of healing to the dreaded disease. They felt loved and this raised their moral status, and helped them to achieve some aspirations in life.

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