

# The Role Christian Missionaries in Colonial Administration in Northern Nigeria: A Study of Missions Management of Health Sector in Sokoto

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## *Abstract*

*This paper examines the place of Christian missionaries in the institutionalization and development of modern medical services in northern Nigeria with special reference to Sokoto Province. It is a historical study that seeks to analyse the role of missions in medical service delivery up to 1976. The findings of the study indicate that missionary medical services were not provided in the Province until after 1935 when missionary enterprises were allowed in the Muslim Emirates of northern Nigeria. The latency of missionary medical services was one of the major reasons for the tardy progress of modern medical services in the former Sokoto Province. However, after the missionary activities were allowed, the medical services provided by Governments and Native Authorities in the Province were augmented by a number of missionary medical institutions. Finally, the paper presents how missions used medical services as baits to catch the converts in the Province and a conclusion of all that has been said followed.*

## **Introduction**

Missionary medical services were first provided to the general public in Nigeria when the Sacred Heart Hospital was established in 1895 by the Roman Catholic Mission henceforth (RCM) in Abeokuta.<sup>i</sup> Henceforth, a number of medical centres were established by Christian missions largely in the rural areas for evangelism. The centres were merely mobile clinics and at most community dispensary treating primary health problems. The services were predominantly provided in northern Nigeria by the Sudan Interior Mission (SIM)<sup>ii</sup> and the Sudan United Mission henceforth (SUM). The former concentrated in the Muslim emirates while the latter provided its services mainly in the Middle Belt area of the region.<sup>iii</sup> The first missionary hospital in northern Nigeria was established by the SUM in Nuwam area of Adamawa Province, sometime before 1918.<sup>iv</sup> Although missionary activities were not allowed in Sokoto Province until after 1935, quite a number of mission medical institutions were later established in the area by the SIM. In addition, RCM, Church Missionary Society also, henceforth (CMS) and United Mission Society (UMS)<sup>v</sup> established few institutions in some limited areas of the Province.

This paper brings from obscurity an overview of mission medical services in Sokoto Province with a view to understanding the roles of the missions in the development of modern medical services. The scope of the study includes all the territories of Sokoto, Gwandu, Argungu and Yauri Native Authorities (N.As) that were centrally administered by the British colonial officers from 1903 to 1960. The territories made up the present-day Sokoto, Kebbi and Zamfara States. However, Zuru Emirate although part of Kebbi State, is not under the scope of the paper because it was not consistently administered under the former Sokoto Province. Moreover, apart from general medical services; missions in conjunction with Governments (Regional and State), N.As and international agencies engaged in campaigns against leprosy disease. However, it is pertinent to note that the paper does not cover missionary leprosy services. The study begins from 1935, when RCM established a station and commenced its educational and medical activities in Argungu town. This marked the beginning of missionary medical services in

Sokoto Province. The year 1976 is chosen to terminate the discourse of the paper because it was the period when most of the missionary medical institutions were taken over by either State or Local Governments.

### **Missionary Medical Services, 1935-1960**

Throughout most of the colonial period, Christian missions of one sort or another provided vastly more medical care for Africans than did the colonial states.<sup>vi</sup> But in the case of Sokoto Province missionary medical services were not provided until after the Thomson dichotomy between good and bad missions in 1928.<sup>vii</sup> The reason behind that was the agreement between the Sultan of Sokoto and the Colonial Government that there should be non-interference in religion. To abide by this, the Government refused to give missions free hand in the Muslim emirates until after 1930.<sup>viii</sup> Moreover, the presence of missions in the emirates would have been an obstacle for the colonial officers because the people of the emirates were suspicious of the former as agents of Christianity and Western civilization. Thus, even after the missions were allowed into the emirates; measures were taken to confine their work to medical and education services.<sup>ix</sup>

### **The First Mission**

The first mission to arrive in Sokoto Province during 1930s was the RCM followed by the UMS and the SIM.<sup>x</sup> The UMS concentrated in Yauri N.A. where it established two dispensaries while RCM concentrated firstly in Argungu N.A. before the mission began its medical activities in Yelwa and Gusau towns of Yauri and Sokoto N.A respectively in the 1950s. In the case of Argungu N.A, the mission arrived in September, 1935 when it was given an approval to establish a station in Argungu town. A station and school were established in the town by Patrick Lee and John MacCarthy.<sup>xi</sup> Argungu station became a centre of the RCM missionary activities in Argungu Emirate and a number of the missions' stations were opened in the emirate especially in Arewa Yamma (Kangiwa) and Arewa Gabas (Yeldu) Districts. The stations were the medium through which the mission intended to render its education and medical services to the general public. But however, the mission could not recruit any significant number of pupils in its schools at the stations. For instance, up to 1939, the number of pupils attending more than 10 Catholic Schools in the area was 64. Therefore, RCM could not record any meaningful progress in its enterprises in the area, but in the meantime, the enrolled pupils were given drugs at schools and homes when they were sick.<sup>xii</sup>

According to Tankaije, RCM members gave their pupils medicine for the cure of headache, malaria and stomach pain at schools. They also visited their pupils who happened to be absent in schools and if found sick they were given treatments at homes.<sup>xiii</sup> Most of the Catholic Schools were later abandoned and the mission built not a single medical institution in the area. Finally, indifference on the part of Argungu people as well as the widespread of illnesses especially malaria led to the closure of all the RCMs' stations in Argungu N.A. in 1948.<sup>xiv</sup>

### **Progress Made**

Progress in missionary medical services began to be recorded in Sokoto Province with the advent of the SIM in 1939. SIM provided medical services in all the three N.As of Sokoto, Gwandu and Argungu while UMS arrived in the Province and began its services in Yauri N.A. The CMS on the other hand provided its medical services to a lesser extent in Chafe Area of Sokoto N.A. For instance, by October, 1949 there were SIM Dispensaries in Sokoto N.A. at Gummi (Miss G.A. Shields, in-charge), Chafe (Miss Phyllis I. Lawson in-charge), Moriki (Mr. and Mrs. David Johns, in-charge) and Talata Mafara (Miss Whitmore, in-charge). In Gwandu N.A, there were SIM Dispensaries at Ambursa (Mr. S. Maxwell, in-charge); Kalgo (Mr. G.C. Percy, in-charge) and Andarai (Reverend G. Rendel, in-charge). There were UMS Dispensaries at

Yelwa (Mrs. E. Brubacher, in-charge) and Shabanda (Mr. Boettger, in-charge), in Yauri N.A. Argungu N.A. had two SIM Dispensaries at Kangiwa (Mr. and Mrs. Wright, in-charge) and Kamba (Miss S. Hooge, incharge).<sup>xv</sup> In addition to that, there was Mr. P.A. London of SIM at Jega who had no dispensary by the time but gave medical aid to patients in the area. He occasionally took patients to the N.A. Dispensary and later Government General Hospital in Birnin-Kebbi.<sup>xvi</sup> However, it is pertinent to note that a SIM Dispensary was later opened at Jega in the 1950s.<sup>xvii</sup>

### New Dispensaries

Moreover, SIM established new dispensaries in Sabon Birnin and Gatawa in the eastern part of Sokoto N.A. in 1951.<sup>xviii</sup> With the creation of Sokoto Prefecture by RCM in 1953; Dominican Fathers and Sisters from Chicago-USA arrived in Gusau in 1954 and established a Catholic Maternity Home in the town in 1956.<sup>xix</sup> It was estimated that about 200 patients received medical treatment daily at the Home. In some rare cases, patients paid insignificant amount compared to the services they received. However, even in such cases; destitute patients were treated free and no patient was ever turned away on the ground of religion; tribe or cash. The people in the area were very appreciative of the services by the Home as they realised its effectiveness in curing illnesses. The Home had mobile units and medical practitioners as well as nurses carried out medical activities in the rural areas of Gusau and sometimes visited Gusau people that did not attend the Maternity Home.<sup>xx</sup>

According to Awuhie, a dispensary was again established in Gusau and attached to the Maternity Home in 1957. Henceforth, the institution became RCM Maternity Home and Dispensary Gusau. The treatments at the institution continued to be given to both Muslims and non-Muslims in most cases free of charge and a number of indigenous people (labourers; watchmen and messengers) that worked under the mission were taught how to give injection and make some dressings.<sup>xxi</sup> This was followed up by the establishment of a RCM Hospital at Yelwa in 1960. The construction of the hospital was partly financed by the Government Grants-in Aids and it continued to be run on Annual Recurrent Grants.<sup>xxii</sup> The hospital was intended to serve Yelwa town and the surrounding districts; that were hitherto served by dispensaries. A medical officer was recruited by RCM from overseas to work in the hospital that soon became well-known for its great services to the people. The hospital was very much appreciated among the people of Yauri Emirate and it satisfied a long felt need in the area.<sup>xxiii</sup> The following table shows missionary medical institutions, their locations by N.As as well as their names and ownership by missions in the province by 1960.

#### 1.1: Showing the Names of Missionary Medical Institutions, their Locations by N.As and Ownerships (Missions) in the Former Sokoto Province by 1960

S/No.	Institution	N.A.	Ownership
1	Moriki Dispensary	Sokoto N.A.	SIM
2	Gummi Dispensar	Sokoto N.A.	SIM
3	Gatawa Dispensary	Sokoto N.A.	SIM
4	Sabon Birnin Dispensary	Sokoto N.A.	SIM
5	Chafe CMS Dispensary	Sokoto N.A.	CMS

6	Chafe SIM Dispensary	Sokoto N.A.	SIM
7	Maternity Home Gusau	Sokoto N.A.	RCM
8	Gusau Dispensary	Sokoto N.A.	RCM
9	Talata Mafara Dispensary	Sokoto N.A.	SIM
10	Kalgo Dispensary	Gwandu N.A.	SIM
11	Jega Dispensary	Gwandu N.A.	SIM
12	Ambursa Dispensary	Gwandu N.A.	SIM
13	Andarai Dispensary	Gwandu N.A.	SIM
14	Kamba Dispensary	Argungu N.A.	SIM
15	Kangiwa Dispensary	Argungu N.A.	SIM
16	Yelwa Dispensary	Yauri N.A.	UMS
17	Shabanda Dispensary	Yauri N.A.	UMS
18	Yelwa Hospital	Yauri N.A.	RCM

Source: WJHCB/MED/2/II/SOKPROF/Development of NA Dispensary and Hospitals in Sokoto NAK/SOKPROF/8296/Leprosy Control Scheme, NAK/SOKPROF/3601/Medical Policy and NAK/SOKPROF/6025/Argungu Emirate Annual Report, 1942

It is noteworthy that similar to RCM in Gusau, all missionary medical facilities in the province were not static but moved from one rural area to another; delivering medical services. For instance, in the case of SIM Dispensary at Kangiwa; Mr. and Mrs. Wright bought horses upon which they toured all around the villages and hamlets under Arewa Yamma and Arewa Gabas Districts attending to patients. Their touring activities made many Arawa people to be familiar with modern medical services. According to Kaka missionary drugs were very effective and cured diseases instantaneously, especially malaria. The drugs were given free of charge; except in some rare cases where the missionaries collected a piece of egg from each patient.<sup>xxiv</sup> Consequently, Arawa were never apprehensive to the N.As' medical services when a dispensary was established in Kangiwa in 1950. This was because of the subtle infiltration and recognition of the efficacy of modern medicine provided by the SIM in the area. Arawa people became very much confident in the medicine and used to say that *Magani kan sai Mishan* (only mission had the cure).<sup>xxv</sup>

Likewise, it is pertinent to stress the fact that the Colonial Government and N.As in the Province used to give financial assistance to missionary medical services up to 1960. Missionary medical institutions enjoyed Capital and Recurrent Grants-in-Aids from the Colonial Government and N.As as well. For example, Government used to give Annual Recurrent Grant-in-Aids of £100 to each mission dispensary for rural health services in the Province. Moreover, in a situation where a mission was requested by an N.A. or Government itself to open a health institution; a Grant of 50% of the capital cost was given by

the Government under Colonial Development and Welfare Fund (CDWF). For example, RCM Hospital in Yelwa was established upon a request by the Northern Regional Government and thus, the hospital was partially financed by the Government.<sup>xxvi</sup>

### **Conclusion**

From the foregoing it became clear that missionary medical services impacted on the socio-cultural life of the people of Sokoto Province. It is also clear that, apart from institutions for the management of leprosy disease, there were more than eighteen missionary medical institutions in the Province by 1960. Although the number of the institutions remained stagnant up to the early 1970s, missions had played a very vital role in the delivery of health care services in the area. For apart from complementing medical services provided by the Governments and N.As in meeting the health care needs of the people in area, quite a number of indigenes were given training in medical instruction by the missionaries. Similarly, quite a number of people were converted to Christianity.

### **Endnotes**

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<sup>i</sup>R. Schram “Nigeria: The Influence of Medical Missions Policy” in Sabben-clare E.E., Bradley D.J. and Kirkwood K. (eds.), *Health in Tropical Africa during the Colonial Period*, Clarendon Press, 1980, pp. 118-120

<sup>ii</sup> At first, SIM was called “African Industrial Mission”, which became the African Evangelistic Mission” and finally Sudan Interior Mission. It was a North American Medical Missionary most of whose members were drawn from protestant denomination. Field Headquarters of SIM for Nigeria and French West Africa was in Jos, Nigeria. The Churches established by SIM are today known as Evangelical Churches of West Africa. For details on this see Schram, *A History of Nigerian Health Services*, Ibadan University Press, 1971, pp. 149 and 303

<sup>iii</sup> A.E. Barnes, *Making Headway: the Introduction of Western Civilization in Colonial Northern Nigeria*, University of Rochester Press, USA, 2009, p.10 & 144

<sup>iv</sup>Barnes, *Making Headway...*p. 144

<sup>v</sup>Is today called United Missionary Church of Africa (UMCA)

<sup>vi</sup> M. Vaughan, *Curing their Ills Colonial Power and African Illness*, Standford University Press, 1991, p.56

<sup>vii</sup> Sir Graeme Thomson was a Governor General of colonial Nigeria from the late 1920s. During his period, there were conflicts between missionaries and the Colonial Government over the entry into Muslim emirates. Thomson maintained that one of the ambitions of his administration was to address some of the failings of the Colonial Government in Northern Nigeria. Among the failures was the fact that modern medical services were not adequately provided in the region, since the government had neither the funds nor the personnel to provide the needed services. Similarly, the colonial policy did not allow missionaries’ enterprises (educational and medical services) in the area. Consequently, Thomson sent a proposal to the Colonial Office in 1928 requesting approval to allow the entry of missions into Muslim emirates for the provision of medical services. The proposal drew a dichotomy between missionaries as religious proselytizers and the missionaries as providers of medical and educational services. He emphasized that missions willing to act out of the latter should be allowed to help the government meet its social obligations to its Muslim subjects, and according to him are called good missions. Missions who decided to act out of the former capacity were to remain persona non grata in the emirates, and are called bad missions. Finally, in 1932 the Colonial Office considered the proposal and missions were offered access to the region based on commitments to provide medical services. See A. E. Barnes, *Making Headway.....* pp. 160-167

<sup>viii</sup> C.N. Ubah, “Christian Missionary Penetration of the Nigerian Emirates: With Special Reference to the Medical Missions Approach,*The Muslim World*, 77(1), 1976, p. 16

<sup>ix</sup> R. Schram, *A History of the Nigerian Health Services ...* p. 143

<sup>x</sup> NAK/SOKPROF/FILENO.3858/Argungu Emirate Quarterly Report, June, 1935 also *Oral Interview* with Malam Umaru Mishin, Yusuf Usman Tondi and Malam Kaka. Mishin was initially a *boi-boi* and later cook to SIM at Amanawa. He became health assistant and posted to Gummi and later Andarai SIM Stations. His age is 135 years *Interview* conducted at the defunct SIM station Andarai, 25<sup>th</sup> July, 2015. Tondi, was a retired civil servant, 69 years, *Interview* at his Residence, Yelwa, Yauri Local Government, 31<sup>st</sup> May, 2016. Kaka was also a *boi-boi* and later cook for the SIM members at Kangiwa Station. He had rudimentary medical knowledge with the mission and thus, he later worked with Sokoto N.A. General Hospital and finally Mass Malaria Control Unit Birnin-Kebbi, 76 years, *Interview* at his Residence, Kangiwa, 15/11/2015

<sup>xi</sup> NAK/SOKPROF/C.230/Rev. Father Gately to Resident Sokoto Province

<sup>xii</sup> NAK/SOKPROF/FILENO.5547/Argungu Emirate Quarterly Report, June 1940

<sup>xiii</sup> Alhaji Rafi Tankaije, Yeldu, A Labourer of the N.A. Dispensary at Yeldu, Age 85, *Oral Interview*, at his Residence, Yeldu, 16/11/2015

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- <sup>xiv</sup>E.O. Connor, *From the Niger to the Sahara: The Story of the Archdiocese of Kaduna*, Intec Printers Ltd, Ibadan, 2009, p. 59
- <sup>xv</sup> NAK/SOKPROF/8296/Leprosy Control Scheme; NAK/SOKPROF/3601/Medical Policy; NAK/SOKPROF/6025/Argungu Emirate Annual Report, 1942 and Malam Kaka, *Oral Interview...*
- <sup>xvi</sup>NAK/SOKPROF/3601/Medical Policy
- <sup>xvii</sup>WJHCB/MED/46/Missionary Permit to and Selected Drugs Missionary Work
- <sup>xviii</sup>NAK/SOKPROF/3601/Medical Policy
- <sup>xix</sup>T.D. Anbian, "A History of Catholic Diocese of Sokoto, 1954-2011" *M.A. Dissertation*, Department of History, UDUS, 2015, p. 107
- <sup>xx</sup> Pastor J. Ongegule, (High Priest of Our Lady Fatima Gusau, Age 63 Years, *Oral Interview*, at Our Lady Fatima, Gusau, 20<sup>th</sup> February, 2016
- <sup>xxi</sup>Rev. Fr. J. Awuhie, Priest of the Our Lady Fatima Gusau, Parish, Age 55, Years, *Oral Interview*, at Our Lady Fatima, on 20<sup>th</sup> February, 2016
- <sup>xxii</sup>WJHCB/RP/401/Statement of Policy Proposed by the Government for the Future Regulations of Grants-in Aids of Medical and Health Services Provided by Voluntary Agencies in Nigeria, 1949
- <sup>xxiii</sup> The RCM Hospital at Yelwa performed quite a number of treatments from 1960 when it was established up to the period it was taken over by the Government. Yelwa people and others beyond the borders of Yelwa town appreciated the services of the hospital very much and therefore, the number of attendances and treatments performed over the years of its existence were encouraging. For instance, by 1963; there were 532 total in-patients, 2,911 out-patients, 43 deaths, 7 deliveries, 47 major operations and 76 minor operations. Similarly, the hospital had by 1964; 586 total in-patients, 3,817 out-patients 35 death, 73 deliveries, 46 major operations and 38 minor operations. AHAK/19/2/A.17/Provincial Annual Report for 1959 and AHAK/SNP/19/23/392/Annual Report Of 1963-1964, Ministry of Health Northern Nigeria
- <sup>xxiv</sup>Malam Kaka, *Oral Interview....*
- <sup>xxv</sup> Alhaji Rafi Tankaije, *Oral Interview...*
- <sup>xxvi</sup>WJHCB/Dispensaries and Welfare Clinic Building Grants to N.As