



Social thoughts and medical missionaries in Yorubaland, 1900-1930

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Abstract

The missionaries were the forerunners of colonization in Africa and elsewhere. They shared the same burden with their colonial allies, which included Christianity, Commerce and, Civilisation. This thesis examines how the activities of medical missionaries shaped indigenous medical thoughts of Yoruba land in the early twentieth century. By analyzing relevant primary and secondary sources, this thesis discovered that the deployment of medical factors to Christianise the Yorubas provoked a loss of trust in indigenous medicine and other cultural practices in early twentieth-century South West Nigeria. It, therefore, argues that missionaries played a substantial role in engendering adverse social thoughts of Yoruba medicine. Other research had focused on the social impacts of medical missions on Yoruba people without delineating how this impacted the social thoughts of the populations from colonial intercourse. A study of this caliber would throw new light on the interplay between the missionaries and colonial medicine in the contexts of colonized societies. It would further illuminate new understandings of the social role of medical missionaries of local populations.

Key words: Missionaries, South West Nigeria, Yoruba, Indigenous, Medical Mission, Yoruba medicine

Introduction

The colonialists had often deployed medicine as a technology to validate colonialism and as a tool of compassion to the colonized. The treatment of common endemic and epidemic diseases such as malaria, smallpox and influenzas has often been used to serve this purpose (Arnold, 1988; Mills, 1986; Tomkins, 1994). In this regard, the role of the missionaries as forerunners of colonial medicine in African climes could not be over-emphasized. There are some beneficial effects of the advent of the missionaries on the development of social, physical, and economic well-being of the colonized states including Africans (Curtin, 1998; Rueda, 2023; Bongmba, 2015; Flessa, 2005; Hardiman, 2006; Selhausen et al., 2020). For instance, focusing on Western Uganda medical missions between 1908 and 1970, Selhausen et al. (2020) showed that Christian conversion was associated with a higher cure rate, shorter hospital stays, and lower incidence of skin diseases and HIV. Curtin (1998) and George (2013) highlighted the role played by

missionaries in deploying Quinine to combat the deadly malaria in the mid-nineteenth century. This scourge had been ravaging the European traders, explorers, and the natives in sub-Saharan clime before the advent of the missionaries. In colonial India, Hardiman (2006) highlighted the beneficial impacts of Christian missionaries on the health and education status of the Adivasis of Western India from 1880 to 1930. Many missionaries set up dispensaries, leprosariums, and small health facilities in sub-Saharan Africa from the mid-nineteenth century. This became the bedrock and fulcrum of public health in most African climes from the late nineteenth century.

However, missionaries belonged to the same cultural configuration as the colonialists and espoused similar colonial ideologies, which privileged the spiritual and moral regeneration of the wretched Africans. The missionaries and the colonialists both painted a gloomy picture of what African are in their socio-cultural, political, economic and social outlook, which then serves a justification for colonial mission to civilise the supposedly backward and barbaric Africans. In many African climes, they stimulated the process of colonisation. In mid nineteenth century Lagos, against the backdrop of local kingship tussle and perceived threat to their missions, they invited the colonialists for resolution which eventually led to British annexation of Lagos in 1861 (Falola & Akinyemi, 2016, p.82). Consequently, this set the stage for eventual annexation of the whole Yorubaland and other adjoining kingdoms which make up the present-day Nigeria. Being the forerunners of colonisation in Africa and elsewhere, the missionaries often depend on their European government and other agencies for funding, protection and other logistics to aid their missions. For instance, Matikiti (2020, p.175), deploying colonial Zimbabwe stated that ‘ ‘ colonial era missionaries were paid by transnational corporations that are also sponsoring the contemporary missionaries of Eurocentric science and technology engaged in present day techno colonialism’. Ekechi (1993) outlined the role of medical factors in Christian conversion in Africa. She highlighted that Christian missionary societies often deployed medicine to lure Africans to their faith and culture, which they usually construed as been superior to the indigenous culture. Hogan (2013) emphasised the need for missionaries to deploy medicine among the *egbas* in southwestern Nigeria to enhance Christianisation. There is no dearth of research criticizing this approach and its untoward impacts on the social space of the colonised (Arnold, 1988; Thorne, 1998; Daughton, 2006; Macleod & Lewis, 2022; Cox, 2002). The cultural encounter between the missionaries and local populations has significant impacts on the cultural sanctity of the colonized. According to Blaser (1987) the cultural encounter between the Western-centric missionaries and indigenous African institutions undermined and liquidated African culture under the guise of religion. Relatedly some researchers used the concept of “cultural imperialism” to denote the relationship between the missionaries and the local populations during the colonial era. To quote Tomlinson (2012) “cultural imperialism refers most broadly to the exercise of domination in cultural relationships in which the values, practices, and meanings of a powerful foreign culture are imposed upon one or more native cultures”. Balaj (2010) and Comaroff (1989) located the activities of the missionaries within the context of “cultural imperialism” because they imposed Western values and traditions on the colonized societies.

Similarly, Johnson (2010) studied the guiding principles of missionaries trained in London to undertake missionary ventures. He discovered colonial ideologies were instrumental to the missionaries deployed to the colonies. Nevertheless, these studies have not highlighted in detail how the missionaries occasioned adverse thoughts about indigenous medicines and other cultural practices. Therefore, this article intends to delineate the social thoughts regarding indigenous practices resulting from missionary activities in early twentieth-century Yorubaland.

Yoruba refers to the culture, the religion, and a unique group of people inhabiting the southwestern region of contemporary Nigeria. The Yoruba worship Almighty God referred to as *Olodumare*, through many deities referred to as *Orishas*. They believe the *Orishas* act as direct messengers and the intermediaries between the physical beings and the supernatural Almighty God. The Yoruba generally believe *Olodumare* has overwhelming control over the creation of mankind and the entire universe (Abimbola, 2005). The Yoruba pantheon has been inextricably linked with their healing systems since antiquity (Odejobi, 2014). Hence, it is not surprising Yoruba medicine weathered the storms of cultural

imperialism up to the contemporary era (Amusa and Charles, 2017) but with somewhat negative social thoughts by many natives. Omoleke (2013) asserts the relevance and the significance of Yoruba medicine to the contemporary health care system in Nigeria. Therefore, this research focuses on the impacts of missionaries on the social thoughts of Yoruba medicine from the beginning of the nineteenth century.

This historical article focused on the impacts of medical missionaries between 1900 and 1930 in Yorubaland. Most Christian missions started from the mid nineteenth century in South West Nigeria, however, it was not until the turn of the twentieth century that most have established medical institutions to cater for the natives. As of 1930, almost all of them had functional and effective Christian medical missions and corresponding hospitals in Yorubaland. Hence the emphasis on the time frame in this study. The historical research deployed colonial reports, newspapers, and relevant secondary sources. The archival sources were cross- referenced and correlated with established reliable primary data as well as secondary sources to ensure reliability and reduce bias in data analysis and conclusion in this study.

Christian Medical Missions in South West Nigeria, 1900-1930

The emergence of the medical missionary was a nineteenth-century phenomenon (William, 1982). The idea of formally integrating medical workers into the missionary fold was a later event. Often greeted with ambivalence in some quarters. Nevertheless, medicine had formed a vital part of missionary activities in the earlier era of Christianity. It often served as a basis to free infidels from false religion. Indeed, dispensary work of a basic nature formed part of missionary work. The earlier missionaries had a somewhat rudimentary knowledge of pharmacology (French, 1946). It often worked minor miracles creating a form of legitimacy for Christianity. By the end of the nineteenth century, there was a huge proliferation of missionary societies plying their trade in Africa to evangelize the natives.

In 1895, the Roman Catholic mission established Sacred Hearts Hospital at Lantoro, Abeokuta in the southwestern part of Nigeria. It is the oldest hospital in Nigeria outside Lagos. Although the Anglican Church Mission Society had founded several dispensaries and health facilities in Lagos, Abeokuta, and Ibadan in the 1880s, Sacred Hearts Hospital remained the first established healthcare facility by Christian missionaries in Nigeria. The epic story of this hospital would be incomplete without recourse to its charismatic founder, Father Jean Marie Coquard.

Jean Marie Coquard was ordained as a Roman Catholic priest in 1880. He came to Abeokuta ten years later for his missionary work. He was in charge of medical missions under Father Justin Francois even though he had no formal medical training (Hogan, 2013). However, he demonstrated extraordinary passion and the ability for medical work that endeared him to the hearts of natives sooner than expected. Apart from a five weeks apprenticeship, he was largely self-taught and he soon became the toast of the natives. In 1883, he assumed the head of the dispensary unit through his zeal and dedication to the Christian medical mission in Abeokuta (Hogan, 2013). He and Father Francois were treating all sorts of ailments that included malaria, fevers, yellow fever, and other infectious diseases as well as performing minor and major surgeries. Many natives in Abeokuta respected his mission and they began to convert. Coquard being an ambitious and dutiful missionary, planned to enhance the spread of Christianity through the construction of a hospital. He founded Sacred Hearts Hospital in 1895 through crass zeal and his unrelenting efforts despite a myriad of challenges that bedeviled the project (Hogan, 2013).

Another veritable Christian medical mission worthy of note in Yoruba land is the Baptist medical mission established in Ogbomosho in 1907 (Ajayi, 2011). Realizing the significance of medical missions in the Christianisation of South West Nigeria, the Foreign Mission Board of Southern Nigeria sanctioned medical works in Yoruba land in the early twentieth century. Their initial objective was to settle in *Ilorin*, which is about 100km to *Bida* in the northern part of the country, but resistance from Mohammedans forced them to settle in *Ogbomosho* (Ajayi, 2011). They, therefore, settled in *Ogbomosho* from where they started launching into different areas.

However, it was not until the early twentieth century that they devised a medical mission to enhance the Christianisation of the Yorubas. London-born, Dr. George Green and his wife of Baptist extraction came

to Ogbomosho from the United States of America on 18 March 1907 (The History of Bowen University Teaching Hospital, 2020). Dr Green brought his medical equipment, some drugs, and a paltry fifty dollars. The couple settled into the household of Reverend C.E Smith. The following day, they brought a girl of about four years with crooked legs and the medical doctor promptly set to work. Dr. Green improvised his dining room like an operating theatre to perform the corrective surgery for the girl's leg. Reverend S.G Pinnock performed the role of an anaesthetist by administering Chloroform. The operation became a success as evidenced by the girl's ability to run around few weeks later. It heralded the birth of a hospital at Ogbomosho.

Methodist missionaries also utilized medical factors to win souls in colonial South West Nigeria. The pioneer missionary, Thomas Birch Freeman had entered Badagry in Lagos and Abeokuta in the middle of the nineteenth century. Initial skirmishes in Abeokuta led to the expulsion of missionaries in 1867 and the turbulent political climate of Lagos informed their search for a more accommodating town to launch their gospel (Methodist Heritage, 2020). In the early twentieth century, Methodist missionaries through the Wesley Guild movement promoted the idea of a medical mission to strengthen their evangelical base in South West Nigeria. They made *Ilesha* their base to spread Christianity to other towns and villages. In 1912, some Nursing Sisters commenced skeletal works at Ilesha. Dr Stephen arrived a year later to start a hospital (Methodist Heritage, 2020).

The Medical missions in the early twentieth century were not restricted to foreign missionaries in South West Nigeria. The Indigenous African churches had been partaking in the spiritual and divine healing of many Yorubas during crusades, and Christian gatherings since the 1920s. As stated earlier, fervent prayer, prophecy, and divine healing are the cardinal thrusts of Pentecostalism. For instance, Christ Apostolic Church (CAC) believes in obedience to the doctrines of Christ, and the sanctity of his blood to cure diseases and infirmities. In 1930, the great revival of Apostle Joseph Ayo Babalola at *Oke-Oye* in *Ilesha* ostensibly laid credence to the efficacy of divine healing in Yoruba land (Ogunleye, 2013). Since then, divine healing often accompanied church activities such as services, revivals, and crusades. Many claimed some diseases, which defied orthodox and traditional medicaments became cured in CAC and other Pentecostal churches from the 1930s (Ogunleye, 2013). The general belief was that demons and sins that cause afflictions could only be dislodged through divine interference. In this sense, many preferred divine healing to contemporary medicament.

Social impacts and thoughts of Christian Medical Missionaries in South West Nigeria

Apart from evangelism and ending the obnoxious trans-Atlantic slave trade, the missionaries engaged in the provision of social services that promoted the well-being of the natives. As stressed by Curtin (1985) the introduction of quinine into sub-Saharan clime between 1840 and 1860 largely controlled the epidemics of malaria. Malaria had been a huge cause of death among natives before the advent of the missionaries. He highlighted substantial reduction in malaria mortalities as one of the veritable biological impacts of missionaries in Black Africa. Good (1991) argued that the Protestants and the Roman catholic had overwhelming beneficial impacts on the medical space of most African countries. He highlighted that about a century after their incursion into the African space, their mission transformed into church-based hospitals and health care programs, which continue to account for 25% to 50% of available services in most African countries. Similarly, Azevedo maintained that missionaries were "mercenaries" of fortune regarding their pioneering efforts in stemming the tide of epidemic diseases among Africans and the laying the bedrock of public health in most African climes in the late nineteenth century. More recently, Nasim (2023) claimed that the missionaries were instrumental in the improvement of hygiene which helped to control the spread, and hence mortalities of some of the prevailing epidemic and endemic diseases in colonial Africa. Even though these measures improved the health status of the local populations, and led to revolutionization of healthcare system in Africa, it came at a huge cost to the cultural sanctity of the natives.

According to Comaroff and Comaroff (1991) such inventions occasioned the marginalization of African values and norms because they failed to objectively comprehend the intricate link between the

African belief system and its inherent traditions and customs. These myths and misconceptions of Africa became one of the rationales for colonizing the continent. As Halloran (2015) writes, this ‘‘myth is intrinsic to the Africa’s of Europe’’. A mysterious and mystic Africa coupled with its conception of emptiness by Europeans was a main pretext for its occupation. As Halloran (2015) states, ‘an empty Africa is a ‘receptacle for myth, which will, in covering Africa, explicate it’’. As Mudimbe (1994) demonstrates, ‘‘ this emptiness was understood to be filled by Europeans, who conceived of colonialism, through Christianity, as a ‘holy saga of mythic proportions’ with the ‘silent permanence’ of religion behind it’’. Thus, Christian symbolism in colonization was obvious and primary. As Mudimbe (1994) further comments ‘‘upon landing on ‘heathen’ coasts, Christians raised the cross and celebrated mass, transplanting their myths into the lands they would conquer.’’ Thus, the role of Christianity in the colonization of ‘heartens’ Africa was incontrovertible. Christian missionaries were the drivers of an alien religion and culture to ‘barbaric and uncivilized’ Africa. The missionaries were harbingers of a new religion discernably embedded in a new civilization. They privileged evangelization and spread of the gospel in Africa, but the central objectives were predicated on the fact that Africans were ‘‘heathen’’ and diseased (Comaroff, 1989). Hence, they required spiritual, physical, and moral regeneration. The missionaries belonged to the European civilization that embodied Western medicine and education among other tools of enlightenment in the mid-nineteenth century. They ostensibly deployed these technologies to enhance their missions. It was initially believed that Christianising largely illiterate and unhealthy local populations would be an impossible task. Hence, the imposition of allopathic medicine among other tools of European culture on sub-Saharan domains to enhance evangelicalism. In this regard, medical missionaries’ incursion into the sub-Saharan sphere including southwestern Nigeria was a remarkable cultural encounter.

In this light, the concept of cultural encounter refers to the relationship of a group of people who represent different cultural backgrounds and who were influenced by their respective religions, cultures, values, practices, and ideals (Miedema, 2009). Similarly, Christiansen (2017) described cultural encounters as scripted events tied to the particular social arena with which the encounter is associated and thus shaped in important ways by the existing norms, discourses, roles and hierarchies that govern these arenas. They highlighted the transformative potential of cultural encounter, which is inherently risky, since their potentiality is tied in with unpredictability, while risk cannot be left out because it at the same time is a precondition for transformation. In the post-modern world, the significance of globalisation and its inherent transformation across cultures and nations could not be over emphasised. In this regard, Axford et al (2020) stressed the importance of cultural encounters for transformative globalisation and acculturation, but warned against the negative social and political power dynamics it could portend for the lesser technological advanced culture. It was applicable in southwestern Nigeria settings in the early twentieth century. Christian missionaries with different cultural and religious backgrounds came into Yoruba land from the mid-nineteenth century. The fact that Africans were described as ‘‘ heathen ‘‘ and ‘‘diseased’’ while the values and practices of Christian missionaries had ‘‘Western’’ connotations represented an important cultural encounter. In this regard, the concept of cultural encounter could be challenging since it could serve as a lens for reassessing one’s cultural values and norms, especially for the ‘‘receiver ‘‘ of alien traditions. In some instances, it may occasion a cultural crisis that forces a group of people to reappraise and safeguard their cultural heritage and ethics (Humanities in the European Research Area, 2013). In this vein, cultural encounters such as missionary encounters could trigger unnecessary interference and apparent dilution of other cultures. Therefore, the expected outcome of conversion was the espousal of Western values such as allopathic medicine. This ‘‘cultural aggression ‘‘ often portends unwholesome impacts on the seemingly lesser cultures.

The advent of missionaries occasioned many changes in the socio-cultural landscape of South West Nigeria. Some however have untoward effects on the cultural heritage of inhabitants. The social institutions and values of most sub-Saharan Kingdoms weathered the obnoxious impacts of the slave trade. Cultural values and norms were largely unaffected by European merchants and early missionaries before the mid-nineteenth century in sub-Saharan Africa. To quote Ilifee (2007, p.158), ‘‘ Brutal though the European

impact was, thought patterns and institutions largely controlled it until late nineteenth century''. The advent of the missionaries evoked disruption in the social structure of Yoruba land from the late nineteenth century. Although Ilifee maintained that, the advent of the British evoked a new social order amongst the Yorubas, he ostensibly deployed the term '' British '' to refer to the influence of missionaries as shown below.

“Continuity within change was especially clear in nineteenth-century Yoruba land. As Oyo collapsed after the Muslim revolt of 1817, perhaps half a million of its people retreated southwards into the forest, where they carved out huge areas of farmland, adopted cassava and maize, established major cities at Ibadan, Ijaye, Abeokuta, and New Oyo, and initiated almost a century of warfare with firearms bought with slaves and palm oil. Yoruba society was extensively militarised, war chiefs accumulated power and huge followings of ‘warboys’, and even youths too young to fight followed the armies in units called ‘Father said I should not run away’. Ibadan emerged as the most powerful town, but it failed to create a new Yoruba order, chiefly because its character as a confederacy of military chiefs contravened Yoruba political traditions. Rival towns with ancient monarchies, including the Alafin at New Oyo, despised Ibadan as ‘a people without a king or even a constitution’. Yorubaland finally gained a new order in 1893, but it was British.” (Ilifee, 2007, p.156)

The missionaries deployed medical missions to convert natives into the new religion from the mid-nineteenth century and this enhanced the'' new order'' formed by the British. There was social continuity within the change in Yoruba land before the British incursion. Moreover, a resurgent militarised system evoked the emergence of strong socio-economic towns like Ibadan, Abeokuta, and New Oyo. Hence, a new social order had been formed before 1893. The missionaries served as the progenitors and active participants in the new order. As shown by Heaton and Falola (2008) missionaries deployed the essentiality of missions to lure the British into the political dynamics of mid-nineteenth century Lagos. It consequently triggered the process of colonization in Nigeria. In that light, the Ilifee's order, to a certain extent, referred to the progressive suppression of Yoruba values and customs. The westernization of health and education premised on civilization and the spiritual regeneration of ''heathen '' Africans were the main reasons for colonization. How this '' new social order'' influenced the socio-cultural thoughts of the Yorubas in the early twentieth century will be the subject of subsequent discussion.

Despite the pioneering and impactful works of missionaries in the health settings of South West Nigeria from the mid-nineteenth century as initially stated, they were found wanting when their services were most required during the 1918-19 influenza epidemics in Lagos. A Lagos Daily, *Lagos Standard* of November 4 1918 condemned missionaries for leaving Lagos and Abeokuta after World War I and in the wake of the emergence of a deadly influenza epidemic in South West Nigeria. It consequently urged Africans to realize the role of education and health as tools of colonization.

“We are at the mercy of the Europeans. They chose to flee when their services were needed most. People are dying in droves and our undertakers are more engaged than the medical practitioners do. The health system in Lagos and elsewhere is overwhelmed with the dying and the dead. The medical workers are not unaffected. The missionaries who should provide succour with their medical services were leaving for their countries. In this regard, Africans should realise the underlying ideologies of medicine as a tool deployed by both the missionaries and their colonial

counterparts. The earlier we have an indigenised system of healthcare in Lagos, the better for the well-being of our citizens.”¹

Ohadike (1991) stated that the Spanish flu claimed 800,000 lives in Nigeria between October and November 1918. These estimates might be conservative because of the high rate of flight out of the city and the large number of unreported cases of influenza. The fact however remained that the medical system in Lagos as the administrative and commercial nerve center of the British was consequently overstretched. On October 12, 1918, *Lagos Standard* reported huge influenza mortalities in Lagos and other adjoining southwestern cities.² In this regard, the missionaries could have lent their humanitarian hands in caring for the huge influx of influenza patients in quarantine camps and infective disease hospitals at *Ikoyi*. Maybe, it could have reduced the health burden occasioned by the contagion in Lagos. As observed by Amusa and Ogidan (2017), the state adopted the foundational ideology of missionaries regarding the “heathen” nature of Yoruba ethnomedicine. In this vein, the British failed to actively involve local practitioners in the management team of the 1918 influenza epidemic. Comaroff (1989) maintained that the missionaries had socially reconstructed the image of local medical traditions as the practice of “heathenism”, thus Western public health system failed to recognize their institutions. In this light, it must have halted their development since the intersection with missionaries. The social thoughts of local cannon had been adversely affected thereby suffering some vilification and demonization from the advent of the missionaries. According to Omoleke (2013) and Borokini and Lawal (2014), cultural intercourse with missionaries stifled the progress of traditional medical traditions in the colonial era. They maintain that a symbiotic relationship between Western medicine and its local counterparts especially Yoruba ethnomedicine could enhance better health outcomes. In this vein, the engagement of local practitioners during the scourge of 1918-19 influenza might have stemmed the tide of dispersal and its consequent fatalities. Ayandele (1966) and Ajayi (1965) claimed missionaries devised their health services as one of the tools of evangelization in Yoruba land, thus one could rationalize why many missionaries left South West Nigeria during the influenza outbreak. According to Jimoh (2015) Western medicine was ineffective against 1918-19 influenza epidemics in Lagos and other southwestern cities. In this sense, it would be impossible to deploy the superiority of allopathic medicine to lure natives to Christianity. Hence, the “medical factor” deployed to promote evangelisation seemingly undermined the progress and development of local medical traditions in the early twentieth century South West Nigeria.

Another daily highlighted the somewhat repressive role the “medical factor” played on the socio-cultural sanctity of Yoruba people in the early twentieth century. *African Observer* of August 12, 1905, noted the apparent deployment of medical services as a tool of evangelisation with consequent suppression of African values and traditions.

*“It appears the missionaries are deploying their health services to Christianise our society. While we appreciate these social services, we should tread carefully to maintain the sanctity of our traditions. In Lagos and Abeokuta, there were reported cases of missionaries forbidding sick people to drink herbal concoction or seek the help of local healers when obviously the illnesses appeared unresponsive to Western medicine. Since the foundational ideology of missionaries’ rests on Christianity which abhors “our gods” and their medicine, continued over-reliance on Western medicine portends danger to the future development of our customs and traditions in Yoruba land and other colonies”.*³

¹ *Lagos Standard*, November 4, 1918.

² *Lagos Standard*, October 12, 1918.

³ *African Observer*, August 12, 1905.

The Newspaper reflected on the ideological contrasts between the missionaries and local medical practitioners, and the negative impacts it signified for the progress of African values and traditions. It ostensibly accounted for the attack and condemnation of Yoruba medicines by missionaries as depicted in the early twentieth century. The Yoruba pantheon depends on accessing the Supreme Being (Olodumare) through different deities. The Yorubas believed that these gods (Orishas) act as intercessors to provide appropriate remedies to illnesses and diseases. The gods (Orisha) potentiate the efficacy of herbs, concoctions, and other medicines (Amusa and Charles, 2017).

In other words, spirituality and religion shape the conception of diseases as well as their remedies in Yoruba land. To Temitope and Borokini (2014), this represented a holistic conception of diseases regarding social, physical, and supernatural realms among the Yoruba race. The missionaries failed to comprehend this unique feature of Yoruba culture in the early twentieth century because of the inherent ideological foundation of their faith. Ilifee (2007) captures the underlying ethics of Christianity with this statement, ‘‘Missionaries, by contrast, worshipped a jealous God, intolerant of eclecticism, and their African agents often followed them in equating indigenous religions with witchcraft and the Devil ‘’. This ideology defined their identity and practices within the Yoruba socio-cultural space, which led to the gradual but steady adverse reconstruction of local canons as the worship of the Devil. In this regard, they imposed their cultural values and ideals over the social landscape by demonizing Yoruba medical practices in the early twentieth century. Consequently, there was gradual indoctrination of the local population against Yoruba medicine, which gradually started shaping indigenous perceptions and thoughts of local medicine in South West Nigeria. As observed by Babalola (2003) missionaries attacked and vilified the Yoruba healing system because it negated the doctrines of Christianity. To the missionaries, Yoruba medicine was wholly associated with incantations, propitiation and other forms of shamanism. The missionaries often commanded early converts to burn their local medicines and charms in the full glare of the public to authenticate their newfound faith in Yoruba land (Babalola, 2003). It had deleterious impacts on the local perception and thoughts of African medical traditions, especially amongst the growing army of Christian converts in the colonial era. It shaped subsequent British relations with local medical traditions, and local thoughts and perceptions of indigenous medicine. In the words of Amusa:

During the colonial period, the colonial government in Nigeria combined with the Christian missionaries to pursue a policy of wiping out all aspects of indigenous cultures and values among the peoples including indigenous medicine. In Yoruba land, just like other parts of the country, the colonial government illegalized the indigenous medicine and proscribed its practitioners. This had a great negative impact on the status of indigenous Yoruba medicine among the people as Yoruba Christians began to look down on it as mere fetishism and occultism. While the colonial government was not interested in establishing hospitals at the early years, it supported the Christian missionaries not only in their efforts to implant western medicine in Yoruba land, but also in their bid to stamp out Yoruba indigenous medicine. (Amusa and Charles, 2017)

As noted above, the average thoughts of local canons were construed as an act of voodoo or fetishism. The British supported the missionaries in their quest to condemn local medical traditions to advance the rhetoric of primacy of allopathic medicine through the proscription of local medical practitioners in the early twentieth century. For instance, in 1912, the colonial government enacted the Juju and Witchcraft Ordinance Act that banned all forms of *Sopona* worship and other forms of Yoruba spiritual healing in Lagos.⁴ The growing army of young Christian converts in the early twentieth century started perceiving local medical practices as the worship of the ‘‘devil’’. However, the perception of the ‘‘devil’’ according

⁴ Odunmbaku Sapara, *Report to the Colonial Government on smallpox epidemic in Yoruba country*, Lagos, September 1909.

to Christian liturgy contrasted with the Yoruba pantheon. The Christian “devil or Satan” is always at loggerheads with God for the spiritual soul of men. Christians believed he lured converts into sinful acts that would inevitably lead them to eternal death and damnation on the Day of Judgment. This erroneous thought smacks of improper understanding of the Yoruba cosmology by the missionaries. Unfortunately, this has shaped the social thoughts of many natives regarding Yoruba medicine. In Yoruba religion, the devil (esu) is one of the myriads of gods (Orisha) that acts as intercessors to the Supreme Being (Olodumare) (Temitope and Borokini (2014). In this vein, the Yorubas venerate and appease the devil as one of the intermediaries of God. As highlighted before, the missionaries worship a jealous God, therefore any “other” form of religion values and practices are construed as “heathenism.” Therefore, the perception and perspectives of missionaries reflected the concept of “otherness” as outlined by Edward Said. According to Said (1978) in his *Orientalism*, European colonisation of the “Orient” was premised on Western literary construction that European values, culture, language, and civilization were superior, hence all “other” must be inferior. In this sense, every different – culture, values, language, and so on are dialectically constructed to be under par with its Western counterparts. These misconceptions about Yoruba medicine shaped the reactions of the missionaries and colonialists to Yoruba medical traditions in the early twentieth century. The attacks and condemnation of local medical traditions exemplified the process through which missionaries constructed the dominance of allopathic medicine over local cannons, and most especially adversely reconstructing the thoughts of Yoruba medicine as the “worship of the Devil”.

Another social impact of medical missionaries stemmed from the fact that young Christian converts espoused medical education that occasioned disruptions of established social order in southwestern Nigeria. As noted by Amusa and Charles (2017) and Babalola (2003) health and education services served as a veritable tool for the Christianization of the Yorubas, especially adolescents and young adults in the early twentieth century. The activities of the missionaries regarding health and education were largely targeted at youths because they remained ungrounded in cultural values, unlike their elderly counterparts. They were encouraged to attend schools to appreciate the value of European culture as well as to propagate the gospel. Ifemesia (1971) asserted that “The Christian mission was the object of education and religious institutions and converting the younger people into Christianity was easier, since the young were believed not to be rooted in the ancestral ideas and prophecies like their fathers”. This appeared to apply to Yoruba land, particularly in the early twentieth century. Missionaries taught many students about basic medical skills so that they could serve in dispensaries and mission houses. Some Christian youth construed this position as a status of higher social and moral standings above their cultural heritage. As shown by Ilifee (2007: p.160) the second missionaries’ incursion into sub-Sahara African reordered social order that allowed young adults and others at the peripheries of the societies to challenge existing social structures. It allowed them to define their new class identity within the new Western culture to the disparagement of African values, norms, and customs.

The advent of medical missionaries provoked a wanton disconnect of Yorubas with their culture and environment. The reason might not be far-fetched. The European powers devised a unique ideology in their engagement with the natives. According to Stoller (1989), colonial officials, who travelled to colonies, usually imbibed a distinctive ideology “a profile that highlights the vitality, colonial patriotism, and race superiority of European men”. Adverse reconstruction of local institutions and practices and upliftment of colonial values were the underpinning ideology of the white man’s burden on the missionaries and their colonial accomplices. This factor must have played a role in the shaping of local thoughts through castigation and demonization of Yoruba culture, religion, and medicine. The latter depends on locally available technology and environmental resources. Traditional medicine depends largely on the products of the environment such as bark, leaves, and skulls of animals, feathers, and birds. The missionaries construed this as immoral, devilish, and an act of sheer paganism. As highlighted by Temitope and Borokini (2014) and Amusa and Charles (2017), the culture and religion of Yorubas are intertwined and thus, this is reflected in their indigenous medical practices. The missionaries failed to understand this unique cultural identity objectively and scientifically, therefore, they demonised African practices that had been largely

effective from antiquity, leading to gradual but steady indoctrination of negative thoughts about Yoruba medicine.

In a similar vein, the Christian missionaries undermined and disrupted the inherent recreational and creative capabilities of Africans at cultural interception. The Yorubas seemed to take the worst hit because of the ideological clash between Yoruba religion and Christianity. Traditional dance, songs, drama, hunting, and other similar activities that promote fitness and well-being were deemed immoral and the work of the devil by the missionaries. Once converted to Christianity, locals were advised to forsake ‘old ways’ and imbibe a new system of reasoning that involved being ‘civil’ and ‘cultured’ (Ilifee, 2007, p.160). This was usually, incongruent with the norms of Christianity and European civilization. The missionaries usually admonished natives who go back to their ‘cultural practices’, such were ridiculed and termed as ‘backsliders’. Consequently, the natives started reconstructing their thoughts in tandem with fashionable colonial values and traditions to the detriment of their age-long cultural and healthy practices. In this light, Christian converts in South West Nigeria despised the socio-cultural practices that had kept them healthy and strong since the beginning of humanity.

Apart from the adverse effects of Christian missions on the natural intelligence of Africans, it also undermined the creativity of the Yorubas. In other words, it shackled the mental intelligence of Yorubas. It hampered innovation, creativity, imagination, and knowledge production, which are the epochs of artistic peculiarities of the Yorubas in the pre-missionary era. For example, Ibadan and Abeokuta cities were renowned for creative arts like sculpturing, bead making, and woodcarving. Early missionaries condemned these creative arts as works of heathenism, whereas not all works of art are dedicated to idols in Yoruba land (Ojo, 1966). This represents another form of misconception that had adversely reframed local thoughts regarding works of art. Courtesy of the missionaries, natives gradually and steadily started believing that wound carvings, bronze statues, beads, and other forms of creative arts were associated with the worship of idols. The missionaries instructed many converts to destroy their art collections and change their profession. They often forced converts to openly burn their works of art in the full glare of the public to prove their total allegiance to the new faith (Babalola, 2003). In this sense, many works of arts of immense value were destroyed. Consequently, having unwholesome impacts on the craft profession in Yoruba land. This stifled the development of the craft industry and disrupted creative capabilities in early twentieth-century South West Nigeria.

More importantly in the contemporary era, the negative social thoughts regarding Yorubamedicine had put a significant dent on an age long culture that had served their ancestors since antiquity. The implication is the overwhelming distrust in Yoruba medicine, especially in those who had imbibed the Christian faith. It has rendered local canons somewhat unpopular. Even though some Christians and adherents of other faith often patronize Yoruba medical practitioners, however most do so clandestinely, so as not to attract the scorn of the larger religious society. On a broader plane, the prevailing social thought has served to validate the colonial agenda, as it allowed them to construct the rhetoric of primacy of Western medicine among other colonial technologies over their indigenous counterparts, hence further validating colonialism and cultural imperialism. In this regard, it has engendered the development of Western medicine and its institutions as the state recognized healthcare system, allowing it to enjoy more government funding, state and societal patronage, and research from its inception to the present era. This has led to its continuing development and advancement globally including Yorubaland. Therefore, the modern health system has benefitted immensely as a consequence of the adverse programming and indoctrination of Yorubamedicine by the colonialists and the missionaries. The local cannons continue to suffer as its practices are still being referred to as ‘alternative medicine’ and some believe a substantial proportions of their practitioners practice shamanism and sorcery. However, the findings in this study cannot be generalised for other colonised societies, because each colonised society has its cultural, historical, economic and geographical idiosyncrasy. The timeline of colonisation as well as colonising societies differ for some societies, hence cultural encounters expectedly differ across diverse local populations. Consequently, even though the

transformative consequence of westernization and globalisation is similar, the risk regarding the impacts on the culture, economy or on gender varies across geographical and cultural contexts.

Conclusion

The underlying ideology of White man's burden, which the missionaries shared with their colonial accomplice, presumed that African practices were primitive and heathen. In essence, Africans needed spiritual and moral regeneration in tandem with Western culture and ideals. In this sense, earlier missionaries vilified and demonized Yoruba customs and traditions that were interwoven with their indigenous medical practices. Consequently, it ostensibly defined the subsequent relationship between the growing army of Christian converts and the British with indigenous medical practitioners in early twentieth-century Yoruba land. This adversely impaired local thoughts and perception of Yoruba medical traditions. Missionaries also construed cultural practices such as plays, songs, and dramas that improve health, and promote natural intelligence as an act of worshipping the devil. They instructed many converts to do away with their crafts and art as it connoted paganism. Consequently, it undermined the mental intelligence and creativity of the Yorubas. In this vein, the missionaries devised medical missions as a tool for the Christianisation of Yorubas, and a technology of cultural imperialism in the early twentieth century.

Nevertheless, this work does not intend to debase or demean the developmental impacts of missionaries on the socio-political space in South West Nigeria. Missionaries' pioneering efforts in medical services were highly commendable and laudable until the contemporary era. Catholic Mission established the first hospital, and a leprosarium in 1897 while Baptist and Methodist missions founded Baptist Medical Centre, Ogbomosho, and Wesley Hospital, Ilesha respectively in the early decades of the twentieth century. In addition, the advent of African Pentecostal Churches in the 1920s occasioned the healing of many diseases through the beliefs in prayer, prophesy and divine healing according to the doctrines of Christ. However, the impact of the ideological clash between the Christian faith and Yoruba customs at the colonial intersection inarguably threatened the socio-cultural fabric of the Yorubas. It led to the gradual disparagement and decimation of the values and customs of the Yorubas from the early twentieth century.

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