MEDICAL IMPERIALISM AND INDIGENOUS KNOWLEDGE IN EPIDEMIC CONTROL: LESSONS FROM THE BUBONIC PLAGUE IN COLONIAL LAGOS (1924–1931) FOR CONTEMPORARY PUBLIC HEALTH GOVERNANCE[1]

Abstract
This article examines the bubonic plague outbreak in colonial Lagos (1924–1931) through the intersecting frameworks of medical imperialism, cultural trust, and indigenous knowledge systems in epidemic control. It argues that colonial public health interventions, grounded in Eurocentric biomedical rationalities, were constrained not only by limited epidemiological effectiveness but also by failures of cultural recognition and legitimacy. By privileging coercive sanitary regimes such as quarantine enforcement, port surveillance, forced disinfection, and spatial segregation, colonial authorities systematically marginalised indigenous healing practices and community-based health responses central to local understandings of disease causation and care. Drawing on colonial medical reports, administrative archives, vernacular newspapers such as *Eleti-Ofe*, and secondary historical scholarship, the study reconstructs the plurality of responses to the plague. These include ethnomedical treatments, herbal pharmacology, spiritual healing practices, and religious coping strategies across Christian, Muslim, and traditional belief systems. It also shows that resistance to colonial health measures was not merely non-compliance, but was rooted in distrust produced by cultural insensitivity, disruption of burial rites, and coercive medical governance. Colonial public health in Lagos functioned as a form of biopolitical control regulating African bodies and urban space while failing to achieve sustained epidemic containment, as reflected in persistently high mortality rates and recurring outbreaks. By recovering indigenous health interventions as rational and adaptive responses, this article challenges historiographies that privilege Western biomedicine as the dominant explanation for epidemic control. The article concludes by drawing contemporary relevance from this historical case, highlighting the enduring importance of cultural trust, epistemic inclusion, and community engagement in pandemic governance. It argues that neglect of cultural context in health systems historically and in contemporary global health crises, continues to shape mistrust, resistance, and unequal health outcomes.
Keywords: Medical Imperialism, Indigenous Knowledge, Cultural Trust, Epidemic Control, Bubonic Plague, Contemporary Public Health Governance, Colonial Lagos

Introduction:

The history of epidemic control in colonial Africa reveals not just the evolution of biomedical practice but also the political and cultural conditions under which public health systems were constructed and implemented. The bubonic plague outbreak in colonial Lagos between 1924 to 1931 provides a critical lens through which to examine the relationship between medical imperialism, cultural insensitivity and the effectiveness of colonial health interventions. Colonial responses to the epidemic were largely grounded in Eurocentric biomedical frameworks that prioritized surveillance, quarantine and environmental sanitation, while marginalizing indigenous systems of knowledge and healing. This article argues that the disregard for local cultural practices significantly constrained the effectiveness and social legitimacy of colonoial health interventions. Despite the implementation of various public health measures, such as quarantine regulations, port surveillance and disinfection policies, colonial authorities still recorded persistently high mortality rates with a total of 1,947 cases and 1,813 deaths which amounts to 94.02 percent case-fatality in Lagos.[2] These outcomes raise critical questions about the adequacy of colonial medical strategies and the assumptions that underpin their design and implementation. The colonial authority's relegation of indigenous healing practices and insensitivity towards indigenous cultural practices contributed to the inefficiency of healthcare interventions during the bubonic plague epidemic in colonial Lagos. This article examines indigenous healing practices, religious coping mechanisms and community-based responses to the plague, drawing on colonial records, vernacular sources such as Eleti-Ofe, and secondary historical literature.

This article examines the role of indigenous knowledge and practices in combating the epidemic, resistance, and adaptation in the face of medical imperialism. Indigenous health intervention and disease control strategies during colonial era have been relegated by the western-centric rhetoric of the supremacy of biomedicine which depicts the

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[2] Annual Medical and Sanitary Report, Nigeria (1931), 27; Annual Report, Nigeria, No. 1710 (1934), 21

indigenous local response to epidemics as dangerous, mythological, unreasonable, and ineffectual.[3] This article highlighs colonial efforts to undermine indigenous healing practices, while unravelling the local and Indigenous response to the bubonic plague. This article delves into the annals of history to uncover some of the limitations of colonial medicine during the bubonic plague outbreak and the indigenous health interventions implemented during the Bubonic Plague in colonial Lagos. This article situates the Lagos plague outbreak within the intersecting frameworks of medical imperialism, cultural trust, and indigenous knowledge systems in epidemic control. It argues that the limited effectiveness of colonial public health measures cannot be fully understood without accounting for the cultural dissonance and epistemic exclusion embedded in their design and implementation. The failure to engage indigenous knowledge systems and respect culturally significant practices, particularly around burial, community care, and healing contributed to distrust, resistance, and reduced compliance, thereby shaping the trajectory of epidemic management. By reconstructing the multiplicity of responses to the plague, including ethnomedical, spiritual, and biomedical approaches, this article challenges dominant historiographies that present Western biomedicine as the sole or superior mode of epidemic control. Instead, it highlights the coexistence of plural health systems and the political processes through which certain forms of knowledge were delegitimised while others were institutionalised. This article draws contemporary relevance from the historical bubonic plague epidemic experience by demonstrating that questions of cultural trust and epistemic inclusion remain central to effective public health governance. In both historical and modern pandemic contexts, the success of health interventions depends not just on technical capacity but lies also on the extent to which they engage meaningfully with the social and cultural realities of affected populations.

MEDICAL IMPERIALISM AND COLONIAL PUBLIC HEALTH GOVERNANCE

Medical interventions were used as a colonial tool of control and influence over the population to shape the health landscape of the colonized. Colonial medicine in Lagos operated as an extension of imperial governance. During the bubonic plague outbreak, colonial authorities implemented several aggressive sanitary measures; such as compulsory quarantine of suspected cases, household inspections, fumigation, rat eradication campaigns and strict port health health controls. These though framed as scientific responses to infection, reflected deep seated assumptions about the African life as inherently unsanitary. The coercive nature of these interventions often produced unintended consequences, such as forced removals, disinfection of homes and the disruption of burial practices generated fear and resentment among local populations. Public health has become not only associated with disease control but also with surveillance and social control.

De Barros and Stilwell[4] confirms that medical knowledge was socially constructed and was often designed to serve the interests of the colonial powers.[5] They argue that although rationalized as a means to improve African health, many public health programs were designed to gain control over African labour and therefore worsened African health in practice; they viewed western biomedicine as a blunt tool to gain control over African bodies.[6] That is to say that their main focus is the use and promise of biomedicine as a hook to control and dominate the natives. They observe that the application of western biomedicine and public health legislation increased state intervention into the daily lives of Africans and enhanced colonial control over African subjects, highlighting that medical passports, medical examination and sanitation regulations were tools used by the colonial state to supposedly fight epidemic diseases, but in real sense they were colonial attempts to regulate African lives.[7] These measures were not designed to alleviate African suffering, but instead to seperate the sick from the healthy. They conclude that public health measures did not only offer the colonial state opportunities to gain greater control over Africans and their labour, but they often failed to achieve any real successes against disease.[8] Given the role of various colonial states in producing the conditions that led to epidemics and disease, medical experts and colonial officials preferred to lay the blame on Africans.

[3] O.A Faleye, and T.M Akande, 'Beyond 'White Medicine': Bubonic Plague and Health Interventions in Colonial Lagos.' (2019) 76:1 Gesnerus 90-110 at 93; (Beyond White Medicine) ; M Vaughan, Curing their ills: Colonial power and African Illness (Stanford University Press) 1991, 1-30.

[4] Juanita De Barros and Sean Stilwell, Colonialism and Health in the Tropics, Caribbean Quarterly, 2003, 49:4.
[5] Ibid, 5.
[6] Ibid
[7] Ibid, 6.
[8] Ibid.

Europeans claimed that many of the diseases that affected Africans were products of African practices, cultures, societies, and economies.[9] They summarized the goal of colonisers to transform patients into 'ideal' colonial subjects through public health programs, while remaining aware of the range of medical practices that co-existed alongside western biomedicine. They acknowledged the incomplete power of the colonial state, and the decisions and beliefs of many Africans, indigenous African healing practices remained remarkably coherent and vital in many parts of Africa.[10] They note that colonial medicine has several direct effects on Africans and in some cases led to urban segregation; and attributed many of the epidemics and diseases spread through colonial Africa to the social, economic and environmental changes brought by colonialism.[11] They conclude that public health policies were based on a medical discourse that pathologized Africa, and provided ideological and scientific support for the colonial state as well as their public health measures which were atimes coercive.[12] This article is instrumental in highlighting the real intent of colonial health and medicine, the inefficiency of colonial health and medicine; and the role of perception in the health interventions employed. It also identifies cultural insensitivity as the major cause of inefficiency of colonial health interventions in colonial Lagos.

Faleye[13] while examining the place of environmental change and sanitation in plague outbreak and control between 1924- 1931 notes that in managing the plague epidemic, the colonial authorities responded through several public health measures, including transborder surveillance, quarantine measures, medical healthcare and environmental sanitation.[14] He notes that increased powers were given to the Port Health Officers under the quarantine regulations of 1925 and the Quarantine Ordinance of 1926, which empowered them to carry out preventive measures, whether the port was actually declared to be in quarantine or not.[15] The public health approach taken by the colonial government, especially as it relates to quarantine meaures and movement restrictions, 'sent jitters' through the local population.[16] This is because of the high rate of mortality recorded among quarantined victims of plague. The Infectious Diseases Hospital was considered by some as a place of no return.[17] He notes that the perception of illness by Lagosians differed from that of medical practitioners as the African method of disease aetiology encompasses spiritual divination as well as ethnopharmacological intervention. He notes that the cultural differences and the seeming ineffectiveness of western hospitals during the outbreak, compounded to turn local people away from such treatment, and to regard it with some suspicion.[18] This research emphasized the impact of cultural differences and the ineffectiveness of western hospitals during the outbreak, led to some sort of resistance and suspicion of colonial health intervention. Faleye failed to trace the nexus between cultural differences and the ineffectiveness of western hospitals during the bubonic plague in colonial Lagos. This paper argues that cultural differences, and the misplaced eurocentric idea of superiority of western medicine, led to indigenous cultural insensitivity, especially regarding burial practices which was frowned at, and which consequently led to suspicion, lack of trust and resistance to colonial health intervention, which led to the inefficiency of colonial health and medicine.

Faleye and Akande[19] notes the transcultural nature of colonial Lagos characterised the complexity of medical practices that transverse the epistemological terrain of orthodox and traditional medicine.[20] By unveiling the multiplex nature of health intervention during the bubonic plague epidemic, they undermine the Western biomediccal triumphant claim in epidemic control during colonial rule in Africa, and casts doubt on the western-centric standpoint that lays emphasis

[9] Ibid, 7.
[10] Ibid
[11] Ibid
[12] Ibid.
[13] Oluayode A Faleye, Environmental Change, Sanitation and Bubonic Plague in Lagos 1924-1931, International Review of Environmental History. Volume 3, Issue 2, 2017. 89- 103
[14] Ibid, 93.
[15] Ibid, 94.
[16] Ibid, 95.
[17] Ibid, 95.
[18] Ibid, 97.
[19] Olukayode A Faleye and Tanimola M Akande, Beyond 'White Medicine': Bubonic Plague and Health Interventions in Colonial Lagos. Gesnerus 76/1 (2019) 90-110.
[20] Ibid, 1

on the superiority of 'white medicine' in curing African ill.[21] They focused on the multiple nature of health interventions involving biomedical, Christian, Muslim, non-Christian and non-Muslim African responses to the scenario.[22] They emphasized that historically, societies proffered coping strategies for infectious diseases; and adopts a holistic interpretation of health intervention, which extends beyond biomedicine. As such all efforts targeted at controlling the scourge of the bubonic plague and abating its negative efforts on Lagosians can be referred to as health intervention.[23]They note that depending on the context, the biomedical concept sees health hazards such as epidemics as the end result of infectious bacteria and viruses in the human body; while the social perspective sees epidemics as the product of economic, political and sociocultural changes in society. This may include the perception of epidemics as inflicted by an enemy or as a punishment from the gods, a product of social inequality, as well as exposure to dangerous environmental elements.[24] They adopt the definition of the bubonic plague as experienced by Lagosians in colonial Lagos as epidemic disease caused by the bacterial agent "Yersinia Pestis' known a 'Bacilli Pestis'; while emphasizing that in a multicultural society, the aetiology of bubonic plague was seen differently by different people, which informed the transcultural health interventions during the public health crisis.[25] They note that the western rhetoric of the supremacy of biomedicine shows the African local response to epidemics as dangerous.[26] They specifically illustrated the native doctor's protest against the Eurocentric colonial assumption that most deaths occuring from epidemics are products of ethnomedical intervention.[27] They note that the sacralisation of biomedicine as superior to other local approaches to epidemic control played out in the bubonic plague epidemic, where the accounts of the complexity of health interventions beyond biomedicine was obscurred in the official narrative.[28] Their research made an attempt to fill the gap by highlighting the Christian, Muslim, Non-Christian and Non-Muslim African responses to the bubonic plague in Lagos.[29] They note the dichotomies between the indigenous and western health approaches has led to the deification of western medicine as the sine-qua-non of epidemic control in African history. They observed the peculiarity of indigenous interventions in public health lies in being the 'other' due to cultural imperialism.[30] According to them, the multi-cultural nature of colonial Lagos reflects in the complexity of health interventions beyond biomedicine; they note the importance of the Yoruba Newspaper Eleti-Ofe in informing the discourse on plague in Lagos from the experience and opinion of the natives during the outbreak.[31] They note the non-compliance with death funeral practices were not complied with during the bubonic plague, as no cognisance was taken of local traditions;[32] and highlighted the case where the body of Chief Olorogun, the Ogboni was carried away and was not returned to be buried within his domain, as the corpse of the Ogboni is usually buried in Ikoyi, as reported in the Eleti-Ofe newspaper of 17 September 1924. Faleye and Akande notes that the circumstance built up tension between the colonialists and the colonised in Lagos, which may have stimulated alternative local responses to the epidemic outbreak. According to them, the epidemic shock instigated local responses that found expression in faith healing, and the African response enrich our understanding of the local alternatives to the biomedical approach during the outbreak.[33] The spiritual cleansing carried out by traditionalists might have positive psychological effect on Lagosians by allaying public panic, as the epidemic crisis was symbolically taken to the court of ancestral powers.[34] This research attempted to highlight the local response to the bubonic plague, and the agencyand ability of the indigenous people who are not as dumb as they were made to look through the colonial lens to take care of their health

[21] Ibid, 107
[22] Ibid
[23] Ibid, 92.
[24] Ibid, 93.
[25] Ibid
[26] Ibid
[27] National Archives Ibadan (NAI). Comcol. 1. 857/1. Petition from Local Native Doctors, 11 August 1941; nai. Comcol. 1. 857. From the Union of Ifa Priests of Nigeria to the Chief Secretary to the Government. 19 January 1942, 1-2.
[28] Olukayode A Faleye and Tanimola M Akande, Beyond 'White Medicine': Bubonic Plague and Health Interventions in Colonial Lagos. Gesnerus 76/1 (2019) 90-110. 93
[29] Ibid, 94
[30] Ibid, 94
[31] Ibid, 95.
[32] Ibid, 96
[33] Ibid, 107
[34] Ibid, 107

needs. They highlighted the non-biomedical local responses to the epidemic which encompass spiritualism and ethno-phrmacological intervention. Christians made a special prayer to cleanse the society of the disease and ward off the epidemic; as some Lagosians believed that offering prayers could help control the epidemic.[35] Muslims responded to the plague epidemic in Lagos through prayers, sacrifices and offering of alms as the epidemic was seen as God-sent; this was substantiated by Eleti-Ofe newspaper of 10 September 1924,[36] which affirms that the Muslims of Lagos sacrificed a cow to appease Allah, in order to put an end to the epidemic plague in Plagues.[37] They highlights that the African traditional responses in the control of epidemic plague in colonial Lagos was undermined in colonial records; and notes that the African medicinal intervention during the bubonic plague preceded governmental intervention during the outbreak.[38] Noting that the earliest cases were independently noticed by a native doctor.[39] They were surprised that colonial documents failed to substantiate the African Traditional intervention.[40] they notes the important role of ethnomedical practitioners and their significant role in health intervention during the bubonic plague.[41] They were the first to notice and treat purported victims of the bubonic plague in colonial Lagos, and attributes the aetiology of plague to blood poisoning.[42] In line with the aetiology of African traditional medicine which traced the source of illness to both illness to both spiritual and physical factors; hence the local response is holistic involving both spiritual rituals and ethno-pharmacological remedies.[43] They examined the concept of medicine among the Yoruba of colonial Nigeria as an embodiment of both spiritualism and naturalism that found expression in apprenticeship and tutelage over time; and the native doctors classified as Onisegun and Babalowo for adminstrative convenience.[44] They highlights the claim by natives of the inadequacy and racist nature of biomedicine even before the bubonic plague epidemic; and referred to the case of a young man who lost his son in the colonial hospital after the doctors refused to come to the child's immediate care as reported in The Nigerian Advocate of 16 January 1924.[45] On 3 September 1924, religious leaders were called on to offer prayers as a plague control measure.[46] The Baptist Church prayed for a period of one week; and the Church of Light engaged in prayers to resolve the epidemic crisis in Lagos. They were confident that if more prayers were made, there will be significant change. They were very optimistic that they will survive the epidemics and sudden deaths.[47] Religious perception of the plague aetiology is obvious in the type of prayers published in the Eleti-Ofe local newspsper; especially the one that likened the Lagos plague with the pestilences that was inflicted on the Israelis and called for forgiveness of sins.[48] The trend of plague resistance to biomedical intervention, especially vaccination was noted by a native observer at the peak of the outbreak in 1928, where the efforts of the sanitary authorities to combat the plague appeared to be a futile one , despite the energy and money expended on it.[49]

The bubonic plague in colonial Lagos was not just a fight against the plague; it was also a fight to preserve the indigenous cultural practices. The disregard of indigenous cultural practices led to lack of trust and suspicion of biomedicine, especially the whisking away of the body of the Ogboni Chief named 'Olorogun', without allowing the traditional funeral rites to be performed was found more disturbing than the bubonic plague itself and considered a deliberate attempt to undermine local cultural practices.[50] This circumstance according to Faleye and Akande led to

[35] Ibid, 98

[37] Ibid, 99
[38] Ibid, 100
[39] Ibid, 100; NAI. CSO 26. 13001 Vol II . 'Report on Plague in Lagos-Southern Nigeria' Ref 48/MRI/24 of 9 September 1924 1.
[40] Ibid, 100
[41] Ibid, 102
[42] Ibid, 102
[43] Ibid, 104
[44] Ibid, 101
[45] Ibid, 102
[46] Ibid, 98
[47] Eleti-Ofe 3 September 1924.
[48] Eleti-Ofe, 3 September 1924,10.
[49] Eleti-Ofe, 12 December 1928, 4.
[50] Eleti- Ofe, 17 September 1924, 4.

tensions between the colonialists and the colonised in Lagos, and suspects that the culture shock stimulated alternative local responses to the epidemic outbreak.[51]

The absence of panic and the general acceptance of government's measures were considered noteworthy features during the bobonic plague.[52] The veracity of the 'absence of panic' and 'general acceptance' of governments' measures' as stated in the report is questioned; as the same report notes that the colony police are also to be congratulated on the manner in which they handled the situation and met all the calls made upon them.'[53] This points to the fact that there was some sort of resistance, such that the police had to be used to ensure compliance. The report notes the success of the measures used, such that quarantine restriction was removed at the end of the year.[54] The replanning of the worst areas of Lagos was contemplated and a large tract of land at Yaba has been acquired for the erection of 'model' dwellings.[55] In 1925, the plague continued intermittently and will probably not be eliminated from Lagos until the town has been replanned and to a larger extent rebuilt.[56] This unveils the real intent of the colonial authorities.

Faleye and Akande[57] examined the multiplex and transcultural nature of local responses to the bubonic plague in Lagos disavow the western biomedical triumphalist claims to epidemic control in Africa during colonial rule. They acknowledge that societies have coping strategies for infectious diseases and describes health intervention as any activity undertaken with the objective of improving human health by preventing disease, by curing or reducing the severity or duration of any existing disease, or by restoring function lost through disease or injury.[58] As such the definition of health intervention during the outbreak of bubonic plague in colonial Lagos were efforts aimed at controlling the negative effects on Lagosians.[59] This means that any effort made to combat or reduce the effect of the bubonic plague qualifies as a health intervention. This includes both biomedical and indigenious intervention. The official strategy to abate the spread of plague in colonial Lagos relied largely on biomedicine. However, the Yoruba newspaper Eleti-Ofe played a huge role in highlighting the local response of Indigenous population.

In managing the bubonic plague epidemic in colonial Lagos, the colonial authorities responded through several public health measures, including transborder disease surveillance, environmental sanitation, quarantine measures and medical health care. However, some of these measures have been shown to exarcebate class dichotomy, racism, and inequality. In the implementation of transborder epidemic surveillance, passengers coming into Lagos through the port were landed at the quarantine station and their clothing and bedding disinfected with Clayton gas.[60] Boxes with clothing were disinfected with some ounces of formalin. Rat guards and tar were applied to the mooring ropes of all vessels from Gold Coast ports.[61] The health needs of the natives were seen as an avenue by colonial officers to dominate, control, and exacerbate class dichotomy, which is a typical feature of colonialism. Security agents were used to prevent persons boarding or leaving ships without obtaining a pass from the Port Health Officer. 'Third Class Passengers' travelling overseas were medically examined before embarkation and their clothes and baggage disinfected when considered necessary.[62] These measures exacerbate racial and class dichotomy in colonial response during the bubonic plague in Lagos. Most colonial bubonic plague control measures were strategies of gaining power

[51] O.A Faleye, and T.M Akande, op cit, 97.
[52] Annual Colonial Report 1924
[53] Ibid, 12
[54] Ibid
[55] Ibid
[56] Ibid, 12

[58] O.A Faleye, and T.M Akande, op cit, 92
[59] Ibid
[60] 'Plague in Lagos' from the Deputy Director of Sanitary Service, Lagos, to the Director of the Medical and Sanitary Service Lagos, Memorandum No. 333/DMS/24 of 31 July 1924, 2 CSO 26 13001 Vol. 1, NAI.
[61] 'Plague in Lagos' from the Deputy Director of Sanitary Service, Lagos, to the Director of the Medical and Sanitary Service, Lagos, Memorandum No. 333/DMS/24 of 31 July 1924, 3 CSO 26 13001 Vol. 1 NAI.
[62] Plague in Lagos. From the Deputy Director of Sanitary Service, Lagos to the Director of Medical and Sanitary Service, Lagos. Memorandum No. 333a/DMS/24 of 10 September 1924, 1-2 CSO 26 13001 Vol. 11.

intimately linked to the inequalities of colonial rule. As such public health initiatives did not help to heal or even benefit colonial subjects, but rather sustained and intensified the material constraints of colonialism.

The colonial health intervention to combat the bubonic plague as they applied to the natives were percieved to have been driven by racial prejudices, as local commuters were often sprayed indiscriminately with disinfectants.[63] The racialized understanding and perception of disease contributed to the racial prejudice in the bubonic plague control strategies. The health intervention measures to combat the bubonic plague in colonial Lagos was based on the 'contagionist' belief that some epidemic diseases like plague spread from one person to another, hence the anti-contagionist measures like quarantine, disinfection, etc. Most of the anti-contagionist measures employed to combat the bubonic plague in Lagos exacerbated racial and class disparity. The public health approach taken by the colonial government, especially as it relates to quarantine measures and movement restriction scared the local population. This was particularly so due to the high rate of mortality recorded among quarantined victims of plague.

Indigenous natives resisted the colonial health intervention measures during the bubonic plague in colonial Lagos; their resistance affected the eefficiency of the colonial health intervention. The Infectious Diseases Hospital was seen as a place of no return.[64] Families hid their sick, people who had contact with dead plague victims ran away and could not be found. The colonial report notes the difficulty of house to house inspection and the ease with which the sick could be moved about to avoid discovery.[65] This was considered a lack of cooperation on the part of the people;[66] in response to this resistance, the sick were isolated at the Infectious Diseases Hospital, while those who came in contact with them were removed from 'infected houses' until their own houses were certified fit for habitation. The disinfection of houses and the quarantining of their inhabitants were carried out alongside claims for compensation for property allegedly stolen during the sanitary operations.[67] Cases were reported where baskets or other receptacles were inverted over traps set in premises by the official rat-catchers to prevent rats being caught as they feared that their houses will be liable to be disinfected and they will be quarantined if infected rats are caught.[68]

The colonial authorities acknowledged the limitations of biomedicine in the anti-plague campaign: 'It did not appear as if any treatment tried was very effective'.[69] This is seen in the high mean mortality rate of 94.02 percent.[70] The Medical Officer of Health organised the anti-plague work in Lagos, and also oversaw the routine district work of house-to-house inspections. A senior African sanitary inspector under a European inspector in each district closely supervised all the sanitary and anti-plague operations in the district; by this intensive scavenging, ratting, disinfection, and enforcement of regulations and by laws affecting sanitation was ensured.[71]

[63] 'Plague in Lagos' from the Director of Sanitary Service, Lagos, to the Chief Secretary to the Government, Lagos. Memorandm No. 333A/ DMS/24 of 26 August 1924, 1-4. CSO 26 13001 Vol. 1, NAI; 'Plague in Lagos'. From the Deputy Director of Sanitary Service, Lagos, to the Director of Sanitary Service Lagos. Memorandum No. 333A/DMS/24 of 10 September 1924, 1-9. CSO 26 13001 Vol. 11; Annual Medical and Sanitary Report 1929, 25-8.
[64] Olukayode A Faleye, Environmental change, sanitation and bubonic plague in Lagos, 1924-31, International Review of Environmental History, volume 3, Issue 2, 2017,
[65] Annual Medical and Sanitary Report (19270, 26- 9; Annual Medical and Sanitary Report (1929) 25-9; Annual Medical and Sanitary Report (1931), 26-8.
[66] Plague in Lagos. From the Deputy Director of Sanitary Service Lagos to the Director of Medical and Sanitary Service Lagos. Memorandum No. 333B/DMS/24 of 4 October 1924, 3 CSO 26 13001 Vol 111, NAI.
[67] Compensation Board: Plague Infection. From the Director of Medical and Sanitary Service, Lagos, to the Chief Secretary to the Government, Lagos. Memorandum No. 570/DMS/24 of 23 December 1926, 1-2. CSO 26 13001 Vol. VIII, NAI
[68] Plague in Lagos. From the Deputy Director of Sanitary Service, Lagos, to the Director of Medical and Sanitary Service, Lagos, Memorandum No. 333B/DMS/24 of 8 October 1924, 2 CSO 26 13001 Vol. III, NAI.
[69] Annual Medical and Sanitary Report (1926) 194. NAI.
[70] Annual Medical and Sanitary Report (1929), 25-8; Annual Medical and Sanitary Report (1927), 26-9.
[71] Annual Medical and Sanitary Report 1929, 27 NAI.

The outbreak of the bubonic plague was reported to have thrown a great strain on the Medical and sanitary authorities who assumed 'charge' of the situation and 'quickly' had it well in hand.[72] The Engineer and the police were applauded and congratulated for the way they handled the manner. How exactly did they handle the manner? congratulating the police connotes some element of coercion, contrary to the colonial report that there was lack of panic and compliance with the policies.

Marginalization of Indigenous Health Intervention in colonial Lagos during the Bubonic Plague Epidemic

Despite the inadequacy of colonial response to the bubonic plague, Indigenous health intervention strategies were relegated and marginalised during colonialism. The Annual Colonial Reports excludes the local response to the bubonic plague epidemic. Lagos is in the southern part of Nigeria. The people in the South, were considered as people with much lower standard of intelligence and development.[73] Percieving the people in the south as people with much lower standard of intelligence seem to justify the paternalistic position taken by colonial officers and the relegation of indigenous cultural practices and indigenous healing practices. Colonial authorities often viewed indigenous healing practices as primitive and unscientific. They believed that western biomedical practices were superior to traditional healing practices. Indigenous human subjects were used for the Bayer 205 experimental purpose during the bubonic plague in colonial Lagos. Dyce Sharp a medical doctor at the Infectious Diseases Hospital during the outbreak in 1926 notes that the treatment of the Bubonic plague is still so unsatisfactory and inadequate and wrote about various biomedical treatment used and his experimental treatment with 'Bayer 205' which he carried out towards the end of the epidemic.[74] He notes that various methods of treatment were adopted,[75] but merely listed biomedical interventions,[76] without mentioning any indigenous healing health intervention. Looking at the colonial reports and Dyce's note, one would think there was no indigenous response towards combatting the bubonic plague. Despite the seeming inefficiency and high mortality rate, colonial officers refused to acknowledge indigenous healing practicies; instead experiments with human subjects was carried out. Colonial health interventions during the bubonic plague did not only fail to recognise indigenous health interventions but also failed to take cognizance of indigenous cultural practices. These have affected the efficiency of the health interventions. The colonial healing strategy to abate the spread of the bubonic plague in colonial medicine focused more on biomedicine, which served the interests of of colonial powers.

Traditional medicine existed even before colonialism. Ackerknecht analysed the pluralistic nature of global medicine, observed the derogatory classification of traditional medicine a 'primitive medicine' practised by 'savage' or 'uncivilized' people, and acknowledged the fact that the so called 'primitive medicine' gives a simple picture of the first stage of medicine.[77] During the bubonic plague in Lagos, the native doctor was the first to treat the plague. Abdullahi[78] notes that before the cosmolitan medicine, there used to be the dominant medical system available to millions of people in Africa, but the arrival of Europeans marked a significant turning point in the history of the age long tradition and culture.[79] In Indigenous African communities, the traditional doctors are well known for treating patient holistically. There was cultural insensitivity with regards to death practices and rituals.[80] There was serious concern about the whisking away of the dead body of an Ogboni Chief 'Olorogun' without the performance of the traditional rites in Yoruba land. This was considered a deliberate attempt to undermine local cultural practices; which subsequently led to suspicion and resistance from the natives.

[72] Colonial Annual Report, 1924, 12.
[73] Colonial Annual Report, 1925, 5; Colonial Annual Report 1926, 5.
[74] Sharp Dyce N.A, 'A note on the Treatment of Plague in Nigeria with Bayer 205', Transactions of the Royal Society of Tropical Medicine and Hygiene, 19 (1926) 482.
[75] Ibid.
[76] Ibid.
[77] Erwin H Ackernecht, Problems of Primitive Medicine, Bulletin of the History of Medicine, 11 (1942) 503-521.
[78] Ali Arazeem Abdullahi, Trends and Challenges of Traditional Medicine in Africa, Afr J Tradit Complement Altern Med 2011; 8 (5 Suppl): 115- 123. Published online 2011 July 3.
[79] Ibid.
[80] Eleti Ofe, 17 September 1924, 4.

Traditional medicine existed before the bubonic plague outbreak in Lagos. The widespread practice of traditional medicine was noted by the administrator of the colony of Lagos in 1931, as he asserts:
'There are several societies of Native doctors in Lagos. About 20 years ago, a scheme was found by Dr Sapara for the registration of native doctors…it appears that all families in Lagos employ a Native Doctor and there is considerable competition.'[81]

The ethnomedical practitioners played a significant role in health intervention in colonial Lagos during the bubonic plague outbreak. It is not a surprise that Native doctors were the first to diagnose and treat purported victims of bubonic plague in colonial Lagos. The traditional and indigenous African response to the bubonic plague in colonial Lagos was holistic involving rituals and the application of ethno-pharmacological remedies. In the face of the outbreak, the traditional healers performed rituals to ward off the spirit of infirmity affecting communities in Lagos.[82] Indigenous efforts to control the spread of the bubonic plague in Lagos were undermined in colonialism. The eurocentric rhetoric of biomedicine depicts the local responses to epidemic as dangerous, ineffectual, mythological, and unreasonable.[83] In the history of colonial medicine, the eurocentric rhetoric of the supremacy of biomedine depicts traditional response to epidemics as dangerous, mythological, unreasonable and ineffectual,[84] while considering biomedicine as superior to other local approaches to epidemic control in Africa. The bubonic plague in colonial Lagos shows the plurality in health and medicine in colonial Lagos, and not necessarily the superiority of biomedicine over indigenous health and medicine.

Looking through the colonial Annual reports from 1924-1931, one would think that there was no indigenous or local response to combat the bubonic plague in colonial Lagos. The colonialists portrayed African subjects as primitive people with no understanding of healing, while framing their practitioners who treated them as humanitarians. The colonial British wrote that the Yoruba 'heathen mind' could only understand healing as akin to religion.[85] healing akin to religion is akin to traditional medicine. Europeans always prioritized themselves and their interests over the indigenous subjects because of European idea of race embedded within colonial healthcare services.[86] The bubonic plague illustrates the inadequacies of colonial health initiatives in colonial Lagos. Europeans developed a superiority complex attached to hygiene and race. Health interventions were never just technical measures or tools for improvement, but instead were strategies of power intimately linked to the inequalities of colonial rule. Racism became ingrained with the colonial medical health intervention and treatment for bubonic plague was ineffective, inadequate and insufficient in the combat of the bubonic plague.

Faleye and Akande[87] agrees that biomedicine was inadequate and insufficient in combat of the bubonic plague in colonial Lagos. According to them, health interventions during the bubonic plague in colonial Lagos were efforts targeted at controlling the scourge and abating its negative effects on Lagosians;[88] going by this definition, health intervention should include all interventions targeted at controlling the scorge and not limited only to biomedical interventions. They agreed that health interventions were often reflections of the biomedical and social perspectives on health hazards; while biomedical concept sees health hazards like epidemics as the end result of the activities of infectious bacteria and viruses in the human body, the social perspective sees epidemic as the product of economic, political and socioeconomic inequality and politics, which may include the perception of epidemics as inflicted by an enemy or as a punishment from the gods, a product of social inequality and exposure to dangeros environmental

[81] NAI. Comcol. 1.857. Vol.1.'Native Doctors Society', from the Administrator of the Colony, Lagos to the Senior Resident, Oyo Province, Oyo. Ref. A.C 857/20, 1931,1.
[82] Eleti-Ofe, 10 September 1924, 3.

[84] O.A Faleye, and T.M Akande, op cit, 93
[85] Temilola Alanamu, 'Indigenous Medical Practices and the Advent of CMS Medical Evangelism in Nineteenth-Century Yorubaland,' Church history and Religious Culture 93, no 1 (2013), accessed April 15, 2019, doi: 10.1163/18712428-13930102, 26.
[86] Harriet Deacon, 'Racism and Medical Science in South Africa's Cape Colony in the Mid to Late Nineteenth Century.' Osiris 15 (2000): 190-206. Accessed April 15, 2019, doi: 10.1086/649326., 200.
[87] Olukayode. A. Faleye and Tanimola M. Akande, 'Beyond 'White Medicine': Bubonic Plague and Health Interventions in Colonial Lagos, Gesnerus 76/1 (2019) 90-110.
[88] Ibid, 92.

elements.[89] By this, the perception of epidemics is not the same for the European doctor and the Native Lagosians. In a multicultural society like colonial Lagos, the aetiology of bubonic plague epidemic was seen differently by different people,[90] and it is their perception that informs the transcultural health intervention.[91] In the history of colonial medicine, the Eurocentric rhetoric of the supremacy of 'white medicine' depicts the African local response to epidemics as dangerous, mythological, unreasonable and ineffectual.[92]

Ackerknecht observed the derogatory classification of traditional medicine as 'primitive medicine' practiced by 'savage' or uncivilized people; Ackerknecht notes that primitive medicine gives 'a simple picture of the first stage of medicine.'[93] The first 'unofficial' bubonic case in colonial Lagos was treated by a native doctor. But in order to maintain the position as the triumphant saviour of Africans, the Europeans refused to acknowlege the contributions of the native Lagosians in the control of epidemic. Although biomedicine was depicted as a benevolent European gift to Africa, it was ineffective in the treatment of the bubonic plague in colonial Lagos. Echenberg also observes that it is not uncommon for studies to show the triumph and victory of biomedicine in abating plague in West Africa.[94] Was biomedicine triumphant and victorious in abating the plague in West Africa? The high mortality rate and the seven years period of the bubonic plague in Lagos shows the inefficiency and failure of biomedicine in combating the bubonic plague in Lagos.

Dyce, a medical doctor in the infectious diseases hospital during the outbreak in 1928 notes that the biomedical treatment of plague was so unsatisfactory and ineffective, that he had to resort to experiment with Bayer 205, which he only had in limited quantity.[95] Dyce[96] notes that 'various' methods of treatment were adopted; but merely listed biomedical treatment methods, without making any reference to any indigenous or traditional method of treatment. This alone highlights the relegation and marginalization of indigenous healing practices in Lagos. Towards the end of the epidemic, because of the unsatisfactory results attained, Dyce resorted to experimenting with the small supply of Bayer '205' which he got from Bayer for experimental purposes in other conditions.[97] He notes the inadequacy of the various biomedical responses to control the bubonic plague in colonial Lagos.[98] Dyce engaged in medical experimentation with human subjects. This raises an ethical issue as it shows the recklessness with which human subjects were used for experiment, during the bubonic plague epidemic in Lagos. Not only was colonial biomedical response to the bubonic plague inadequate in colonial Lagos, but indigenous human subjects were used as experiments. Faleye[99] points out that the suspicion of Western medicine among locals was heightened by the high mortality rate recorded at the Infectious Diseases Hospital during the outbreak.[100] He notes that the difference in perception of illness by native Lagosians and that of medical practitioners, emphasizing that the African method of disease aetiology encompasses spiritual divination as well as ethnopharmacological intervention.[101]

Faleye and Akande notes that the religious perception of the plague aetiology, which was glaring and obvious in the types of prayers published in the local vernacular press during the outbreak. The Bubonic plague was compared to the pestilence inflicted on the Israelites under the leadership of Moses and Aaron in the wilderness and called for forgiveneness of sins.[102] They note that the local response to the bubonic plague involved faith healing through prayers,

[89] Ibid, 93.
[90] Ibid.
[91] Ibid.
[92] O.A Faleye, and T.M Akande, op cit, 93; M Vaughan, op cit, 1-30
[93] Ackernecht 1942, 503
[94]Myron Echenberg, Black Death, White Medicine: Bubonic Plague and Politics of Public Health in Colonial Senegal (Oxford 2002) 15-5
[95] Sharp Dyce, op cit, 482.
[96] Ibid

[99] Olukayode A Faleye, Environmental Change, Sanitation, and Bubonic Plague in Lagos, 1924-1931, International Review of Environmental History, Volume 3, Issue 2, 2017. 88-103
[100] Ibid, 97.
[101] Ibid, 97.
[102] O.A Faleye, and T.M Akande, op cit, 98

fasters, and rituals to invoke supernatural intervention. The ethno-pharmaceutical intervention through natural herbal remedies was initiated. They observed that according to oral tradition, the percieved sinful pattern of urban livelihood in colonial Lagos was seen as the cause of the outbreak, hence, the need to seek God's face for forgiveness of sins.[103]Adherents of Islamic religion responded to the plague epidemic in Lagos through prayers, offering of alms as the epidemic was considered as God sent. Muslims in Lagos sacrificed a cow to appease Allah in order to put an end to the epidemic plague in Lagos.[104] In accordance to Quaranic teachings, this is to encourage personal sacrifice by sharing limited resources with the less privileged in the society, as a sacrifice of good-will which is expected to provoke God's intervention.[105] Thus, the Islamic approach to plague control in Lagos emphasizes faith and spiritual healing.[106] The non-christian and non-muslim African Traditional response to the epidemic is also noteworthy. The natives initiated spiritual and ethnopharmacological interventions in combating the plague bacilli.

The place of African Traditional responses to the control of epidemic plague has been undermined in colonial records.[107]African medicinal intervention in the fight against Bubonic Plague preceded governmental intervention during the outbreak, these preceded the official index case of Dansoko, that was diagnosed in a post-mortem examination on 28th July 1924.[108] There is evidence to the fact that bubonic plague actually occurred before the official index case Dansoko diagnosed on 28 July 1924, and it was the peculiary sudden and complete death of an entire family, including servants. The localized death roll was also independently noticed by 'native doctor'. The natives suspected poisononing as the cause.[109] A broad range of herbal interventions tagged 'aporo' (anti-blood poisoning liquid solution) was effectively used in the early periods of the bubonic plague.

Afolabi[110] notes that the healthcare systems in Africa is still dominated and shaped by the force of Western theoretical currents, with her biomedical conception of health and disease.[111] He notes the existence of African health care, well instituted ahead of the colonial period;[112] emphasizing that in every culture, the sick received privileged attention or care. This points to the existence of healthcare system in pre-colonial Lagos. He further states that the African cosmological system had her catalogue of knowledge to address the ill-health as well as professionals armed with the relevant body of knowledge.[113] Afolabi adopted a holistic notion of healthcare, which considers health as the complete state of physical, social, mental wellbeing, and not only necessarily the absence of disease.[114] He notes that even where health intervention draws from the wisdom of western medicine, it would nevertheless be sensitive, and sympathetic to African cosmology.[115] He notes the existence of a viable endogenous health care before the advent of Western medicine in Africa and emphasized that African practitioners of healthcare probably had no difficulty treating a wide range of diseases. With the advent of colonialism and the infusion of western medicine into the African continent, there arose the issue of orthodoxy and unorthodoxy.[116] This emphasizes the plurality in medical and health interventions. He notes the importance of investigating disease phenomenon.[117] Emphasizing that in every culture, the sick received privileged attention or care; the African cosmological system had her catalogue of knowledge to address the issues of ill-health as well as professionals armed with the relevant body of knowledge. The Yoruba for example

[103] Ibid, 99
[104] Eleti-Ofe, 10 September 1924, 3
[105] O.A Faleye, and T.M Akande, op cit, 99.
[106] Ibid
[107] Ibid, 100
[108] NAI. CSO 26. 13001. Vol 1. 'Outbreak of Bubonic Plague in Lagos' Medical Research Institute, Yaba, Report No. 8/MR.1/24 of 7 August 1924, 1-4.
[109] NAI. CSO 26.13001. Vol.11 'Report on Plague in Lagos-Southern Nigeria' From Medical Research Institute Yaba to the Director of Medical and Sanitary Services, lagos. Ref.48/M.R.1/24 of 9 September 1924, 1.
[110] Michael O.S Afolabi, Entrenched Colonial Influences and the Dislocation of Health care in Africa. Journal of Black and African Arts and Civilization 5 (1), 229- 247 Volume 5, Number 1, January 2011, 232
[111] Ibid, 229.
[112] Ibid.
[113] Ibid, 231
[114] Ibid, 231.
[115] Ibid, 230
[116] Michael O.S Afolabi, op cit, 234.
[117] Ibid, 231

had the Babalawo, the Onisegun and the Adahunse.[118] He note that African response to the dilemma of diseases goes beyond the mere purveyance of therapeutic relief or care; as there are theoretical explanations for observed disease patterns.[119] He notes that theories of disease casualty are categorised into natural causation and supernatural causation.[120] In his examination of pre-colonial healthcare and the influence of colonialism, he notes that African healthcare was well instituted ahead of the colonial period.[121] He notes the existence of the herbalist whose task ranged from treatment to making referrals to other specialists, and the diviner referred to as Babalawo who offered diagnostic services upon consultation with Ifa, the god of divination.[122] He emphasizes that before the advent of Western medicine in Africa, there was a viable endogenous health care, as African practitioners of health care probably had no difficulty treating a wide range of diseases.[123] However, he notes the influence of colonialism on the indigenous African health care. He referred to colonialism as exploitative, noting that it comes with the transformation or destruction of indigenous values. The colonialists viewed the African health care they met in place as primitive, and barbaric.[124] They insisted on employing the biomedical model of health to dominate and subjugate the cultural and cognitive precepts endogenous to the African consciousness constitutes a subtle means of perpetuating the colonial ideology.[125]

Colonial authorities often viewed indigenous healing practices as primitive and unscientific. They believed that western biomedical practices were superior to traditional healing practices, and that the latter were hindering efforts to control the bubonic plague outbreak. They did not recognize the value of indigenous knowledge and expertise, and instead focused on western biomedical techniques, such as intravenous injections of anti-plague serum, solutions of iodine, and perchloride of mercury. This eurocentric approach to medicine was reflected in the rhetoric of biomedicine, which depicted African local responses to epidemics as dangerous, ineffectual, mythological, and unreasonable. The colonial attitudes towards traditional healers and ethnomedical interventions reflect the broader impact of medical imperialism on non-western societies. It highlights the need for a more culturally sensitive approach to public health interventions, one that recognizes the value of traditional healing practices and indigenous knowledge. When the health system presents Euro-Western health approaches as standard and universal, it leads to the denunciation, devaluation and marginalization of the cultural belief system and traditions that shape the health ideologies of culturally and racially diverse groups. Consequently, racially and culturally diverse groups are often less satisfied with the quality of care they receive or hesitant to access health sservices. The role of politics in colonial health services reveal the discriminatory conspiracy against traditional medicine for exclusive colonial interests.

During the bubonic plague outbreak in Lagos, the colonial authorities implemented a range of biomedical interventions that marginalized indigenous healing practices. Several public health measures were employed to control the bubonic plague in colonial Lagos. Colonial authorities responded through several public health measures, including transborder disease surveillance, quarantine measures, medical health care and environmental sanitation. These measures were designed to contain the further transmission of plague into Lagos.[126] In implementing the transborder epidemic surveillance, passengers arriving in Lagos through the port were landed at the quarantine station and their clothing and bedding disinfected with Clayton gas.[127] Boxes with clothing were disinfected with a few ounces of formalin. In Lagos, all ships coming alongside the wharves affixed rat guards, tarred their cables, and whitewashed their gangways, lighting them at night.[128] These measures were considered necessary to prevent sanitary and screening

[118] Ibid
[119] Ibid, 231
[120] Ibid, 231
[121] Ibid, 232
[122] Ibid
[123] Ibid 233
[124] Ibid, 234
[125] Ibid, 240.
[126] Ibid, 93
[127] 'Plague in Lagos'. From the Deputy Director of Sanitary Service, Lagos, to the Director of the Medical and Sanitary Service, Lagos, Memorandum No. 333/DMS/24 of 31 July (1924), 2. CSO 26 13001 Vol. 1, NAI
[128] 'Plague in Lagos'. From the Deputy Director of Sanitary Service, Lagos to the Director of Medical and Sanitary Service, Lagos. Memorandum No. 333a/DMS/24 of 10 September (1924), 3. CSO 26 13001 Vol.11. NAI

evasion at the port.[129] The quarantine measures involved the encampment for observation at the Infectious Diseases Hospital of people who had been in contact with cases of plague. The quarantine measures involved the encampment for observation at the Infectious Diseases Hospital of people who had been in contact with cases of plague. Traditional healers and ethnomedical interventions were often dismissed as primitive and unscientific and were not integrated into the disease control strategies employed by the colonial authorities. Instead, the emphasis was on western biomedical techniques, such as intravenous injections of anti-plague serum, solutions of iodine, and perchloride of mercury. The marginalization of indigenous healing practices during the bubonic plague outbreak in Lagos reflects the broader impact of medical imperialism on non-western societies. It highlights the need for a more culturally sensitive approach to public health interventions, one that recognizes the value of traditional healing practices and indigenous knowledge.

Indigenous Knowledge Systems and Plural Health Practices

The local response to the bubonic plague in colonial Lagos was characterized by a reliance on traditional methods of disease prevention and control. Indigenous communities utilized their own healing practices and beliefs that were deeply rooted in their cultural traditions. Indigenous communities in colonial Lagos played a crucial role in combating the bubonic plague epidemic through their traditional knowledge and practices. Traditional healing practices, such as the use of herbal remedies and spiritual rituals, were employed to treat infected individuals. These practices were based on generations of indigenous knowledge and were often effective in alleviating symptoms and promoting healing. These methods included various rituals, and herbal remedies. These traditional practices aimed to halt the spread of the disease and protect the community from further harm.

Despite the pressure and influence of the colonial government, indigenous communities found ways to preserve their own knowledge and practices, resisting the imposition of Western medical imperialism and maintaining their individual and communal agency in the face of the epidemic. Indigenous communities also drew strength from their religious beliefs and practices, using them as a source of comfort and solace during this challenging time. The contributions of indigenous and local response in combating the epidemic not only demonstrates the resourcefulness and adaptability of indigenous communities but also challenges the dominance of Western medical approaches. Traditional healers played an active role. Disease was often understood within a dual framework of natural and spiritual causation, which requires an integrated approach. Herbal remedies, prayer, ritual cleansing and community-based protective practices. Religious responses was also part of epidemic management. Christian and Islamic communities engaged in prayer, fasting, almsgiving and spiritual supplication as a means of collective healing. As at 3rd September 1924, the Baptist Church that prayed for the town for a period of one week; while the Church of light engaged in prayers to resolve the epidemic crisis in Lagos; the commentator called on other christian clerics to pray together with songs to their creator to forgive their sins and deliver them from the crisis in town.[130] He also called on Islamic clergy, to call on his prayer group to seek the mercy of Allah on their town.[131] These point to the fact there was local response before the culture shock.

Despite the indigenous efforts, the Western-centric rhetoric of the supremacy of 'white medicine' (biomedicine) depicts the African local response to epidemics as dangerous, unreasonable and ineffectual.[132] This entails the demonizing of indigenous approaches to infectious disease control. The Yoruba newspaper Eleti-Ofe, an indigenous newspaper published in Yoruba language in the 1920's and early 1930s,[133] drew its audience mainly from the indigenous population, hence it informs the discourse on plague in Lagos from the experience and opinion of the natives during the outbreak.[134] The Eleti Ofe Yoruba newspaper was very instrumental in highlighting the indigenous response to the bubonic plague control in indigenous Lagos.[135] The trend of plague resistance to biomedical intervention, especially vaccination was noted by a native observer at the peak of the outbreak in 1928 noting thus

[129] 'Plague in Lagos'. From the Deputy Director of Sanitary Service, Lagos to the Director of Medical and Sanitary Service, Lagos. Memorandum No. 333a/DMS/24 of 12 August (1924), 6. CSO 26 13001 Vol.1. NAI
[130] Eleti-Ofe, 3 September 1924, 9.
[131] Eleti Ofe, 3 September 1924, 9.
[132] M Vaughan, op cit, 1-30; Pratik Chakrabarti, Medicine, and Empire 1600-1960 (New York, 2013)
[133] O.A Faleye, and T.M Akande,op cit, 95.
[134] O.A Faleye, and T.M Akande, op cit, 95.
[135] Eleti Ofe, 31 December (1924), 6.

'the efforts of the sanitary Authorities to combat the onslaught of the ravaging plague appears to be a futile one, despite the energy, tact and money expended on it'.[136]

Falaye and Akande observes that in a multicultural society like colonial Lagos, the aetiology of bubonic plague epidemic was seen differently by different people, which informed the transcultural health interventions during the public health crisis.[137] It is the perception about the disease or epidemics that informs the health intervention that may be employed. They note that in the history of colonial medicine, the western-centric rhetoric of the supremacy of 'white medicine' (biomedicine depicts the African local response to epidemics as dangerous, mythological, unreasonable and ineffectual.[138] Ackerknecht in analysing the pluralistic nature of global medicine, observed the often-derogatory classification of traditional medicine as 'primitive medicine' practised by 'savage' or 'uncivilized' people. Ackerknecht notes that the so-called 'primitive medicine' gives a simple picture of the first stage of medicine'.[139]In this respect, the diverse nature of history unravels the plurality in the evolution of medicine around the world. Vaughan notes that in the history of colonial medicine, the Western-centric rhetoric of the supremacy of 'white medicine' (biomedicine) depicts the African local response to epidemics as dangerous, mythological, unreasonable, and ineffectual.[140] These scholars acknowledged the marginalization of Traditional medicine.

The multi-cultural nature of the colonial society, especially colonial Lagos had stimulated syncretic practices, which involve a hybrid approach to religious practices, medical care, and health interventions during the bubonic plague in colonial Lagos. the multicultural nature of colonial Lagos reflects in the complexity of health interventions in colonial Lagos during the bubonic plague outbreak, which involves both biomedical, traditional, and religious responses to the bubonic plague epidemic.[141] The colonial health intervention took no cognizance of local traditions, especially where death occurred, particularly in autopsies and burial practices.[142]The commentator narrates with grave concern the disregard of colonial officers to indigenous cultural practices, especially as it relates to the way the dead were treated; he narrates the way sanitary inspectors whisked away the dead body of Ogboni Chief named 'Olorogun' without allowing for traditional funeral rites, as he notes that a Chiefs' corpse is never buried outside his domain, as the corpse of Ogboni is buried in Ikoyi.[143] This was seen as a deliberate attempt to undermine local cultural practices. This circumstance built up tension between the colonialists and the colonised in Lagos.[144] The insensitivity to the indigenous cultural practices, especially with regards to burying the dead led to lack of trust, suspicion, and resistance to biomedical response.

Conclusion

Colonial authorities, often motivated by a sense of cultural superiority, viewed traditional healing practices with suspicion and regardeded Western medicine as superior. Colonial powers introduced Western medicine, and medical facilities were established to promote Western-style healthcare. While this brought about some improvements in public health, it also led to the marginalization of traditional healers and practices. Understanding the historical context of traditional and indigenous healing practices in colonial Nigeria sheds light on the complex dynamics between Western and indigenous systems of healthcare. It also highlights the resilience of traditional practices in the face of external pressures. The complexity of the transcultural health interventions and the seeming inefficiency of biomedicine in the face of the bubonic plague outbreak in colonial Lagos, casts doubt on the often western-centric standpoint that lays emphasis on the superiority of biomedicine in curing the African ill. This undermines the Western biomedical triumphalist claims in epidemic control during colonial rule in Africa. This exploration underscores the resilience and adaptability of communities in the face of devastating pandemics. The bubonic plague outbreak in colonial Lagos demonstrates that epidemic control is not solely a biomedical challenge, but also a cultural and political one. Colonial public health interventions were undermined by failures of cultural recognition. Indigenous knowledge

[136] Eleti-Ofe, 12 December 1928, 4.
[137] O.A Faleye, and T.M Akande, op cit, 93.
[138] O.A Faleye, and T.M Akande, op cit, 93.
[139] Erwin H, Problems of Primitive Medicine, Bulletin of the History of Medicine, 503.
[140] Vaughan, op cit, 1-30
[141] O.A Faleye, and T.M Akande, op cit, 95.
[142] Eleti-Ofe, 17 September 1924, 4.
[143] Eleti-Ofe, 17 September 1924, 4.
[144] O.A Faleye, and T.M Akande, op cit, 97.

systems played an important role in shaping community responses and sustaining resilience in crisis. Despite colonial intervention, the bubonic plague persisted with high mortality rate recorded; while other factors contributed to this outcome, including urban density, poverty and infrastructural limitations, the role of cultural dissonance and mistrust cannot be ignored. Reexamining the history through the lens of medical imperialism and cultural trust shows the importance of epistemic inclusion in health governance. It also demonstrates a continuing truth that public health systems succeed, not just when they are scientifically sound, but when they are socially trusted. Cultural legitimacy matters as much as biomedical effectiveness, such that health interventions must align with local values and social practices to achieve compliance and trust; traditional and community-based health practices remain relevant, as traditional and community-based health practices provide essential support in contexts where formal healthcare is limited. Epidemic control depends on the relationship between institutions and communities, not merely on technological and scientific interventions,