The Sopona Pandemic among the Yoruba of West Africa: Local Interpretations and Colonial Interventions

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Smallpox, also known as (*Sopona*), is one of the epidemic plagues experienced among the Yoruba people of West Africa especially in Abeokuta and Lagos under colonial rule. The aim of this study is to examine the Yoruba perception of the management of smallpox infection, socio-cultural beliefs about it and the colonial interventions in the management of the disease condition in Africa. This is necessary to explain the construction of indigenous knowledge via indigenous traditional science related to the history of medicine in Nigeria under colonialism. There is paucity of data and detailed historical narratives on the local interpretations and colonial interventions of the sopona pandemic and the procedures adopted in the containment of the spread of the disease as well as the colonial response to the disease outbreak. The interconnectivity between the pandemic and colonial rule shows that the disease condition was more difficult to control than officials expected, thereby increasing the transmission rate and spreading the epidemic among the population. Over the period, large numbers of people among the natives and colonial invaders died from the disease, causing widespread fear to the colonial authorities. The colonial officials in Nigeria were not equipped to handle the outbreak, given their uncertain knowledge of its etiology and lack of vaccination or drug for its treatment in Western medical science during the colonial period. The study relied on both primary and secondary sources. Primary data included oral interviews, newspaper reports and archival materials. Secondary sources were obtained from university libraries and research institutes across Nigeria. Data were historically analysed from the outbreak of smallpox to the period modern vaccination was introduced in 20th Century. The innovativeness of this study is to articulate how local people handled

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and interpreted disease conditions with their socio-cultural system and beliefs in contrast to the colonial perspectives and interventions in cases of illness and health among the Yoruba people of Africa in the colonial era. It is, therefore, against this background that this study provides a historical analysis of the Sopona pandemic among the Yoruba people of West Africa in colonial times.

[Colonial intervention; Pandemic; Smallpox; West Africa; Yoruba]

Introduction

Smallpox is popularly known as *sopona* among the Yoruba people.[1] It is one of the most dreaded and feared epidemic diseases in West Africa. Several Yoruba communities in Nigeria were devastated with the outbreak and spread of the disease in West Africa. Available historical records showed that the first case of the outbreak of the epidemic broke out in Lagos in 1869 shortly after the city became a British protectorate. In 1884, there was a similar outbreak in Abeokuta with very high mortality rate. By 1891, the epidemic had affected some of the inhabitants of Iperu, Isara and Ijebu communities and, by 1897, Epe in Lagos which was described by Olawale Albert as the hotbed of smallpox.[2] Smallpox is an infectious disease caused by two virus variants, named variola major and variola minor. The virus that causes the disease is transmissible from one person to another through air droplets that escapes from infected persons through talk, sneezing and coughs. In addition, the disease can be contacted through with contaminated clothing and beddings of an infected person. Although, there is no substantive available historical record confirming the severity of the mortality rate of the disease outbreak by countries and in Yoruba communities in particular, extant evidence shows that many people who are infected with smallpox disease survive.

However, the survivors of the disease have severe scars especially on the face, arms, and legs.[3] The early symptoms of the disease include fever,

1 M. M. ORIPELAYE – O. A. OLASODE – O. ONAYEMI, Smallpox Eradication and Cultural Evolution among the Yoruba Race, in: *Austin J. of Dermatology*, 3, 5, 2016, p. 1067.

2 I. O. ALBERT, Fighting "Bad Medicine". The Ban of Sopono Cultism in Colonial Southwest Nigeria, in: *The Nigerian Field*, 71, 2006, pp. 3–23.

3 MAYO CLINIC "Smallpox" https://www.mayoclinic.org/diseases-conditions/smallpox/symptoms-causes/syc-20353027#:~:text=Most%20people%20who%20get%20smallpox,the%20face%2C%20arms%20and%20legs [2022–11–12]. See also J. SHANON, *Smallpox*. Available at https://ahoy-stage.healthline.com/health/smallpox [2022–11–12].

general discomfort, headache, severe fatigue, severe back pain and vomiting possibly; the later signs and symptoms show flat red spots on the face, hands, and forearms. After a day or two, many of these lesions turn into small blisters filled with clear fluids which then turn into pox. Scabs begin to form eight to nine days later and eventually fall off leaving deep-pitted scars.[4] Lesions also develop in the mucous membranes of the nose and mouth and quickly turn into sores that break open. Other signs of the plague are these: the victim develops a high temperature, a particularly troublesome boil, a malignant rash, and restlessness[5]. The last naturally occurring case was diagnosed in October 1977 and the World Health Organisation certified the global eradication of the disease in 1980.[6]

Existing literature on the study of smallpox in Africa and Nigeria in particular has been largely studied from historical and medical perspectives. For example, David Peterson's study of the influenza epidemic in Gold Coast surveyed the spread of influenza in Gold Coast. It also described the power relations of the colonial government and the population as well as the demographic consequences of the influenza epidemic in colonial Ghana.[7] Similar to this was Ann Beck's study on British colonial administration in Africa. This work explains the health problems and practices in East Africa, the focus of which is European policy on health-care issues in Kenya and Tanzania. Throughout this period, smallpox in Kenya was also significant in the literature covering the epidemiology of the disease. It suggests that the demography and economic patterns were greatly affected by the disease condition of the colonialists as well as the indigenous population.[8] Gerald Hartwig carried out a study on smallpox in Sudan. The issues covered in this paper analysed the practice of variolation, the colonial health service and vaccination policies.[9] W. H. Schneider equally examined the history of smallpox in Africa under colonial rule. It described the use of vaccination

4 B. O. ODUNTAN, Beyond "The Way of God". Missionaries, Colonialism and Smallpox in Abeokuta, in: *Lagos Historical Preview*, 12, 1, 2012, pp. 1–22.

5 Ibid.

6 Ibid.

7 K. D. PETERSON, *Health in Colonial Ghana: Disease, Medicine, and Socio-Economic Change, 1900–1955*, Waltham, M.A 1981.

8 A. BECK, *Medicine, Tradition, and Development in Kenya and Tanzania, 1920–1970*, Waltham, M.A 1981.

9 G. W. HARTWIG, Smallpox in the Sudan, in: *The International Journal of African Historical Studies*, 14, 1, 1981, pp. 5–33.

and modern medical care in Africa.[10] Other studies on medical history by scholars are the work of Temilola Alanamu on the CMS missionaries and the Yoruba healthcare system in the 19th century. Alanamu presented the conflict between Yoruba healing practices and European medicine.[11] Similarly, Babatunde Oduntan explained the mutual negotiations and underscored the nuances of subtle engagements and power relations in Western medicine and traditional medicine of Africa.[12] Peterson employed a medical rather than a political or economic model of society to analyse Ghanaian medical history. His works examined disease by disease condition grouped by mode of transmission. He described the epidemiological changes confronting the Ghanaian society under colonial rule in 1900–1955.[13] The main limitation of this study is that it offered only a superficial view of Africa's medical history. Helen Tilley observed in her study the activities of European conquest of Africa in relation to the state health system and how it was managed under colonialism. She argued that, in many instances, the health system was understaffed and underfunded, making it difficult for the subject to have access to quality health-care services. Colonial authorities marginalised the provision of therapy and care support to the conquered subjects and this motivated the natives to pursue strategies different from orthodox medicine for their own survival.[14] This paper is divided into six sections which covers the introduction, the origin, growth and outbreak of smallpox disease in West Africa, the socio-cultural beliefs about the smallpox disease among the Yoruba, local interventions for treatments and management of the disease as well as colonial responses to the treatment and management of smallpox as well as the conclusion of the study.

The Origin, Growth, and Outbreak of Smallpox in West Africa

The origin of smallpox as a disease condition is vague and cannot be ascertained with precision. However, it is believed to have appeared around

10 W. H. SCHNEIDER, Smallpox in Africa during Colonial Rule, in: *Medical History*, 53, 2, 2009, pp. 193–227.

11 T. ALANAMU, The Ways of Our Fathers': CMS Missionaries and Yoruba Health in the 19th Century, in: *Lagos Historical Review*, 10, 2010, pp. 1–20.

12 ODUNTAN, pp. 1–22.

13 K. D. PETERSON, *Health in Colonial Ghana: Disease, Medicine, and Socio-Economic Change, 1900–1955*, Waltham, M.A 1981.

14 H. TILLEY, Medicine, Empires and Ethics in Colonial Africa, in: *AMA Journal of Ethics*, 18, 7, 2016, pp. 743–753.

10,000 BC at the time of the first agricultural settlement in North-eastern Africa. The plausibility that it spreads from there to India by means of trading with the ancient Egyptian merchants.[15] Oral evidence attests that the smallpox disease is an age long infectious disease that has been affecting humans long before the advent of writing and documentation of episodic events that had occurred in human history.[16] Nevertheless, extant literature on the subject affirms that the disease became well-known among the Yoruba in the second half of the 19th Century when Western education was introduced in 1842 to West Africa through the activities of Christian missionaries and colonial invaders. The outbreak of the disease cut across the West African region and killed many people due to lack of knowledge of its treatment.[17] Smallpox is, undoubtedly, one of the most dangerous infectious diseases known to mankind. Until the global declaration of its eradication by the World Health Organisation in 1980, a minimum of 300 million people had been killed in the 20th century alone. Its clinical manifestations (lesions, blindness, disfigurement, etc.) have been reported by historians and physicians from ancient times. And from many documentary records, large-scale smallpox epidemics have accountable for the deaths of large population of people in sub-Saharan Africa.[18] There is ample evidence suggesting that smallpox disease was a global phenomenon affecting countries of Asia, America, Europe, Australia and Africa. Smallpox is a strictly human disease and its viruses do not find habitation in animals. Persons who survive it develop immunity against future attacks. Among other reasons, its spread to various African communities occurred through trade, travel, warfare, and uncontrolled supply of slaves to other uninfected communities ensured its continued spread.[19] By the 19th century, smallpox had become endemic in parts of West Africa like among the Yoruba, Republic of Benin, Togo, Hausa, Ivory coast, Niger, Mali, Mauritania, and Sudan to mention but a few. The Yoruba and Benin Republic, for example, revered smallpox as a deity. There were mentions of the disease outbreak among

15 SHANON, *Smallpox*. Available at https://ahoy-stage.healthline.com/health/smallpox [2022–11–12].

16 Oral Interview held with Mr. Joseph Olawumi, 68 years, farmer, Oke-Ola street, Ogbomoso on May 6, 2021.

17 ALANAMU, pp. 1–20.

18 WHO Development of the smallpox Eradication Programme, in: *WHO Chronicle*, 2 (9), 1967, pp. 389–393.

19 ODUNTAN, pp. 1–22.

slaves at African ports and at sea, leading to the throwing overboard of infected slaves to prevent the infection from spreading. European travel writers and explorers of Africa in the 19th century such as Richard Burton, David Livingstone and Henry Stanley painted gory details of the smallpox epidemics in the region.[20]

Reports on smallpox cases in West Africa indicate periodic outbreaks in the 1920s as well as during and after World War II in 1945. At the end of colonial rule and the beginning of independence, the main countries of West, Central and East Africa had many reported cases of smallpox in 1959–1961. There was a persistence of high prevalence of the incidence of smallpox in rural communities that where undocumented in colonial records.[21]

Socio-cultural Beliefs of Smallpox among the Yoruba

The socio-cultural perception of the belief system about the smallpox showed considerable knowledge and awareness of the disease for centuries. It affirms the coping strategy, cure, and treatment of the disease over time and space. The cure and treatment of the disease condition were based on divination, herbalism, and spirituality. The disease is recognised among the people as a mechanism of spirituality and for social balance.[22] Among the Yoruba,[23] Benin[24] and the people of Sudan,[25] the sickness was viewed as a punishment from the orisa (deity). The disease was not first considered as a medical problem or a bodily disorder but as a metaphysical infection. The Yoruba believed that orisa has special attributes related to the indigenous health-care system.[26] According to Albert, Yoruba traditions had it that Sopona is the son of Yemoja (the goddess of the Ogun River); Sopona is regarded among the Yoruba as the divinity of smallpox. The Yoruba sees Sopona as a king whose wishes should not be challenged by anyone but be accepted with pleasure and

20 Ibid.
21 Ibid.
22 ALBERT, pp. 3–23.
23 ORIPELAYE – OLASODE – ONAYEMI, p. 1067.
24 E. SOURMONNI, Disease, Religion and Medicine: smallpox in the nineteenth Century Benin, in: *Hist. Cienc. Sawde-magwinhos*, 19, Supl. I Rio de Janero, 2012, pp. 35–45.
25 G. W. HARTWIG, Smallpox in the Sudan, in: *The International Journal of African Historical Studies*, 14, 1, 1981, pp. 5–33.
26 ORIPELAYE – OLASODE – ONAYEMI, p. 1067.

gratitude.[27] Therefore, when a person dies because of smallpox, his relatives is forbidden to mourn his or her death but rather wear a radiant look that shows they are appreciative of what the king has done to them. The Sopona is highly revered to the extent that, when any elderly person pours hot water carelessly on the ground, he or she quickly follows with an apology to the deity by saying by saying *"Ago o, olode"* (excuse me, Olode). Sopona devotees are divided into two categories. The first consists of those who became worshippers by the circumstances of their birth. When such people were born, they were dedicated to Sopona. Such people were expected to make an image representing Sopona.[28] In times of difficulties, they appealed to the image believing that their patron god would listen to them. These are the "good" sopona worshippers. The second comprise the "dangerous devotees". They are called the *onisopona* and are led by the *Babalorisa* and *Iyalorisa*. They were responsible for treating victims of smallpox. In case of eventual death due to smallpox, the victim is taken to the bush for burial. The Sopona cultist inherits all the victims' property as a matter of right and, in some cases, extorts more money from the deceased relatives under the pretence of carrying out cleansing rites to drive Sopona spirit away from the compound. In case the victims survive the sickness, propitiatory sacrifice is made in form of a feast to prevent reoccurrence of the sickness.[29]

Local Interventions on Smallpox Pandemic among the Yoruba in West Africa

Smallpox was known as a common and dangerous ailment among the Yoruba, and they had palpable fear of smallpox and sought cure for it. Smallpox was tackled to cure the ailment, prevent the reoccurrence of the disease, and prevent death among the growing populations in the community. The persons saddled with responsibility of treating the victims of smallpox were the Orisa priests as well as the medicinemen (*onisegun*).[30] Olawale Albert observed that patients diagnosed of smallpox were treated by Sopona cultists using the scabs of their bodies. The "disinfecting medicine" is fluid in nature and is sprinkled with the aid of a brush in the room and compound of the one who is intended for disinfection.[31] The

27 ALBERT, pp. 3–23.
28 Ibid.
29 Ibid.
30 Ibid.
31 Ibid.

cultists had no specific medicine for treating smallpox. They simply ask such a person not to eat chicken or smell the odour of burning feathers and he was constantly rubbed with palm oil. It was forbidden to sweep the house where the patient was kept with the usual traditional broom, but rather with one made from the stems of sida tree. Palm kernel oil or benniseed was also banned from such a compound. During sickness, a smallpox patient is not isolated or neglected by his or her relatives. It is believed among the Yoruba that the smallpox patient is greeted with honour like is due to a king (*oba*) by members of his family.[32] Similarly, the treatment of smallpox patients common in Ibadan and other parts of Yorubaland before the advent of vaccination was the use of mixture of juice from *ijoyun* leaves and shea-butter rubbed on the patients. And to appease Sopona, the god of smallpox, a *babalawo* may advise a client or his family to throw a feast ceremony with animal and other offerings. Besides, people were at liberty to seek the assistance of *babalawo* for preventive medicine during a widespread epidemic.[33] Furthermore, before the introduction of Western medicine, *tagiri* (*Adenopus breviflorous),* also known as "Christmas melon" was positioned around the house by parents in Africa to prevent infectious viral diseases from spreading.[34] For instance, when a kid is infected with measles or smallpox, they place *tagiri* at strategic places in the house while treating the infected child. This is done with the belief that *tagiri* stops the smallpox from spreading. Apart from *tagiri,* the Yoruba also use *ewuro* (*Vermonia amygdalina*) in liquid form.[35] The extract derived from the plant is drunk to serve in the treatment of smallpox. Usually, such is used with palm oil (*Elaeisguinensis*). In Yoruba belief, this is used to prevent the spread of smallpox infection among family members.[36]

32 Ibid.

33 G. E. SIMPSON, *Yoruba Religion and Medicine in Ibadan*, Ibadan 1980, p. 109.

34 Oral Interview held with Mr. Joseph Olawumi, 68 years, farmer, Oke-Ola street, Ogbomoso on May 6, 2021.

35 Oral Interview held with Mr. Felix Olatunji, 53years, farmers, Italasa street, Ogbomoso on May 2, 2021.

36 M. K. OLADUNMOYE – F. Y. KEHINDE, Ethnobotanical Survey of Medicinal Plants Used in Treating Viral Infections among the Yomba tribe of Southwestern Nigeria, in: *African Journal of Microbiology Research*, 5, (a), 2011, pp. 2991–3004.

Colonial Responses, Treatment, and Management of Smallpox Disease in West Africa

Unlike the local population, colonial officials did not regard smallpox as punishment or wrath either from Sopona or witches and ancestral powers. They saw it as infectious disease in consonance with the germ theory of disease. This theory states that many diseases are caused by microorganisms like bacteria, viruses, fungi, algae, and protozoa.[37] The colonial officials realised that smallpox and other health challenges could jeopardise their primary mission in West Africa. The agenda and mission of colonialism either in Africa or Asia, America and Australia remain constant and synonymous, and that is, exploitation. Human and natural resources available in the periphery constituted the prime target of the colonialist.[38] Following an outbreak of smallpox in 1902, colonial administration came up with the idea of fumigation and, more significantly, vaccination. The former did not create much controversy and hostility unlike the latter. The response of local population towards vaccination was totally at variance with the expectation of colonial officials. They did not attach any value and utility to vaccination as a means of getting rid of smallpox. The colonial officials felt otherwise, expecting that vaccination would be embraced It would be recalled that vaccination was employed by colonial authorities to deal with smallpox in Epe following Dr Sapara's exposure of the tricks of Sopona cultists.[39] Ironically, only few people in Lagos and Abeokuta showed interest in vaccination; they regarded it as offensive, poisonous and unhygienic. They tried as much as possible to avoid the vaccinators. It was this same attitude that the population of Lagos exhibited against the dispensary that opened in 1901. The people of Ibadan avoided the dispensary like a leper's home.[40] Consequent upon the unwillingness and resistance on the part of the local population in Nigeria, Belgian Congo, Senegal, and Gold Coast against the idea of vaccination, the British and French colonial authorities introduced

37 L. BUCHEN, The New Germ Theory, in: *Nature*, 468, 2010, pp. 492–495. See also. J. MORRIS, Re-discovering the germ theory of disease: A major role for proteomics, in: *Proteomics bioinform*, 9, 3, 2016, p. 84.

38 O. AKINYELE, *A Historical Survey of Smallpox Vaccination in Ibadan, 1905–1962*, 2019, Unpublished Manuscript, pp. 7–10.

39 ALBERT, pp. 3–23.

40 A. ADELOYE, *African Pioneers of modern medicine: Nigerian Doctors of the nineteenth century*, Ibadan 1985, pp. 138–139.

compulsory vaccination in 1905.[41] This policy became reinforced in 1907 and 1909 with the promulgation of ordinance against the worship of Sopona and infectious diseases respectively. Yet the above measures failed to encourage public acceptance of vaccination in Yoruba cities.[42] Moreover, it was stigmatized as an element of colonial administration and alien rule. Men were particularly irritated by the idea of volunteering themselves. The vaccinators found it very hard to get male adults and male children for vaccination, except very young males. The idea that vaccination was for women and children appeared prevalent. By 1911 another smallpox epidemic occurred.[43] The epidemic lingered for some years until the situation became aggravated with the discontinuation of vaccination scheme in 1915. The development had nothing to do with the poor response of the local people; it occurred due to the failure of the colonial authorities to appoint more than a single doctor for the whole of Ibadan between 1915 and 1924. As a matter of fact, outbreaks of smallpox became severe throughout 1920s. Correspondence between Senior Resident, Oyo Province and the Secretary, Southern Province between 1925 and 1926 showed the rapid spread of the epidemic in Ibadan. This situation overwhelmed the colonial administration.[44] Sequel to this, the need for Ibadan to have Infectious Diseases Hospital henceforth (IDH) became topical and germane in colonial circle. By 1929, the first IDH, situated on Hammock Road leading to Agodi, was opened for the treatment and isolation of people with smallpox and other ailments such as tuberculosis.[45] However, the structure could only accommodate about 30 patients. Obviously, the capacity of the hospital was grossly inadequate in the event of a major outbreak of smallpox and other diseases that were contagious. In addition, another institution meant for the training and education of sanitary overseers opened at Eleyele in 1932. The centre later became a miniature health office, and the training was involved in the management of sanitation in various parts of the town.[46] The Opening of the Eleyele School in 1932 was obviously in favour of the environmental sanitation of Ibadan. Of course, sanitation in Ibadan

41 A. L. MABOGUNJE, *Urbanization in Nigeria*, London 1968, p. 196.
42 SCHNEIDER, pp. 193–227.
43 National Archives Ibadan (further only NAI), Prof. 1/1:303/1, Report on Vaccination by the sons and chiefs in Ibadan, 1932, p. 733.
44 Ibid.
45 Ibid.
46 Ibid.

in the 1920s and 1930s was grossly inadequate. Colonial records were replete with reports on sanitation challenges which bedevilled Ibadan in the study period. As a matter of fact, it is tempting to assume that there is a correlation between unwholesome sanitation and outbreak of smallpox epidemic. The interface between the two issues was actually given prominence by a study on Ibadan. The linkage appeared cloudy and superfluous. Smallpox epidemic, unlike cholera, was actually air-borne, caused by *Variola*, a virus. Therefore, provision of sanitation amenities, as good as they were in helping the people to improve their hygiene had little or no effect to the elimination of smallpox. Nevertheless, the products of Eleyele School of hygiene helped the colonial authorities by serving as vaccinators. Vaccination campaigns during the colonial era was one of the earliest and most-expensive public health programmes colonialists touted as evidence of the advantage of colonial rule in Anglophone and Francophone West Africa.[47] The colonial authorities continued vaccination campaigns against smallpox epidemics. They had little or no alternative than to intensify the campaigns against smallpox. Of course, the colonial administration's concern and provision of health amenities such as vaccination was not completely altruistic. Given the critical importance of indigenous labour to the realisation of colonialist agenda, some degree of medical intervention was obviously in the colonial interest. The health of indigenous population was too important to be entirely overlooked. It is only a healthy body that could generate desired labour productivity and wealth. Total neglect of the local population would be unwise in view of the importance of indigenous labour to the running of colonial state. Besides, the health of the local populace could not be ignored because of the high prevalence of contagious disease to which the Europeans had built no immunity.[48]

Incidentally, of the 53 cases of smallpox notified the authorities in 1938, only three people died. However, the number of causalities during the 1945 smallpox epidemic increased to 20 out of 120 cases brought to the attention of health department. The health department vaccinated 200,000 people. It is obvious that the high mortality rate associated with the 1945 epidemic could be traced largely to the poor response of the local people to vaccination. It is ironical that the negative attitude

47 SCHNEIDER, pp. 193–227.

48 NAI, Prof. 1/1:303/1, Report on Vaccination by the sons and chiefs in Ibadan, 1932, p. 733.

persisted for several years. To reduce the fears associated with vaccination, the health authorities replaced old linear scarification method with multiple pressure method in the 1940s.[49] People who became indisposed because of smallpox preferred to hide themselves rather than seek medical care at the IDH. This attitude paved the way for the Sanitary Inspectors to extort money from affected members of the public. Attempts by Sanitary Inspectors to compel smallpox patients to move to IDH after extortion often led to clashes. This created an imbroglio between Sanitary Inspectors and some members of Isale Ijebu in Ibadan in 1949.[50] This and similar cases did not escape the attention of colonial authorities. The cases actually highlighted the relationship between the indigenous population and the colonial authorities. Of course, it would be naïve to expect harmony between the colonised and the coloniser. As a matter of fact, the apathy and hostility of the local people towards vaccination campaigns became more pronounced in the 1950s.[51] Increase in cases of smallpox continued in 1950. It became so serious that a devastating epidemic broke out between 1956 and 1957. Consequently, the colonial authorities intensified their vaccination campaigns to reduce morbidity and mortality. Among the measures adopted to make people embrace vaccination included setting up of vaccination posts all over the city at public spaces comprising motor garages, market hubs and government public hospitals. In addition, there was a radio magazine programme. The broadcast enabled the Health Propaganda Officer, Peter Clark, to sensitise and educate the local people on the benefits of vaccination. He also allayed their fears on vaccination.[52]It is incredible that despite all the efforts of colonial authorities, most of the people in Ibadan avoided vaccination until a compulsion law was re-introduced in 1957. Even with the law, some went to the extreme of resistance by hiding their children from being vaccinated. In addition, people who were down due to smallpox resisted being moved to IDH contrary to the order of the colonial administration.[53] The connection between power, colonial rule and health care was a significant interplay in the medical history of Nigeria and Africa at large. Colonial government withdrew medical personnel, cut funding for health services, and allowed disease control efforts to

49 Ibid.
50 Ibid.
51 Ibid.
52 Ibid.
53 Ibid.

lapse.[54] The role of the colonial regime affected health and healing process across the continent. Military conquest, invasions and subjugation of the conquered groups in Nigeria as elsewhere in Africa were justified on the grounds of improving the conditions of people in Africa but in many instances, they caused considerable harm.[55] Colonial health facility was inadequate, understaffed, and underfunded, making it difficult to fulfil their mandate and raising questions about distributive justice. In the treatment of subjects, the peoples' consent was rarely sought, thereby leading to distrust, misunderstanding and resistance by the people. Helen Tilley reiterated that colonial rule marginalised forms of care and therapy that made sense to many people, forcing African therapists to pursue survival strategies of their own.[56]

Conclusion

The main argument of this paper is that the smallpox infectious disease in the Yoruba society was treated and managed by the people's application of their socio-cultural beliefs interpreted with local initiatives. The colonial regime introduced a new system and approach to its cure with the use of vaccination which was resisted by the Yoruba people in Africa. Smallpox, also known as Sopona, is one of the most dreaded infectious diseases that have affected humans from time immemorial. The Yoruba of West Africa responded to the treatment of the disease using extracts from local plants, dry gin as well as palm oil through drinking and creaming of affected parts of the body. It is notable also that the intervention of colonial administration facilitated the introduction of new medical knowledge for the prevention and treatment of the disease outbreak by enforcing locals, children and chiefs to get vaccination with a view to eliminate the outburst of the disease in the colonies of Africa.

54 H. TILLEY, Medicine, Empires and Ethics in Colonial Africa, in: *AMA Journal of Ethics*, 18, 7, 2016, pp. 743–753.
55 SCHNEIDER, pp. 193–227.
56 TILLEY, pp. 743–753.