



BROWSE

OR Search

Books and Journals

Browse > History > Journal of Colonialism and Colonial History > Volume 13, Number 3, Winter 2012

Dangerous Aphrodisiac, Restless Sexuality:

Venereal disease, biomedicine, and protectionism in colonial Lagos, Nigeria

Saheed Aderinto
Western Carolina University

Abstract

This article introduces two new approaches, namely "protectionism" and "censorship," into the present scholarship on venereal disease (VD) and sexuality. It uncovers how the British colonial government in Nigeria, in order to enhance the fortunes of Western biomedical therapeutic options, censored advertisements for African and non-British remedies for VD and aphrodisiacs. Although historians of Africa have traced the root of some of the continent's development crises to colonial policies which killed domestic industries and initiatives in order to promote metropolitan capitalists' penetration, they have largely under-researched how VD and sexuality dovetails with this aspect of Africa's encounter with alien rule. Drawing from a wide range of literature including gender and sexuality, race, biomedicine and political economy, this article details the responses and adaptation of a diverse group of Nigerians (traditional healers, pharmacists, apothecaries and nationalists) to this policy. It demonstrates how medico-moral legislation couched in the Imperial vocabulary of sin and sexual immorality produced far-reaching implications. My overall objective is to stimulate new dialogue about the interrelatedness of VD, sexuality, and political economy of colonialism, using protectionism and censorship as focal points.

Introduction

In August 1932, the British colonial government in Nigeria passed the Undesirable Advertisement Ordinance (UAO), legislation that criminalized the advertisement of aphrodisiacs and venereal disease (VD) drugs in local newspapers and other channels such as billboards.¹ The director of medical and sanitary service (DMSS), who sponsored this law, also felt the need to stop E.C. Jones & Co., a pharmaceutical company operating from Hamburg, from sending literature about "many vaunted" VD medicines and aphrodisiacs to "Nigerian school-boys."² Medical authorities believed that the "unprecedented" incidence of reported cases of gonorrhoea in Lagos, colonial Nigeria's capital, was attributable to consumption of aphrodisiacs, which supposedly stimulated "undue" sexual desire, increased the chances of contracting VD, and the patronage of "fake" VD drugs. The panic of the period was pictured as a vicious cycle: the fact that African healers and apothecaries who made aphrodisiacs also recommended VD drugs informed the government of the existence of a "notorious cabal" that exploited people's ignorance. The UAO was directed mainly at the following establishments and individuals: 1) *Onisegun* (that is, local healers trained in African healing system); 2) E.C. Jones; 3) apothecaries and pharmacists, a group of semilliterate Nigerians who prepared/mixed and prescribed drugs; and 4) newspapers that advertised VD drugs and aphrodisiacs.

Colonial authorities felt that they could control VD and by extension the African body, not by increasing Lagosians' access to the "superior" Western biomedicine administered by British-trained doctors in the government hospitals and private clinics, but by censoring channels that created awareness about "fake" remedies. Paradoxically, the UAO did not criminalize the production of "fake" VD drugs and aphrodisiacs: it only made their adverts through print media and other avenues illegal. It was not a public health law *per se*: the colonialists did not label VD a public health problem until 1943, when the Venereal Disease Ordinance (VDO)—an adaptation of Britain's notorious Contagious Diseases Acts, CDAs—was passed to protect the colonial army and 1945, when VD clinics were established. On paper, UAO appeared like one of the familiar "civilization-oriented" legislations aimed at helping Africans to live a healthy and "civilized" lifestyle. On closer scrutiny, however, one sees political and economic undertones in the origins and provisions

of the legislation as well as in the reactions of the above-mentioned groups and establishments. The UAO was trade protectionist legislation because it was aimed principally at protecting UK trained medical practitioners and pharmaceutical companies which flooded Nigeria with their so-called superior remedies.

Any critical analysis of VD in colonial context must recognize the primacy of race and the notion of "civilization" in molding imperial attitude towards its epidemiology. In theory and reality, VD was a colorless disease; that is, any individual, regardless of race, social class, gender and ethnicity could contract it. In colonial context, however, the color of VD was black, as it was construed both as the symptom and manifestation of African cultural backwardness and primitivity—rhetoric that featured prominently in the justification for colonization of the continent.³ For the imperialists, VD was the visible manifestation of pathological and physiological difference between the "superior" (White) and "inferior" (Black) races because unlike most other ailments, it was associated with immorality, sin and sexual laxity. Stereotypes of sexual recklessness were directly linked to savagery, physiological mutation, and the inability of Africans to develop into sophisticated humans.⁴ If the colonialists occasionally encountered difficulties in justifying the introduction of a myriad of laws that exploited Africans or restricted their choices, it was relatively easy to establish the importance of VD laws on the ground of sin, immorality and the "extinction" of the African race. The relationship between the construction of VD as a medico-moral ailment and biomedicine was simply that of "problem" and "solution." Indeed, the moralization of sex and pathologization of the African body as the vessel of VD justified colonialists' and missionaries' investment in biomedicine. As an integral arm of imperial order, Western biomedicine supplied the scientific language of "cause" and "effect" of VD, paving the way for regimes that policed and criminalized the African body—particularly female. However, just like an old wine in a new bottle, the idea of "untamed promiscuity" and the superiority of Western medicine over the African continue to influence the ways commentators and even academics address the dynamics of contemporary pandemics like HIV/AIDS in Africa.⁵

From what follows, the interrelatedness of VD and race on the one hand and Western biomedicine on the other is an integral component of Africa's experience under colonial rule.⁶ It is a history that resonates in many spheres of African engagement with alien rule—from gender, social order and migration, to labor, urbanization and public health. But to fully comprehend the variegated character of VD in colonial Africa, it is important to stress that it was essentially a political economy issue. Because VD negatively impacted the health of the colonial subject its control was significant to the economic prosperity of the colonies. In this article, I set out to show that a fuller understanding of the political economy of VD should include protectionism, and that scholars have yet to examine the politics of VD control from the perspective of how local industry/remedies were sabotaged for metropolitan market alternatives. The UAO was passed during the Great Depression, when Britain as Ayodeji Olukoju among other scholars have shown "abandoned" its "free trade" or "open door" policy in favor of protectionism in order to safeguard metropolitan economic interests.⁷ I take a look at the origin of UAO, situating it within the established doctrine that the colonies should function as markets for the metropole. I then contextualize the conflagration between Western biomedicine and ingenious remedies for VD within the framework of the interaction between "tradition" and "modernity," a conceptual reality that prominently impacted identity formation in colonial and post-independent Africa.⁸

The sources and approaches that underpin this paper reflect both the interdisciplinary character of scholarly production on VD and sexuality, and the significant position that sex occupied in colonial imagination and ordering. Following Philippa Levine's admonition that scholars should desist from compartmentalizing sexuality discourse because sex is reflected in virtually all sites of imperial encounter with the colonized, I attempt a framework that brings together the sources, models and language from a spectrum of highly specialized fields such as sexuality, medical, race, military, women's and gender studies.⁹ My timeline is from 1901, when the prevalence of VD in Lagos began to feature visibly in medical records, to 1943 when authorities officially made gonorrhoea and syphilis a public health crisis through the passing of the VDO and establishment of VD clinics in three locations in 1945.¹⁰ In colonial Nigeria a disease was mostly and officially recognized as public health problem when it had obvious demographic, economic, and socio-cultural impact, necessitating special treatment program and monitoring of its epidemiology through health propaganda and sanitation. Before 1943, VD, though prevalent in Lagos, was not declared a public health problem

Journal of Colonialism and Colonial History

Volume 13, Number 3,
Winter 2012



Research Areas

History

Recommend

Email a link to this page

Send



View Citation

Save Citation

Frequently Downloaded

Decolonising James
Cameron's Pandora:
Imperial history and
science fiction

Bibliography of Books and
Articles Published in
English on Colonialism
and Imperialism in 2011

New Approaches to the
Founding of the Sierra
Leone Colony, 1786–1808

You have access
to this content

Free sample

Open Access

Restricted Access

among the civilians because its immediate and long-term impacts were not felt in the overpopulated city. Hence VD did not receive the kind of attention given to ailments like malaria, influenza, smallpox, leprosy and others which significantly threatened the demography of both Nigerian and European population. If the colonialists paid lip service to VD among the civilians and its impact on the populace, the nationalists felt it was a major health problem requiring urgent attention.¹¹ As we shall soon see, VD was treated mainly as an "African-soldier problem" until 1943, when VD clinics were established for the civilians.

In addition to focusing on colonial law, which Kristin Mann and Richards Roberts contend is a significant prism to viewing the impact of alien rule on African societies,¹² I delve into the responses of an array of Nigerians, unveiling how social class, cultural identity and politics of self-fashioning dictated the tempo and pattern of resistance and adaptation to a law that affected both their means of livelihood and cultural acceptance. By displaying the reactions both pro- and anti-UAO, this article provides a sexuality angle to Frederick Cooper's complication of the role of the African "collaboration" under colonial regimes.¹³ As I will show, the rigid binaries of "resisters" and "collaborators" are not useful for understanding the response of Nigerians to the UAO. Some Nigerian supporters of the UAO could and did become critics and vice versa, responding both to the evolving debate and their own shifting socioeconomic locations in relation to the legislation.

Although UAO had jurisdiction throughout the colonial state, it was enforced only in Lagos, an originally Yoruba coastal town and the first part of modern Nigeria to be brought under colonial rule when the British invaded it in 1851 under the pretext of stamping out the trans-Atlantic slave trade.¹⁴ Lagos became the capital of the newly established colonial state of Nigeria in 1914. A major immigrant destination and one of the most urbanized and economically prosperous cities in the whole of Africa, Lagos, which had a population of a quarter of a million in 1950, was a pioneer in a variety of modern amenities such as electricity, paved roads, pipe-borne water, educational institutions, etc., that came to define colonial "civility."¹⁵ A minority group of Western-educated Africans, which J.F. Ade Ajayi studied in his *Christian Missions in Nigeria*, gave Lagos a leap as a hybridized society of both Western and African cultures.¹⁶ The new elites, which also included ex-slave returnees and their descendants from Sierra Leone and the Americas, laid the foundation of a vibrant political and cultural nationalism rooted in both Western literacy and Yoruba cultural lexicon.¹⁷ The history of Lagos, however, transcends that politics of elitism and nationalism—the city was big enough to accommodate all shades and identities traversing the confines of social class, race, ethnicity and gender. Indeed, Lagos best illustrates the tussle between the resilient African cultures struggling against the eroding force of colonial modernity in Nigeria.

Towards New Approaches to VD and Sexuality in Africa: The protectionism and censorship alternatives

The arguments developed in this article are influenced chiefly by two overlapping genres of literature, namely, the political economy of VD, and gender and sexuality.¹⁸ Any serious scholarship on the political economy of VD in Africa must engage Karen Jochelson's *The Colour of Disease*, a historical epidemiology of syphilis that unveils how radical changes in capitalist penetration, proletarianization, urbanization and rural-urban migration mutated the "novel" African sociocultural order, unleashed new forms of social and sexual networking, and paved the ways for the emergence of racially-discriminatory VD control in South Africa.¹⁹ *The Colour of Disease* uncovers diverse angles, showing how social and racial construction of syphilis added new dimensions to Black South Africans' struggle against colonial prejudice. What is more, VD threatened racial boundaries because it was directly and indirectly connected to the politics of urban planning and distributions of social amenities. The color of VD in South Africa as elsewhere in colonial Africa was Black because it was treated as the ailment of poor and sexually promiscuous Africans. It was also a female-specific disease because women were tagged as its purveyor. As penetrating as *The Colour of Disease* is, it glosses over the censorship of VD drug adverts and how domestic therapeutic alternatives were sabotaged in order to keep metropolitan/Western alternatives in business. Jochelson's narrative does not include how the politics of legitimacy between Western and African remedies was grafted into campaigns against VD. Moreso, the response or resistance of Africans to colonial policy on VD is underrepresented.

This article also complements works on gendered approaches to VD through the

interrelated practices of policing the body as the abode of VD, restricting women's movement, compulsory VD screening, and education and awareness through films and pamphlets as seen in southern and eastern Africa.²⁰ The colonialists recognized woman's body as a significant site of production and reproduction and sought to control it in order to preserve the male-centered character of imperialism. Indeed, control over women through migratory legislation became a metaphor for a larger and properly coordinated scheme of taming women's access to the dividends of colonial capitalism.²¹ The increasing presence of women in the cities, mines and other domains of colonial agency threatened the colonialists, who felt that prostitutes were responsible for "corrupting" African soldiers and miners, infecting them with VD and reducing their productivity.

The analysis below shows that authorities in Nigeria devised what they considered as a creative and inexpensive solution to VD, devoid of what obtained in most parts of the African continent. They believed they that could control VD by censoring information channels that created curative awareness. Other methods of dealing with gonorrhea and syphilis listed above and adopted in other colonial African sites were administratively unpopular in Nigeria at least until the outbreak of World War II, when the colonialists feared that the increasing rate of VD infection in the colonial army could undermine Britain's Win-the-War efforts and imperialism. As I fully explicate below, unlike in southern and eastern Africa, where the first VD laws were passed from the late nineteenth century and where VD clinics were established purposely to prevent the decline in population and colonial workforce, in Lagos, the first VD law (UAO) did not make provision for the proper institutionalization of Western remedies.

Sexuality and VD in Colonial Lagos, 1900s-1930

The history of VD (*arun ibalopo*, meaning "disease of sexual intercourse") among the Yoruba of southwestern Nigeria predates the imposition of colonialism.²² Indeed, Yoruba oral tradition reveals methods of healing varieties of gonorrhea (*atosi*).²³ In addition, the sacred *Ifa* literary corpus rooted in centuries of Yoruba religion, philosophy and cosmology has *Odu* (verses) including *Oteirunsun* and *Osewejiveji* that point to how promiscuity could lead to gonorrhea.²⁴ The stern condemnation of extramarital affairs and premarital sex (in a patriarchal manner) regulated and prohibited "unruly" sexual conduct and the rate of VD infection.²⁵ While "dissident" sexual behavior (e.g. premarital sex or extramarital affairs) was sometime prohibited through appeal to an established sense of cultural judgment, power shrouded in unfathomable forces of the unseen was deployed either to punish sex offenders (e.g. an adulterous individual) by instant death, or prevent sexual conduct considered "untraditional" from taking place.²⁶ Popular examples of such powers included *magun*, *teso* and *aroboku*, which both African and European medical doctors denounced as "superstition."²⁷ As we shall see later, the tussle between Western biomedicine, which derived its legitimacy from scientific empiricism, and an African healing system which is based on belief and faith, was grafted into the debate over the credibility of ancient traditions. Indeed, the existence of indigenous practices and codes of regulating sexuality (whether real or superstitious) in precolonial, colonial and post-independence times negates the Eurocentric presupposition that African sexuality was untamed. With specific reference to the Yoruba, the significance of sexuality to the existential logic and metaphor of power, procreation and spirituality made cultural surveillance important to the wellbeing of the entire community.²⁸

Even in the absence of empirical written evidence, one could infer—based on oral traditions of Native medicine and sexuality regulation—that VD did not take an epidemic dimension in precolonial Lagos, whose estimated population was five thousand inhabitants in 1800.²⁹ Its entrenchment in Lagos as in most colonial African societies was closely connected to the unprecedented population increase, urbanization, and emergence and consolidation of new and old forms of urban-based sexual networking.³⁰ VD began to appear prominently in Nigerian official medical records around the early 1900s. Medical authorities felt that Lagosians like their counterparts in other parts of Africa were susceptible to syphilis and gonorrhea because of their lax sexual behavior. Prostitutes and women in general were identified as the purveyors of gonorrhea and syphilis.³¹ However, unlike in colonial Buganda (parts of modern Uganda) and South Africa, where authorities feared the impact of VD on procreation, workforce and racial boundaries, Nigerian colonial officers did not raise serious alarm at all these consequences of VD and did not make it a public-health problem.³² Lagos

women, unlike those in Zimbabwe, South Africa and Tanzania, were not forcibly subjected to VD screening or prevented from moving to certain regions of the country despite the incessant call from African male and female elites.³³ Why was VD not declared a public health problem which necessitated improving Lagosians' access to Western biomedicine through the establishment of VD clinics, practices found in most parts of British Africa? A plausible explanation is demography, race and economic structure. With a population of about quarter of a million in 1950, Lagos had adequate human resources needed to service the colonial economy. Unemployment, a direct implication of superfluous immigration, began to surface as early as the 1920s.³⁴ Hence the colonialists did not have to worry about the impact of VD on procreation and availability of labor force. To be sure, anxiety over procreation was principally responsible for the campaign against VD in East Africa.³⁵ In addition, as a non-settler colony, Lagos administrators unlike their South African counterparts did not panic over the impact of VD on racial boundaries and delivery of social goods.³⁶

If authorities did not treat VD as a public health problem in the civilian population, it was definitely a concern among the colonial troops, the so-called guardians of the empire.³⁷ Military and civil authorities from around the 1910s seriously deliberated on the impact of VD on the productivity of the African rank-and-file of the colonial army (known as the West African Frontier Force, WAFF) because a medically unfit army was both a burden and threat to the preservation of the colonial status quo.³⁸ To be sure, the WAFF was an integral component of imperialism because it was needed to protect the colony from both internal and external aggression, which threatened colonial hegemony.³⁹ Throughout the 1920s up to the outbreak of World War II, colonialists maintained VD as a military problem and did not extend its control beyond the gates of military bases.⁴⁰ They overtly allowed the African rank-and-file to patronize prostitutes who were also believed to be the purveyors of VD because of the assumption that "prostitution and venereal disease cannot be eradicated among the soldiers."⁴¹ Hence the military-centered approach was curative rather than preventive as authorities sought to penalize soldiers who refused to report early symptoms and did not pay those who were hospitalized for VD.⁴²

It was not until 1943, through the passing of the VDO and the subsequent establishment of VD clinics in three locations in Lagos in 1945, that VD control was extended to the civilian population. The new policy was informed by the assumption that policing the sexuality of the civil population was the best means of maintaining a VD-free army.⁴³ African soldiers' sexuality, like that of women, was also racialized to the extent that one sanitary officer advised that castration was the best means of controlling VD in the troops.⁴⁴ By treating VD as exclusively an "African-soldier problem," the colonialists created what I call an "Africanized vocabulary of sexual recklessness" for Nigerian soldiers despite the fact that VD and sexual laxity were the two biggest non-combatant threats to military institutions the world over during the nineteenth and twentieth centuries.⁴⁵ The CDAs, arguably the most repressive VD legislation in modern British history, which also sparked a major feminist movement in Britain and its colonies from the 1860s to the 1910s, were aimed at combatting the high incidence of VD in the British army by criminalizing women believed to be its conduit.⁴⁶

Although the British did not control VD and prostitution among the civilians until the 1940s, African nationalists did see the need to agitate against the social and medical implications of illicit sexuality. At the forefront of the campaign against VD and prostitution was a group of educated African women who formed themselves into voluntary organizations such as the Lagos Women's League (LWL) and Nigerian Women's Party (NWP).⁴⁷ These associations' missions included improving women's access to education and removing British and African cultural practices that inhibited their upward mobility.⁴⁸ Representative figures like Charlotte Olajumoke Obasa, Oyinkan Abayomi and Kofoworola Alna Ademola among others, received Western education in Nigeria and the UK.⁴⁹ The earliest petition against prostitution that I have found was written by the LWL, signed by Obasa and addressed to Governor Hugh Clifford of Nigeria in 1923.⁵⁰ The LWL denounced the criminal activities of prostitutes, the "vector" of VD and immorality.⁵¹ A component of this petition that is most relevant for the present study is the condemnation of what the elite women described as "vulgar and obscene language" on the street of Lagos and "the lewd songs [and] pernicious newspaper literature."⁵² The "pernicious newspaper literature"—as seen below—included the depiction

of sexual organs in advertisement of VD drugs and aphrodisiacs. Although the LWL did not make any connection between the "pernicious newspaper literature" and VD, they were concerned that the proliferation of offensive materials polluted the moral serenity of Lagos.

Authorities responded to this petition by accusing the LWL of making a "sweeping generalization as to the degeneracy of the people of Lagos [that] is not confirmed by police report."⁵³ Donald Cameron, the chief secretary to the government, who replied to the women, went on to challenge them "to indicate the newspaper literature circulating in Lagos which they regard as being pernicious to the morals of the population" and admitted that "it is impossible to take action on such vague generalization."⁵⁴ In their counterargument the LWL contended that the failure of the Nigeria Police Force (NPF) to report the ubiquity of obscene newspaper literature and vulgar language was a manifestation of poor policing of Lagos.⁵⁵ It is hard to tell why the elite women declined to provide evidence of "pernicious" literature. Presumably, they felt that the obscene words were too offensive to put on paper. In colonial civil culture, rendering of sexual organs in print was considered too vulgar for the small but highly influential Lagos elites. In addition, they probably did not want to be quoted because powerful and well-known pro-British personalities like Sir Kitoyi Ajasa were the publishers of some of the Lagos newspapers (such as the *Nigerian Pioneer*) which carried aphrodisiac and VD drug adverts that had offensive language. Very few Lagosians would like to confront Herbert Macaulay, the most influential nationalist of his time and publisher of *Lagos Daily News*, which also carried adverts for aphrodisiacs.

Taming the Restless Sexuality: The UAO, its origins and provisions, 1930-45

In March 1930, about seven years after the LWL first agitated about pernicious newspaper literature, authorities began to document the effect of vulgar language and VD and aphrodisiac advertisements on the social and sexual life of Lagosians. But this development had an international rather than a domestic origin. Secretary of State for the Colonies Lord Passfield's dispatch of 8 March 1930 triggered a new investigation into the "Customs Calculated to Impair the Health and Progress of the Less Civilized Population in Certain parts of the [British] Empire."⁵⁶ This investigation was aimed at assessing the progress of Britain's "civilizing" mission in its worldwide colonies and the extent to which "barbaric" cultures were still impeding "civilization." In July, Nigerian administrators submitted an elaborate thirty-two paragraph report titled "Abolition of Customs Which Are Detrimental to Native Welfare and Economic Prosperity," detailing the frustration they were encountering in civilizing Nigerians.⁵⁷ Filled with familiar language of racial and cultural orderness, this report regretted the refusal of a large segment of Nigerian populace to embrace Western culture and biomedicine, as well as the popularity of old backward customs. In explaining the prevalence of VD and ubiquity of aphrodisiacs, the report which was signed by Deputy Governor A. Burns, gave a sexualized portrayal of Yoruba culture: "Among the unenlightened Yorubas there is a belief that a man cannot reproduce his species unless he has had gonorrhoea."⁵⁸ The following is an extract from a long list of herbal preparations that the report believed encouraged promiscuity:

1. "Egbo Igi [herb]; for strengthening the nerves of the penis for connection with women 5/ [five shillings]
2. Golden female tonic no.1: Splendid remedy for female disease 10/6 [ten shillings six pennies]
3. Young Ladies' Tonic: This medicine removes diseases from the generative organs of young ladies and thereby prevents serious diseases and barrenness after marriage. Every young lady ought to use at least one bottle every month 5/- [five shillings]
4. Golden Male Tonic: This medicine cures weakness of erection, lack of semen, insufficiency of semen, watery semen, impure semen, and other diseases which prevent breeding in men 5/- [five shillings].⁵⁹

The report "Abolition of Customs Which Are Detrimental to Native Welfare and Economic Prosperity" did not lead to any policy change until January 1932 when medical authorities armed with "scientific" findings about the connection between VD and aphrodisiac literature on the one hand, and the rise in reported cases of syphilis and gonorrhoea on the other, began to hold series of meetings on the need to enact laws against the "moral pestilence" of the era.⁶⁰ At one of the meetings, the DMSS pointed to incorrect claims made in several advertisements on VD and aphrodisiacs such as this one paid for by the Nigerian Medicine Stores which appeared regularly in Macaulay's *Lagos Daily News*:

Dibil Masculine:

Indications: Functional and endocrine impotence, premature senility, sexual neurasthenia, sexual abuses, nervous state, mental and physical disinclination, frigidity abuse of narcotics;

Dibil Feminine:

Indications: Premature ageing, climacteric disorders, troubles of menstruation and all other diseases peculiar to women;

The most carefully devised composition of the restorative DIBIL offers an enormous advantage over other remedies which are recommended for sexual life, mostly acting by means of high doses of Yohimbe detrimental to the orgasm and thus being unable of having any other effect but to incite the sexual functions, the remaining part of the body, however remains overage and thus a dangerous disproportion is often created between artificially stirred up sexual life and bodily construction."⁶¹

The doctors compared notes on new and old cases of VD reported at the government hospital. One of the physicians narrated how a man who had an erection that lasted for more than seven hours was rushed to the African hospital for treatment. Further diagnosis according to him revealed that the patient also had gonorrhoea. All the ten British and African doctors in attendance according to the DMSS agreed that the incessant cases of VD in hospitals were attributable to fake VD drugs.⁶² With the overwhelming endorsement of his fellow physicians, the DMSS approached the attorney general to draft the UAO, and a debate on it began at the Legislative Council, the lawmaking organ of the state. Whereas African medical doctors and colonial medical authorities were always at loggerheads over racially motivated prejudices in the areas of wages, promotion and professional competence, they appeared to have set aside what Adell Patton termed "intraprofessional conflict" in order to reach a conclusion about the danger of fake VD drugs and aphrodisiacs and the need to legislate against them.⁶³ This takes us back to the point earlier made about the inappropriateness of using rigid binaries of "collaborators" and "resisters" to explain the responses of Africans to colonial rule. The African medical doctors, who had agitated against "Negrophobia" (a term used in West African press to describe colonial racism)⁶⁴ and had been resisters, suddenly became collaborators in order to help pass a law that would safeguard their craft from the eroding force of the herbalists and apothecaries. It seems inevitable that the African doctors would support the UAO, being faced with two challenges: 1) racial prejudice in the government medical establishment and 2) competition from alternative curative medicines offered by traditional healers.⁶⁵

About three months after it was mooted, the UAO was passed under Chapter 130 of the Custom Ordinance. Whereas most peacetime, non-emergency laws tended to be debated for several months or years before they were passed and enforced, the UAO did not encounter any administrative bottleneck. Section 3 of the law criminalized "the importation into Nigeria of such advertisements, notices, announcement, papers, and handbills recommending to the public preparations as medicines or medications for the prevention, cure or relief of any VD or as aphrodisiacs."⁶⁶ It also criminalized the advertisement both in the newspapers and through other outlets such as posters, catalogues, pamphlets and handbills, of "medicines or medicaments for the prevention, cure or relief of any VD and aphrodisiacs."⁶⁷ Section 5 banned "any packet, box, phial, or other enclosure containing any preparation, affixed to or delivered with which there is or are any label or words written or printed, holding out or recommending to the public such preparation as medicine or medicament for the prevention, cure, or relief of any VD or as an aphrodisiac."⁶⁸ Aside from preventing the importation of E.C. Jones' aphrodisiac, the law also criminalized advertisement of VD drugs in Lagos newspapers.

A careful scrutiny of correspondence among British medical doctors clearly reveals the economic origins of the UAO and why it was passed in 1932, not earlier. With the Great Depression upturning virtually every sphere of colonial economy, Nigeria was compelled to introduce several fiscal policies to safeguard metropolitan producers. What is more, E.C. Jones was competing with another brand of aphrodisiac called "Overbeck Rejuvenator" imported from the UK. The fact that the UAO was placed under the Custom Ordinance, not under the Infectious Diseases Ordinance where most public health legislations were grouped, further established its economic rather than humanitarian origin and underpinning. Britain was consistently forced to abandon its widely professed "free trade/open door" economic policy during periods of crisis like the World Wars and the Great Depression. In a nutshell, a ban on VD drugs and aphrodisiacs from Hamburg fitted into the general colonial

anxiety of the period. It is important to note that most, if not all aphrodisiacs and VD medicine prepared by African healers and apothecaries could also cure common ailments like insomnia, malaria, indigestion, pneumonia, body and head ache and typhoid to mention but a few.⁶⁹ Hence, the fight against VD drugs was indirectly targeted at the entire edifice of non-Western alternatives. But authorities were smart to realize that it would be difficult to legislate against malaria or typhoid herbs; but easy to convince the educated elites (both the collaborators and resisters) that a law on dangerous aphrodisiacs was needed to safeguard Lagosians' health. In a letter to Secretary of State for the Colonies Sir Philip Cunliffe-Lister, the officer administering the government of Nigeria, G. Hemmant, gave a wider application of the law and its anticipated outcome: "It is considered that by forbidding the advertisement of aphrodisiacs, the public would at the same time be protected from such other undesirable quack medicines for which separate legislations could not easily be devised."⁷⁰

Contesting the UAO: Nigerian Apothecary Society, Nigeria Pharmaceutical Society, and Dr. C.C. Adeniyi-Jones

As one would expect, the UAO (even before it came into effect) came under vehement criticism by pharmacists and apothecaries who believed it undermined their profession and means of livelihood. The Nigerian Pharmaceutical Society (NPS) and Nigerian Apothecary Society (NAS), a unionized body of apothecaries permitted under the Poisons and Pharmacy Ordinance to "mix, compound, prepare, dispense and sell drugs," were among the first Lagosians to resist the UAO.⁷¹ Not trained physicians, the apothecaries and pharmacists advised and recommended Western medicines for the treatment of various illnesses. Because their charges were moderate, they enjoyed patronage from middle class, Western-educated Lagosians who could not afford the charges of government hospitals and private practitioners, and did not have access to, or disliked the "uncivilized" herbalist remedies.⁷² The NAS's petition dated 30 May 1932, and signed by five representatives (namely, C. Ayo Savage, A. Babatunde King, V. Ayo Taiwo, Fred. Mobolaji Benson and J.O. Akin Allen), lamented that the UAO would further affect their income.⁷³ They itemized the contradictions inherent in a law which did not prevent them from preparing drugs but criminalized its advertisement. "Are we to infer that we could so prepare a medicine without advertising it or providing direction for use?"⁷⁴

While not challenging the government's observation on the ubiquity of VD literature and the danger it could pose to medical well-being of Lagosians, the NAS came up with a creative idea of negotiating its economic survival while enhancing social control. They asked the government to declare that all literature and advertisement for drugs be distributed through them. "In the interest of trade," they asserted, "we are of the opinion that it is only fair for the government to allow the circulation through the proper channel only, namely, the Chemists and Druggists and selling Dispensers and their Agents."⁷⁵ This proposal, while preserving the economic interest of the NAS, would have constituted them into another arm of social control. In addition it would have also given them an economic leverage against recalcitrant members and non-members who defied association laws. The government declined this proposal, insisting that it reserved the sole right to ensure that its subjects were protected from "dangerous" medicines.

When the NPS and NAS discovered that authorities would not yield to their request, they lobbied to repeal the law through Dr. C.C. Adeniyi-Jones, one of the Lagos members of the Legislative Council. Adeniyi-Jones, a physician trained at the Universities of Durham and Dublin, was also a founding member (with Macaulay) of the Nigerian National Democratic Party (NNDP), the first mass-based political party in Nigeria, which held political sway in Lagos from 1923 until 1938.⁷⁶ Adeniyi-Jones confessed supporting the UAO when brought before the Legislative Council for deliberation because he felt that the promiscuous patronage of fake remedies needed to be tamed. The rhetoric of the danger of VD drugs and literature could have appealed to the judgment of Adeniyi-Jones—who was well known for promoting African business—for supporting the UAO. The NPS and NAS, however, were able to pressure him to change his position on the UAO by resisting the legislation he had earlier supported. Adeniyi-Jones probably feared losing political relevance, especially with the rise of a young and vibrant generation of nationalists who founded the Lagos Youth Movement in 1934 (later Nigerian Youth Movement)—and the party that would later terminate the political ascendancy of his NNDP. Adeniyi-Jones was putting the cart before the horse when he asked the DMSS to provide him with the following data he was supposed

to have requested before the UAO was passed:

- a. To ask whether Government will give an indication of the incidence of venereal diseases, and their effects, in the seaport towns of Lagos, Port Harcourt and Calabar for the ten years ended December 1933;
- b. A comparison with that of the previous ten years;
- c. If the comparison suggests an increasing prevalence of the complaint, what measures are in operation to arrest its spread and alleviate its effects?⁷⁷

In his response, the DMSS replied that because VD was not a notifiable disease, there was no record of its incidence.⁷⁶ He mentioned also that there is "no evidence that VD has increased in prevalence during the past ten years." And according to him, the only VD clinic in Nigeria was established on the Apapa Wharf "specifically for the benefit of the seamen."⁷⁸ Probably not convinced that the present arrangement was adequate for dealing with VD among Africans, and unhappy that only the European seamen had a VD clinic, Adeniyi-Jones composed another query, suggesting the establishment of a VD clinic at the African Hospital in Lagos Island.⁸⁰ The DMSS replied that one section of the Out-Patient Department at the African hospital was already planned for conversion to a VD clinic and "will be opened shortly if funds can be found."⁸¹ In all, the DMSS did not embark on the immediate establishment of VD clinic in the African hospital and Lagosians did not get a VD clinic until 1945. The DMSS response firmly established official policy toward VD, and as mentioned earlier, the overwhelming role that the economic factor played in the making of UAO—legislation passed without concrete documented evidence about increase in the cases of VD over time.

Contesting the UAO: Dr. Oguntola Sapara and the African healers

Of all the antagonists of the UAO, the African healers were the most unpopular among colonial administrators. Indeed, the tension between the healers and authorities dates back to the early days of colonial administration when the latter believed the former's profession/activities impeded colonial civilization. The healers were frequently blamed for deliberately spreading epidemic diseases like smallpox and accusing innocent people of witchcraft in order to extort patients. Indeed, the African healing system faced both local and foreign opposition. While local opposition came from African doctors trained in Western medicine, the foreign included European medical authorities and Christian missionaries. With the exception of Dr. Oguntola Odunbaku Sapara, the most influential traditional medical practitioner and one of colonial Nigeria's frontline cultural nationalists, nearly all the African medical doctors, especially the famous Dr. Kofoworola Abayomi, worked against the local healers' trade.⁸² Sapara, who trained at Universities of Glasgow and Edinburgh and was inducted into the Royal Institute of Public Health in 1895, believed that African and Western medicine could coexist successfully.⁸³ After collaborating with the British in breaking the ranks of the *Sopona* (Yoruba god of smallpox) cult and facilitating the promulgation of the "Witchcraft and Juju Ordinance," Sapara became the best ally of the Native healers, helping them in their quest to legitimize and professionalize their discipline.⁸⁴ He organized them into guilds and facilitated their registration under the Companies Ordinance of 1922. These associations, including the Nigerian Association of Medical Herbalists, the Native Medical Society and Lagos Doctor's Society of Shangodeyi's House, set up rules and regulations which members were expected to abide by.⁸⁵

Already popular among both political and medical authorities as the mouthpiece of the African healers, Sapara readily condemned the UAO. In his February 1933 letter to the DMSS he contended that the Native healers were not responsible for the rise in cases of VD; instead he blamed the lax sexual behavior of modern Lagos.⁸⁶ He extolled the healers for their selfless work in improving the health of Lagosians, and decried the poor state of infrastructure in the government hospitals. No Lagosian knew the state of government medical facilities as did Sapara, who was the longest serving Nigerian colonial surgeon of his time—he served for thirty-two years.⁸⁷ He used the UAO controversy to further his agitation for government to formally accept and incorporate Native medicine into the medical department. When his request that the law be repealed was not granted, he followed-up with two other petitions in June 1933 and August 1934. Like the February 1933 petition, Sapara reiterated the need to stop the implementation of the UAO, but added a new component.⁸⁸ He believed that criminalizing the advertisement of the VD drugs and aphrodisiacs would

only create an underground market for medicine and endanger the health of Lagosians. Advertisement in the public domain, according to him, would allow authorities to monitor medical providers and prosecute them for illegal practices.⁸⁹ The August 1934 petition would be Sapara's last critique of the UAO, as he fell sick and later died in June 1935 of prostate enlargement. His demise created a major vacuum in the African healers' politics of legitimacy and mobilization against the UAO and their profession in general. But the healers were quick to realize the need to move ahead with their struggle. They wrote at least five petitions to the government between 1936 and 1943. A November 1941 petition by Lagos Doctor's Society of Shangodeyi's House thumb-printed by 121 registered herbalists reiterated their concern over enforcement of the UAO, and demanded that government stop police harassment.

Just as the herbalists were working to decriminalize the advertisement of VD drugs and aphrodisiacs, African medical doctors continued to publicly denounce traditional medicine. At a public lecture entitled "Venereal Diseases as Social Problem," delivered in March 1945, Dr. Abayomi, a prominent member of the NYM and the Legislative Council, lambasted the healers for promoting sexual recklessness by selling aphrodisiacs.⁹⁰ When asked about his take on *magun*, a spiritual charm professed to have the power to regulate/prohibit promiscuity by killing adulterous men and women, Abayomi added another element to the long list of controversies on Yoruba medicine when he claimed that it was a superstition.⁹¹ He pointed out that the instant death presumed to be caused by *magun* is attributable to "bursting of the heart or some blood vessels caused by the high blood pressure resulting from the excitement derived from sexual intercourse."⁹² He tacitly withdrew his statement when over a dozen healers volunteered to demonstrate the efficacy of *magun* before the public in exchange for his fifty-pound bet.⁹³ This episode, while representing one of the numerous sites of struggle between the Indigenous and the exotic, also helps illustrate the confusion associated with the nationalists' construction of progress and their idea of modernity. Abayomi's vision of a modern and progressive Nigeria both under colonial rule and after independence contradicted the mainstream culture that was more receptive to Native remedies. He was both a resister and collaborator, as his views on the "primitivity" of Native medicines concurred with the imperialists.

Conclusion

This article's primary focus is "protectionism and censorship" as new sites of scholarly engagement of VD and sexuality in Africa. I use these two concepts to explain how the first VD law in colonial Nigeria was passed essentially to safeguard colonial medical practice. Unlike in eastern and southern Africa where early VD laws made provision for criminalization of women's body as the abode of VD and the institutionalization of VD clinics, in Lagos, Nigeria, the colonialists' first attempt at combating VD took the dimension of censoring channels which provided information about "fake" African remedies and aphrodisiacs. Hence, the UAO was not a public health law *per se*: it neither made provision for establishment of VD clinics nor did it police women perceived as VD's purveyor. It was essentially economic legislation aimed at protecting colonial medical practice from the eroding force of Native herbalists and apothecaries, but veiled as a medical solution to Lagosians' so-called restless sexuality. By 1943, the increasing rate of VD in the colonial army prompted the British to pass the first VD public health law, the VDO. The assumption was that policing the civilian population was the best means of keeping a medically fit army.⁹⁴ Thus, the VDO, despite taking a populist outlook, was meant to serve the need of a minority (the soldiers).

How effective was the UAO in reducing the patronage of "fake" VD medicine and aphrodisiacs? The government was successful in stopping the importation of E.C. Jones' aphrodisiac, according to a statement by the DMSS that the police confiscated a large consignment of drugs imported from Hamburg. Some newspapers, like the *Lagos Daily News*, stopped carrying VD adverts when the draft of UAO was publicized in March of 1932, while *The Daily Telegraph* waited till August of 1932, barely three months before it came into effect.⁹⁵ In the final analysis, like most colonial laws precipitated by economic crisis or war, the implementation of UAO began to fade once the situation that brought it into place (the Great Depression) subsided. Although the UAO remained in the law books throughout the colonial period, it was indiscriminately and erratically enforced. Enforcement was left to the discretion of the police, who regularly harassed the Native doctors. While the Native doctors continued to contest it in the 1930s and 1940s, the *West African Pilot* advertised VD drugs and aphrodisiacs. But unlike the pre-1932 period when adverts featured such "offensive"

words as "impotence" and "orgasm," new adverts were less explicit. A November 1938 advert in the *West African Pilot* described two brands of drugs, "Methexin Pills" and "Kawasot Tablet," as "leading German preparations for the rapid cure of all ACUTE and CHRONIC Disease of the urinary organs."

For correspondence: saderinto@email.wcu.edu.

A version of this paper was presented at the African Studies Association Meeting (New Orleans, November 2009). I thank participants at this meeting (especially Gloria Chuku and Funso Afolayan) for their comments. I would also like to thank the editor and anonymous reviewers of JCCH, and Matthew M. Heaton, Olatunji Ojo and Moses Ochonu for their comments, which helped to improve the quality of this paper.

Notes

1. National Archives Ibadan (NAI hereafter), MH 54 Vol. I, "Undesirable Advertisement Ordinance: Order in Council made under the Customs Ordinance (Chapter 130)," 15 August 1932.
2. NAI, MH 54 Vol. I, "Director of Medical and Sanitary Service to the Honourable Chief Secretary to the Government," 22 February 1932.
3. Karen Jochelson, *The Colour of Disease: Syphilis and racism in South Africa, 1880-1950* (New York: Palgrave, 2001); and Diana Jeater, *Marriage, Perversion, and Power: The construction of moral discourse in Southern Rhodesia, 1894-1930* (Oxford: Clarendon Press, 1993).
4. Sander Gilman, *Difference and Pathology: Stereotypes of sexuality, race and madness* (Ithaca, NY: Cornell University Press, 1985), 76-127.
5. John C. Caldwell, Pat Caldwell and Pat Quiggin, "The Social Context of AIDS in sub-Saharan Africa," *Population and Development Review* 15 (1989): 185-234.
6. David Baronov, *The African Transformation of Western Medicine and the Dynamics of Global Cultural Exchange* (Philadelphia: Temple University Press, 2008), 77-123.
7. Ayodeji Olukoju, "Slamming the 'Open Door': British protectionist fiscal policy in inter-war Nigeria," *Itinerario: European Journal of Overseas History* 23/2 (1999): 13-28.
8. Baronov's *The African Transformation of Western Medicine* breaks significant ground by showing how African healing practices influenced Western biomedicine.
9. Philippa Levine, *Prostitution, Race, and Politics: Policing Venereal Disease in the British Empire* (New York: Routledge, 2003), 1-14.
10. NAI, Comcol 1/2383, "Military Accommodation in Lagos."
11. "Nigeria's Twin Scourges," *Daily Service*, 24 June 1942.
12. Kristin Mann and Richards Roberts, eds., *Law in Colonial Africa* (Portsmouth, NH: Heinemann, 1991).
13. Frederick Cooper, "Conflict and Connection: Rethinking Colonial African History," *American Historical Review* 99 (1994): 1516-45.
14. Kristin Mann, *Slavery and the Birth of an African City: Lagos, 1760-1900* (Bloomington: Indiana University Press, 2007).
15. Akin L. Mabogunje, *Urbanization in Nigeria* (London: University of London Press, 1968); and Ayodeji Olukoju, *Infrastructure Development and Urban Facilities in Lagos, 1861-2000* (Ibadan: IFRA, 2003).
16. J.F.A. Ajayi, *Christian Missions in Nigeria, 1841-1891: The making of a new elite* (Evanston, IL: Northwestern University Press, 1965); and Patrick Cole, *Modern and Traditional Elites in the Politics of Lagos* (Cambridge: Cambridge University Press, 1975), 45-119.
17. James Coleman, *Nigeria: Background to Nationalism* (Berkeley: University of California Press, 1958), 63-182.
18. Jochelson, *The Colour of Disease*; Megan Vaughan, *Curing Their Ills: Colonial power and African illness* (Stanford: Stanford University Press, 1991), 129-54; Michael W. Tuck, "Venereal Disease, Sexuality and Society in Uganda," in *Sex, Sin and Suffering: Venereal disease and European society since 1870*, ed. Roger Davidson and Lesley A. Hall (New York: Routledge, 2001), 191-204; Nakanyinke Musisi, "The Politics of Perception or Perception of Politics? Colonial and missionary representation of Baganda women, 1900-1945," in *Women in African Colonial History*, ed. Jean Allman, Susan Gelger and Nakanyinke Musisi (Bloomington: Indiana University Press, 2002), 95-115; Sheryl M. McCurdy, "Urban Threats: Manyema women, low fertility, and venereal diseases in Tanganyika, 1926-1936," in *Wicked Women and the Reconfiguration of Gender in Africa*, ed. Dorothy L. Hodgson and Sheryl A. McCurdy (Portsmouth, NH: Heinemann, 2001), 212-33; Lynette A. Jackson, "When in the White Man's Town: Zimbabwean women remember *Chibaura*," in *Women in African Colonial History*, ed. Allman, Gelger, and Musisi, 191-213; P.L. Bonner, *Desirable or Undesirable Sotho Women? Liquor, prostitution and the migration of Sotho women to the Rand, 1920-1945* (Johannesburg: University of Witwatersrand Africa Studies Institute, 1988); and Clive Glaser, "Managing the Sexuality of Urban Youth: Johannesburg, 1920s-1960s," *International Journal of African Historical Studies* 38/2 (2005): 301-27.

19. Jochelson, *The Colour of Disease*.
20. Vaughan, *Curing Their Ills*, 180-207; and Tuck, "Venereal Disease, Sexuality and Society In Uganda," 191-204.
21. Jean Allman, "Rounding up Spinsters: Gender chaos and unmarried women in Colonial Asante," *Journal of African History* 37/2 (1996): 195-214.
22. I thank Chief Awodele Aderemi Oladejo, the Asiwaju Ijo Osemeji, Oja'ba Ibadan, for reciting the *Odu* (verse) of *Ose weji weji* that tells the story of promiscuity and VD. Interview conducted by the author at Ibadan 10 June 2008.
23. Anthony D. Buckley, *Yoruba Medicine* (Oxford: Clarendon Press, 1985), 27-29.
24. Chief Awodele Aderemi Oladejo, oral interview, 10 June 2008. *Ifa* verses like other genres of oral literature and tradition needs to be carefully deployed for writing history. My ongoing work looks at both the gains and shortfalls of *Ifa* verses for researching the history of Yoruba sexuality.
25. Chief Ogunleke, oral interview, Lagos, Nigeria, 10 June 2008.
26. Chief Oluwansola Adegoke, oral interview, Ibadan, Nigeria, 15 June 2008.
27. Buckley, *Yoruba Medicine*, 42; and J.A. Laoye, "The Concept of Magun among the Yoruba," *Acta Ethnographica Academia Scientiarum Hungaricae* 23 (1974): 352-55. Public opinion is still very much divided on the power of *magun* in contemporary Nigeria. This debate is the main theme of a popular Yoruba movie titled *Magun (Thunderbolt)*. See *Magun "Thunderbolt"* (subtitled in English) (Opomulero Mainframe Productions, 2000); and "The Mystery of Magun," *Nigerian Tribune*, 23 January 1973.
28. J.L. Matory, *Sex and the Empire that is No More: Gender and the politics of metaphor in Oyo Yoruba religion* (Minneapolis: University of Minnesota Press, 1994), 198-201.
29. Mobogunje, *Urbanization in Nigeria*, 239.
30. Laketch Dirasse, *The Commoditization of Female Sexuality: Prostitution and Socio-Economic Relations in Addis Ababa, Ethiopia* (New York: AMS Press, 1992); Charles van Onselen, *Studies in the Social and Economic History of the Witwatersrand, 1886-1914, Vol. I*. (Johannesburg: Ravan Press, 1982), 103-62; Luise White, *The Comforts of Home: Prostitution in colonial Nairobi* (Chicago: University of Chicago Press, 1990), 51-78; Jackson, "When in the White Man's Town," 191-213; Musisi, "The Politics of Perception or Perception of Politics?," 171-87; McCurdy, "Urban Threats," 212-33; Elizabeth B. van Heyningen, "The Social Evil in the Cape Colony 1868-1902: Prostitution and the Contagious Diseases Acts," *Journal of Southern African Studies* 10/2 (1984): 170-97.
31. NAI, N1088, "Headquarters Office, Nigerian Regiment to the Honorable The Central Secretary 3 May 1918."
32. Musisi, "The Politics of Perception or Perception of Politics?," 171-87.
33. Jackson, "When in the White Man's Town," 191-213; McCurdy, "Urban Threats," 212-33; van Heyningen, "The Social Evil in the Cape Colony 1868-1902."
34. NAI, Comcol 1/894, Vol. I, "Unemployment in Lagos, 1921-1931."
35. Musisi, "The Politics of Perception or Perception of Politics?," 171-87.
36. Jock McCulloch, "The Management of Venereal Disease in a Settler Society: Colonial Zimbabwe, 1900-30," in *Histories of Sexually Transmitted Diseases and HIV/AIDS in Sub-Saharan Africa*, ed. Philip W Setel, Milton Lewis and Maryinez Lyons (Westport, CT: Greenwood Press, 1999), 195-216.
37. David Killingray and David Omissi, eds., *Guardians of the Empire* (Manchester: University of Manchester Press, 1999).
38. NAI, Comcol 1, N1088/1918.
39. Sam Ukpabi, *The Origins of the Nigerian Army: A History of the West African Frontier Force, 1897-1914* (Zaria: Gaskiya Corp, 1987); and C.N. Ubah, *Colonial Army and Society in Northern Nigeria* (Kaduna: Baraka Press, 1998), chaps.1 and 2.
40. NAI, MH (Fed) 54/S.1.
41. NAI, MH (Fed) 1/1 6304A.
42. NAI, MH (Fed) 1/1 6304A.
43. NAI, MH54/s1/Vol. I, "Venereal Diseases among African Troops," 18 March 1942; and "Venereal Disease Ordinance, 1943," *Annual Volume of the Laws of Nigeria Containing all Legislation enacted during the Year 1943* (Lagos: Government Printer, 1944), A110-A116.
44. NAI, N1088, "Senior Sanitary Officer to the General Staff Officer, WAFF," 30 April 1918.
45. See among others, Ramsay Skelley, *The Victorian Army at Home* (London: Croom Helm, 1977); Myna Trustram, *Women of the Regiment: Marriage and the Victorian army* (Cambridge: Cambridge University Press, 1984); and Edward M. Spiers, *The Victorian Soldier in Africa* (Manchester: Manchester University Press,

2004).

46. Judith Walkowitz book's remains a classic on prostitution and the CDAs. Judith R. Walkowitz, *Prostitution and Victorian Society: Women, Class, and the State* (Cambridge: Cambridge University Press, 1980); and Levine, *Prostitution, Race, and Politics*.

47. See the following stories from the *Daily Service*: "Women's Welfare League's Protest Meeting against Moral Danger Proves a Big Success," 10 August 1944; "Women's Party Hold Grand Meeting," 24 August 1944; "Women's Party Interview Chief Secretary," 16 November 1944; and NAI, Comcol 1, 248/107, "The Women's Welfare Council to the Commissioner of the Colony," 19 January 1943.

48. Nina Mba, *Nigerian Women Mobilized: Women's Political Activity in Southern Nigeria, 1900-1965* (Berkeley: University of California Press, 1982), 214-25.

49. Gbemi Rosiji, *Lady Ademola: Portrait of a Pioneer* (Lagos: Enclair Publishers, 1996); Folarin Coker, *A Lady: A Biography of Lady Oyinkan Abayomi* (Ibadan: Evans Brothers, 1987); Bolanle Awe, ed., *Nigerian Women in Historical Perspective* (Lagos: Sankore, 1992); and Kofoworola Alna Moore, "The Story of Kofoworola Alna Moore, of the Yoruba Tribe, Nigeria," *Ten Africans*, ed. Margery Perham (London: Frank Cass, 1936), 323-43.

50. NAI, Comcol 1, 498, "Lagos Women's League to the Hugh-Clifford," 24 October 1923.

51. For a details of elite women's sexuality politics, see Saheed Aderinto, "Of Gender, Race, and Class: The Politics of Prostitution in Lagos, Nigeria, 1923-1954," *Frontiers: A Journal of Women Gender Studies* 33/3 (forthcoming 2012); Saheed Aderinto, "The Problem of Nigeria is Slavery, Not White Slave Traffic," "Globalization and the politicization of prostitution in southern Nigeria, 1921-1955," *Canadian Journal of African Studies* 46/2 (2012): 1-22

52. Aderinto, "Of Gender, Race, and Class"; Aderinto, "The Problem of Nigeria."

53. NAI, Comcol 1, 498, "Donald Cameron to Mrs Obasa," 20 December 1923.

54. NAI, Comcol 1, 498, "Donald Cameron to Mrs Obasa," 20 December 1923.

55. NAI, Comcol 1, 498, "Mrs Obasa to the Honourable Chief Secretary to the Government," 26 February 1924.

56. NAI, Comcol 1, 994, "Lord Passfield to Governor of Nigeria," 8 March 1930.

57. NAI, Comcol 1, 994, "A. Burns to Lord Passfield," 31 July 1930.

58. NAI, Comcol 1, 994, "A. Burns to Lord Passfield," 31 July 1930.

59. NAI, Comcol 1, 994, "A. Burns to Lord Passfield," 31 July 1930.

60. NAI, MH 54 Vol. I, "VD: Minutes of Meeting—Legislation Against," 20 January 1932.

61. "Advert," *Lagos Daily News*, 3 March 1932. This advert appeared on nearly a daily basis in early 1932.

62. NAI, MH 54 Vol. I, "VD: Minutes of Meeting."

63. Adell Patton, *Physicians, Colonial Racism, and Diaspora in West Africa* (Gainesville: University of Florida Press, 1996), 14-23.

64. Patton, *Physicians, Colonial Racism, and Diaspora in West Africa*, 14-23.

65. Patton, *Physicians, Colonial Racism, and Diaspora in West Africa*, 14-23. For history of medicine in Nigeria, see among others: Ralph. A. Schram, *A History of the Nigerian Health Services* (Ibadan: University of Ibadan Press, 1971); and Moses Ochonu, "Native Habits are Difficult to Change: British medics and the dilemmas of biomedical discourses and practice in early colonial northern Nigeria," *Journal of Colonialism and Colonial History* 5/1 (2004). Online at [Project MUSE](http://0-muse.jhu.edu.wncln.wncln.org/) <<http://0-muse.jhu.edu.wncln.wncln.org/>>.

66. NAI, MH 54 Vol.I, "Undesirable Advertisement Ordinance, 1932."

67. NAI, MH 54 Vol.I, "Undesirable Advertisement Ordinance, 1932."

68. NAI, MH 54 Vol.I, "Undesirable Advertisement Ordinance, 1932."

69. See adverts of drugs in a Yoruba newspaper, *Akede Eko*, in the early 1930s.

70. NAI, MH 54 Vol. I, "Officer Administering the Government of Nigeria to the Secretary of State for the Colonies," 14 November 1932.

71. NAI, MH 54 Vol. I, "The Nigerian Apothecary Society to the Director of Medical and Sanitary Service," 30 May 1932.

72. NAI, MH 54 Vol. I, "The Nigerian Apothecary Society to the Director of Medical and Sanitary Service," 30 May 1932.

73. NAI, MH 54 Vol. I, "The Nigerian Apothecary Society to the Director of Medical and Sanitary Service," 30 May 1932.

74. NAI, MH 54 Vol. I, "The Nigerian Apothecary Society to the Director of Medical and Sanitary Service," 30

May 1932.

75. NAI, MH 54 Vol. I, "The Nigerian Apothecary Society to the Director of Medical and Sanitary Service," 30 May 1932.

76. S.O. Arifalo and Olukoya Ogen, "C.C. Adeniyi-Jones, 1876-1957: A forgotten national hero," *AMU: Akungba Journal of the humanities* 1 (2006): 1-19; and Richard L. Sklar, *Nigerian Political Parties: Power in an Emergent African Nation* (Princeton: New Jersey: Princeton University Press, 1963), 43-48.

77. NAI, MH 54 Vol. I, 22 May 1934.

78. NAI, MH 54 Vol. I, 11 October 1934.

79. NAI, MH 54 Vol. I, 11 October 1934.

80. NAI, MH 54 Vol. I, 10 October 1934.

81. NAI, MH 54 Vol. I, 11 October 1934.

82. NAI, Comcol 1, 857, Vol. I, "Local Native Doctors."

83. Adelola Adeyoye, *African Pioneers of Modern Medicine: Nigerian doctors of the nineteenth century* (Ibadan: University Press, 1985), 131-58.

84. Adeyoye, *African Pioneers of Modern Medicine*, 288-90.

85. For more on Yoruba healers association in colonial Southwestern Nigeria, see Natalie A. Washington-Weik, "The Resiliency of Yoruba Traditional Healing, 1922-1955. (Ph.D. diss., University of Texas, 2009), 26-68.

86. NAI, 857 Vol. I "Petition to the DMSS, 17 May 1933."

87. Patton, *Physicians, Colonial Racism, and Diaspora in West Africa*, 89.

88. NAI, "UAO Petition, 15 August 1934."

89. NAI, "UAO Petition, 15 August 1934."

90. "Venereal Disease As a Social Problem," *Daily Service*, 27 March 1945.

91. "Venereal Disease As a Social Problem."

92. "Venereal Disease As a Social Problem."

93. Lagos newspapers prominently covered this story. See the following news, editorials, and reports from the *Daily Service*: "Reader Says, 'Magun Is Poison'," 3 April 1945; "Is 'Magun' Mere Superstition?" 3 April 1945; "Dr. Abayomi Offers 50 Pounds to One who Can Successfully Demonstrate 'Magun'," 4 April 1945; "M.O Aregbe Accepts Dr. Kofoworola Abayomi's Challenge about 'Magun'," 6 April 1945; "Today's Talk on Witchcraft and Magun," 6 April 1945; "Dr. Lucas and Superstition," 6 April 1945; "2 Others Accept Dr. Abayomi's Challenge," 7 April 1945; "The Bane of Superstition," 7 April 1945; Dr. J.O. Lucas Traces Origin of Superstition at a Large Gathering at Gram School: He Says Dr. Abayomi's Assertion about 'Magun' has Yet to be Proved," 9 April 1945; "Dr. Abayomi and African Medicines," 9 April 1945; "African Juju: A Suggestion," 14 April 1945.

94. NAI: MH (FED) 1/1 5021 (Confidential), "West African Governors' Conference," March 1942.

95. NAI, MH 54, "Handwriting Memo among Colonial Officers, 2 November 1932."

Copyright © 2012 Saheed Aderinto and The Johns Hopkins University Press

Welcome to Project MUSE

Use the Search box at the top of the page to find book and journal content. Refine results with the filtering options on the left side of the results page. Use the Browse box to browse a selection of books and journals.

Connect with Project MUSE

[Join our Facebook Page](#)

[Follow us on Twitter](#)