TRADITIONAL MEDICINE IN THE FIGHT AGAINST MALARIAL FEVER IN COLONIAL LAGOS: A HISTORICAL EXPLORATION

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Abstract

Traditional medical practitioners during the formative stage of tropical medicine in the nineteenth and early twentieth centuries had evolved series of models and systems that recognized, diagnosed and treated several fever infections. Fever was accorded a generic description as there was no special method of diagnosing or treating specific fever infections like yellow fever, malaria and typhoid. It was, however, the infiltration of orthodox medicine into the traditional medical system that brought about the contemporary classification of such infections. Notwithstanding, in the containment of malaria among African populations in Lagos till the early twentieth century, traditional medicine proved to be more efficacious than Western medicine. This particularly was because the indigenous population recognized and associated more with their traditional medical practices and resisted the services of Western doctors and public health workers. Hence, in the early years of the 1900s, there were only few Africans receiving medical services in the African Hospital established in Marina in 1894. The traditional medical practitioners, therefore, were the major and perhaps the only trustworthy health providers that could tackle the medical challenges of the indigenous people during the early stage of colonialism in Lagos. This paper through a historical methodology therefore explores the efficacy of traditional medical systems in the healing of malaria and in the process situates a narrative around the value it was accorded in a particular territory in British West Africa, Lagos.

Keywords: Traditional medicine, therapy, public health, colonial rule

INTRODUCTION

THE SOCIAL FRAMING AND KNOWLEDGE OF diseases is indeed as old as diseases themselves. That is all societies, irrespective of the climes they are situated, definitely had an understanding of their peculiar social problems, and as such, had evolved means of dealing with them. These frames were obviously embedded in both traditional and orthodox medical systems. Prior to the biomedical development of the latter part of the nineteenth century, African populations had evolved

medical systems that recognized, diagnosed and treated major diseases. These systems though exhibited conflicting characteristics, were indigenous to the people who used them and formed part of a wider belief system prevalent in that setting. In these spaces, methods and techniques of disease diagnosis, therapy and prevention were developed, especially in the case of complicated diseases like malaria, tuberculosis, leprosy, sleeping sickness, etc. Though these diseases, in terms of their transmission were not fully understood, these pragmatic techniques emerged as suitable systems that solved the prevailing medical challenges of the people. Particularly in Lagos, the indigenous people evolved an understanding of severe diseases, and invariably framed healing systems that suited the people's medical challenges. The traditional healers were the sole source of cure of the series of diseases that affected the people.

However, biomedical systems of disease diagnosis and therapy evolved in Lagos, just like other territories in British West Africa as a result of the major health challenges European merchants, missionaries and colonialists encountered in the course of their respective activities. As observed by R. B. Joyce, the situation of public health in Lagos was appalling, the mortality and morbidity rates of the European population was very high.[1] The mortality rate was close to 71 and 87 per thousand in the years 1899 and 1900.[2] Definitely, this influenced the series of medical policies that were implemented in the colonial state. This notwithstanding, inasmuch as there were peculiar medical challenges before the advent of European bio-medical systems, there were definitely indigenous systems that recognized and cured diseases.

As Alexander Moradi notes, "Beyond every reasonable doubt, the colonial system serves the interest of the metropolis, whereas the welfare of the indigenous population is of secondary importance in the target function of colonial rulers."[3] The quote above is indeed the thrust of the pessimistic argument concerning the establishment and administration of colonial territories in Africa. Specifically in British West Africa, urban development was particularly concentrated in metropolitan centres, such that it guaranteed, to a reasonable extent, the social (obviously including health) and economic welfare of their residents, who in most cases were Europeans. As Robert Tignor observed, clean and dirty areas were divided roughly between European and African settlement regions, such that most Africans were reserved in a similitude of a quarantine vis-à-vis the European areas.[4] For instance in colonial Nigeria, specifically in 1915, Lord Lugard through

the Town Council Ordinance instituted a segregation plan that was designed to separate European reservation from African settlements by a 440-yard neutral zone.[5] The implication of this was that less attention was accorded towards the provision of sanitary and medical facilities in African territories. In fact, the first hospital in Lagos (as it was also the case of Nigeria) was the African Hospital in Marina, which was established in 1893 to take care of British soldiers that were sick during the Colonial period. Only dispensaries and ill-equipped missionary medical facilities were available to indigenous populations resident in Lagos Mainland.

Thus, the question that baffles a critical and historical mind is this, "what medical system provided for the medical needs of African populations during the early stage of colonial establishment in colonial territories?" This is the thrust of this paper as it investigates the significance of the traditional medical system (especially as it controlled malaria[6]) in a specific territory in British West Africa, Lagos.

A GEOGRAPHICAL DESCRIPTION OF LAGOS

The territory referred to as Lagos in the late nineteenth and early twentieth century can be classified into two major areas - Lagos Island and Lagos Mainland. Lagos Island broadly comprised the island and adjoining areas like Apapa, and Iddo Island; while the mainland sector of Lagos comprised places like Ebute Metta and Yaba.[7] The two areas, the Lagos Island and the Lagos Mainland, were demarcated by the lagoon, which is a tributary of the Atlantic Ocean. Lagos is bounded in the south by the Atlantic Ocean, in the east by the Mid-Western Region (now Edo and Delta States), in the north by the South-Western region and in the west by Dahomey.[8] The soil type and the physical landscape of both areas are very different. The soil of Lagos Island is sandy and pervious, while that of the mainland is dense clay. The water feature around Lagos, particularly in the areas very close to the lagoon, creeks, and swamps, provides a veritable habitat for various species of mosquitoes - particularly *anopheles gambiae* and *anopheles arabiensis* (both malaria vectors common in sub-Saharan Africa) and *aedes aegypti* (the yellow fever mosquito). The environment therefore in no little way contributed to the endemic prevalence of both malaria and yellow fever in both areas of Lagos.

Apart from the geographical peculiarity of the area, Lagos was typically an unhealthy environment.[9] Indeed, urban growth and the

unequal distribution of wealth and resources that accompanied it resulted in population growth and environmental contamination. This was basically because of the absence of public health policies to check the consequence of massive migration and as such reduce the potency of such ailments that accompany congested populations. Spencer Brown posits that the public health conditions in Lagos with respect to water, human wastes, and garbage, were by current standards miserable for the vast majority living there during the period, 1850-1900.[10] During this period, it was typical to see streets with waterlogged roads, lacking drainage systems and serving as a breeding habitat for mosquito larvae. The state of the Lagos environment therefore made malaria a peculiar feature, one that even predates the coming of the Europeans.

TRADITIONAL HEALTH SERVICES AND THE MALARIA PROBLEM IN COLONIAL LAGOS

From time immemorial, Lagos has been ravaged by malaria.[11] However, the Yoruba people, particularly the Awori, Oyo, and Egba (all indigenous inhabitants of Lagos), did not specifically recognize the disease, but instead incorporated it into their frame of fever. For them, fever, traditionally known as *iba*, had found a place in their lexicology and register. There were obvious differences in the indigenous knowledge of the disease and that of the Western biomedical scientists. First, unlike the latter, the traditional medical system provided some metaphysical explanations for the disease. According to Fatai Abiodun, a herb seller in Agege market, Lagos,

> It was traditional to believe that whenever a child frequently falls ill to fever, he or she was believed to be possessed with a spirit, indigenously known as *emere*. And that there was need to undertake a series of sacrifices and feed the child with a series of concoctions before such a child can be healthy.[12]

Rofiat Sodiq shares a similar view:

> The traditional medical practitioners were not really scientific in their approach at curbing diseases. In most cases, malaria was diagnosed through an examination of the body temperature of the patients. The reoccurrence of the disease in adults and infants were often examined from a spiritual purview.[13]

This was the case because there was no clear-cut dichotomy between medicine and spirituality. Danoye Oguntola-Laguda provides a more vivid description of the nature of traditional medicine;

> In Yorubaland, the concept of medicine is holistic. The health care delivery system is based on the people's relationship with *Olodumare* (one of Yoruba names for God). However, the traditional doctors could be classified into three. We have *Onisegun*, *Elegbogi*, and *Babalawo*. The *Onisegun* is an expert in magic and metaphysical matters. He employs spiritual elements for his practice. In most cases, he is versed in herbal remedies, which does not primarily fall within his calling. The *Elegbogi* or *Elewe Omo* is an herbalist who is acknowledged in herbal combinations that have the properties to cure ailments. He is not often interested in rituals or incantations. The last groups are *Babalawos*. These are diviners who consult divinities and the Supreme Being through the oracle to diagnose the sickness of their patients. This group relies on sacrifice as a remedy to ailment.[14]

Most traditional doctors, as classified in Oguntola-Laguda's work, were not limited to only one area, as in most cases, the health providers combined and played the three roles. That is, they served as *Onisegun*, *Elegbogi* and *Babalawo*. Secondly, the traditional medical system in Lagos accorded a generic characteristic to fever infections, as both in terms of diagnosis and treatment; they were all described as *iba*. There was however a classification of fever according to its severity - some were regarded as *ako iba* (severe fever) and *abo iba* (mild fever). Fever infection like typhoid was in the category of severe fever while malaria and yellow fever were in the second category.[15] As the name implies, the former category was more severe than the latter. Unlike the indigenous medical knowledge of fever, the Western biomedical knowledge provided a differentiation of fever infections and recognized diseases like malarial fever, typhoid fever, yellow fever and black-water fever as distinct medical problems that attracted distinct diagnoses and therapies.[16] This was particularly influenced by the biomedical development of the nineteenth century when scientists like Alphonse Laveran, Ronald Ross and Patrick Manson provided a bacteriological explanation for the cause of diseases.

Since fever was accorded a generic classification, malarial fever during the colonial period in Lagos was not uniquely diagnosed. The general feverish symptoms, such as a high temperature, bitter tongue,

a pale face and whitish eye, were also the symptom for malaria.[17] In fact, when a malarial patient came in contact with a traditional medical practitioner, the first part of the body checked by the traditional doctor was the face after which the temperature level would be tested.[18] Unlike the contemporary use of thermometer, and one that was typical with orthodox doctors, traditional physicians adopted and improvised a method of testing temperature. Most times, the hand was used to feel the cheek of the malarial patient, and subsequently, the lower eye lid would be pulled down in order to check whether or not there was enough blood in the system of the patient.[19] However, apart from this method of conventional diagnosis, the traditional doctor undertook a process of consultation, by which he/she mediated between the patient and the spirit world. This is particularly in extreme cases when he/she had found it difficult to diagnose the patient properly. During this process of consultation, the doctor would seek to unravel the spiritual cause of the disease and unveil the major powers behind it, as it was only when those powers were appeased before any treatment could be effective in curing the patient.[20] Infant patients were often spiritually diagnosed in a bid to uncover whether or not they were spirit children, which is indigenously known as *emere*. This method of spiritual diagnosis, also known as the holistic approach, whereby the body, soul and spirit would be examined in the process of the cure of a certain disease, was one of the major factors that underline Eurocentric criticisms of the traditional medical systems. According to Ambe J. Njoh, traditional African healing practices and medicine continue to be the subject of virulent attacks and criticism because African traditional medical practitioners occupied a dual role, as there existed no clear-cut demarcation between medical practices and spirituality.[21] Hence, the major scientific processes of observation, hypothesis and experiments were not usually employed by traditional medical practitioners.

In most cases, the traditional medical practitioner succeeded in diagnosing fever symptoms in the body of the patients. Hence a series of herbs and roots would be prepared into therapies and administered to the patient.[22] The following herbs and roots were used in making antimalarial drugs by the indigenous medical practitioners - *oruwo* (*morinda lucida*), *laali* (*lawsonia inermis*), *osan were* (*citrus medica*), *ewe tea* (*cymbopogon citrates*), *awopa* (*petivera alliacea*), *mangoro* (*mangifera indica*), Koko (*Theobroma cacao*), *Owu* (*Gossypium arboretum*), *Dangoyaro* (*Azadirachta indica*), *oparun* (*Bambosa vulgaris*), *Orogbo* (*Garcinia Kola*), *Goba* (*Psidium guajava*), *aridan tooro* (*Cassia fistulosa*),

Efinrin (*Ocimum gratissium*), *Otili* (*Cajanus cajan*), *Alubosa* (*Allium cepa*), *Elegun oko* (*Rytigynia nigerica*), *ehin olobe* (*Phyllantus amarus*), *Afon* (*Treculia aafricana*), *Ewuro* (*Vernonia anygdalina*), *Asofeyeje* (*Rauvolfia vomitoria*), *Ibepe* (*Carica papaya*), *Mafowokon* (*Argermone mexicana*), *irosu* (*Baphia nitida*), *Atare* (*Aframonium melegueta*), *Piya* (*Persea americana*), *Olorin* (*Xylopia aethiopica*), *Ponhan* (*Lophira alata*), *Oju ologbo* (*Abrus precatorius*), *Iyeye* (*Spondias mombin*).[23] The most popular of these herbs are *dangoyaro*, limewater, *oruwo*, *egungun eja*, the bark of mango trees, unripe grape and palm wine. These herbs were usually boiled or soaked. Some were administered through oral ingestion, while others were usually bathed with.[24] These herbs and many others were available in abundance and they usually formed a contingent part of the cuisine of the people.[25]

However, the gradual transformation of the environment as a result of urbanization has led to the gradual extinction of most of the herbs and plants in Lagos. A particular herb seller in Lagos expressed regret while commenting on the non-availability of several herbs in Lagos;

> Prior to the advent of modernization in Lagos, there was an abundance of plants which were used as herbs by the period. But as a result of the gradual evolution of urban Lagos, and the establishment of several townships, there is a continuous decline in the availability of indigenous herbs. Some of these herbs and plants, as a result of their non-availability, have gradually been eroded from the traditions of the people.[26]

The African population had an immense belief in traditional medicine, especially as it was efficacious in the containment of malaria because it formed an integral part of their tradition, custom and belief. The process of transmitting the knowledge of the ailment and cure was usually through oral tradition.[27] As such, since oral tradition was a major embodiment of the society, most persons, especially the adults or perhaps the aged possessed a lot of information on vital areas in traditional medicine. It is believed among the Yoruba people in Lagos, like in every other Yoruba community, that adults were supposed to have an in-depth knowledge of herbs or herbalism.[28] Thus, whenever someone was down with malarial fever, especially, if such a person was a child, the first point of call was the room or apartment of an aged person. The popular adage, *agba kin wa loja, ki ori omo titun wo* (an

elder's presence in a place or environment averts evil) furthers this position.

The herbs, their use and taboos, were natural embodiments of the culture of the people. Therefore, in most cases, it was not necessary to visit a hospital before a patient of malaria could be cured - as the herbs were in their immediate vicinity, and the knowledge was readily available for to use. Ademuwagun posits that the traditional healers lived among health consumers and as sharing a common culture with the consumers.[29] The knowledge of the diagnosis and cure of ailments like malaria was sometimes acquired through vocational training, when interested candidates underwent a process of intensive training and apprenticeship in the house of learned traditional doctors.[30] This does not however depict that the person would have all the required knowledge of ailments and herbs, as he was supposed to learn on the field during subsequent encounters with patients. Since malaria was a mild fever, the traditional doctors made it a basis of teaching as they expect the trainee to have a vast knowledge in such minor aspects, before he/she could be introduced into more complicated aspects of medicine.[31] When compared with the Western bio-medical sciences, the populace was better informed with the knowledge of herbs and cure. This is easily explainable. Traditional medical practices embraced the whole of the people's belief and customs, and its knowledge was not always transmitted through a formal training or programme as applicable during the early stage of tropical medicine when experienced doctors were even meant to have attained special knowledge in such diseases like malaria and yellow fever at the London School of Tropical Medicine and its Liverpool counterpart.

Therefore, since the indigenous population had evolved a system for treating malaria prior to the introduction of tropical medicine in Lagos, the people had a strong belief in its efficacy. In most cases, herbs were administered for five days, while some especially the cooked ones were used until the ailment subsided.[32] The patient was acclaimed healthy or healed, when he or she perspired. But if after the patient had taken the herbs, he or she still felt the symptoms of the ailment, the traditional doctor would suggest the need to appease the gods or deities. At this stage, the malarial patient was said to be inflicted by some mystical powers like witchcraft of marine spirits. It was therefore necessary to administer not only the drugs, but a series of other concoctions made of edible items.[33] As expressed earlier, the metaphysical nature of traditional medicine has made it a subject of criticism by several Eurocentric scholars and biomedical scientists. It is

believed that the lack of test and measurement in the dosage administered to the patient, and the unscientific methods of therapy and diagnoses, made it an unreliable means of curing malaria.[34]

Christian missionaries have been in existence in Lagos since the nineteenth century. Sequel to the abolition of slave trade and the successful migration and settlement of freed slaves from Freetown to Lagos in the 1830s, there was a thick presence of several missionaries, who perhaps were Christianized slaves.[35] These slaves, through their activities in Lagos influenced the development and establishment of missions in Lagos. For instance, as at 1852, the Church Missionary Society (C.M.S.) had already commenced evangelization in some parts of Lagos. Through their activities and the propagation of the salvation message, they downgraded the traditional practices of the people by referring to it as quack and diabolic. This they attacked on the basis of the ritual practices inherent in the medical systems of the indigenous people. They often stated during their sermons, that new converts were supposed to jettison old practices of idolatry and rituals. Peter Mumo elucidates on this;

> When European missionaries came into contact with African medicine, they outrightly condemned it. Since the missionaries were introducing a new religion into Africa, they discredited African belief systems and institutions. They argued that African medicine-men derived their healing powers from Satan and not from God.[36]

This trend also persisted under the colonial government which sought for means to relegate to the background the relevance of traditional medicine among the indigenous population. However, during the early stage of the anti-malaria campaign in Lagos, specifically during the nineteenth century, the colonial office was more concerned about the health of the British population. Most of the medical developments that characterized this period were as a result of the government's penchant to remove all impediments in the successful administration of the colony. And since malaria was the major killer disease of the European population, tackling the ailment among the indigenous population was not primary. The people had no choice but to frequently consult their traditional doctors in the search for the cure of malaria. The rate of African patients receiving anti-malarial treatment and health services in the African hospital up to 1905 was minimal. The Infectious Disease Hospital in Yaba and the Ereko dispensary provided health services to about 9,800 persons out of estimated popu-

lation of about 35,000 to 50,000.[37] Hence about 19.6% to 28% of African residents enjoyed healthcare services in Lagos. Furthermore, the unavailability of sufficient facilities to take care of the medical needs of the African population, as compared to the quality and quantity of facilities provided at the European ward of the hospital[38] further signaled the fact that the African population was not the target of the health policies initiated and executed in Lagos during the period. Ambe Njor attests to this as he posited that traditional medicine thrived during the early stage of colonialism because the colonialists had little budget to take care of the medical needs of the whole population - which include the European and African population.[39] During this period, the relevance of traditional medicine in the containment of malaria was noticeable. Even a large percentage of the African population which patronized orthodox medicine, at one point or the other consulted indigenous medicine in seeking a cure for the disease.

Similar to the aforementioned, the inefficiency and setback faced in the adoption of quinine as a measure to tackle malaria also precipitated the high patronage accorded indigenous medical practitioners by the African population. As in most cases, especially in the suburbs and other rural communities within Lagos, where quinine was not readily available for free distribution, the people were often reluctant to spend a fortune in acquiring the drug when they could easily consult the services of the native doctor, who in most cases was located within their vicinity.[40] As at the 1920s/1930s, the African population had become conscious of the efficacy and major shortcomings of the use of quinine. Hence, they became somehow skeptical about its use and would rather resort to the adoption of their indigenous medical practices. The popularity of such practices among the indigenous people soon became an issue the colonial government sought to contend with. Hence, indigenous medical practices were often reproved by the missionaries, and working with the medical realities in the townships, the colonial government started encouraging the indigenous people to utilize the medical institutions and facilities.[41]

By the 1920s, the effect of malaria on the European population had considerably reduced, and the most obvious problem was how to reduce the mortality of the African infant population. In 1927 for instance, out of about 3,310 births registered at the Lagos hospital, Marina, there were 2,322 infant deaths.[42] At this point, the colonial government encouraged the need for the African population to utilize the health services in the government-owned hospitals and discouraged the public from patronizing traditional medical practitioners. This evi-

dently explains the sudden decline in the relevance of traditional medicine in the anti-malarial campaign in colonial Lagos. The unscientific nature of traditional medicine and the diabolism entwined with its practice was raised as the primary reason why such practices should be discouraged. Gradually, the rate of malaria in-patients began to increase, as compared to the period before 1906, when there were not more than 542 malarial patients treated in Lagos.[43] By 1927, there were about 2,159 malarial in-patients and 18,988 malarial out-patients treated in the Lagos hospital, Marina. In 1928, 1929, 1930, and 1931 government-owned hospitals treated 29,173,[32],068,[37],517, and 35,738 malarial in-patients respectively and 354,191, 391,008, 399,260, and 481,759 malarial out-patients respectively.[44] It became obvious, following from these figures, that the indigenous population had developed some preference for orthodox medicine.

Despite this development, the setbacks in orthodox medicine and synthetic drugs, especially quinine, made traditional medicine highly relevant in the anti-malarial campaign during the 1930s and early 1940s. During this period, it was discovered that quinine was not totally effective in curing the Lagos population of malaria, and that the regular usage of the drug precipitated black-water fever.[45] Even in cases when Africans wanted to buy and administer the drug, the price was unaffordable. For instance, at the outbreak of the Second World War, the colonial authorities started regulating the distribution of the drug.[46] This caused a drastic increase in both the demand and prices of the drug. In no time at all, the escalation of price for quinine became obvious. The situation was further worsened in 1942, when the Japanese overran the Indonesian Island of Java, cutting off Europeans and most of their colonies from the leading producer of quinine. This therefore led to strict attempts to economize on existing quinine stocks.[47] The indigenous population in Lagos, especially those without a regular means of income, had to continually depend on the traditional healers in seeking for cure for the ailment. The African elites, who perhaps were government officials, still tried to procure and depend on the drug despite its scarcity and high price.[48]

The non-availability of quinine and its consequences precipitated major developments in chemical and pharmaceutical industries in Britain and the United States. From 1945 to the late 1950s, synthetic drugs like mepacrine, paludrine and chloroquine were already available in several medicine stores in Lagos.[49] The government through the mass media endeavoured to publicize the non-toxicity of these drugs and their affordable prices. At this point, the colonial authority was

bent on locating a wide market for these drugs.[50] The only means to secure this objective was by discouraging the people's consultation of traditional healers. Through several media - schools, mass media, and churches - they emphasized the unhealthy consequences of a regular intake of herbs and concoction. Most persons who patronized traditional healers did so covertly. With time, the value of traditional medicine reduced, while the new synthetic drugs became a very popular brand among the indigenous population.

CONCLUSION

The following can be deduced from the foregoing. The diagnosis and treatment of malaria in colonial Lagos predates the colonial period. Traditional medical systems had already evolved means to both diagnose and treat malarial fever before the evolution of tropical medicine in Lagos. This indigenous medical system in Lagos underwent three major developments. First, during the period between 1880 and 1910, which characterized the development of tropical medicine, traditional medical practices proved useful in the containment of malaria among the indigenous population of Lagos. This was because, the European medical institutions and systems, evolved to curb the malaria problem were, more often than not, directed at the European officials, who were the major victims. During this period, the African infant populations, since they had no immunity against the disease, were also in desperate need for cure. The non-availability of such sufficient medical services made traditional medicine the major source of cure, available to them. This does not imply that the colonial authority or the missionaries (since they also provided health services) encouraged the consultation of traditional healers during this period. The consultation of the indigenous system though popular was however not officially encouraged in Lagos.

The second development was witnessed during the period 1910-1930s. The impact of malaria on the European population had considerably reduced during this period. The infant mortality rate was still high, and the extension of healthcare was seen as the only panacea in ameliorating the medical problem. The number of African elites and Christian converts had also increased, so much that the Western medical practices had received an unquantifiable recognition from the African population in Lagos. There was therefore an increase in the number of malaria in-patients and out-patients patronizing government owned hospitals in Lagos. At this point, the relevance of the traditional

medical system underwent a diminution. The challenge it faced from the missionaries and the colonial authorities lingered, and undermined its efficacy in providing medical services to malarial patients. Through the Lagos Ladies League, which was established in 1901 by William MacGregor, quinine was distributed to the remote parts of Lagos, which were areas that had a concentration of traditional healers.

The inefficacy of quinine, alongside the increase in the price of the drug precipitated the third development. Since the indigenous population of Lagos faced a major challenge of accessing the drug, the herbs and roots provided by traditional healers became an alternative for the treatment of malaria. From the 1930s to the late 1940s, there was a high patronage of traditional medicines among the African population. The elites were the only exception, as they had the economic power to afford quinine and other synthetic drugs that emerged thereafter.

It can also be deduced that both curative systems - bio-medical and traditional - were inadequate on their own, in the containment of malaria in Lagos. The reduction in the mortality rate of malaria patients was as a result of the existence of a trado-orthodox synergy. Though, traditional medicine was not officially endorsed by the colonial government, its use still had an advantage among the indigenous population. While the synthetic drugs served the Europeans, and a proportion of Africans (most especially the educated elite), herbs and roots served the indigenous population. Both systems were therefore available to the people.

NOTES

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COCOA AGREEMENTS AND PROTEST MOVEMENTS IN COLONIAL WEST AFRICA, 1937-1938: THE NIGERIAN EXPERIENCE

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Abstract

In 1937, the foreign trading firms in West Africa formed a cartel in cocoa trade in order to displace the middlemen whom they considered as 'the irrational elements' as well as eliminate competition among themselves. This 'cocoa buying agreement' led to protest by cocoa farmers and brokers in West Africa, typified by cocoa trade boycott. Available studies on the protest have focused on the Ghanaian situation, almost to the total exclusion of the Nigerian experience. Using archival materials, this study examines the Nigerian case study of the West African cocoa producers' protest movement against the cocoa trade pool by the foreign trading firms. It is a contribution to knowledge on power and resistance in colonial West Africa.

INTRODUCTION

AFRICAN REACTIONS AND RESISTANCE TO COLONIALISM has been a common theme in the historiography of African political economy. The resistance was in most places weakened by the European sophisticated fire power and diplomacy. With the eventual establishment of colonial authority in West Africa starting from the nineteenth century, new forms of reactions and resistance developed: against inequality, exploitation and oppression, characteristic of colonialism. This resistance took various forms and dimensions. Besides public disobedience and armed struggle induced by nationalistic drive for national independence, there were trade-induced social conflicts, most especially in agricultural sector, which was the mainstay of the colonial economy and one of the means by which West Africa was incorporated into the orbit of global capitalism. For instance, social tensions within food chains (small farmers and middlemen versus big corporations) were common forms of these organized struggles against the inequalities of colonialism. According to Allen Isaacman, colonial history is

replete with stories of collective opposition to forced cultivation, labor-intensive anti-erosion schemes, and the expropriation of rural lands.[1]

This study is about the revolt in 1937-8 by cocoa farmers and brokers in West Africa against the European firms' cocoa agreement. It focuses on the much neglected dimension in literature, namely, the Nigerian experience in the West African farmers' protest induced by the cocoa industry. Of all the export commodities of West African colonial economy, cocoa was the most volatile. This is partly because the industry was more subservient and responsive to the dynamics of colonialism and world economy. According to J. Chauveaur, 'cocoa is not exactly comparable to other major export cash crops which have marked the economic history of West Africa since the nineteenth century, notably palm oil, groundnuts, rubber and coffee. Cocoa was not locally consumed.'[2] Therefore, cocoa planters in colonial West Africa depended on world market for sell of their commodity and were thus subordinated to the vagaries of the cycle and waves of the international economy. Thus, cocoa farmers in West Africa were more reactionary than the producers of other crops due to the gravity of the impact of the dynamics of the world political economy on the industry.

Given the significant contribution of cocoa to the political economy of the colonial West African countries, and considering the global reverberations of the West African cocoa hold-up of 1937-38, the searchlights of historians and economists have beamed on West African cocoa industry in general and on the West African cocoa crisis of the 1930s in particular, resulting in a huge body of literature on West African cocoa industry. For example, specialist studies on the West African cocoa industry have focused on various themes, such as the beginnings of cocoa culture in Nigeria[3] and on the Gold Coast or Ghana.[4] Others have studied the cocoa production processes[5], curing and preparation[6], labour and migration[7] as well as organization of cocoa trade in West Africa.[8] Added to these are the narratives on the cocoa marketing board[9] and the impact of World War II (1939-1945) on the West African cocoa industry.[10] The impacts of the modern developments in the world economic system on cocoa industry such as the structural adjustment programme have also received attention.[11]

Specifically, in the historiography of cocoa-induced conflicts, Saheed Aderinto has recently examined the land conflict generated by cocoa in southwestern Nigeria, arguing that land was not the root of the crisis but cocoa.[12] However, concerning the organised struggles against cartel agreements and combines typified by cocoa holdups in West Africa, the Ghanaian experience has been a common theme in

literature, almost to a total exclusion of the Nigerian case. For instance, the relationship between the fluctuations in the world cocoa price and Gold Coast 'cocoa protest' from 1890 to 1938 has been examined by Roger Southall: 'the heavy dependence of the local economy on an inherently unstable world cocoa price was directly responsible for polarising relations between expatriate cocoa-buying firms and African producers during the period 1890-1938.'[13] Similarly, Rod Alence has examined social conflict and the involvement of colonial state in Africa's open economies, stating that harsh global economic conditions had triggered a wave of colonial protests, including the West African cocoa holdups, and riots in the West Indies, arguing that government concern about trade-induced social conflict is crucial to understanding the shift from 1939 to state controlled cocoa marketing.[14] Rhoda Howard tries to define who exactly in African community was responsible for organizing and precipitating the movement, and who would benefit from it, with the Gold Coast as the focus.[15] Gareth Austin has examined the roles of capitalists and chiefs in the cocoa holdups in South Asante.[16]

In all these conversations, the Nigerian experience has been omitted. This is because the conventional wisdom has been that the cocoa hold-ups as happened in colonial Ghana (the Gold Coast Colony, Ashanti, and British Togoland), in 1937-8, did not take place (or was limited) in Nigeria. However, A. Olukoju has argued that there was a hold-up in Nigeria 1934-35 and 1938-39, not by the cocoa producers, but 'by Urhobo oil palm producers in the Warri, Ondo, and Ijebu Provinces of Western Nigeria' linking it to the cocoa pool crisis in West Africa.[17] He notes that 'Compared to the Gold Coast, the produce hold-up [in Nigeria] was a non-event. But there was tension across the cocoa belt.' Apart from this oblique and tangential mention by Olukoju, no study has been devoted to explaining the role of the Nigerian cocoa producers in the West African cocoa hold-up in 1937. We are, therefore, left with the generalization that cocoa hold-up of 1937-8 did not happen in Nigeria. Yet, the reasons why it did not happen are still less apparent in literature.

This study, therefore, examines the Nigerian case study of the cocoa hold-up in West Africa between October 1937 and April 1938, with a view to determining the extent to which the Nigerian cocoa producers participated in the West African cocoa protests, and the reasons why the African reactions to the formation of the European cocoa-buyers' price-fixing cartel in 1937 was so muted in Nigeria compared to the famous 1937-8 hold-up in what is now Ghana (the Gold Coast

Colony, Ashanti, and British Togoland). The study tends to answer these overarching questions: Did farmers and brokers in Nigeria stop selling cocoa beans to European firms? And why was the cocoa trade boycott rhetorical in Nigeria compared to the famous hold-up in Ghana? It argues that although the Nigerian cocoa farmers paid solidarity to their Ghanaian counterparts, the structure of the cocoa industry in Nigeria, which was distinct from that of Ghana, militated against the success of cocoa boycott in Nigeria. Historical factors, peasant nature of production, neutrality of the traditional rulers, and the absence of platform for mobilization all contributed to making it impossible for cocoa trade boycott to take place in colonial Nigeria.

This issue deserves our attention in part because it fills a significant gap in the body of knowledge on power and resistance in colonial West Africa. It also helps us to understand the disparities between the structural configuration of the colonial Nigerian cocoa industry and its Ghanaian counterpart. The study relies essentially on primary sources for its analysis. The primary archival documents include those generated by the Agricultural Departments during the colonial period. Documents deposited in National archives, Ibadan in Nigeria were utilized. Added to these were documents gathered from Public Records and Archives Administrations Department (PRADD), Accra, Ghana. Such relevant sources as the Blue Books, Nigerian Handbooks, Official Gazettes, and files of the Colonial Secretary's Office (CSO) on cocoa matters and colonial economic policies provided data for the historical reconstruction.

The subsequent sections are divided into four. The first section deals with the cocoa buying agreement, its meaning and dynamics. The second section deals with African reaction to European cocoa buying agreement, namely, the cocoa hold up in West Africa. The third section examines the the roles of the Nigerian farmers and activists in the West African cocoa huld-up, and why it was more rethorical than apparent in Nigeria. This is followed by the conclusion.

DISPLACING 'THE IRRATIONAL' ELEMENTS: THE POLITICAL ECONOMY OF COCOA AGREEMENTS IN WEST AFRICA, 1937

In 1973, the International Cocoa Organisation (ICCO) composed of the cocoa producing and consuming countries was established in order to organize the first International Cocoa Agreement (ICA) negotiated in Geneva at a United Nations International Cocoa Conference. Since then, there have been seven Agreements, the last of which was negoti-

ated in 2010, and which came into force in October 2012. These post-colonial International Cocoa Agreements could be said to have stemmed from the Cocoa (buying) Agreements, experimented in colonial West Africa by the foreign trading firms.

Cocoa Agreement in colonial West Africa was a syndicate or pool, a group of organizations or companies combined to promote a common interest, such as sharing cost of a particular business operation. This involved a system of quota, the fixing of prices and the sharing of market information. The essence of trade combines is usually to reduce or eliminate competition among the firms, what has been described by Bauer as 'Confidential market sharing agreement.'[18] To appreciate the nature and function of the Cocoa Agreement, the understanding of the structure of cocoa trade before the Cocoa Buying Agreement is essential.

Prior to the Agreement, a system of selling which took the cocoa through many hands had existed. Cocoa passed from the farmers through African middlemen or brokers of various categories to the European trading firms which exported the produce to the consuming countries where they were transformed into chocolate, food, cosmetics, pharmaceuticals, among other derivatives of cocoa and brought back to the Africans through the same agency of merchant capital typified by the trading firms. This cocoa trade chain has been vividly captured in the Norwell Report of 1939 as follows:

> Direct selling by farmers is not usual, but some firms buy not in considerable quantities in this way through their depots at the various markets. The bulk of the crop is sold through African middlemen of various types....The smallest type of buyer is the 'pan-buyer' or 'basket-buyer,' who purchases cocoa at the farm by measures - baskets, tin pans or kerosene tins being used for the purpose. The spring-balance is not used. Pan-buyers usually buy only from a few regular 'customers'; those may be relatives, or be bound by loans to buyers, most of whom are also money-lenders....Pan-buyers operate chiefly on small advances made by scalemen...The scaleman has a store at a fixed point, frequently in a market. He is either a petty buyer operating independently or with advances from a firm, or more often, like the sub-brokers of the Gold Coast, with advances from a larger buyer; he buys from pan-buyers and from regular farmer 'customers' to whom he gives advances....The larger buyers, collectively referred to as 'produce buyers,' may be divided into two types, viz: the commission buyer

> who relies mainly for his capital on cash advances from a European firm, to which he is bound by cash security or bond; and the independent middleman who operates with his own capital and who is entitled to pursue a speculative policy unless he is under a special agreement with a firm...The exporting firms maintain a system of buying stations broadly similar in the Gold Coast. Some are directly controlled by Europeans; others are left in charge of salaried African produce clerks. Most of the cocoa is probably bought through produce buyers....The system of giving cash advances is undoubtedly far less developed, and the firms evidently consider that it presents a less serious problem than in the Gold Coast. Several firms buy almost exclusively on the basis of cash or day-to-day advances.[19]

Such in brief had been the structure of cocoa trade in West Africa before the trade combines of 1937, the aim of which was to boycott a good number of the hands through which cocoa passed, and thus render the middlemen redundant.

Concentration in West African import and export trade was certainly not a new phenomenon. Confidential market sharing agreement had been in operation in the purchase of the principal export crops for several decades before the outbreak of World War II in 1945. According to Southall, 'from the earliest days the expatriate firms sought to depress price of cocoa by forming agreements among themselves. During the 1890s these agreements (or 'pool') were informal and localized, but in 1903, Swanzy, Millers, the African Association and Basel Mission Trading Company entered a formal agreement limiting competition amongst themselves in the purchase of cocoa, rubber and oil'.[20] According to Gunnarson, 'Subsequent agreements were made in 1904, 1905 and 1906 for a period of five years. From 1910 until 1917 several buying and selling agreements were operating. After the war, agreements became less common for some time, but a buying agreement was in force between 1925 and 1927. In 1929, a buying-selling agreement was organized by the UAC.'[21] Put differently, between 1921 and 1929,[17] big trading firms which were previously independent were absorbed by the two parent firms of the U.A.C.[22] The formation of the combination of 1930-31 coincided with the sharp drop in world demand cocoa due to the Great Depression. Prices on the Gold Coast came tumbling down from those of the previous year, and producers, with one voice, denounced the pool as the cause of their distress; and in the wake of their cry followed the most determined re-

sistance to their domination that the expatriate firms had yet to encounter. The pool was dissolved before the opening of the following cocoa season.

In the autumn of 1937, all the large European firms purchasing cocoa in the Gold Coast and Nigeria, with the exception of the English and Scottish Joint Co-operative Wholesale Society Limited, entered into Agreements to operate for four years from the 1st of October, 1937, one in respect of the Gold Coast and a second in respect of Nigeria, and to control their cocoa buying operations.[23] These eighteen firms[24] agreed on quota system, to divide the total purchases of cocoa by all members and allocate to each an agreed proportion, based on past performance. The Agreements also involved price-fixing, such that uniform limit price should be paid by all members, based on world price ruling from time to time. Prices were to be fixed in London by a committee representing all the parties to the agreement and the merchant would be told each day what was regarded as the fair and proper price for them to offer their brokers and middlemen.[25] In practice the Agreement removed the incentive of competition between the member firms and safeguarded the individual interests of the members concerned.

So many reasons have been given for the formation of the trade cartel. The trade fluctuation of the 1930s has been heavily cited by many. The unstable price development of the 1936/37 cocoa season when UK-prices after having reached a peak level of 55/- per cwt in January, compared to 25/8 the previous season, decreased to 37/11 per cwt at the close of the season in May, left many of the companies, which had made large purchases, with considerable losses. Since these losses could not be accurately compensated for by lower freight rates the companies were anxious to do something about the marketing situation.[26]

There was much noise about the abuses of cocoa buying in West Africa, which tilted the scale against the farmers. The chief complaints were against the abuses caused by the middlemen. In the reports given to the Nowel Commission, several firms accounted for severe losses during the depression of the 1930s, citing the presence of 'the irrational element' caused by the middlemen as the main factor behind those losses. By 1937, there had been dissatisfaction with the way cocoa marketing was organized in the Gold Coast and Nigeria. According to the firms, "The farmers had been cheated wholesale by their more wily brethren in a multitude of ways...."[27] There was also the case of advance sale of crops, in which 25 per cent of the crop of 1937 had been

sold in advance to many lenders and speculative buyers at prices averaging 5/2d per load as compared with the average price of 9/-d during the season. The actual return to the farmers was therefore estimated to be 11 per cent less than the local price level during the season.[28] This system of purchase was usually to the detriment of the farmers.

The firms also complained of the intensive competition which had existed for many years between cocoa-buying firms in the territories, which had resulted in cocoa prices being substantially higher than those justified by the fair market price ruling at the time. These excessive prices had been accompanied by constantly increasing abuses, which had resulted in the remuneration of brokers and middlemen in the form of varying commissions and allowances far in excess of the value of the services rendered by them. Put summarily, 'the West African cocoa business considered over the period of recent years has not been a profitable one.'[29]

The cocoa agreement of 1937 was unique and its effects far-reaching due to the fact that it involved much greater number of the trading firms than the earlier ones. It also tended, unlike other ones, to deal a serious blow on the time honoured structure of cocoa export trade in West Africa.

AFRICAN REACTIONS TO TRADE CONCENTRATIONS: THE WEST AFRICAN COCOA PROTEST OF 1937

Reactions of Africans to colonization and its concomitant exploitation has been a common theme in literature on the political economy of colonial Africa. There were also conflicts and protest generated by price fluctuation on the world market.

As has been seen, the cocoa agreements of 1937 were not the only ones in the history of cocoa trade in West Africa. In this way, reactions to the pool of 1937 were also not the only ones. African reactions to the inequality created by colonialism and to various attempts at cocoa pool were commonplace before World War I (1914-1918). According to Southall,

> Basel Mission records show that the first pool agreement was resisted by farmers in 1903. Similarly, in 1904, under the leadership of their chiefs, they reacted against the lower world market prices with a temporary but complete embargo of their produce. A few years later, in 1908, when prices slumped after a boom the year be-

> fore, the Omanhene of New Juaben issued a proclamation forbidding growers in his division from selling their cocoa. The resulting hold-up was sufficiently serious for the Accra Chamber of Commerce to urge the Government to explain to farmers that the merchants could not afford to pay higher prices.[30]

The depressed conditions obtaining during the latter part of the First World War (1914-1918) led to the development of a sense of grievance amongst producers. An uneasy peace was maintained by the reduction of the export tax on cocoa by the Governor, Sir Hugh Clifford in 1917. As the war continued, there were increasingly explicit indications that farmers were considering resorting to militant protest. Chiefs in the Eastern Province warned in March 1918 that they would soon have to resort to direct action to defend their people against 'manifest exploitation' and early in season 1919-20, chiefs in Central Province issued orders to the effect that farmers should not sell cocoa for less than £2 a load. But the hold-up was short-lived, due to the cocoa boom that followed almost immediately.[31]

The first signs of active protest by West African cocoa producers appeared in the Akwapim District of the Eastern Province in the last two months of 1921, after prices had fallen to 11/- per load of 60 lb. The Akwapim farmers formed an Association which forbade the sale of cocoa under 15/- a load, and the Densu-Agya Planters Association, which was based at Asuboi, and chiefs and elders at Mangoase followed suit. Within a matter of days, merchants saw their supply of cocoa dry up. In 1921-22, the farmers were not able to sustain their resistance for long. With a loose organizational basis for the promotion of solidarity, and a lack of financial reserves to advance to members with immediate needs, the hold-up was initially broken by the A & ETC, which temporarily offered a price of 17/6d to coax a supply of cocoa on to the market and this then was followed by a rise in the world price.

The sudden fall in the price level in the early months of 1930 - which coincided with the formation of the 1930 pool - robbed these chiefs of any chance of immediate profit. They blamed the pool for the fall in price and then resolved on using their influence to promote a hold-up of cocoa so as to force the pool to offer a higher price. In contrast to the brief and localized affairs of 1921/22 and 1922/23, the hold-up of 1930-31 was longer lasting, better organized and effective over a much wider area. Whereas in earlier instances the core areas of support were around pioneer cocoa towns such as Tafo, Mangoase

and Koforidua, in 1930-31 the hold-up was practically absolute in the whole of the Eastern Province and almost equally effective in the Western and Central Provinces of the Colony. The major weakness, however, was the failure of the hold-up to take root in Ashanti, despite attempts by the organizers to mobilize a wider support. The hold-up finally collapsed because the conflicting objectives of the groups allied together in the Federation pulled the movement apart. Southall has summarized these earlier cocoa induced conflicts as follows:

> Hold-up movements of significance occurred during four seasons in the inter-war period: 1921-22, 1922-23, 1930-31 and 1937-38. They were all a response to a large drop in the price of cocoa from previous seasons and represent successively stronger campaigns against monopoly domination of the economy by expatriate buying firms. The two hold-ups of the early 1920s lasted only for about two months and were confined mainly to the pioneering cocoa areas in Akwapim, such as Tafo, Mangoase and Koforidua; that of 1930-31 extended no longer in duration, but was more widespread, being practically absolute in the whole of the Eastern Province and almost equally effective in the Western and Central Provinces of the Colony.[32]

All this resistance had been mounted by Africans cocoa producers before 1937 and they were eclipsed by that of 1937-38, which embraced the support of farmers not only in the older cocoa areas, but also throughout Ashanti. What made 1937 agreements and the concomitant protests different was the magnitude. In the case of the 1937 reaction, a complete hold-up of cocoa sales by producers began in the Gold Coast as soon as the season opened. It lasted from October 1937 to April 1938. It covered Eastern Province, Ashanti, and the northern part of the central Province, where cocoa was an important product, Togoland.[33] The tactics included boycotting of cocoa buyers, boycotting of all except the most essential European produce imported goods, sympathy strikes by market movements, lorry drivers and surf-boat workers, and ultimately burning of some 400 tons (6,400 bags).[34] "The hold-up and boycott were so effective as to bring both the export and the internal trade in the Gold Coast practically to a standstill; only small quantity of cocoa were marketed, and imported merchandise accumulated unsold in the farms' store and in the Customs sheds.'[35] Troubles in the West African market arising out of the cocoa pool buy-

ing affected the trade in luxury goods, especially textile trade.[36] The strength of the 1937-8 cocoa hold-up took many observers by surprise.

By early December, however, the Colonial Office was beginning to feel that it had underestimated the strength of opposition in the Gold Coast, and it floated the idea of an 'impartial enquiry into the whole position' in return for the merchants withdrawing the Agreement and the farmers ending the hold-up. The Nowell Commission of Inquiry[37] into the cocoa hold-up in the Gold Coast was appointed by Ormsby Gore, the Secretary of State for Colonies, on 14 February 1938: to examine and report on the marketing of cocoa in the Gold Coast and Nigeria, with special reference to the situation which had arisen as a result of the Buying Agreement(s) entered into between certain firms, and to submit recommendations.[38]

The 221-page report of the Commission was issued on Monday,[24] October 1938 at 12 midnight.[39] The report dealt with every aspect of a problem which developed into commercial crisis. It included a full account of the introduction of a Buying Agreement in October, 1937 by a group of European firms which normally purchase the bulk of the West African cocoa crop, and of the prolonged hold up of cocoa by Gold Coast farmers which ensued.[40] It dealt at some length with the provisions of the separate Buying Agreement, which were in force in the Gold Coast and Nigeria as well as the cases submitted for and against them by European firms and the Africans respectively. Middlemen and money-lenders were shown to be, for the most part, the villains and if not the cause of the farmers' hardships, they certainly had contributed a long way towards their misfortunes. West African merchants were completely exonerated from the charge that they controlled the market price of cocoa.[41] 'Unless and until the world markets are organized very differently, the merchant shippers who buy and sell most of the crop cannot get more for the cocoa they sell than the price determined in a more or less free market; it is obviously in their interest, as sellers of merchandise to the Africans, that the general level of prices for cocoa should be high.'[42]

The Report was, however, greeted with another set of reactions from various quarters, official and unofficial. With regard to the public reaction to the report, the local middlemen, although glad that the Commission recommended the withdrawal of the Agreement, resented the criticisms levelled against them as a class and were definitely hostile to any attempt to dislodge them from their position in the marketing of cocoa. One of their main contentions appeared to be that the Commission did not appear to have appreciated the extent and influ-

ence of their members, and the family and other ties which bound them with the farmers.[43] Another Committee (one on the Gold Coast, one in Nigeria) was set up to consider the report of the Cocoa Commission. On 14 December 1938, the Governor of the Gold Coast, Arnold Hodson, appointed, in respect of the Colony, a Committee to among other things examine the proposal for collective marketing scheme framed by the Commission on the Marketing of West African Cocoa and to report on its practicability and on the probable expenditure, which would be required to bring it into operation.[44] However, the recommendations of the report of these committees (in the Gold Coast and Nigeria) were yet to be implemented when the Second World War broke out in 1939.

COCOA HOLD-UP OF 1937-38: THE NIGERIAN EXPERIENCE

The Nigerian experience has been a neglected theme in the historiography of the West African Cocoa hold-up of 1937-8. As has been seen, literature is legion on the Ghanaian experience, with oblique and tangential mention of Nigeria. For instance, in discussing the establishment of the Nigeria Cocoa Marketing Board of 1947, Deutsch[45] examines the way the deteriorating relationship in Nigeria between producer and European firms in the late 1930s led to the latter's attempts to gain control over the market by creating a buying agreement in 1937. He notes that this generated protest (not by farmers but) by organizations representing farmers and by the nationalist groups such as the Nigerian Youth Movement. Similarly, newspaper reports show that among the Urhobo farmers of Okitipupa District of western Nigeria, more than 10, 000 produce dealers declared a holdup in palm oil, but not in cocoa:

> Among the Urhobo Farmers of Okitipupa District, more than 10,000 produce dealers had declared a hold-up. At Aba, some of the leading produce dealers organized themselves with a view to ameliorating conditions, but unfortunately they did not approach their problem in the right perspective. They went a-begging and so they were treated how beggars should be treated.[46]

It was this attempt that Olukoju described as 'confronting the combines'.[47] Thus, apart from this action by the palm oil producers, nothing is known in extant literature about the place of the Nigerian cocoa producers in the West African cocoa hold-up. Did farmers and

brokers in Nigeria stop selling cocoa beans to European firms? Were cocoa purchases way down, as in the Gold Coast at the same time? And what were the roles of the Nigerian cocoa farmers in the West African cocoa protest of 1937-8?

Nigerian cocoa farmers played a role in the cocoa protest movement through various platforms. For instance, newspaper-reports show that the Nigerian Youth Movement, a nationalist organization formed in 1935, pledged its support against the Cocoa Pool on the Gold Coast. By so doing, the Nigerian delegation was sent to Ghana to demonstrate support to the Ghanaian cocoa producers against the Cocoa Pool by the foreign trading firms. A mass meeting was held at the Glover Memorial Hall to welcome the Nigerian delegates on their return from Ghana.[48] However, it is pertinent to note that there is no evidence that the cocoa holdup of 1937-8, which took place in Ghana, occurred in Nigeria. There were noises about mounting one, but apparently it was purely rhetorical, leaving us with the question: why was it rhetorical in Nigeria compared to the famous hold-up in Ghana? So many reasons can be given to account for the unsuccessful takeoff of cocoa holdup in Nigeria as happened in the Gold Coast. These reasons are discussed consecutively:

A. The Absence of historical precedence: In defence of tradition, Edmund Burke shows that the history and traditions of nation's life have a utility not measured by their contribution merely to private convenience or the enjoyment of individual rights. They are the repository of civilization, the source of religion and morality, and the arbiter even of reason itself. This was the case in the cocoa hold-up in Ghana in 1937-8, for it drew from history and tradition. On the Gold Coast, there had been a history of protest movements by cocoa producers before 1937. The earlier holdups of 1903 and 1930-1 provided the background to the holdup of 1937. In the case of colonial Nigeria, such history of protest movements by cocoa producers did not exist. Apart from the Aba women's war of 1929, the majority of the resistance movements against the colonial authority came after the cocoa crisis of 1937. For instance, the national strike embarked upon by the labour union in colonial Nigeria and the revolt in Enugu colliery took place in the 1940s, years after the cocoa hold-up. Therefore, there was no historical precedence from which the Nigerian cocoa producers of the 1930s would draw inspiration for the protest.

B. The nature and structure of cocoa industry in Nigeria: In some parts of the Gold Coast, cocoa farms were established by migrant farmers who organized themselves in a capitalist nature with the aim of making profit from their enterprise. In this way, they bought land and labour hoping to recover the cost of their investment and make profit after the sale of their produce, what Polly Hill has described as 'rural capitalism'.[49] This risk-taking situation makes it necessary and mandatory for them to be reactionary and responsive to dynamics of the political economy of world cocoa trade. But in Nigeria, before the 1950s, cocoa farms were established mostly by peasants who inherited land from traditional practices and were not bound to sell the land. Community land could also be used by members for production process. In the same way, family labour was used and pawning also provided labour for cocoa farmers. This makes the rate of risk minimal. This situation could not produce radical farmers who would be ready to team up with the middlemen for a trade boycott. This position can be sustained with Southall's assertion that 'the nature of producer protest was intimately linked to the particular social formations associated with the cocoa economy. Superimposed upon this social structure were a variety of factors which made it considerably more complex.'[50]

C. Neutrality of the chiefs in the Nigerian Cocoa Trade: Having initially sold land to the migrants, many of the chiefs in the Gold Coast also became farmers themselves; and having access to 'social capital' provided by their position as traditional leaders, they often utilized their resources to become influential brokers. However, although they had interests in common with the rest of the cocoa community, the spread of the capitalist, cash economy worked as a corrosive upon their political authority.[51] In this way, they were ready to team up with the capitalist cocoa producers against the European trade combines.[52] In the case of Nigeria, although there was evidence in the early period of cocoa industry that chiefs owned cocoa and coffee farms, there was no evidence that they were brokers, against whom the cocoa agreements were aimed. So the Nigerian chiefs did not consider it necessary to mobilize the farm-

ers against the combines because they did not have direct interest which the agreement would jeopardize.

D. Absence of Platform for Mobilization: By the 1930s, there was no strong association holding the cocoa farmers and brokers of Nigeria together. Although farmers' unions and co-operative societies existed, they were not well organised and all-encompassing. The conflicting objectives of the groups created centrifugal tendencies. This was manifested in the reaction to the Nowell Commission's report of 1939. While there was enthusiasm in Lagos, Ilesha and Ondo for the Commission's findings, middlemen and producers in Abeokuta, and Ijebu-Ode were in opposition.[53] It was this lack of strong front among farmers that predisposed the nationalist organisation, Nigerian Youth Movement, to occasionally champion the course of farmers as part of their activities.

E. The Exploitation of the Farmers by the Middlemen: Although this trend was common in Ghana, that of Nigeria appeared more excessive. This was one of the reasons cited by the trading firms for the cocoa agreement. 'The farmers had been cheated wholesale by their more wily brethren in a multitude of ways.'[54] There was also the case of advance sale of crops, in which 25 per cent of the crop of 1937 had been sold in advance to many lenders and speculative buyers at prices averaging 5/2d per load as compared with the average price of 9/-d during the season. The actual return to the farmers was therefore estimated to be 11 per cent less than the local price level during the season.[55] This system of purchase was usually to the detriment of the farmers. This situation led to animosity of some farmers against the middlemen, making cohesion and unity of purpose difficult.

CONCLUSION

Africans did not accept colonialism with absolute docility. There were various kinds of reaction by the African people against the establishment of colonialism and against the inequality, oppression and exploitation which it brought with it. Social tensions within food chains were examples of these struggles. The West African cocoa protest of 1937-8 was an example of social tensions within food chains (small farmers

and middlemen versus big corporations), and a form of African reactions and resistance to colonialism. The African reactions to the formation of the European cocoa-buyers' price-fixing cartel in 1937 was so muted in Nigeria compared to the famous 1937-8 hold-up in what is now Ghana (the Gold Coast Colony, Ashanti, and British Togoland). Although the Nigerian cocoa farmers paid solidarity to their Ghanaian counterparts, the structure of the cocoa industry in Nigeria, which was distinct from that of Ghana, militated against the success of cocoa boycott in Nigeria. Historical factors, peasant nature of production, neutrality of the traditional rulers, and the absence of platform for mobilization all contributed to making it impossible for cocoa trade boycott to take place in colonial Nigeria.

NOTES

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44 NAI 34883/Vol. I, The constitution of the Committee was as follows: The Director of Agriculture; Nana Sir Ofori Atta; Nana Tsibu Darku IX; F.G. Emery, Esq.; W.W. Barnhill, Esq. (Assistant Colonial Secretary) to act as the Secretary.

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