

**The Spread and Impact of the Great Influenza Pandemic in Kano Emirate,
Northern Nigeria 1918-1920****Muhammad Wada**Department of History,
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Kano Nigeria**Abstract**

The article examines the spread of the Influenza Pandemic into Kano, its impact, government response, and people's reaction to the malady. Quite many works exist on the Great Influenza Pandemic of 1918-1919 with Nigeria receiving good attention. However, little or no attention is accorded to the impact of the pestilence on Kano despite being one of the areas worst affected in mortality rates. Kano alone lost thirty-six thousand lives, consisting mostly of young married women out of over fifty-six thousand deaths recorded in northern Nigeria. Influenza struck at a period people were busy trying to adjust to the serious dislocations created by the imposition of British colonial rule. This heightened their predicament from the novel disease. The article used and analyzed archival sources and extant literature in presenting its findings. The article argued that deaths and suffering from the pandemic were inevitable in Kano because when it struck, the people had already been emasculated by the British colonial policies that emphasized cash crop production and taxation. In addition, the entire emirate had only two medical care facilities, a European hospital and a dispensary for "natives." These were grossly adequate in attending to the victims of the disease. Available evidence did not also suggest serious quarantine, self and institutional isolation, physical and social distancing, or lockdown measures to curtail the spread of the disease among the Kano people. They were rather forced to depend on traditional healing practices in dealing with a colonial disease.

Keywords: Influenza, pandemic, Health, Kano**Introduction**

Kano an important commercial nerve center and entre-port of the popular Trans-Saharan Trade was conquered by the British on February 3, 1903. The global Influenza Pandemic of 1918 reached Kano at a period when the British colonial authority was trying to consolidate its rule. The pandemic struck unexpectedly while people were struggling to cope with a colonially structured economy characterized by obnoxious taxation and export-driven production that aimed at the maximum exploitation of human and material resources. As elsewhere in British colonial territories, the Influenza pandemic had a devastating impact on Kano. It recorded the highest death toll of any other area in Northern Nigeria. A plethora of studies on the Influenza Pandemic of 1918 and its impact on Nigerian areas exist but with little or no attention given to Kano despite the plague's devastating impact on the area. A seminal work by Ohadike paid attention in some details to the great changes the Influenza helped to bring about in food production in the lower Niger area of Nigeria, most



importantly the gradual shift away from yam to cassava production.¹ Another writer who equally studied the impact of the pandemic is Ayoola. This interesting work examined the intersection between a newly introduced European technology of train and railroad that linked different parts of Nigeria and the diffusion and aggravation of the pandemic in Nigeria.² Heaton on the other analyzed the reaction of the Lagos press towards the lukewarm attitude of the British colonial government in responding to the outbreak of the pandemic between 1918-1919. According to the writer, the pandemic provided a greater source of motivation for the Lagos press to hammer on the British colonial authority policies, most especially its lack of concern for the promotion of public health in Lagos.³ Admittedly these studies and others of their kind have made a significant contribution to the historiography of the pandemic but seem to leave a vacuum on how local conditions especially drought, famines, the prevalence of endemic diseases and the near-total absence of health care infrastructure have exacerbated mortality and infirmity from the pandemic as the case in Kano exemplified. This article, therefore, examines the diffusion and spread of the Influenza pandemic and the gravity of hardship and high death toll it caused, which in many instances could not be disentangled from famine, diseases as well as obnoxious policies imposed by the British colonial authority. It equally analyzes the impact of the pestilence and colonial authority response, which was far from being desirable, and concludes with the analysis of people's reaction to the pandemic.

Famines, Draughts and Diseases Burden in Colonial Kano Before Influenza Pandemic

The spread of the Influenza Pandemic of 1918, its impact, and the people's response in Kano could best be understood by examining famine and the disease burden that engulfed the area in the aftermath of the imposition of British colonial rule beginning from 3rd February 1903. The geographical location of Kano within the tropical region with natural ecology, climatic condition, and vegetation undoubtedly exposed the people's vulnerability to drought, famine, and diseases even before the British colonial rule. Some of these dreaded diseases including measles, sleeping sickness, Cerebro-spinal meningitis very often degenerated and caused unimaginable hardship. The imposition of British colonial rule rather than tame the maladies completely had in many instances exacerbated them due to the pressure exerted on the people and environment by the colonial state. Kano, like many other areas in northern Nigeria, also experienced drought, famines, and food shortages in the period preceding conquest as well as in the aftermath of the imposition of the

¹ See the details in Don C. Ohadike, "The Influenza Pandemic of 1918 and the Spread of Cassava Cultivation on the Lower Niger: A Study of Historical Linkages" *Journal of African History*, 22, (1981): 379-391

² Tokumbo A. Ayoola, "The Price of 'Modernity'? Western Railroad Technology and the 1918 Influenza Pandemic in Nigeria", in *Colonial Environment, Domestication, Medicine and Technology*, ed. Toyin Falola and E. Brownell, (New York: Routledge, 2012): 148-169

³ Matthew M. Heaton, "The Press, Politics and Historical Memory: The Influenza Pandemic of 1918 and 1957 in Lagos Newspapers" in *Traditional and Modern Health Systems in Nigeria*, ed. Toyin Falola and Michael M. Heaton, (Asmara: Africa World Press, 2006): 161-178

colonial rule thus worsening the condition of the masses. Kano experienced droughts and famine with severe consequences in 1902, 1905.⁴ By the time the people were struggling to cope with the challenges induced by their subjugation to colonial rule, a crop failure was again experienced in 1907 due to erratic rainfall, a situation that ultimately led to hunger and malnutrition. But no effort was made to alleviate the peasants' suffering. Rather, the colonial authority in the attempt to gather more revenue busied itself with gathering information on yield per acre of the various crops grown, the land tenure system, and the 'native custom'.⁵ In 1908 another famine called *Yunwar Kanawa* (The Kanog people famine) was again experienced, like the famine of the previous year, the colonial government did nothing to intervene⁶ resulting in great suffering and starvation. These famines exposed people's vulnerability to diseases as a result of malnutrition. Odey has aptly established the symbiotic relationship between famine and poverty on one hand and ill-health on the other hand.⁷ Suffering and hardship from famines were aggravated further by the people's subjection to different kinds of colonial taxes in Kano. The colonial Government in 1909 imposed a nearly two-pound compound tax rate per acre, as this was not enough, the authority reviewed it upward to four pounds in 1914. The implication of this on the health of the colonial subjects is better imagined. A lot of produce and livestock which would have been used to improve the health status of the households had to be sold to raise money to pay the tax.⁸ The impact of the colonial authority action proved more glaring in one of the home districts in Kano, Kumbotso, where taxation and general restructuring of the economy to feed the teeming population in the city spurred migration all in the effort to earn means of livelihood.⁹ The craving for more revenue did nothing other than to subject the people to additional severe hardship, malnutrition, and ill-health. The fang of drought never allowed people a respite. From 1912-1914, the rainfall in northern Nigeria generally came to fall below average. In 1912, the average rainfall was 39.00mm, 31.50mm in 1913, and 28.78mm in 1914 making it the worst of all.¹⁰

It is pertinent to note that of all the hardships experienced in Kano since the imposition of colonial rule, the year 1913 seemed to be more calamitous due to the disasters experienced on two fronts. In the first instance, a serious crop failure was witnessed and then followed by an epidemic. The Colonial Report explicitly described the year as being very difficult for both Europeans and Africans due to suffering from malaria caused by inconsistent rainfall and high

⁴Mustapha M. Gwadabe "Land, Labour and Taxation in Kano Native Authority: The Case of Kumbotso District 1903-1953" (Ph.D. diss., Department of History ABU Zaria 2008), 260.

⁵KANPROF/427/1908.

⁶Michael Watts, "A Silent Revolution: The Nature of Famine and the Changing Character of Food Production in Nigerian Hausaland" (Ph.D. diss, University of Michigan, 1979), 271

⁷ Mike O Odey, "The Socio-Economic Implication of Ill-health and Poverty Trap on Human Development in Africa" *Journal of Historical Society of Nigeria* (2008): 95

⁸Mansur I. Mukhtar "The Impact of British Colonial Domination on the Social and Economic structure of the society of Kano 1903 - 1950" (M.A Thesis., A.B.U Zaria, 1983), 176

⁹Gwadabe, "Land, Labour and Taxation, 260

¹⁰Mahmoud M. Tukur, "The Imposition of British Colonial Domination on Sokoto Caliphate, Borno and Neighbouring State; A Reinterpretation of Colonial Sources" (Ph.D. diss., ABU Zaria, 1979), 343

temperature.¹¹ But the desolation caused by drought was more severe especially in northern Kano, many farmers lost large parts of their crops in a year. The crops failure notwithstanding, the colonial authority intensified its taxation drive relentlessly. The revenue from taxation during the period increased by about £30,000 over and above that of the preceding year. The bulk of the revenue rather than been used judiciously in providing health care services ended up serving a less important purpose. By 1913, when Kano N.A. could only boast of a single makeshift and poorly equipped dispensary, the Emir of Kano was at the behest of Sir Fredric Lugard, the Governor of Northern Protectorate made to contribute the sum of £6,000 as Grant-in-Aid to the Northern Protectorate Government in addition to a £15,000 separate grant to the Public Works Department.¹² One could imagine what a small percentage of the above revenue would have done if it were channeled into the health sector or any other social services.

While the people were struggling to cope with the twin hardship of crop failure and obnoxious taxation and their crushing and brutalizing effects, the year 1914 was more distressful due to its failure to make a remarkable improvement on their health condition. The period witnessed a famine named *Kakalaba* in Kano engulfed the entire northern region wrecking acute food shortages, escalating prices, and deaths. The extent of the deprivation was so severe that the colonial government was forced to come up with relief measures by selling foodstuff at famine prices.¹³ But as Watts observed the colonial relief effort failed to provide immediate and large scale assistance due to its late arrival¹⁴ consequently, death from hunger and starvation became inevitable. In Kano city, for instance, 1,215 deaths were recorded during the period and the number excluded those who died from starvation with the majority being women and children.¹⁵ The deprivation suffered was further compounded by the colonial policy that encouraged a general shift to groundnut production rather than food production.¹⁶ The development brought hunger and malnutrition. Though the period 1915 to 1917 could be considered as comparatively better due to the increase in rainfall: 38.92 inches in 1917 in comparison to 33.25 inches in 1915 and crop yields being 'excellent without exception'¹⁷ the relative relief the peasants started to enjoy became obfuscated by the rising cost of grains. The reason for this had to do with the destruction of some crops notably beans by locusts and the high demand for food from the nearby French territory because of the war. It is safe to argue that before the outbreak of the Influenza pandemic experienced famines, droughts, and obnoxious taxations were a situation that produced hunger, malnutrition, and deteriorating health conditions. The prevalence of endemic diseases, repulsive colonial policy, and the poor attention paid to health doubtlessly heightened the

¹¹ NAK/KANPROF/717/1913.

¹² Adamu M. Fika, *The Kano Civil War and British Over-Rule 1882 – 1940*, (Ibadan: Oxford University Press, 1978): 189

¹³ Shehu T. Yusuf, "The Socio-economic Impact of the Railway in Northern Nigeria: A Study in Transformation of the Rural Communities Along the Rail Line Between Kano and Zaria, 1908–1970s" (PhD. diss., Universiteit Leiden, 2012), 101

¹⁴ Watts, *A Silent Revolution*, 286

¹⁵ NAK/KANPROF/139/1914

¹⁶ Yusuf, "The Socio-Economic Impact" 101

¹⁷ KSHB/NAK/SNP/202/1917.

people's predicament when the pandemic broke out, as we shall see in more detail.

Quite many ill-health posed serious challenges to the people of Kano before the outbreak of Influenza. Cerebrospinal meningitis, smallpox, and other debilitating diseases not only brought hardship but caused many deaths. After the imposition of colonial rule dreaded diseases proved their capability of undermining large-scale colonial exploitation of human and materials resources. Well informed about this, the colonial authority admittedly responded to the challenge by carrying inoculations and vaccinations against for instance smallpox within Kano city in 1913. As good as the effort might appear to be, the reoccurrence of smallpox and other diseases of its kind illustrated the continuation of people's suffering. One of the diseases which wrought havoc on the Kano population after the imposition of colonial rule and before the Influenza pandemic included cerebrospinal meningitis. The disease is principally found in the tropical region and it continuously reared its ugly face in Kano during hot and dry conditions, particularly between February to April. The earliest record of the disease after the British conquest which turned into an epidemic occurred in 1905, a period the British colonialists were busied struggling to consolidate their rule. It is reported that at the heyday of the epidemic an estimated 100 people died per day in Kano alone.¹⁸ Higher mortality and morbidity rates as a consequence of the disease exposed the incapability of the colonial state to save the lives of its subjects. The epidemic state meningitis attained at this period is attributed to many factors foremost being the opening of traffic between different parts of the country following the imposition of British rule. According to Habib, the outbreak of meningitis was impelled by the activities of Arab traders who arrived Yola in north-eastern Nigeria from Mecca in 1905.¹⁹ As an airborne disease, meningitis spread from Yola to other parts of northern Nigeria, including Kano, causing a lot of suffering. The degree of mortality and infirmity from the disease was perhaps what influenced the colonial authority to approve the establishment of the first local dispensaries in Kano, Katsina, and Hadejia in 1906 as an experiment.²⁰ The Kano dispensary like many others of its kind designed for Africans at this early period of colonial rule was a makeshift located very close to the Emir's palace. Upon its establishment, the dispensary treated illnesses, major ones being tropical ulcer, conjunctivitis, scabies, and other skin-related diseases.²¹

Other diseases that principally attack children also broke out before Influenza. Smallpox-like meningitis flares up during the dry and very difficult period of the year causing untold hardship, especially amongst children and their grief-stricken parents. The prevalence of smallpox predated colonial times and it continuously reared its ugly face in the pre-Influenza period. A killer disease

¹⁸F Jackel, *The History of Nigerian Railways* (Ibadan: Spectrum Books, 1997) Vol. III, 370

¹⁹Abdurraq G Habib, 'Dispersal and Control of Infections in Bilad al Sudan: Historic, Geographic and Contemporary Perspective' A paper Presented at International Conference on Islam and Challenges of Development in the 21st Century: In Honour of Professor Muhammad Sani Zahraddeen, (Grand Imam,) Kano, Bayero University Kano, (14th-18th May 2015):11

²⁰Ubah, *Government and Administration of Kano Emirate*, 186

²¹Muhammad Wada, 'The Role of Kano Native Authority in the Establishment and Growth of Kano City Hospital, 1928-1939' *Kano Journal of History*, 2, No.1 (November 2015):87.

that produces high temperatures for four days left its survivors with a future of pustules, scars, pockmarks.²² The pitiful suffering caused by the disease to children explained why people were compelled to develop a local therapy for its treatment using herbs and other materials. In Nigeria, Barbour observed people responded to human diseases and maladies through the use of remedies drawn from the local environment.²³ In the case of Kano, Mamudu Koki has described graphically how people used herbs in the treatment of smallpox. He stated that:

They got clean earth or sand and heated it. Then they spread it out and laid me down on it. Then they took a little of it while it was still hot and put it in water. And when the water had got bubbling hot on the fire, they gave it to me to drink, very hot. That was to cure the internal illness, for that was more harmful than the external one. After drinking that, it came out as diarrhea. You have steady diarrhea for some time, then the illness would get better. Then also, they washed me using leaves and boiling water, as we do to a woman who has just had a child. Leaves from the *runhu* tree. The actual heat was not as great as was the water for the women. When the water had boiled it was taken outside and left for a little till it had cooled a bit. Then they used the leaves to sprinkle it over me. I don't think there was any other treatment that we had for smallpox, except prayer.²⁴

Despite the application of the above local therapy and the establishment of colonial rule, smallpox continued to cause hardship and claimed lives. In 1911, for instance, a major outbreak of the disease was recorded in Northern Nigeria. It started from Katagum Emirate, sending fear and anxiety to neighboring areas. The situation ultimately forced the colonial authority to mandate the Emirs of Kano, Katsina, and Hadejia to isolate smallpox cases and prepare for vaccination,²⁵ a measure that brought it under relative control. Three years later, smallpox once again broke out, attacking infants and small children and resulting in many deaths aggravated by malnourishment. Though no official figure of those who suffered or died from the disease was disclosed, the authority's response in the form of vaccination in Kano city shows a clear manifestation of the intensity of the infection.²⁶ The disease caused psychological trauma to parents struggling to cope with challenges posed by British colonial rule.

Suffering and deaths from dreaded diseases notwithstanding, mistrust and suspicion against the services provided at the Kano city dispensary established in 1906 continued to characterize people's response to colonial medicine thereby making it not to record the desired result. The Emir being part of the colonial bureaucrats together with his kith and kin rather than the majority of

²² Jackel, *The History of Nigerian Railways* 366

²³ M. Barbour, "Human Disease and Health Facilities" in *Nigeria in Maps*, M. Barbour, et al (London: Hodder Stoughton, 1978):54

²⁴ Neil Skinner, *Alhaji Mahmud Koki, Kano Mallam*, (Zaria: ABU Press, 1977):16

²⁵ NAK/SNP/951/1911

²⁶ KSHCB/NAK/SNP/717/1913

commoners were largely those who readily availed themselves with services at the dispensary. Suspicion and mistrust against colonial medicine such as the one exhibited in Kanowas not quite dissimilar to the one displayed in Sokoto another important area when the first NA dispensary was built in 1920,²⁷for it took some years before the suspicion could be overcome.

In retrospect, the restructuring of the Kanto economy to suit colonial interest, obnoxious taxation, famine, and drought in addition to the outbreak of diseases and the inability to effectively control them all indicated how the pre-Influenza pandemic era had not been a good time for the health and wellbeing of Kano people. Therefore, by the time the pandemic made its presence, the people were already traumatized by the impact of droughts, famines, and diseases in addition to unfriendly state policy and near-total absence of health care facilities. As we shall see, the high death toll recorded in Kano during the pandemic could not be disentangled from the tough condition of hunger and malnutrition to which the people were made vulnerable before the plague.

The Dreaded Influenza Pandemic and its Diffusion into Kano

While famine, drought, and diseases as well as exploitative state policies were wreaking monumental havoc on the health and social wellbeing of the peasantry, a deadly and entirely new pandemic of Great Influenza struck Kano at the end of 1918. It is worthwhile before going further to look at how the infection found its way into Nigeria before spreading to our area of study. The Great Influenza Pandemic of 1918-1919 or the "Spanish Flu", a name that has gained universal currency even though it did not originate from Spain, remained so far only second to the Black Death of the 14th century in terms of the human cost. The global mortality from the pandemic was put around 50 million, though the number could be substantially higher.²⁸The genesis behind the spread of the contagion to Nigeria was traceable to the First World War (1914-1918). It will be recalled that Nigerians were recruited to fight on the side of Britain against Germany and its allies. The diffusion of the Pandemic to Nigeria had its origin in the regiment recruited by the British colonial authority to fight in the First World War. These soldiers fought a prolonged war in Cameroon and East Africa alongside other allied forces, thus contributing significantly to the victory recorded against the Germans. But before victory could be fully realized, Nigeria was flung into a nationwide catastrophe with an unprecedented public health crisis in the 20th century.²⁹It was the convergence of the Nigerian regiment with Europeans which opened the gate for the affliction and later the spread of the disease. As it was in the aftermath of many other wars, the First World War was followed by the exigency to demobilize and release veterans back to their respective countries. These war veterans became the harbingers of influenza and its spread to other parts of the

²⁷Peter K. Tibenderana, *Sokoto Province under British Rule 1903 – 1939: A Study in Institutional Adaptation and Culturalization of a Colonial Society in Northern Nigeria*, (Zaria: ABU Press, 1988): 237

²⁸ Neil Johnson, *Britain and The 1918 Influenza Pandemic: A Dark epilogue* (London: Routledge 2006):77

²⁹ Ohadike, "The Influenza Pandemic of 1918" 383

continent. Johnson argued that the pandemic started first in Sierra Leone before its dispersal into the other parts of West Africa with Gold Coast (now Ghana) experiencing the pandemic before Nigeria.³⁰In any case by the middle of September 1918, the Influenza had reached an infectious stage caused by the arrival of the infected persons on board of S.S. Bida from Gold Coast to Lagos. These passengers dispersed throughout southern Nigeria thereby throwing the gate open for its spread to other areas in the country.³¹Admittedly, ships were later isolated in Lagos port and other ports in the country to curtail the spread of the pandemic. However, the inability to effectively carry out quarantine measures helped in transforming Lagos within a short period into an epicenter of the infection. From Lagos, the Influenza spread first to other parts of western Nigeria and thence to remaining areas in the country. For northern Nigeria, Influenza reached it within a short time through the processes of transmission with Lokoja, Zaria, Bauchi, and Kano being ravaged by the disease by the end of 1918.

The Influenza pandemic reached Kano via the western railroad in October 1918, it spread throughout the length and breadth of Kano Province then consisting of Kano, Katsina, Katagum, and Hadejia Division.³² It is pertinent to note that the Lagos-Kano railway was commercially opened on 1st April 1912. The arrival of the railway in addition to a booming groundnut trade, especially after the 1912-13 season, resulted in not only the establishment of British and other European commercial firms in Kano but the attraction of a large number of southern Nigerians into this metropolis.³³The construction of the railway, therefore, brought an increase in traffic flow in humans, goods, and services between northern and southern Nigeria. The communication between the two areas went on unceasingly during the war and the pandemic that followed. The diffusion of Influenza was facilitated argues Ayoola by the communication linkages created by the railroad. In fact, the railroad not only facilitated the economic exploitation of Nigerians by the British but also became the conveyor of disease and agent of death during the Influenza Pandemic.³⁴The mobility and opportunities created by railways, Yusuf expatiated further, provided an enabling environment for the transmission and spread of viruses and diseases. This had to do with the public nature of the stations that allowed people to intermingle with one another unrestrained in addition to the enclosed nature of trains.³⁵As elsewhere in other parts of the country, in Kano, the railroad played the first and leading role in the rapid speed with which pandemics spread to the nooks and crannies of the province. What facilitated this largely was the failure to quarantine the suspected passengers at stations. The fact that human agency plays a leading role in the spread of the pandemic,³⁶it is safe for one to argue that the already infected people with the Influenza virus who boarded trains from western Nigeria to Kano were the primary source of the plague in the area.

³⁰Johnson, *Britain and The 1918 Influenza Pandemic*, 48

³¹D. Killingray, "A New 'Imperial Disease' The Influenza Pandemic of 1918-9 and its Impact on the British Empire" *Caribbean Quarterly*, 149 No.4 (2003):35

³² KSHCB/NAK/SNP/93. P/1918

³³Fika, *The Kano Civil War and British Over-Rule*, 210

³⁴ Ayoola, "The Price of 'Modernity'? 150

³⁵ Yusuf, "The Socio-economic Impact of the Railway" 77

³⁶ Johnson, *Britain and The 1918 Influenza Pandemic*: 47

Details of how it exactly happened are difficult to ascertain with accuracy because of the paucity of the source. The fact that influenza is a respiratory disease that produced chilly feelings, fever, headache, and muscular pain and is transmitted primarily through coughing and sneezing³⁷ made it less difficult to discern its mode of spread in Kano. Most certainly, close or direct contact between the infectors, (victims of the disease who boarded trains) and potential acceptors (those they had contact with) must have been very instrumental in the way the pandemic finally found its way and spread to Kano and other parts of the province.

No sooner had the pandemic reached Kano, it wasted no time to prove how ruinous it could deal with victims cutting across class, race, age, and gender. The people of Kano, the Europeans in the Government Reserved Area (GRA) as well as other Africans in the township were not spared from the infection. The severity of the pandemic was attested by the death of five or six persons in a single household in some villages in the Kano Emirate.³⁸ But unlike Covid-19, young adults who were the most productive members of the society died more from the disease. Even with that, death was higher among younger married women, a feature of the disease believed also to be noticeable in Europe at the time. The death of younger married women, as could be expected, flung many husbands, children, and other family members into the psychological trauma of losing the beloved ones. Influenza pandemic lasted for a few months in Kano, nevertheless, this virulent disease claimed 38,282 lives, the highest figure from a single area in Northern Nigeria. The number could be much higher for the authenticity of the number of deaths from the pandemic, as recorded in the colonial report, remained questionable for two reasons. In the first instance, the people had the habit of concealing a death, a development that could lead to the distortion of the estimated deaths that came within the notice of the colonial Medical Officer of Health. Secondly, with the review of global deaths from the pandemic from 30 to 50 million, a figure still considered by Johnson as substantially lower than the true toll,³⁹ helped to raise some doubts regarding the actual number of deaths recorded for Kano in the colonial report. Be that as it may, the higher mortality rate and agony the victims of the pandemic suffered from could not be disentangled from the fact that the Influenza Pandemic was one of the "colonial diseases" novel and unknown to the people. The novel nature of the plague perhaps explained the way and manner the people were forced to give a local name for the disease. As many studies have shown, the universality of the Influenza Pandemic forced people in different climes and cultures to give the plague a name by referring to many of its attributes including physical sensation.⁴⁰ Influenza was named *Marisuwa* in Kano suggesting the unsteadily and drunk-like manner the victims of the pandemic behave when afflicted.

Influenza being a novel disease produced untold suffering and death because people were completely ignorant and inexperienced on the best way to treat it

³⁷R. Clifford, and M. D. Anderson, *Modern Ways to Health*, (Tennessee: Southern Publishing Association, 1962 / 1966): 360

³⁸Skinner, *Alhaji Mahmud Koki*, 64

³⁹Johnson, *Britain and The 1918 Influenza Pandemic*: 77

⁴⁰Johnson, *Britain and The 1918 Influenza Pandemic*: 161

victims. That seems to be in contradistinction with other familiar diseases such as smallpox or meningitis. In the case of the latter, the people had over the time developed a therapy to deal with such familiar diseases. In some instances, as is the case with smallpox, the patients could sometimes recover and acquire immunity. But when the pandemic struck, the people did not know its treatment or cure. The lack of knowledge to treat Influenza coupled with the authority's insensitivity evident by the absence of medical support to patients went a long way in exacerbating suffering and eventual deaths. Many people watched helplessly their dying loved ones while those who cheated death recuperated with great difficulty.

Table Showing the Recorded Death toll from Influenza Pandemic in Kano Province

SN	Emirate	Death (European)	Natives	Total
1	Kano	1	38,287	38,288
2	Katsina	0	11,522	11,522
3	Katagum	0	3,754	3,754
4	Hadejia	0	4,412	4,412
Total			57,976	

Source: KSHCB/NAK/SNP/93. P./1918, Kano Province Annual Report, 1918

It is clear from the above Table that Kano Emirate recorded more deaths than the combined figures of Katsina, Katagum, and Hadejia. Katagum perhaps being the smallest of the four recorded the lowest figure. Even though one-third of the European community were said to have also been affected by Influenza and 51 out of every 1000 died from the pandemic in Northern provinces,⁴¹ in the case of Kano Province, only one European reportedly died from the plague despite the fact the whole European population of Kano Township had the disease. The reason for low European death is easy to discern. In the first instance, they enjoyed exclusive medical care services made available to them at the European Hospital Bompai Cantonment opened in 1916. Secondly, the low death could be a result of the depletion of the European population in the Kano Province due to the outbreak of the First World War. Many of them took leave to join the war with the British staff never exceeding half a dozen at any one time by the time the war ended.

The Impact of Influenza Pandemic on Kano

The available evidence did not suggest that the British colonial authority responded to the pandemic in a way lives could be saved. Lockdown or even social and physical distancing appears not to have been imposed in Kano when the disease raged on. And the near absence of appropriate preventive measures including public awareness campaigns ultimately allowed for the spread of the plague and its diffusion across both length and breadth of the Kano emirate. Neither cures nor relief appeared to have been extended to the African victims of the Influenza Pandemic despite the heavy death toll and general infirmity. For the colonial authority, it was business as usual, made evident by the intensity with which the collection of revenue was pursued. Unmindful of the

⁴¹ Ohadike, "The Influenza Pandemic of 1918" 383-384

suffering and death from the pandemic, the Kano Native Authority at the behest of the colonial authority collected more revenue, mostly tax from peasants, to the tune of £100,123 in 1918 as against £94,398 of the previous year.⁴² The Emir's wonderful performance in revenue collection at a difficult period when his subjects were dying in large numbers from the pandemic, was rewarded. The colonial government gave him approval in November of the same year to purchase of motorcade which helped in boosting his prestige among the subjects.

Kano continued to contend with the effect of the Influenza Pandemic with the disease spreading to the neighboring emirates in 1919. The lackadaisical attitude displayed in responding to the pandemic could be blamed for throwing the gate open, resulting in the pandemic devastating other areas. It reached Sokoto first from the direction of Kano and Zaria in the last week of October 1919 thence to Kebbi and Argungun and later the entire Sokoto Province causing the death of 37,600 people.⁴³ General insensitivity to the plight of people during the pandemic in Kano and other British territories is what made Tomkins states that the British colonial administration's failure to make 'a more fundamental and enduring response to a disease that killed millions of its subjects within a matter of weeks is the epidemic most striking revelation.'⁴⁴

The impact of the pandemic even when it subsided was momentarily noticeable up to 1920. The aftermath of Influenza was accompanied by soaring food prices as well as a rise in the price of imports by 200 to 300 percent in 1919. Ultimately it meant additional hardship for peasants already emasculated by the effects of the First World War. The hope they so much cherished in making a gain from the production of export crops notably groundnut experienced a growing setback. The impediment had to do with the delay in starting the groundnut trade buying season for the year 1919 as fallout from the pandemic. The season usually started in October but was inevitably delayed till December. The ugly situation compounded further the difficulties people were already subjected to during the war. It is pertinent to note the war as could be expected affected adversely the groundnut trade for months. In fact congestions of stocks at Kano 'groundnut pyramid' and the Iddo port were witnessed resulting in lower prices for the producers in the countryside.⁴⁵ With the pandemic breaking out immediately after the cessation of hostility, the condition of peasants deteriorated further. Even when the Influenza relatively subsided, its effect continued to linger on. Because of the pandemic, merchants were forced to battle with the problem of insufficient transport facilities that could carry cattle from Kano to Lagos as late as 1920 thus reducing their expected returns.⁴⁶

⁴² Fika, *The Kano Civil War*, 161

⁴³ Labbo Abdullahi, (2018) "A History of Modern Medical and Health Services in Colonial and Post-Colonial Sokoto Province" (Ph.D. diss., Department of History, Usman Dan Fodio University Sokoto, 2018), 134.

Sandra M. Tomkins, (1994) "Colonial Administration in British Africa During the Influenza Epidemic of 1918-1919" *Canadian Journal of African Studies* 28 No.1 (1994):78

⁴⁵ Yusuf, "The Socio-economic Impact of the Railway" 102

⁴⁶ SNP/316 P/1920

It is striking to note that the colonial authority remained generally unperturbed by the intensity of the suffering being experienced by the people in Kano. There was a lack of effective intervention to cushion hardship. As argued elsewhere, the collection of revenue remained fundamentally the concern of the authority. By the end of 1920, the government revenue increased by £7,541.14.9 over and above that of the previous year with little or no benefit extended to the health sector or other social services.

The Reaction of Kano People to Influenza Pandemic

People across the globe exhibited varied reactions in trying to cope with the shattering effects of Influenza on their health and social wellbeing. The advancement recorded in medicine before the outbreak of the pandemic notwithstanding, people were forced to resort to the use of different therapy and healing practices to deal with a novel. Europeans and Americans were reported to have used varied “medicines” such as Lifebuoy soap, camphor, iodine, tobacco, cinnamon, and other products with the belief in their perceived efficacious power against Influenza.⁴⁷ In Africa, including Nigeria, some people were forced to turn to old beliefs, traditional healing practices, and the use of Qur’anic verses amongst others to guard or cure themselves against a disease, which defied cure even from the ‘Whiteman’. In Iwo in southwestern Nigeria, for instance, people were urged to return to old beliefs eroded by Christianity. They prayed to the Supreme God, Oludumare, to help deal with the affliction.⁴⁸ The speed with which the pandemic spread and the severity of the destruction caused left people with no better option other than to rely on the already known healing practices at their disposal. It is pertinent to note that the people’s perception of the pandemic and their reaction was greatly influenced by Islam, a religion the predominantly Muslim society of Kano practiced. Muslims the world over, including the ones in Kano, believe that God (Allah) is the one ‘who sends affliction upon whomsoever He will, serving as a painful chastisement to unbelievers, while to the Muslims it is martyrdom.’⁴⁹ Furthermore, Allah is considered as the source of both health and sickness including pandemics, and it could occur not necessarily due to the sin committed but as a trial to accept His will. The religious explanation of the pandemic had been a global phenomenon. In South Africa for instance, the Afrikaner churches saw the pandemic as “...indicative of the wrath of God, sent to punish South Africans for their moral and religious sins, such as drunkenness, avarice, hubris, and even “worshipping science.”⁵⁰ The widely held religious belief about the pandemic in Kano did not preclude the seeking of prevention, treatment, and cure and from the plague.⁵¹ In the face of Influenza,

⁴⁷Johnson, *Britain and the 1918 Influenza Pandemic*, 165.

⁴⁸Killingray, “A New ‘Imperial Disease’ 38

⁴⁹ Lawrence I. Conrad, (1992) “Epidemic diseases in Formal and Popular Thought in Early Islamic Society in *Epidemic and ideas – Essays on Historical Perception of Pestilence*, ed. Terence Rangers & Paul Slack (New York: Cambridge, University Press, 1992): 83.

⁵⁰ Mathew M. Heaton, Toyin Falola, “Global Explanation Versus Local Interpretation: The Historiography of the Influenza Pandemic of 1918-1919 Africa” *History in Africa* Vol.33 (2006): 120 Project Muse

⁵¹ Murry Last, “Religion and Healing in Hausaland” in *Christianity and Social Change in Africa: Essay in Honor of J.D.Y. Peel* ed. Toyin Falola (Durham: Carolina Academic Press, 2005):557

people seemed to have no choice other than to resort to age-long practices of prayers led by Islamic scholars against pestilence. In line with tradition, certain verses of the Holy Qur'an believed to be efficacious in curing both epidemic and epidemic diseases were written on the slate for people to drink, a practice obtainable among the Muslims in southwestern Nigeria. Abdalla opines, that "writing the Quranic verses and *Ahadith* (Prophetic sayings) on the slate for patients to drink as well breathing and spitting same either in water for a drink or on the patient's body"⁵² has been an old form of healing in Kano as in other parts of Hausaland to deal with endemic and pandemic diseases. The practice found its way to Kano due to contact with Islamic World beginning arguably from the 14th century. The Islamic scholars who heal through this means were consulted by the people hence they provided preventive and protective medicine or guarantee against calamities and other misfortunes. These scholars equally treated different kinds of ailments including impotency, child-bearing, spirit attack, love affairs, business failure among many other diseases, and life challenges.⁵³ People's reliance on Islamic scholars to cure them of Influenza was strengthened by a near-total lack of medical facilities in Kano at the time of the pandemic. Because except for the European Hospital constructed in 1916, Kano had only one poorly performing dispensary which the colonial government did not care to encourage the people to patronize. Available sources did not suggest the government given any serious medical attention to the victim of the pandemic. Moreover, the much reliance on this and similar healing practices was underpinned by the lack of trust for colonial medicine brought to Kano by Europeans that forcefully conquered and imposed their rule on the area.

Conclusion

The Great Influenza Pandemic reached Kano towards the end of October through the western railroad and later spread to Kano, Sokoto and other areas in the north. Within a short period no less than 38,287 lives were lost in Kano, the largest from a single area in Northern Nigeria. The high mortality and morbidity rates from the pandemic appear inevitable. The imposition of British colonial domination in the first instance came along with it the obnoxious policy which resulted in the restructuring of the economy with its accompanying dislocations. The peasants' difficult condition suffered further aggravation caused by droughts and famines; a condition the colonial authority did not play a significant role to assuage. Consequently, hunger and malnutrition produced an adverse effect on people's health thus making them more vulnerable to attack by diseases. Amidst the sufferings, the colonial authority showed greater keen interest in revenue generation with very little concern for the provision of health care services. The appalling health condition of the peasant emanating from the above together with lackadaisical attitude in responding to the pandemic as well as the near-total absence of health facilities all combined to make high mortality rate and infirmity from Influenza uncontrollable. Available evidence suggests that people were left to their fate despite the suffering caused

⁵² Abdalla, I.H. "Diffusion of Islamic Medicine into Hausaland in *The Social Basis of Health and Healing in Africa*, ed. S. Feirman and J.M. Janzen, (Berkeley: University of California 1992): 192

⁵³ Muhammad. Wada, "Kano Native Authority and the provision of Health care services, 1903-1967" (PhD thesis, Department of History Bayero University Kano, 2012): 77

by a novel disease they did not know its cure or treatment. The response of the colonial authority was far from desirable evident by the absence of any serious determination to institute effective preventive measures or to provide medical support to the victims. The pandemic had a telling impact on the people's lives but with little or no effect on the revenue generation drive of the N.A. and the colonial authority.

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