

## **‘From leprosy research in Bergen to medical development in Nigeria’**

John Manton (London School of Hygiene and Tropical Medicine)

SLIDE 2 – video:

In this talk today, I want to draw together some of the threads that run through the history of leprosy treatment and control in the past two centuries, linking locations, experiences and practices across a great range of settings. I’ll show you an excerpt of a 1940s film on Irish medical missionaries in Nigeria, and some slides representing institutional, scientific, and cultural dimensions of leprosy and its control in Norway and Nigeria in the nineteenth and twentieth centuries.

You’ve just heard an excerpt of a choral piece by Ikoli Harcourt Whyte, whose title translates from Igbo as “Come all my friends”. In the context of the Christian Church in Nigeria, Harcourt Whyte’s music gives universal expression to a search for redemption that comes from his own struggles to receive care and treatment for the consequences of infection with *Mycobacterium leprae* while still a young man in southeastern Nigeria in the 1920s. These struggles, and the encounter with increasingly high-tech, bureaucratically-mediated clinical practices enacted to control and reduce the prevalence of leprosy in the population, are shared across the world over the past 200 years or so – from Norway, Spain, Romania, and Greece, to the USA and Brazil, and to Philippines, Malaysia, Nigeria, India, and South Africa, among others.

To a large degree, the modernisation of leprosy control depends on processes which were developed and refined in Norway in the second half of the nineteenth century, and adapted and contested in communities, institutions and territories across the world. This paper is, in part, an invitation to think about the places in which the control of leprosy and other infectious diseases takes place, and what traces and resonances remain not only in locations but also in medical, public health, and commemorative cultural practices.

SLIDE 3 – *Visitation* extract

We’ll begin, then, with these excerpts from the central portion of a 1948 film called *Visitation: the film story of the Medical Missionaries of Mary*. This was an Irish congregation of women religious who took advantage of changes in Catholic Canon Law to begin medical work with mothers and children, and leprosy sufferers in Nigeria from the late 1930s.

When making their film, they quickly realised the propaganda value of showcasing scientific leprosy control, and chose to follow the diagnostic journey of a single individual from his home village to the leprosy settlement at Ogoja in present day Cross River State, Nigeria.

There’s plenty to notice, and plenty of food for thought in the three minutes excerpted here. The clerical procedures, the various sensitivity tests including hot and cold test tubes, and close attention to detail are all foregrounded in the edit. We see also how the management of a steady stream of patients awaiting inspection, and moving through the inspection sheds, are all conducted across a range of clinical and diagnostic stations.

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I’ve had to remove the score and voiceover, since this isn’t a continuous sequence. A dedicated score was commissioned, and a prominent English voice actor recruited to provide a voiceover which continually and consistently underlines the quality of the scientific work and bureaucratic planning and organisation underpinning missionary medical care, as well as the emphasis on care of the whole person, body and soul.

Throughout, the gloved hands of the doctor, nurse, and some of the assistants draw attention.

Later, we note the wincing pain of the patient as the material for blood slides is collected – scraped from his skin. The slides are annotated, stained, collected, and removed to a separate space for the process of analysis.

Again and again, the emphasis is on the methodical nature of the tasks. A population is inspected; a cohort is selected from among the population, and walked through a series of skin procedures, both sensory and invasive. Each is logged, and each process fixed to a record which indexes the relation between clinical process, medical staff, patient, and wider contacts and context.

At the end of the excerpt, we move to the microscopic view, which confirms the presence of *M leprae* in the blood of our individual patient, and the voiceover informs us that this is the moment of transition: Akong, the patient, has leprosy. He is admitted to the leprosarium.

### NORWAY SLIDES 4-7

This history of leprosy treatment and control is intimately bound up with the concentration of technical capacity, on the one hand, and conditions in which leprosy exists as a prominent problem of public health and public order, on the other. In this respect, the experience of leprosy control in British colonial southeastern Nigeria echoes that of Bergen by the mid to late nineteenth century, in that institutional concentration gathered a population of patients, and met them with a commitment to the methodical practice of observation and intervention.

The work of Norwegian scientists [please forgive my pronunciation] such as Danielssen, Høegh, and Hansen, working with populations of leprosy patients gathered in locations such as St Jorgen’s Hospital and Lungegårds Hospital in Bergen helped to transform leprosy into a disease with a modern clinical profile, to determine a discernible pathological agency, to render it amenable to epidemiological enquiry, and to place Bergen and leprosy at the heart of an international network of expertise and learning. Here, Bergen, is where scientific expertise and networks coalescing around the disease and its control took root, and the production and circulation of knowledge burgeoned and thrived, knowledge concerning a disease which could only be studied in its human host, and thus seemingly best carried out in institutions committed to segregating patients.

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### NIGERIA SLIDES 8-11

Responding to a very high prevalence of leprosy in an area newly under colonial control, leprosy administrators and researchers in eastern Nigeria, among them scientists such as Thomas Davey, John Lowe, and Stanley Browne, built on new conceptions of leprosy emerging first in Bergen, to develop promising avenues for the treatment of leprosy that continue to underpin today's therapies. Nigeria has been central in the global history of leprosy. Research carried out at Uzuakoli and in a network of segregation and settlement centres across the south east, much of it between the Second World War and the Nigerian Civil War, was crucial in devising the treatment regime used by leprosy patients across the world today.

Between 1948 and 1967, the Leprosy Research Unit for Nigeria was stationed at the leprosy hospital and one-time colony at Uzuakoli, and some of the most important research on the chemotherapy of leprosy was carried out there, beginning with the standardization of dapsone in 1949 through 1951 and concluding with the trials of clofazimine in 1961 through 1966. The safe dose for dapsone was determined here, marking the first reliable treatment for leprosy. Clofazimine, a compound initially formulated in a university-sector research lab in Ireland and developed and refined by Geigy in Switzerland, was trialled at Uzuakoli as a treatment for complications and reactions in leprosy, and it was shown markedly to reduce the incidence and severity of some of the more disabling aspects of the human immune response to the disease. These were among the most significant advances in medicine to have taken place in Nigeria at the time, and though they were published by non-Nigerian scientists, the contribution of Nigerian lab workers, technicians, health professionals, and patients was critical to the whole enterprise.

### SLIDES 12 to 14

This capacity to treat and manage leprosy in the population, to cast far and wide in the search for new cases, and to compel compliance with segregation, and later with outpatient treatment depended on an effective apparatus for staffing and administering public health, and much as the work in Bergen in the late nineteenth century helped build relations between scientific observation, epidemiological surveillance, and medical governance, leprosy control in eastern Nigeria formed the bedrock of rural public health administration through the early years of the Independent state.

However, the reconstruction of the narrative of scientific development in Nigerian leprosy control has proven exceptionally vulnerable. Grievously disrupted by civil war, institutions of leprosy control in Nigeria lost their research prominence from the late 1960s, though their reputation as centres of excellence for rehabilitation, as well as their formerly extensive grounds and buildings, enabled them to be repurposed in many cases, and underwrote a variety of persistence in collective memory, even as their paper records crumbled.

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FROM SLIDE 15

Bearing in mind the salience of collective memory of leprosy control, which has become only more prominent in the early twenty-first century, I turn now to a consideration of the ways in which leprosy control is commemorated, memorialised, and understood. Here, in the Armauer Hansen Memory Room, we have a collection dedicated to the memory of leprosy scientific work carried out in nineteenth century Bergen. I hoped very much to be able to tour this and the other sites of leprosy control in the city, but this will have to await another day.

I want to draw particular attention to one component in the constitution of leprosy control: the agency of the leprosy patient. Becoming a leprosy patient, in Norway as in Nigeria, was a complex process. Even where registration and segregation were compelled by legal and coercive instruments, being examined - presenting with leprosy, as it were - involved a variety of social, communal, and bureaucratic processes in which the agency of the person physically affected by leprosy was never entirely absent or erased. This has implications for how we interpret the historical activities surrounding the practices of leprosy control, and how we read representations of these activities.

While we are used to the story of leprosy control as a composite of institutional histories, epidemiological developments, and chemotherapeutic advances, we are less practiced at noting how these technocratic and scientific practices insinuated themselves alongside the therapeutic, social and economic strategies and recourses of those individuals tabulated and treated for leprosy.

While it's clear that options were often limited for people living with leprosy, volition and interpretive action can be discerned not only in the interstices of the institutional archive, but as a cultural response to the experience and management of infection, there is a further layer to this co-production of the cultural history and political economy of infectious disease control which is already at its most heightened in relation to the institution of the leprosarium.

Examining correspondence on the handover notes of a clinical trial on a precursor compound of clofazimine, at Ogoja in Nigeria in the early 1950s, we can see how patients play a key role in the production of clinical knowledge of leprosy. Manifesting legible signs of infection and recovery is an involved process, whereby compliance and legibility of symptoms and reactions are produced relationally between the patient and the clinical observer.

This legibility, rendering the activity of a newly introduced therapeutic compound visible on the body and under the microscope over time, relies not only on the successful implementation of bureaucratic, technological and clinical norms, as in large-scale leprosaria in late 19th century Norway and mid-twentieth century Eastern Nigeria, but also

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on the acceptance and creative refashioning of practice of self-care by the leprosy patient engaged in relations of 'systematic clinical observation and scrutiny.

When cleanliness, suitability, and temperament are commented on and become noteworthy, they index a broader content [should be context] of strategic accommodation by people living with leprosy with means and practices devised to govern their social relations. The role of Nigerian patients, seeking and agreeing to treatment, allowing their bodies and vital signs to be carefully checked and observed, reporting on their experiences with a wide variety of chemical compounds, did a huge amount to make modern therapy not only successful, but possible.

The experiences of the patients at Nigeria's large legacy leprosy centres was also of great cultural significance. The music of Ikoli Harcourt Whyte resonates across Nigeria; this great body of choral work by a composer who lived with leprosy and resided at Uzuakoli for much of his life is kept alive in Christian celebration, in the scholarly work of Prof Achinivu Kanu Achinivu and collaborators, and feted in the work of Ola Rotimi, whose polyglot play *Hopes of the Living Dead* places patient responses to leprosy at the heart of the Nigerian political imagination. The historical leprosy settlement was a place of intense cultural encounter and invention, and the stories told here echo stories of hope, expectation, struggle, disappointment, networking, and sheer dogged inventiveness. They tell stories of a will to survive, live, thrive, engage and to take part in community life.

I have asked us to consider the role of the leprosy patient in materialising the scientific expertise and networks coalescing around the disease and its control, threading a meditation on the patient experience through the production of knowledge about a disease which could only be studied in its human host throughout the period under consideration, and thus relied on the quality and persistence of human relations within historic and emergent contexts of containment, treatment, and control. I leave you now with another song of Ikoli Harcourt Whyte, a record of my visit with the Achinivu Harcourt Whyte Choral Association as they rehearsed and performed Harcourt Whyte's music, and some references to written and broadcast material for further exploration of this topic. Thank you for your attention, and I look forward to our conversation.

**Songs** by Ikoli Harcourt Whyte, 'Atula Egwu (Fear not)', and 'Bianu Ndi Enyim Nile (Come All My Friends)', *The original and greatest hits of Harcourt Whyte* (both Tabansi Records, 2014)

**Photos** by John Manton, Magnus Vollset, Nina Alden Thune

**Broadcast** of John Manton, *Uzuakoli in music and medicine* (Resonance 104.4 FM, 2015) available at [www.mixcloud.com/Resonance/playlists/modulations](http://www.mixcloud.com/Resonance/playlists/modulations)

Further **stories and narratives** of leprosy control available at GLRA Oral History Project, *A question of justice: persons affected by leprosy in Eastern Nigeria tell their stories in their own words* (Enugu, 2019)

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