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RESEARCH ARTICLE

THE CONCEPT OF LEPROSY IN TOGO FROM ITS ORIGINS TO 1960

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ABSTRACT

Leprosy is a disease as old as humanity. Before colonization, there was a traditional conception of leprosy in Togo, the causes of which were supernatural and the treatments traditional. With colonization, we gradually moved from the traditional to the modern conception of leprosy with appropriate treatments. Indeed, during the colonial period from 1884 to 1960, the various administrative officials undertook the organization of the territory with a view to its economic exploitation. This is how the Germans and then the French in general and the missionaries in this case would have played a leading role in the fight against endemic and epidemic diseases including leprosy. The objective of this study is to highlight the traditional and modern conceptions of leprosy in Togo and the decline in prejudices about the disease that resulted from it. The comparison of different sources made it possible to obtain results and achieve the general objective set at the start by structuring the work around two centers of interest. Firstly, recall the traditional conception of leprosy and the related treatments and secondly, show the modern conception of leprosy and the appropriate treatments following the European intrusion having gradually reduced the prejudices about this disease.

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INTRODUCTION

Togo with its current borders, is a legacy of colonization, located on the coast of West Africa between Benin and Ghana. This began with the signing of the protectorate treaty on July 5, 1884 in Baguida, between the German Gustav Nachtigal and Plakoo, bearer of the sceptre of King Mlapa III of Togoville. This date marks the beginning of the progressive occupation of Togo from South to North, in accordance with the doctrine of the hinterland. The conquest of the territory completed, then began the colonization of the colony first, by Germany from 1888 to 1914 and then by France from 1914 to 1960. Each ethnic group had a traditional conception of leprosy whose causes were supernatural with appropriate treatments that were of the traditional type, well before the colonization of Togo from 1884 to 1960. With the colonial period, we gradually shift from traditional to "modern" leprosy. This raises the question: how was leprosy and its treatment perceived before and during the colonial period in Togo from 1884 to 1960? To answer the question raised by this study, various sources are used. In this regard, one should note a few rare writings on the subject, such as those by S. Tchéro (1997), J. Martet (1995) and the Ministry of Health, Public Hygiene and Universal Access to Healthcare (2022). The emphasis is largely on oral sources through information collected orally on the one hand, in the field and on the other hand, from the Internet. The main objective of the study is to highlight traditional and then modern conceptions of leprosy from its origins to 1960 and the related treatments. The cross-checking of the different sources has made it possible to obtain results that allow us to achieve our initial objective by structuring the work around two areas of interest. Firstly, we will begin by reviewing the traditional understanding of leprosy and its treatments. Secondly, we will examine the modern understanding of leprosy and the appropriate treatments following measures taken by the German and then the French colonizers to come against leprosy in Togo.

Traditional conceptions of leprosy and related treatments in Togo: Forty-five ethnic groups and subgroups shared the territory from north to south, long before the colonization of Togo from 1884 to 1960. Each ethnic group had a traditional conception of leprosy. As an illustration of our remarks, we have chosen some ethnic groups including the most important from a numerical point of view which are the Ewé, the Kabiyè, the Ouatchi, the Nawdeba, the Moba-Gourma, etc.

The concept of leprosy in Ewe country: The Ewe originally lived at the historic site of Notsé, from where they migrated to the coast, occupying the lands between the Mono River in the east and the Volta River in the west (N. L. Gayibor, 1988 and 1992). In the socio-religious conception of the Ewe, particularly those along the coast including the inhabitants of Bè, Aflao, Agoè Nyivé, Ekpui, Togoville, and the immediate hinterland, especially the Ewe from the current prefectures of Yoto, Zio, Haho, Avé, and Vo, leprosy, commonly called kpodɔ, is considered a manifestation of the deities concerning

the leper, referred to as kponɔ or kponon. In this particular case, the patient has a body covered with spots and their toes or fingers partly affected. In this state, the patient is isolated from the other family members until the oracle consultation with the Fa. This, in order to identify the deity responsible for the disease. Thus, the head of the family is supposed to carry out Afa oracle consultations through an afanhounon diviner. The diviner, through casting cowrie shells and interpreting them, provides guidance on the actions to take throughout the course of treating the illness. Generally, the leper has his own hut, which becomes his living space, and is now allowed to eat alone.

After his death, he enjoys an honorable burial just like other men. However, some lepers, upon their death, indicate to their family members, following divinatory consultations of the Fa, that their burial should take place at night, hence the expression ma yi zan. The family must follow the instructions carefully to avoid any danger later on.The person concerned is buried quietly, without any drumbeats or actual funeral rites. In the deep night, his family takes him to the cemetery, wrapping him in black cloths called aklala yibor for his burial. If he dies by accident, then he is buried not only at night, but also in a specific place, often a forest, commonly called Zogbé, according to our informants on this subject, Edoh Sétodzi and Agbodji Fiopémé.

We understand that leprosy in the mentality of the Ewe people is seen as a manifestation of the deities, and the leper is treated in a particular way during their life and after their death.

The conception of leprosy among the Kabiyé: The Kabiyè originally lived in the mountain ranges of the same name, locally called the Kabiyè Mountains (B. Tcham, 1992, p. 56). They form an age-class society where the initiation of young boys is carried out through traditional wrestling, known as Evala. They mainly come from the north and make up the second largest ethnic group in Togo, accounting for 13% of the population. In the Kabiyé region in northern Togo, leprosy was a disease considered in ancient times as a curse, according to our source on this subject. In this society, the leper becomes an outcast and receives special care from his family and close ones. Somewhat shunned, he is practically isolated, and only mediums and a few third parties could approach him. Some considered the illness to be a spell, while others saw it as a divine punishment for stealing a product from the field. In this case, one becomes a leper when the victim files a complaint with the fortune teller. The fortune teller will make sure to take the fingerprints left by the thief at the scene of the theft. This is then followed by a meticulous and secret preparation known only to the soothsayer, and it is then that leprosy appears in the true culprit, along with the shrinking and then loss of fingers and toes.

Also, other causes are noted, such as rivalries over women, land, or any other act that threatens an individual's honor and dignity. In short, it was a whole mystery surrounding this disease; a little-known but mind-boggling story. Like a punishment from the gods, often following theft, the leper did not receive much attention; despised, he became the laughingstock of society and was little regarded; he remained a source of misfortune for his family. As soon as his death is announced, a great silence falls over his concession, and the place of his death is then purified with an herbal decoction to keep disease away from the living. His death is not to be mourned, and he should not be buried in the community cemetery in relation to the mystery surrounding the ancestors' understanding of this disease. The deceased leper therefore received no funeral rites. The body of the leper, on the day of his burial, wrapped in a bundle of straw, is well buried for fear that his aura might become a sort of pandemic. So, the body is taken out of the house either through the window or the backyard of the house, but never through the door or the vestibule. And the population was strictly forbidden from talking about this victim. All these precautions aim to eliminate the disease within the community and to reassure the living that the deceased took the disease with them.

The conception of leprosy among the Ouatchi: The Ouatchi live in the southwest of Togo. They constitute the third largest ethnic group in the country, making up 13% of the population. In Ouatchi country, leprosy is called Kpo-do (kpo meaning leprosy and do meaning disease). It manifests in two forms: leprosy that affects the skin and that which affects the toes and fingers. In traditional medicine, it is considered a curse from the parents or the return of the patient's misdeeds from a previous life. A person with leprosy is isolated in an enclosure without contact with others. Only one family member who brings the infusions for the patient and the traditional healer are allowed to visit and care for them during their treatment. The patient will live in seclusion until the end of their life or until recovery if consultations with oracles, ceremonies, and traditional medicines (the infusions) yield good results. After recovery, the person loses certain rights within their family and in society. He or she is excluded from all the cultural and religious rites of his or her village and family. Upon His or her death, he or she receives all the ritual ceremonies of an ordinary deceased person.

Skin leprosy is quickly cured with potion baths, especially with palm wine water distilled in total isolation of the patient. The patient is isolated because leprosy is a contagious disease. Once it affects a family, the entire family is feared, and living with them is limited. Leprosy of the toes and fingers is the worst; it develops with sores and pus, causing the patient to lose their fingers and toes, leaving only the palms of the hands and the soles of the feet. This makes activities and even walking somewhat difficult for them. Leprosy remains a taboo disease for the Ouatchi until the arrival of colonists and modern medicine, which showed that leprosy is a contagious disease. However, the fear and quarantine of a person affected by leprosy have not completely disappeared from the consciousness of the Ouatchi population to this day, according to our informants.

Leprosy in the Nawda region: The Nawdeba live in the Nawda country and are part of ancient migrations. This term encompasses the ethnic groups that arrived very early in the territory of present-day Togo to settle alongside the original population. For this reason, they occupy a vast plain between the Kabiyè mountains and the Défalé range in a beautiful region made up of palm trees, which play an important role in their diet. According to oral sources in the Nawda region, leprosy was considered a curse. It is still a misfortune cast by the ancestors on a person who transgresses social norms in the Nawda region. As in the Kabiyè region, some considered the disease a spell, while others saw it as a divine punishment following the theft of a crop from the field. In this case, one becomes leprous when the victim files a complaint with the diviner. The diviner will make sure to collect the fingerprints

left by the thief at the scene of the theft. This is followed by a meticulous secret preparation known only to the diviner, and it is then that leprosy appears in the real culprit, along with the shrinking and loss of fingers and toes. Given the contagious nature of the disease, these people were kept away from the community to prevent the spread of the epidemic. Lepers were marginalized because they were partly considered great sorcerers. All lepers were expelled from the Nawda community and sent to Kolowaré (a village in the Central Region). When they died and were brought back to the village, they were not allowed to enter the house through the main entrance. It was rather from the back, and they were not buried with the others, especially since their cemetery was separate.

The Perception of leprosythe Moba-Gourma in Northern Togo: The Moba-Gourma constitute the largest population group found in the Dapaong region in the far north of Togo, which borders Burkina Faso. This group is made up of the Moba, who are the original inhabitants of the region, accounting for 5.4% of Togo's population, to which other ethnic groups have been added, including the Gourma, who make up 3.5% of the country's population. The latter are immigrants who came from southeastern Burkina Faso to settle alongside the Moba (B. Tcham, 1992, p. 72), hence the expression Moba-Gourma to refer to the group.

Among the Moba and Gourma of Northern Togo, according to the information collected by Elise Waldja, leprosy or gbarim in the local language, was a disease with various origins. It could be natural or come from a malicious person. Indeed, just like the other diseases that plagued the region long before colonization, leprosy affected both men and women. Naturally occuring, it could also, according to the information gathered, come from a spell cast on a person. This is what emerges from the information collected from Twada Gbâbitugu Delphine, who was diagnosed with and cured of leprosy:

When I was younger, I had been married off to a man I did not love. Forced into my in-laws' house, I managed to escape. On the way to my village, I felt uneasy. Once I got home, my parents took care of me, though they would surely take me back to my husband. Shortly after, I noticed sores on my fingers and toes that, despite traditional treatment, would not heal. It was therefore a curse cast by my in-laws to prevent me from remarrying. Unlike in other localities in Togo, the leper (gbaril), despite his disease, was not quarantined. He lived with the family whose head was responsible for finding him a spouse. Once married, the other members of society were expected to respect him and help him in daily life. It is thanks to France's health initiatives that leprosy has been gradually brought under control in the Moba-Gourma regions of Dapaong and in other localities of Togo, as K. B. Alonou also noted (2003) and (1994).

The modern understanding of leprosy and appropriate treatments: Togo is one of those rare countries that experienced two colonial periods. First, the German colonization period, which began in 1884 following the signing of a protectorate treaty between the German Gustav Nachtigal and the representative of King Mlappa III of Togoville, ending in 1914 following Germany's defeat in World War I in Togo. Then, the French colonial period, which began in 1915 and ended in 1960 following Togo's independence. The modern conception of leprosy thus emerged in Togo during the colonial period from 1884 to 1960, when various administrative officials undertook the organization of the territory for its economic exploitation. Indeed, for the effective development of the territory for the cultivation of industrial crops intended for export to Europe, it was necessary not only to educate the populations but also and above all to protect them against endemic and epidemic diseases. Leprosy is prominently among them. Thus, the Germans and then the French led the fight against leprosy.

The German colonial authorities facing leprosy: The modern understanding of leprosy began during the German colonial period. Indeed, following the report by Dr. KRUEGER, the state physician of Lomé, in July 1904 on the health situation of the district, the German government of Togo undertook the construction of a leprosy hospital in Kangni Kopé, northeast of Lomé. Placed under the authority of the state physician of Lomé, the Kangni Kopé leprosy hospital suffered from no rational management. As soon as Dr. KRUEGER's approval is obtained and the creation of the center is included in the 1906 budget, a plan to set up the necessary equipment is initiated. This plan provides for:

- Housing for the doctor;
- A laboratory;
- Rooms for the guards, the assistants, the suspects, and the sick.

The total cost is estimated as of September 23, 1906, at 7,765.15 marks by Mr. W. RING. The work did not take long, and in less than three months of intense activity, the Kangni Kopé leprosarium became operational. Other developments later helped to increase the center's capacity. But the First World War, which broke out in 1914, ended the German presence in Togo. And after the Treaty of Versailles on June 28, 1919, Germany was held solely responsible for the war and lost all its colonies worldwide. It thus relinquished its rights and titles over Togo, which was entrusted to France and Great Britain by the League of Nations (the LN), under a type B mandate. Togo under British mandate is administratively attached to the Gold Coast (now Ghana) and governed from Accra, while Togo under French mandate maintains its autonomy from Dahomey and becomes French Togo. France undertakes the administration of French Togo and the fight against endemic and epidemic diseases, including leprosy.

The French colonial authorities facing leprosy: After the First World War of 1914-1918, the leper colony of Kangni Kopé, built by the Germans, lost many of its residents, and only four people suffering from mutilating leprosy remained. Despite the public authorities' efforts, which included restoring the Kangni Kopé leper colony, it did not achieve its objectives, especially since the facility became a lower priority. The leprosy control commission would no longer take into account the existence of such an operational leper colony. The leper colony of Kangni Kopé is falling into oblivion, and the leper village of Akata Djokpé in Kpalimé in the southwest of Togo is taking over. Only a short time after the construction phase of the Akata Djokpé leper colony, the accommodations became insufficient due to the increasing number of new arrivals and the living conditions of those who reside there. The small rooms originally intended for two beds often contain four patients, or even more. Subsistence crops are cultivated all around the village by able-bodied lepers. Fruit trees are abundant and are the exclusive property of the lepers.

Table 1.

First and last names	Age	Profession	Date and place of the interview
AFANGBEDJI Kokou	70 years	Farmer	Interview on November 4, 2024, in Kouvé/Yoto Prefecture
AGBODJI Fiopémé	60 years	Nyigblin priestess (avési)	Interview on November 22, 2024, in Bè Dangbuipé
ALANGUE Komlanvi	80 ans	Nursing assistant	Interview on November 5, 2024, in Yoto
EDOH Sétodzi	37 ans	Historian, regent of the customary throne of Bè	Interview on November 22, 2024, in Lomé
DATEY Atsou	75 ans	Farmer	Interview on November 4 in Ahépé-Séva
ESSO Armand M.	42 ans	Cultural engineer, writer-journalist	Interview on August 26, 2024, in Lomé
KOUMI Kossi	82 ans	Notable	Interview on November 5, 2024, in Yoto
MAMA Abdoul Fatao	64 ans	Farmer	Interview on November 6, 2024, in Mandouri
TWADA Gbâbitugu Delphine	84 ans	Housewife	Interview on November 7, 2024, in Tantigou (Dapaong)
WALDJA Elise	-	Historian/teacher	Interview on November 12, 2024, in Lomé

Apart from the chief physician of the Kpalimé subdivision who regularly goes there for work sessions, the commissioners of the Togo colony periodically visit the leper village. One of the important visits is that of the commissioner of the Montagne Republic. His visit takes place as part of the festivities marking the inauguration of the leprosarium set for December 28, 1939. Also noteworthy is the visit of the defender of the cause of lepers worldwide, Raoul Follereau. He went to Akata Djokpé on February 16, 1956, during his three-month journey across Africa. For its proper functioning, the leper village of Akata Djokpé in Akata is placed under the technical responsibility of the chief doctor of the Kpalimé health subdivision. The lepers also have the option to choose among themselves a representative responsible for representing them to the higher authorities of the segregation center. To do this, elections are held every year, and the one who has made the most impact on the village is a man named Govina Arnold. He can read and write Ewe and has been able to get married.

In February 1956, in accordance with the instructions of the Director of Public Health, the Akata Djokpé segregation center changed its name to “Akata Medical-Social Center”. The new name given to the center reflects the change in orientation in line with the principles of the modern leprosarium. Apart from the leprosarium of Akata Djokpé in southern Togo, it is also worth noting the one in Koloware in northern Togo. Construction began in January 1931, and by February 1931, there were already 130 lepers. They all come from northern Togo and hail from the towns of Sokodé, Bafilo, Daoudè, Koumondè, Sousou, Agoulou, Kri-Kri, and Tchamba, among others. The name Koloware comes from a river that borders the village on its eastern side. In Sokodé, the missionary sisters of the Congregation of Our Lady of the Apostles settled in the district on September 13, 1943. They take care of a clinic and a school in the leper village of Koloware. In fact, it was in 1944 that they began visiting Koloware, the leper village located east of Sokodé. In 1953, they established there a community entirely dedicated to the care of these patients.

The arrival of French missionary sisters marks a decisive turning point in the lives of leprosy patients, who from then on receive continuous care. With the management of the leprosarium entrusted to them, the sisters quickly moved to establish the remaining health and educational infrastructures. They provide valuable care to leprosy patients and act as true "mothers" for their children. When the Sisters of Our Lady of the Apostles arrived in Koloware in 1953, there were already 425 people suffering from leprosy. In Sokodé in particular, there were many leprosy patients at an advanced stage, and some had completely deformed faces (J. Martet et al, 1995, p. 254). The French missionary nuns responsible for this healthcare work are first, Sisters Auguste Noélie Chamoret, Marie-Alfred Hélène Hasboun, Marie-Rosius Suzana V.D. Woud; then, Mother B. Vianey, Anne-Marie Angst as well as Sisters Angiolina Estérina Bianchi, Marie-Lucien Antoinette Utard and Yves-Etienne M.-F Grivault from the year 1957 onwards. While the first settlers of the Koloware leper colony arrived there under duress, later waves did so voluntarily when people became aware of the need to receive treatment at the colony. The factors contributing to this renewed interest are numerous, namely:

- the first lepers were not exterminated as many thought;
- The sick, in addition to the tax exemption, received an allowance that allowed them to live. Among these lepers, some managed to save a little money which they sent to their parents who had stayed in the village;
- The health of leprosy patients improved thanks to observed hygiene rules and free treatment;
- Finally, there is no discrimination or prohibition; marriage was even tolerated.

For all these reasons, Koloware then becomes a mosaic of peoples, including not only the Kotokoli but also the Kabiyè, Lamba, Losso, Peulh, Yaka, Mina, Tchamba, Bassar, etc. Nationals from the neighboring colony of Dahomey are among the residents of the center. In terms of education, it was not until 1955 that the first school opened its doors. Thanks to the Colonial Administration and the French nuns of the Congregation of the Sisters of Our Lady of the Apostles, the population became aware that leprosy, far from being a punitive disease, is in fact a chronic bacterial disease and is part of tropical diseases. Two types were distinguished:

Tuberculoid leprosy: this is the TT or paucibacillary (PB) form. This form of leprosy is the most common. She associates:

- Large depigmented patches on the skin, and this area of the skin has become numb to touch, with well-defined edges, single or few in number, etc;
- Nervous disorders affect the limbs, with disturbances in skin sensitivity (anesthesia). Without treatment, skin abnormalities located in the area supplied by an affected nerve can progress to ulcers, perforating pains, paralysis, and mutilations. These patients are not contagious; the

bacillus load of the lesions is zero or low: bacilli are not found in the dermal fluid of the earlobe, and little or none are found in the skin biopsy.

Lepromatous leprosy: it is the LL or multibacillary (MB) form; it is a systemic disease, that is to say, affecting multiple organ systems, but where skin and mucous membrane lesions predominate. The skin examination reveals hypochromic muscles, subtle with blurred contours. In the absence of treatment, typical lesions appear, known as lepromas, which are plaques, papules, or infiltrated nodules with diffuse, poorly defined borders, a shiny coppery hue, and normal sensitivity (without anesthesia). These skin lesions are numerous (several dozen), distributed over the entire body. This occurs in a rather bilateral and symmetrical way. The extremities (fingers, toes) and the face are preferentially affected.

Regarding the main cause of bacterial leprosy, it is about 95% due to the Hansen's bacillus. However, it is noted that not everyone in contact with this bacillus develops the disease. Factors such as genetic predisposition may also explain the progression of the disease to the LL stage.

Finally, regarding the mode of transmission of leprosy, it is generally spread through the air. The skin route is also a means of spreading Hansen's bacillus, named after the Norwegian who discovered this bacillus.

- Saliva: if an infected person receives no treatment, the oral droplets they emit, spread through the air, can transmit the disease to someone nearby.
- nasal secretions: nasal droplets spread in the air are vectors of transmission;
- Transmission through the skin or cutaneous: it can occur through close contact with a sick person; by animals: during research on leprosy in history, it has been found that transmission can also occur from animals to humans, for example with armadillos.

It should be noted that using an infected object such as a towel is not without risk. Indeed, it is a real breeding ground for bacteria. Even in practice, it is human contact that is the primary means of transmission.

CONCLUSION

Ultimately, leprosy, or Hansen's disease, named after the Norwegian Gerhard Armauer Hansen who identified the bacterium Mycobacterium leprae in 1873, is a chronic infectious disease. Of bacterial origin, it particularly affects the peripheral nerves, the skin, and the mucous membranes, causing severe disabilities. It is endemic in certain tropical countries, including Togo, but is not very contagious. However, leprosy remained incurable and highly disfiguring for a long time, leading here and elsewhere, before and during the colonization from 1884 to 1960, to the systematic exclusion of lepers and their grouping in leper colonies as an essential preventive measure. It was indeed only after the widespread use of sulfonamides in the early 1950s, that is in 1953 in French Equatorial Africa (AEF) and in 1955 in French West Africa (AOF), that screenings became truly effective and at the same time the endemic situation began to decline.

From 1945 to 1960, the fight against leprosy in Togo and elsewhere in Africa was carried out mainly under the responsibility of doctors from the French Colonial Health Corps, the heads of the SGHMP sectors who were gradually replaced after independence in 1960 by national doctors. This is how we simultaneously observe a gradual decline and then the disappearance of prejudices against leprosy, which is no longer seen as a supernatural or punitive disease. This is also thanks to missionaries in general and to French nuns of the Sisters of Our Lady of the Apostles congregation in particular, who have been settling in Koloware in northern Togo since 1953. Since then, the disease has continued to decline to the point that Togo reached the threshold for leprosy elimination in 1996. From 2017 to 2000, 273 cases were detected across the country and managed according to the World Health Organization (WHO) protocol in healthcare facilities. Rehabilitation and social reintegration take place in the Akata Djokpé centers in the Kpélé prefecture in the Plateaux region in southern Togo and in Koloware in the Tchaoudjo prefecture in the Centrale region in northern Togo. Thanks to the efforts of the government and its development partners, including the WHO, leprosy is now on the verge of disappearing in Togo.

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