



Managing Epidemics in Ancestral Yorùbá Towns and Cities: “Sacred Groves” as Isolation Sites

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Abstract The COVID-19 pandemic is firing up our imagination about how to account for the past epidemics in archaeological contexts. This essay is a reflection on some of the historical cases of epidemic outbreaks in Yorùbá history, and what we can learn from social memory, oral traditions, and recent eyewitness accounts on how microbial attacks were managed in ancestral Yorùbá urban centers. Malignant microbes usually thrive in the kind of settlement configurations—dense towns and cities—that supported the preferred sociopolitical organization among the Yorùbá for over a millennium. Sacred groves were incorporated into the ancestral Yorùbá urban planning. They served many roles, including as isolation centers for managing epidemic outbreaks. Such isolation sites are difficult to identify in archaeological contexts without the aid of historical sources. However, contemplating how these special spaces were embedded in the past Yorùbá cultural lives could broaden our imagination of social regeneration processes in times of crisis (e.g., infectious disease).

Résumé La pandémie COVID-19 stimule notre imagination sur la façon de rendre compte des épidémies passées dans des contextes archéologiques. Cet essai est une réflexion sur certains des cas historiques d'épidémies dans l'histoire de Yorùbá et sur ce que nous pouvons apprendre de la mémoire sociale, des traditions

orales et des témoignages récents sur la manière dont les attaques microbiennes ont été gérées dans les centres urbains ancestraux de Yorùbá. Les microbes malins se développent généralement dans le type de configurations de peuplement - des villes denses - qui ont soutenu l'organisation sociopolitique préférée des Yorùbá pendant plus d'un millénaire. Les bois sacrés ont été intégrés dans l'urbanisme ancestral Yorùbá. Ils ont joué de nombreux rôles, notamment en tant que centres d'isolement pour gérer les flambées épidémiques. Ces sites d'isolement sont difficiles à identifier dans des contextes archéologiques sans l'aide de sources historiques. Cependant, envisager la façon dont ces espaces spéciaux ont été intégrés dans la vie culturelle passée des Yorùbá pourrait élargir notre imagination sur les processus de régénération sociale en temps de crise (par exemple, les maladies infectieuses).

Keywords Sacred groves · Epidemics · Urbanism · Yorùbá · Ilé-Ifẹ · Oyo-Ilé

Pehe, an infectious disease of the respiratory organs, ravaged the capital of the Oyo Empire in 1831 (Johnson 1921, p. 215–216; Fig. 1). It reportedly killed thousands of people. The king, Alààfin Májòótú, was among its victims. The pestilence of 1831 seems to be a culmination of the four-year recurrent epidemic outbreaks in the capital. In his visit to Oyo-Ilé in 1827, Cornish explorer Richard Lander observed that those suffering from infectious disease(s) were removed to an isolation center, in a bush, about half a mile from the city. The sick were

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placed “underneath the branches of trees...” (Lander 1830, p. 219). The law prescribed that their nearest of kin must provide them with food and water. Unfortunately, the year 1827 was unlike any other time in Oyo-Ilé. The metropolis was already debilitated by famine as a result of drought and political unrest that began about a decade earlier. The pandemic was, therefore, a rub of salt in the wound. There was little food for the healthy. Richard Lander noted that many of the sick people in the isolated center, who were of poor backgrounds, died from starvation rather than the contagion. Not surprisingly, social class mediated the impacts of the epidemic, in terms of the quality of care for the sick and the rate of survival.

The COVID-19 pandemic and its psychological and social consequences, not to talk of political and economic impacts, give some new perspectives on how to imagine epidemics in the past societies. Africa has had its share of microbial attacks, neither more nor less than other climes. But the details of these epidemic outbreaks are usually missing from our understanding of deep-time African history. The reason for this is not far-fetched. The ecology and material evidence of microbial epidemics are difficult and expensive to pinpoint in archaeology (Pfeiffer, this forum). Instead, we have sharpened our methodological tools, especially with archaeobotany and geoarchaeology, to detect droughts and other environmental perturbations. As a result, we have developed great models and interpretation frameworks for understanding the intersections of drought and sociopolitics and vice versa (e.g., Logan and Stahl 2017). Both droughts and infectious diseases are products of ecological perturbations, but they cannot be understood outside the sociopolitical and environmental contexts. Those contexts aggravated the impacts of the 1827–1831 cycle of epidemic outbreaks in Oyo-Ilé. The health crisis also significantly distracted from finding solutions to the political and environmental problems of the time. Those problems included intra-elite political conflict in the metropolis, the underclass and provincial rebellions in the empire, external aggression, multi-year droughts, and debilitating famine (Ogundiran 2020). Before the epidemic of respiratory infections descended on the metropolitan area at different periods between 1827 and 1831, the capital had lost most of its workforce due to the underclass rebellion of 1817. The provincial revolts had also reduced the empire to about one-third of its size, and drought and famine had emaciated the entire population. Hence, although Pẹḥẹ reportedly killed

thousands in the metropolis in 1831, the city had already lost more than half of its ca. 100,000 people to migration and untimely death due to the aforementioned crises. The units of our archaeological observation cannot be as fine-scaled as the eyewitness accounts reflected in Richard Lander’s travel accounts and Samuel Johnson’s magisterial history of the empire (Johnson 1921; Lander 1830). However, those of us working on the archaeology of the recent past have the advantage of meshing such accounts with material records. These eyewitness accounts challenge us to rethink our models and assumptions about the adaptive strategies and coping mechanisms that the past societies used to deal with epidemical outbreaks.

Oyo-Ilé was evacuated in 1836, not because of the epidemic outbreaks but because of the political crises that predated and outlasted the pathogenic attacks. Unfortunately, the memory of the isolation site’s location has not survived. While Lander’s story provides no clue on how we might trace and identify this isolation center, it leaves us with many questions. What would the site look like today in the archaeological landscape? Was this the only isolation site for managing infectious diseases in the history of Oyo-Ilé? Was it even the only one established to contain the epidemics of 1827–1831? How do we go about detecting such sites in the archaeological record, especially around the perimeters of the city?

Sacred groves were integral parts of most of the Yorùbá towns and cities that survived until the 1950s. Some neighborhoods within these urban centers even had their designated sacred groves. Only a few have survived until today. These groves are important religious sites and are the focal points for commemorating ancestral legacies and renewing communal solidarity. I have found them indispensable for answering questions about community sociogenesis (Ogundiran 2002, 2014; Ogundiran and Ogunfolakan 2017). In the past, those who suffered from unknown ailments, especially contagions, were also brought to some of these groves, similar to the process of isolation that Richard Lander documented in Oyo-Ilé in 1827. In addition, they were the sites where those who died of unusual circumstances, such as deceased pregnant women, were buried.

The indigenous Yorùbá urbanism has been a topical subject in anthropology and cultural geography since the 1960s (e.g., Bascom 1969; Mabogunje 1967; Wheatley 1970). The status of cities and towns as the core of Yoruba sociopolitical organization seems to

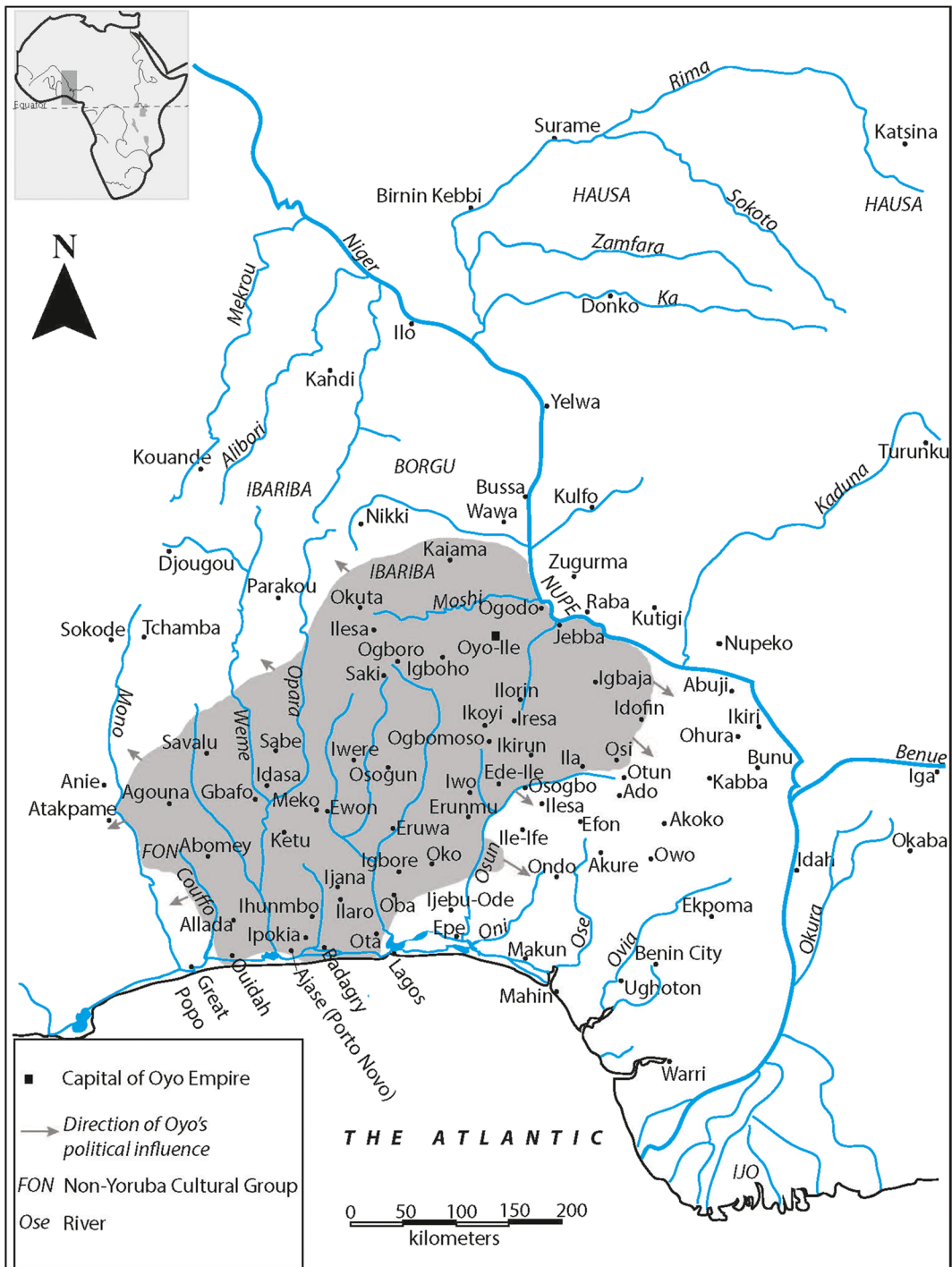


Fig. 1 The Oyo Empire, 1776

predate the eleventh century. The largest of these early urban centers was Ilé-Ife, a name that means “house of abundance.” It was an emporium, an industrial center, a pilgrim city, and the capital of an empire ca. 1000–1420,

during the Yoruba classic period (Ogundiran 2020). At its height, in the mid-fourteenth century, Ilé-Ife was a vast metropolis comprising of a 5-km wide city, a sprawling suburb of 5–7 km in radius, and an estimated

population of about 70,000–105,000 people (Kusimba et al. 2006).

The oral traditions and embodied ritual practices of Ilé-Ifẹ indicate that two episodes of epidemic outbreaks bracketed the city’s classical period. The first was associated with the conflict between two factional groups—Qbátálá and Odùduwà—who fought over the control of the nascent city sometime in the late tenth or early eleventh century. The stalemate between the two ended when a bout of pox epidemic, possibly a *Variola* (smallpox) outbreak, ravaged the stronghold of the Qbátálá faction. Weakened and decimated, the group was forced to arrange for a truce with the opposition—the Odùduwà group. The annual Ìtápá festival in present-day Ilé-Ifẹ commemorates the end of that conflict and the reconciliation that followed. Ìtápá also memorializes the pox outbreak, as evident in the imagery of smallpox lesions painted on the bodies of Qbátálá priests with white chalk during the festival (Olupona 2011; Fig. 2). The festival is a memory work of about a thousand years.

The second epidemic event happened in the last decades of the fourteenth century. The city was suffering from economic recessions at that time. Regional sociopolitical instabilities as far as Western Sudan had contracted Ilé-Ifẹ’s long-distance commerce—the basis

of its economic and political dominance. On top of this, recurrent episodes of drought worsened the floundering economy of the city. Local historians tell us that what was once a city of abundance became a land of scarcity (Horton 1992, p. 135). Conflict, high mortality rate, and emigration depleted the city’s population. Similar to what happened in Qyó-Ilé in 1827–1831, epidemic outbreaks were part of these cascading perturbations. The archaeological research in Ilé-Ifẹ has not captured any of these details. The stratigraphies of memory rather than of sediments are our only guide to these critical aspects of the past. However, both archaeological and historical research indicates that Ilé-Ifẹ experienced population decline in the late fourteenth through the mid-fifteenth century. The local memory and cultural archives of Ilé-Ifẹ provide the framework that we can use to explore the multidimensional reasons for the decline. And, if the metaphor of “collapse” is our preference for interrogating that decline, we must be specific about what collapsed—demography or society; these are two different things.

The smallpox epidemic had been part of Yorùbá urban history for more than a thousand years, as the Ìtápá rituals in Ilé-Ifẹ indicate. Until its eradication in the twentieth century, no disease was as dreadful as smallpox among the Yorùbá in terms of its high rate of

Fig. 2 Bodily representation of smallpox epidemic during the annual Ìtápá festival in Ilé-Ifẹ



infection, propensity to spread and kill swiftly, and unpredictable reoccurrences. The seasonality of its prevalence, the height of the dry season (January–February), also made it an opportunistic killer. That is, it attacked its victims at the time they were most vulnerable—low food, low energy, and low level of immunity. Smallpox is feared for its indiscriminate attack, killing both the rich and the poor, and the disease is deified. Named *Ṣònpònná*, the deity has the appellation, “king of kings,” and many nicknames, including *Ọbalúayé*, “the king who is lord of the world” and *Babalúayé*, “the father who is the lord of the earth” (Idowu 1994 (1962), p. 99–101). The priests of *Ṣònpònná* presided over the management of the infectious disease. These priests did more than make sacrifices and pray to the deity. They were the medical specialists for preventing and treating smallpox. They immunized people through inoculation, provided medical care for the sick, and conducted burial for those who died from the disease. These priests were revered but also feared for their knowledge. After all, they had the know-how to contain and unleash the virus (Adeoti and Imuoh 2016).

Urbanism is a popular subject in archaeology. Cities and towns are one of the hallmarks of social complexity, as centers of innovation, wealth accumulation, commerce, and both vertical and horizontal differences (e.g., Monroe 2018). But urban centers are also combustion sites for epidemic outbreaks as we have already seen all over the world with the COVID-19 pandemic. Ironically, the type of settlement culture that the Yorùbá preferred was also the one that pathogens favored. The ancestral Yorùbá did not dismantle their cities to go live in dispersed communities due to the fear of epidemics. Rather, they integrated isolation mechanisms into their city planning. Some of the spaces we now call sacred groves served these isolation purposes. Embedded in virtually all precolonial Yorùbá cities and towns, these groves played essential roles in the management of crises such as epidemic outbreaks. Hence, the Yorùbá aphorism, *ìgbó nà ñ gbéléfòn rẹ̀*: “the bush is the home of a pox-afflicted person,” refers to the use of isolation practices for dealing with the outbreaks of infectious diseases (Ogundiran 2020, p. 156). Some of these bushes refer to sacred groves similar to what Richard Lander reported in *Ọyọ-Ilé* in 1827 (Lander 1830). Several of these have been excavated in *Ilé-Ifẹ̀*, *Ọ̀sogbo*, *Ọ̀wò*, and *Ìlārẹ̀*, among others (e.g., Eyo 1976; Ogundiran 2014; Ogundiran and Ogunfolakan 2017).

We stand to gain a lot of insights from studying how sacred groves served as isolation centers for managing epidemical outbreaks in Yorùbá towns and cities. Who brought the infected to these groves? What protection gears did they wear? Is it possible that the *pààkàrà*, a branch of the Yorùbá masquerading (*égúngún*) tradition, played a role in the challenging task of evacuating the sick and carrying them into the sacred groves (isolation sites)? Literally, *pààkàrà* means “roam about.” Young men, usually of the underclass, were associated with the *pààkàrà* masquerades. These were the kinds of individuals who would have been recruited for moving the sick from their homes to the groves. They also possibly delivered food, water, and medicine to the sick people in these isolation centers. Unlike the ancestral masquerades, the *pààkàrà* costume is not voluminous and flamboyant but covers the entire body like the other *égúngún*.

Sacred groves are not the only place to look for the spatiality of epidemic disease management in Yorùbá towns and cities. The city perimeter walls served defensive purposes against seen and unseen enemies (including malignant microbes) and were used for controlling the movement of people. Their gates gave and denied access to those wishing to exit or enter the city. For sure, they were important sources of the state revenues in the form of the levies collected from visitors and citizens passing the gates. However, during the times of epidemic outbreaks, these gates became part of the strategy for controlling the spread of infection.

The human tolls of COVID-19 pandemic and its social, political, economic, and psychological impacts have raised questions and stimulated new thinking on how ancient African communities managed microbial invasions. The ancestral Yorùbá maintained their cheek by jowl urban residential patterns for more than ten centuries despite the periodic outbreaks of epidemics like smallpox and infectious respiratory diseases. We need to pay attention to their settlement landscape and the social ecology of their urbanism to understand how they achieved that feat. We should also be attentive to their stratigraphies of memory and cultural archives. These tell us that the ancestral Yorùbá were aware of some aspects of the germ theory of disease before these were widely accepted in Western science during the nineteenth century. Like many other West African peoples, they practiced inoculation to build immunity against smallpox (Holloway 2005, p. 39). During epidemic outbreaks, they used “sacred groves” to isolate

the sick from the healthy. And, in extreme cases, whole compounds were abandoned or burnt to slow down infection rate. With these preventive, proactive, and defensive strategies, the ancestral Yorùbá urban culture survived many of those cycles of microbial attacks for about a thousand years.

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