

Socio-Economic Impacts of 1918-19 Influenza Epidemic in Lagos

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Abstract

The 1918-19 influenza pandemic remains the worst plague in modern history. The Spanish flu killed over 50 million people worldwide, including over 2 million deaths in sub-Saharan Africa. The Spanish flu provoked profound disruptions of social and economic activities globally. In Lagos, the commercial nerve center, and the settler's capital of Nigeria, the influenza outbreak decimated 3.5 percent of its population over a month. The piece studies the social and economic effects of 1918-19 influenza in Lagos. The thesis maintains that the epidemic occasioned profound dip in cash crops and scarcity of staple foods. The study revealed that enormous influenza deaths provoked disruptions in agricultural and economic activities. Previous research on the subject had focused on the political and social implications of 1918-19 influenza measures on Lagos inhabitants. However, this study outlines the social and economic implications of an epidemic. Focusing on Lagos, the capital of colonial Nigeria, illuminates our understandings on how epidemics impact the socio-economic spaces in a regional context.

Keywords

Influenza, Nigeria, Lagos, Epidemic, Spanish Flu, Economy, Flu

1. Introduction

The 1918-19 influenza pandemic otherwise known as Spanish flu, remains the worst pandemic in the annals of the modern era. The scourge which came in the aftermath of the First World War, accounted for the deaths of 50 - 100 million people globally (De Almeida, 2013). In sub-Saharan Africa, the Spanish flu killed over 2 million people (Ohadike, 1991). Nigeria remained one of the worst-hit

countries in the colonial era. Spanish flu killed about 500,000 inhabitants in a population of 18 million within six months (Ohadike, 1991). Lagos, being a coastal city and a commercial hub, suffered significantly more than other cities. The outbreak annihilated 1.5 percent of the Lagos colony and 2.0 percent in Lagos Township. The total grossed the entire average of 2.8 percent of people affected in the whole southern province.¹ Despite these staggering statistics, the socio-economic impacts of the 1918-19 influenza epidemics remained sparingly studied.

Hence, this becomes the central theme of this study. Since 1918, we have witnessed four influenza A pandemics which resulted in significant illnesses and mortalities (Gordon & Reingold, 2018). However, the annual influenza A and B infections have occasioned a greater health burden. Influenza infections exert a substantial toll on global morbidity and mortality annually. Each year the influenza virus affects 3 - 5 million people resulting in 290,000 - 650,000 deaths worldwide (WHO, 2018). Until recently, the focus of the impacts of influenza has been in the global north due to the favorable climate that often enables the dispersal of the virus. However, emerging data from the 2009 H1N1 pandemic, suggests that influenza exerts an even greater toll on patients in resource-limited environments due to diminished access to healthcare, limited healthcare infrastructure, and paucities of health care personnel (Fischer et al., 2014). For instance, influenza is responsible for roughly 28,000 - 163,000 deaths in Africa annually (Igboh et al., 2021; Lafond et al., 2021). The direct impact of these huge flu mortalities on the social and economic spheres of different households, communities, and African countries at large could not be overstated. Hence, this thesis focuses on the impact of the 1918-19 flu from economic perspectives in one of the most important sub-Saharan port cities in the colonial era.

From a global outlook, many scholars have explored the wider socio-economic effects of 1918-19 flu pandemic. For instance, in the United States of America, Lin & Liu (2014) and Almond (2006) highlighted the damaging impacts of flu on children whose mothers had influenza during pregnancy. Equally in the US, Brainerd and Siegler (2003) observed that states with heightened influenza fatalities during the 1918-19 flu witnessed robust economic development in the 1920s. In contradiction, Klepser (2014) outlined that influenza outbreak occasioned massive financial losses to the US administration. In Punjab, Ojo (2020) exposed that 1918-19 flu mortalities triggered scarcity of staple foods and escalation of their prices.

In the broader African context, there is a paucity of research concerning the social impacts of the Spanish flu. Most scholars prefer to dwell on the domineering undercurrents of the First World War. Only a handful of historians have unearthed the social impacts of the 1918-19 flu contagion on local inhabitants. Several research have dwelled on the colonial reaction to the epidemic and the diffusion characteristics of the virus. For example, Tomkins (1994) studied the colonial responses to the 1918-19 influenza pandemic in British Africa. Relatedly, Patterson

¹J. Beringer and M. Cameron Blair, Public Record Office (PRO), CO583/77, 5 September 1919, "The Influenza of 1918 in the Southern Provinces of Nigeria" *Ibadan Archives*.

(1983) studied the colonial responses and social influences of the pandemic in British West Africa. Similarly, some scholars examined the nexus between the diffusion of the flu virus and urban planning in tropical Africa (Curtin, 1985; Swanson, 1977). They discovered that poor environmental conditions and overcrowding facilitated the spread of 1918-19 influenza in sub-Saharan Africa.

However recent studies are focusing on the economic threat of influenza infections in the contemporary era, especially in middle- and low-income countries. De Francisco et al. (2015) highlighted the direct impact of influenza on health services and households, and the indirect costs on the wider economy due to labor output losses. Likewise, Fischer et al. (2014) highlighted the adverse global impacts of influenza with a significant focus on low- and middle-income climes. In sub-Saharan Africa, there is no dearth of scholarship outlining the direct and indirect economic burden due to influenza on regional and national perspectives (Tempia et al., 2019; Sambala et al., 2018; Emukule et al., 2015; Nyamusore et al., 2018; Theo et al., 2018). However, Heaton & Falola (2006) recommended that analysis of pandemic should reflect the unique social and cultural contexts of each society to outline the peculiar effects of such epidemics on distinct societies. This feature spurred our focus on this scholarship.

In the Nigerian context, Schram (1972) studied the diffusion, clinical manifestations, and other epidemiological characteristics of the 1918-19 flu in colonial Nigeria. He unearthed the morbidity and mortality patterns of the outbreak, and the risk factors responsible for its rapid dispersal. Similarly, Ohadike (1991) explored the local responses and diffusion pattern of 1918-19 influenza outbreaks in colonial Nigeria. He discovered that the panic evoked by the contagion facilitated the swift diffusion of the outbreak, further heightening the mortality of the outbreak. More recently, Olapoju (2020) while comparing the dispersal dynamics of the 1918-19 flu and the more recent COVID-19 pandemic, highlighted the role of transportation via rail and road as major vehicles of epidemic diffusion. In another vein, Itodo (2023) examines the socio-cultural consequences of 1918-19 influenza campaigns in northern Nigeria. He discovered the colonial government exploited local populations during the epidemic. However, these theses failed to highlight the economic implications of the Spanish flu epidemic. In a different vein, Jimoh (2015) examines the socio-political consequences of 1918-19 influenza campaigns in Lagos. He explored how the British handled 1918-19 influenza in Lagos. He attributed local adverse reactions of the natives to the extreme influenza measures of the British. Likewise, his study did not focus on the commercial effects of influenza on the social space of Lagos.

Therefore, this study emphasizes the social and economic consequences of 1918-19 flu epidemic in Lagos, Nigeria. It intends to study the implications of the 1918-19 flu outbreak and its campaigns in Lagos from socio-economic perspective. This exercise would illuminate our insights regarding the interface between economy and health outcomes in the framework of epidemic campaigns on a local basis. An analysis of this calibre would improve our knowledge concerning the

plausible social and economic aftermath of an epidemic on a regional setting.

We deployed relevant archival sources for this historical thesis. They include Annual Colonial Reports, Colonial Public Records, Colonial Newspapers from Ibadan archives and Public Record Office, London.

2. Historical Epidemiology of 1918-19 Influenza in Lagos

Influenza epidemics date back to antiquity. They decimated populations and shaped the history of empires and kingdoms. The earliest recorded epidemic was in 212BCE during the Syracusan war (Crockshaft, 1922). An unknown respiratory infection affected and killed large numbers of Syracusan and Roman soldiers, resulting in large numbers of unburied corpses. Also, influenza epidemics were recorded from the Middle Ages to the early modern era. From 1170 to 1889, there were six reported cases of influenza pandemics, which afflicted mainly Europe (Patterson & Pyle, 1984). However, from 1889 to 1997, the world witnessed ten deadly epidemics due to the growing ease of transporting people and goods through rail, road, and sea networks. These are consequences of globalization and industrialization—a blessing as far as world economic development is concerned. But it was a bane regarding the swift propagation of pandemics, including 1918-19 influenza.

Spanish flu was unique in specific ways. First, it spread rapidly to virtually all the corners of the globe with unusual mortalities and exceptional virulence. The H1N1 strain of influenza caused the 1918-19 pandemic; its virulence surpassed other previous strains. Spanish flu afflicted a third of global population while slaughtering about 100 million people (Kolata, 2000). Hence, it remained the worst—known pandemic in the modern era’s annals of medicine. Then, it differed in epidemiological characteristics from previous outbreaks. For instance, the 1889-90 influenza elicited an M mortality pattern, killing older adults and younger children, sparing young adults. Contrastingly, the 1918-19 influenza primarily claimed the lives of productive young adults between the ages of 25-34 (Noymer & Garenne, 2000). It mainly preserved older adults and young children. Thus, it displayed a W mortality pattern, thereby decimating the world’s virile age group predominantly, and bringing global powers, administrations, and economies to their feet (Tomkins, 1994).

In sub-Saharan Africa, the 1918-19 influenza claimed over 2 million persons within a month (Ohadike, 1991). The virulence of the influenza virus and its associated fatalities were unprecedented and unmatched in local contexts. It ravaged the continent in three waves, from August 1918 to January 1920. The second wave was more catastrophic regarding human losses and its catastrophic socio-economic impacts.

Even though the origin of the virus remained contentious, its dispersal was exacerbated by fluid human transportation occasioned by the dynamics of the First World War, hence transporting it from Europe to Africa. In West Africa, a ship conveyed infected passengers to Freetown in Sierra Leone in August 2018.

Similarly, another ship, *SS Shonga* transported flu patients from Freetown to Cape Coast. Spanish flu came from the shores of the Ghana, formerly known as *Gold Coast* to Nigeria. Lagos officially recorded its first influenza cases on 14 September 1918.² An American Ship, *SS Bida*, conveying 269 passengers from Ghana landed in Lagos port on 14 September 1918. The port officials allowed passengers to freely disembark and disperse into local populations without necessary quarantine measures. Ghana had warned its Nigerian counterpart of the existential threat of influenza and the need to take adequate precautions and Nigeria itself emphasized that:

Concerted action on the part of all colonies is necessary ... for mutual advantage to notify each other at the earliest instance and allow preventive measures to be taken ... not to give necessary information “a day after the fair”³

Therefore, the negligence of Lagos port officials, despite prior warnings of influenza on West African shores, facilitated its outbreak in Nigeria. The Acting Governor of the Lagos Colony attested to the complacency of the Lagos Sanitary Officer in his memo to the British Secretary of State:

.....The master of the S.S. “Bida” was one of the few ships’ captains who brought was also recognised pilot of the port of Lagos, and, therefore, brought his ship directly alongside the customs Wharf without usual boarding by one of the official pilots stationed in Lagos, who would, in accordance with instructions at the time in force, have inquired into the history of the vessels.⁴

By late September 1918, the plague had spread inland through the fluid inter-connecting rail and road networks to the hinterlands. Consequently, inner cities such as *Abeokuta and Ibadan* became infected with the contagion. By October 1918, it had spread like wildfire triggering massive mortalities in South West Nigeria.

3. 1918-19 Influenza Epidemic Mortality in Lagos

Available data shows that 1918-19 influenza killed 500,000 thousand people out of a population of 18 million in Nigeria.⁵ This data is profoundly modest considering the devastating fatalities of influenza in southern Nigeria, including Lagos. Colonial medical officers specifically computed cases and deaths under their direct jurisdiction—primarily in the hospital environment without recourse to a myriad of unreported influenza-related deaths in the rural communities. As **Tomkins (1994)** succinctly states, “mortality figures are unreliable, especially outside

²*Report of the Influenza Epidemic in Lagos*, Public Record Office (PRO), London (1919) CO879/118 25, April 1919, Ibadan Archives.

³*Nigeria Annual Medical Report*, CO 657/8/I1920/I, 1918, Ibadan Archives.

⁴*Report of the Influenza*, 1919.

⁵Public Record Office (PRO) CO583 /77, 5 September 1919.

of urban areas, but the epidemic was undoubtedly severe”. Hence, the present influenza mortality rate remained a gross underestimate of the real mortalities of the Spanish flu in Nigeria. Attesting to this assertion, Beringer, an acting senior Sanitary Officer of the southern provinces of Nigeria stated:

Indeed, it may be taken as a very conservative estimate because untreated cases must have had at least as heavy as mortality as those coming under the direct observation of Medical Officers even though the latter could not deal effectively with the enormous number of cases that occurred.⁶

By trusting his position, one could infer that roughly a million souls perished from the Spanish flu in Nigeria. In that vein, exceedingly more than the recorded 4000 people died from Spanish flu in Lagos. Nonetheless, deploying the available data for this study, the flu death rate in Lagos grossed other provinces. In total, Lagos lost 3.5 percent of its population, a death rate that far exceeds the average sum of 2.8 percent for the entire southern region of Nigeria.

Table 1. Mortality pattern of 1918-19 influenza pandemic in Southern Nigeria.

Province	Total Population	Number of Deaths	Percentage death to Population
Lagos Township	82,000	1200	1.5
Lagos Colony	148,000	2877	2.0
Abeokuta	328,300	3283	1.0
Benin	388,000	15,700	2.6
Calabar	1,182,500	35,175	2.9
Ogoja	923,360	62,832	6.8
Onob	316,300	9490	3.0
Onitsha	1,970,000	39,510	3.0
Owerri	1,372,700	41,181	3.0
Oyo	1,550,000	29,750	1.9
Warri	614,400	14,663	2.3
Total	9,075,560	255,663	2.8

Source: Public Record Office (PRO) CO583/77, 5 September 1919.

Table 1 also shows that significant port cities such as Lagos had more influenza mortalities than the adjoining South Western cities such as Abeokuta and Oyo. It is noteworthy that inadequate sanitation, poor drainages, and poor living conditions enabled rapid dispersal in heavily congested cities such as *Lagos, Calabar, Ogoja, Onitsha*. They consequently recorded the highest mortalities from the plague of influenza. A Lagos Newspaper lays credence to this:

That the disease spread rapidly and played much havoc in the overcrowded

⁶Beringer, “Influenza Epidemic”.

and unsanitary parts of the native town [Lagos]. The conditions under which a good many people live in this town are awful. Their houses are dark and dingy or damp. No light or air penetrates into their rooms and one of the lessons this epidemic has taught is that efforts must be directed to opening out the congested districts, building model houses for the poor to occupy, granting free lands formative settlements in the Ikoyi plains and helping the people as much as it can be done in getting them to appreciate the value and worth of sanitation, of living in well-ventilated houses and healthy surroundings.⁷

This daily highlight the main precipitating or enhancing factors for the spread and hence mortality of contagious diseases in developing clime. Overcrowding, poor living conditions, and lack of urban planning are the pertinent preconditions for faster spread of a virulent disease like the flu.

4. British Response to 1918-19 Influenza in Lagos

In Africa and elsewhere, the legitimacy of colonialism often depends on medical advancement. Colonial enterprises usually go hand in glove with medical experimentation. The eventual scientific discoveries unraveled mysteries surrounding many tropical diseases. In sub-Saharan Africa, the British discovered an effective treatment regimen for endemic diseases such as malaria, tuberculosis, yellow fever, and cow diseases. These infections had hitherto threatened the core foundation of their colonial empire. The cutting-edge discoveries of the late nineteenth century stemmed the tide of such transmissible diseases and stabilized the governance of most colonies to a considerable extent. For instance, the epic discoveries of Ronald Ross and Patrick Mason in the 1890s helped to understand the etiology and the nature of spread of malaria and tuberculosis respectively (Forrester, 2016).

However, the influenza pandemic of 1918-19 presented a distinct proposition. The outbreak took most colonial powers by surprise. Hence their response was lacklustre and uninspiring. Nevertheless, there are specific reasons for this defect on the part of the colonial administration. The epidemiological characteristics of the influenza virus that broke out in 1918 remained a mystery. By nature, the influenza virus can mutate from one period to another, and over different locations with different epidemiological features. For example, as initially stated, the epidemiological attributes of the Spanish flu were dissimilar to the 1889-90 flu. Thus, the colonial medical structure could not appropriately handle the clinical manifestations of the scourge.

Therefore, it was unsurprising that extreme containment and quarantine measures underpinned their influenza campaigns in Lagos, just like anywhere else. Against the backdrop of a grueling war that had drained substantial resources, it was a rational decision at that period. As Tomkins (1994) rightly stated, “the epidemic exceeded the experiences and resources of colonial Medical Departments”. In this regard, the British promptly set up ship quarantine systems that prevented

⁷ *The Lagos Standard*, 23 October, 1918.

suspected ships from boarding directly into the shores and removing contacts from ships to quarantine stations to combat the diffusion of flu via the sea route.

Removing contacts from the ships and shore to the quarantine station, so long as this measure gave any hope of being of service. From ocean ships, this applied as a rule to passenger only, as the ships with crews were usually kept isolated so long as they were considered infected, or until they sailed.⁸

Apart from these comprehensive measures on ships and shipping institutions, many houses also underwent fumigation and spraying with sulfur and a solution of cyclin disinfectants. Even despite all these intrusive measures, the scourge continued to decimate Lagos and its environs. The medical officers were overwhelmed and confused by the surging numbers of sick influenza patients and the dead. As [Patterson & Pyle \(1983\)](#) commented, “physicians could do nothing but order rest and symptomatic treatment and record the epidemic’s progress”. The severity of 1918-19 influenza in Lagos possibly shaped other responses of the colonial administration. The British closed schools, administrative offices, cinemas, churches, and mosques. All public gatherings and social meetings remained proscribed during the period. It was an era of high tension and panic heightened by massive influenza mortalities and its comprehensive measures. A Lagos-based newspaper, *The African Messenger*, captured the grim moments of the outbreak with these comments:

...The mortality while the epidemic lasted was so high that there seemed to have been one continuous stream of funeral procession day in day out. The energies of ministers of religion as well as gravediggers, not to talk of undertakers, were taxed almost to breaking point in order to cope with the demands that were being made on their services⁹.

Due to escalating flu deaths in Lagos, the colonial administration invoked the stipulations of the Health Ordinance Act in 1917 ([Jimoh, 2015](#)). The provisions of this Act were draconian on local populations, as Sanitary Officers now had legal permission to carry out house-to-house inspections for influenza victims. Under this medical regulation, the forceful detention of people in quarantine centers became legal. The aggression with which medical officials implemented these regulations further heightened the panic and tensions that were already pervasive. Apart from undermining their privacy and fundamental human rights, it also threatened the natives’ social and cultural fabric. According to [Arnold \(1993\)](#), colonial powers often deployed epidemic campaigns to assert dominance over the natives. It aptly captured what transpired during the anti-influenza campaigns in 1918-19 Lagos. As imagined, “colonization of body begets concealment of the body,” and other uncooperative local reactions towards colonial efforts during the influenza moments in Lagos.

⁸Public Record Office (PRO), London (1919) CO879/118 *Report of the Influenza Epidemic in Lagos*. 25 April 1919.

⁹*The African Messenger*, March 9, 1922.

5. Local Response to British Influenza Measures

For the active implementation of Health Ordinance provisions, the British required more personnel. Given the shortage of the workforce during the 1918-19 influenza epidemic, the colonial administration promptly forwarded a circular to all government departments and parastatals to solicit volunteers that would engage in house-to-house inspection.¹⁰ Nevertheless, their efforts did not impact positively on the overall fight against the epidemic. Many volunteers were infected and the colonial state was overwhelmed with massive flu mortalities. According to the colonial administration, “victims were lying on the street, while rescuers also became victims.”¹¹ Thus, it became increasingly difficult to trace infected subjects for quarantine, disinfection of their abodes, and proper burials of influenza bodies. The colonial medical system, therefore, became overwhelmed and helpless. In their moment of helplessness, the colonial government stated that it was “quite impossible to curtail the spread of the disease”.¹² It therefore triggered mistrust of allopathic medicine amongst local populations.

Regarding the local response to the scourge, the natives tried to relieve the clinical manifestations of the contagion to reassert the significance of their indigenous canons in the context of the flu epidemic. However, their reactions were uncoordinated and mainly unimpactful. Consequently, their spirited efforts were largely incapable of stemming the swift spread or the calamities wrought by the epidemic in South West Nigeria including Lagos. According to Dalziel (1973), Dr Sapara, a renowned Western medical practitioner interested in Yoruba medicine used the *Rauwalfia vomica* plant as an antipyretic with mixed effects during the epidemic. Also, a distinguished social activist, Chief Mrs. Ransome Kuti highlighted that many natives boiled the leaves of a local plant called *Asofeiyeye* to relieve the fever occasioned by the flu epidemic in South West Nigeria including Lagos.¹³

In a related vein, albeit from a spiritual perspective, the growth and proliferation of African Pentecostal Churches (APCs) in early twentieth-century southwestern Nigeria influenced local response to the influenza menace. APC’s cardinal thrusts are premised on divine healing, fervent prayer, prophecy, and fasting. It was during the 1918 flu outbreak that a prayer group of Yoruba Anglicans, which renounced all forms of medicine but prescribed divine healing and prayers was formed in *Ijebu Ode* (Roberts, 2003). They subsequently spread their teachings to other parts of southwestern Nigeria. Many adherents of these churches denounced all forms of medicine thus resorting to spiritual warfare to combat the contagion. While these had largely psychological effects on the adherents, it had ineffectual impacts on redressing the spread of flu mortalities in Yorubaland.

Consequently, most Lagos residents sought various local remedies to end the catastrophe wrought by deadly influenza. Like its allopathic counterpart, traditional medications and spiritual concoctions proved ineffective in managing the

¹⁰ *The African Messenger*, March 9, 1922.

¹¹ Public Record Office (PRO), London, 1919.

¹² Same footnote in 11.

¹³ *Extracts from Minutes of Meeting* No. 15/1949 of the ENA Central Council, NAI, ECR, October 24, 1949.

outbreak. In the words of *Ohadike (1991)*, “Because medical officers could not provide a definite cure or prevention against the 1918 outbreak, the population resorted to all forms of vain remedies”. Some natives drank alcoholic spirits such as whiskey and brandy as remedies,¹⁴ some consumed traditional concoctions and herbal remedies.¹⁵ When all failed, people took to their heels, and fled to the hinterlands due to pervasive panic. According to *Tomkins (1994)*, “once established in Lagos, the epidemic caused widespread panic among local Nigerians, who began to flee in great numbers to the interior of the colony”.

The massive emigration of Lagosians further facilitated the spread of influenza into the hinterlands. Some observers have blamed Africans for scuttling the colonial efforts to curtail the diffusion and hence mortality of epidemic diseases in their localities. They believed this underscored the mistrust—Africans had for their colonial masters—leading to their disdain for Western medicine. For instance, a colonial administrator commented:

.....It is of very little use to distribute quinine or similar medicine amongst these so called low class natives, as they seem not to appreciate it, but believe that medicines supplied by Europeans do more harm than good.¹⁶

What such commentators fail to realize is the significant difference between Western medical science and the African traditional medical system. Allopathic medicine is premised on empiricism, while its indigenous counterpart is rooted in deep cultural and religious values. Besides, most Africans believed Europeans brought the flu pandemic to African shores in the first place, hence the apparent lack of trust in their control campaigns. The house-to-house inspection for suspected influenza sufferers, and the eventual housing in abject isolation centers somewhat hurt the socio-cultural sanctity of the natives. As a result, some Lagos inhabitants concealed their sick people as well as dead bodies from the intrusive sanitary officers. Many fled to the hinterlands and adjoining towns. Therefore, the adverse local response to influenza campaigns was predicated on local realities rather than sabotage of the colonial efforts. According to a popular newspaper in Lagos, the local antagonism of colonial efforts depended on the knowledge of the natives regarding the influenza campaign.

...The reckless disregard for human Native life displayed by the authorities ...people are hustled out to practically certain death in a building where ... those sent are obliged to lie on bare cement floor. It is not a wise thing to depend on force as the most essential weapon for stamping out an epidemic. The cooperation of the people is vital and cannot be ensured with the present methods, which make people run away not from fear of disease, but fear of officials and their ways.¹⁷

¹⁴ *The Lagos Standard*, 9 October 1918.

¹⁵ *The Lagos Standard*, 23 October 1918.

¹⁶ Report of the Chief Native Commissioner for Southern Rhodesia, CO 417/606/7739/18/19, 30 December 1918 (First cited in S. Tomkins, “Colonial Administration”).

¹⁷ *Lagos Standard*, 2 October, 1918.

6. Socio-Economic Impacts of 1918-19 Influenza Outbreaks in Lagos

In Lagos and other southern Nigeria states, the economic and social disruptions due to the 1918-19 influenza were unprecedented. Although the contagion lasted for a relatively brief period, it triggered severe scarcity and escalation in the prices of staple foods. Spanish flu also provoked the disorientation of essential public services. As *Ohadike (1991)* reported, “people could not go to work and commercial activities were severely truncated, there was substantial hike in prices of goods and services”. This is not the only reason for the hike in the prices of commodities in Lagos. The colonial state contributed to the inflation of the costs of vital goods in Lagos. They failed to curb the excesses of private outfits who exploited Lagosians through an arbitrary increase in the prices of staple food items and essential drugs.¹⁸ The panic and tension provoked by the colonial government further heightened socio-economic meltdown of Lagos. The colonial administrators perpetuated immense fear through sensational reportage of influenza news, a phenomenon *Tomkins (1994)* coined as “alarmist coverage of the epidemic”. As a result, many natives fled Lagos to adjoining towns and even rural communities. The mass flight of many productive Lagosians also triggered the inflation of food products. The fear of being dumped into unkempt isolation centers by sanitary officers forced many traders and businesspersons out of Lagos. Staple food commodities, thus became profoundly scarce, and essential public services were disrupted. *Beringer* observed that:

As a result of this and the numbers attacked the work of the Government, of the merchants and of the petty traders, of market and of the community in general came to a stop or nearly so. Ships could not load nor discharge, communications by road and river were interrupted, so were the postal and telegraph services, carriers could not be obtained, essential sanitary services were carried on with the greatest difficulty, in some cases the dead remained unburied, food became more scarce and dearer.¹⁹

Lagos, which harbored the busiest port and the commercial epicenter of the southern province, suffered severe economic losses. The ships in Lagos ports found it extremely difficult to load conventional cash crops such as cocoa, rubber, and cotton for export due to existing regulations. Besides, the transportation of farm products by road to Lagos from other major agricultural cities like Abeokuta, Ibadan, Oyo became truncated. Therefore, Nigeria’s export values dropped substantially in 1918—the year was profoundly burdened with the plague of the influenza pandemic. The quantity of vital export articles plummeted considerably in 1918, partly because of the negative influence of influenza. **Table 2** illustrates this assertion.

Table 2 shows that the volume of export crops in Nigeria plunged substantially in 1918 before it rose significantly in 1919. The only exceptions were palm oil and

¹⁸*Lagos Standard*, 18 October, pp. 9-16.

¹⁹*Beringer*, “The Influenza Epidemic”.

Table 2. Comparative table of principal articles for export between 1917 and 1919 in Nigeria.

Article	1917		1918		1919	
	Quantity	Value (£)	Quantity	Value (£)	Quantity	Value (£)
Benniseed..... (tons)	273	2376	42	696	57,074	53,541
Cocoa..... (cwt)	308,841	499,004	201,382	235,870	514,225	1,067,675
Cotton lint..... (cwt)	47,137	234,338	13,214	97,339	60,221	484,745
Rubber..... (lb)	878, 280	32,380	352,504	19,667	892,081	43,903
Shea Butter..... (tons)	3950	40,189	126	4884	1729	37,222
Palm Oil..... (tons)	74,619	1,882,997	86,425	2,610,448	100,964	4,245,893
Palm Kernel... (tons)	1,185,998	2,581,702	205,167	3,226,306	216,913	4,947,995

Colonial Reports—Annual, Report for 1918, p. 5 and Colonial Reports—Report for 1919, p. 4.

palm kernel whose export values rose steadily from 1917 to 1919, probably because they could be harvested at all times of the year, hence they were less affected by the moments of influenza. The enormous decline in export values of most cash crops underscored the encumbrances of the 1918-19 influenza outbreaks in Lagos. Besides, its mortalities affected port staff such as Dockers, longshoremen, stevedores, and other allied workers. The productivity of surviving workers became hampered, and the existing ban on port activities meant a profound dip in the productive capacities of port workers.

Probably more important to the colonialists, the plunge in the volume of main cash crops emphasized the impacts of the outbreak on the economic landscape of Nigeria. Demographic deficits caused by massive influenza mortalities profoundly subdued the productivity of the agricultural sector in southern Nigeria, including Lagos. It substantially hampered the collective productivity of farmers and allied workers and truncated the surviving workforce efficiencies. In other words, the exhaustion of the surviving agricultural labor force hindered vital farming processes like planting, harvesting, and processing of farm produce. Consequently, this impaired the food supply, ultimately triggering an escalation in the prices of staple food items. The annual Colonial Report of 1918 for Nigeria underscores this assertion:

In September a serious epidemic of influenza, which started in Lagos and rapidly spread throughout the country, caused the suspension and in some districts the total abandonment of all farm work. These circumstances naturally reduced the foods supply and in a measure were responsible for the subsequent inflation of prices. Plantations of cocoa and cotton also suffered considerably from the same causes, and in the case of cocoa this was accentuated by the low prices offered locally during the early part of the year and to the temporary closing of markets. In many cases the prices offered for cocoa were so low that growers were not even able to harvest and cure the crop at a profit. Plantations were neglected or abandoned and cocoa, which was stored in

anticipation of improved market conditions, became unsaleable through the attacks of mould and weevils. The neglect of the plantations is much to be regretted, for not only has it adversely affected the current crop, but it has favoured the development of fungus and insect diseases which will debilitate the trees and reduce their yields in the future.²⁰

The report above shows that the influenza outbreak caused major destabilizations in farming activities, which led to a substantial diminution in food crop supply in 1918. It consequently resulted in severe scarcity and the inflation of prices of staple food commodities. Cash crops such as cocoa and cotton which constituted the mainstay of the colonial economy also experienced a steep drop in production, consequent to the burden of influenza. While adverse weather conditions in the previous year, such as insufficient rainfall, contributed to the remarkable decline in crop output in 1918,²¹ the infiltration of influenza into Nigerian space including Lagos played a significant role in the scarcity and the escalation of food prices.

7. Conclusion

Lagos, the administrative and commercial capital of colonial Nigeria, suffered tremendously from the scourge of 1918-19 influenza. The colonial state was oblivious of the epidemiological characteristics of the Spanish flu. Thus, the British resorted to extreme containment measures, which proved ineffective in curtailing the spread and fatality of the contagion. These strategies consequently heightened the tension and panic of the natives. Hence, Lagos witnessed an unprecedented loss of human lives and severe socio-economic disorientations due to influenza and its ineffectual control campaigns.

Acute disruptions of commercial activities occasioned by influenza measures facilitated scarcity and subsequent inflation of commodity prices. Besides, the colonial administration perpetuated influenza panic that prompted Lagos residents to flee, thereby depleting the economic workforce of Lagos. Probably much more significant, the demographic deficits caused by influenza mortality and exhaustion of farmworkers provoked a substantial diminution in agricultural production resulting in a dip in cash crops. These factors consequently triggered severe scarcity and appreciation in the prices of food commodities. Thus, this study maintains that huge influenza fatalities and colonial response to the outbreak occasioned immense socio-economic disruptions in Lagos.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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²⁰ *Annual Colonial Report for Nigeria*, 1918, p. 7.

²¹ Same footnote in 20.

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