

**Necrosapes of Social Control and the Medical Philosophy of Interment in Cameroon: A Study of *PfenāMbvimā* in Kedjom-Keku**

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### **Abstract**

The discourse on death and many indigenous African mortuary practices have received critical attention and scholarship. However, little attention has been paid to indigenous African burial practices in relation to public health, disease and crime control. This article explores how forms and causes of death determine social control systems and medical philosophies of interment in Cameroon. The paper focuses on the philosophical foundations birthing the *PfenāMbvimā* (*the bottomless burial site*) in Kedjom-Keku. Using critical analysis of oral interviews, archival records and extant literature, we unveil how burial practices have contributed to the philosophy of medicine and history of social change in Cameroon.

**Keywords:** Burial Rites, Medicine, Ethnomedicine, Dead, Death, Social Control, *PfenāMbvimā*, Kedjom-Keku.

### **Introduction**

This paper examines the sociopolitical significance and medical philosophy of interment in colonial Cameroon. The idea of disease, health, and death is at the centre of medical ethics (VEATCH, 2006). Beyond ascertaining the criteria for a status of the dead (ABASI, 1995), the treatment of sick and dead bodies has often been a subject of philosophical thoughts relating to medicine, religion and ethics (AKETEMA and LADZEPKO, 2023; KASTENBAUM and MOREMAN, 2018). As observed by Evan Pritchard (1949), the issue of death is treated as a serious matter in African culture. Beyond the burial and the mortuary rites purportedly intended to separate the dead from the living (AKETEMA and KAMBON, 2023; SANOU, 2018), Africans “live in relation to the world of the dead, the world of the ancestors”, where the “living and the dead together constitute the social world” (LEE and VAUGHAN, 2008, 341). As Bradbury ndn (2016) noted, “There can be few “bigger” questions than the nature and development of human experience and self-awareness and few better ways to study it than through the changing treatment

of the dead over time” (2016, 561). In buttressing the foregoing, Semple and Brookes (2020, 11) affirm that the “geographies of death and burial, [...] are thus central to understanding human behaviours, past and present, in relation to understanding the fabric of existence in social, political and religious terms”. Here, the fossilization of “the spatial agency of the dead both above and below ground” characterized a necroscape (2020, 11). In this light, necroscape is a geographical and historical representation of social change through the agency of death, dying and interment. Even though the knowledge about death and the dead is treated largely as a cultural element, the nature of interment is informed by the prevalent philosophy of medicine in society.

The philosophical tenets of burial practices have often been analyzed in religious terms. For instance, it has been noted that African philosophy of death denies the natural causes of death, but rather seeks explanations about the origin of death through the mechanism of divination, in the realm of spirituality. As observed by Mosima (2022, 160), “it is only when the cause of death is revealed by the diviner that the survivors determine the type of burial rite appropriate for the deceased”, otherwise the society risks punitive measures from the great beyond. This is particularly true in the special cases of evil death.

Majeed (2022) noted the conception of evil death among the Akan people of Ghana, as ‘atofowuo’, “deaths that are conceived as unnatural or strange”, resulting from “premature deaths, like deaths by fire, lightning, drowning, being killed by a falling tree, by murder and mutilation, as well as losing one’s life through strange diseases” (2022, 61). Likewise among the Yoruba and Igbo ethnic groups in Nigeria, the Evil Forest (ANIZOBA ndn., 2021) was designated as dumping burial ground for people who died of unnatural causes. As Lee and Vaughan (2008, 345) note “Distinctions made between good and bad deaths often reflected moral concerns over the conduct [...] of the living. A shameful burial in part served as a warning to future generation”. In this vein, a portion of the landscape at *Kephem (PfenəMbvimə)* in KejomKeku was a site reserved for the shameful burial of people who died of evil death in colonial Cameroon (see plate 1).

**Plate 1:** A Bottomless Pit (*PfenəMbvimə*) Burial Site



**Source:** The Authors

The *PfenəMbvimə* was used as a traditional mass grave for the interment of indigenes who died of dreadful diseases, in mysterious circumstances or both. Executed criminals received the same form of burial as the aforementioned.

Indeed, the knowledge underlying burial practices as related to the treatment of the dead is cogent to understanding community and public health. Based on the critical analysis of oral interviews,<sup>1</sup> archival records and the extant literature, we unveil how these interment practices have contributed to philosophy of medicine and history of social control in an inter-cultural society in colonial Cameroon. We ask the question: What is the significance of *PfenəMbvimə* in disease management and social control in colonial Cameroon? This paper provides information concerning the relationship between the living and the dead through the philosophy and history of interment in colonial Kedjom-Keku, Cameroon.

### **Mapping the Social Structure of Kedjom-Keku**

Kedjom is one of the several independent polities that constitute the Tikar ethnic group of the North West Region of Cameroon. The origin of this polity can be traced as far back as the sixth Century. The Kedjom are people organized into two centralized chiefdoms known as Kedjom-Keku (Kedjom of the Forest) and Kedjom-Ketinguh. The Kedjom people are known to be Babankis. This name originated when the Bali Chamba and Bamum referred to them as Banki from which we have Babanki. The villages occupy contiguous territory between latitude 6 10 North and latitude 5 55 South and longitude 10 20 East and longitude 10 10 West. They share boundaries with Kom to the North, Babungo, Bamessing and Oku to the East, Bambili, Bambui and Awing to the South and Bafut to the West (VUBO 2001).

Bamenda Grassfields and Kedjom Keku, in particular, are organized into a complex structure, with each member of society belonging to a particular stratum. The structure of governance in pre-colonial and colonial Kedjom Keku revolved around chieftaincy and regulatory units. In pre-colonial and colonial Bamenda Grassfield, the traditional political institution was monarchical. The pre-colonial KedjomKeku society was not different (WIHBONGALE 2015, 2022). The chief (*fon*) was the hub of the political power. He was the supreme socio-political and religious authority of the village, even though he worked in collaboration with the other village priests; the *vupfems*. The *vupfems* had divine authorities and sacred attributes, and they were responsible for performing important rites in society. He was the chief priest of the village, the guardian of the land and the subject of liaison between the (gods) ancestors and the people of his village. The entire rite he performed was in respect of and harmony with the ancestors and geared towards the maintenance or the establishment of peace, prosperity and fertility in the land. These roles are not in themselves distinct from other indigenous African cultural practises where harmony, universal justice, truth, balance, reciprocity and reverence to Mother Earth which, sustain the living and the 'leaving dead' are the ultimate goals (AKETEMA and KAMBON 2021; IGNATOV, 2017). The *vupfem* was the guardian of the *mpfemse* (the god of mourning the dead). If any evil act was committed in the village and the culprit was not found, the *Fon* prayed to the *mpfemse* saying: "he who has done this, let

[the person] fall sick, let the person be seen (I. NDIFONDAM, Personal Communication, November 27, 2019).

The chief (*Fon*) at the apex of political authority was vested with powers to take final decisions concerning crucial political matters. He had the right to install nobles and to choose people to represent his interests elsewhere. He also had the prerogative to declare war against and/or make peace with his enemies. He was the main instrument of diplomacy as all negotiations, cooperative agreements with neighbouring chiefdoms, and the exchange of gifts were arranged by him. His word was the law and he had the power of life and death over his subjects. Soh explains the political rule of the *Fon* as follows:

The *Fon* was entirely responsible for the welfare of his people in his capacity as spiritual and secular ruler. He represented the chiefdom or [sent] his envoys on important occasions such as commemorating the death of a chief and the enthronement of a new chief, [and] participation in annual festival[s] organized by friendly chiefdoms, where his chiefdom is required to participate. The chief sends emissaries to friendly chiefdoms and [receives] envoys from them. (SOH 1984, 67)

The *Kedjom* chief enjoyed certain privileges. In principle, he owned all the land of the chiefdom and could give out virgin land to foreigners for settlement or grazing. Cultivable lands, oil palm and raffia bushes were reserved for him and his family. During the seasons of cultivation and harvest, each quarter had specified days to work on the chief's farms. Each quarter also had to furnish the palace (*ntuh*) with food, palm wine and other gifts. This was done in recognition of the chief's authority. Women responded to the authority of the *Fon* by prostrating and he was not supposed to be touched, or ill-treated, by any of his subjects (FUNTEH, 2011). The *ntuh* was the religious, cultural and administrative centre of the village. Although all final decisions were the chief's, decisions which concerned the entire village, community or its majority were taken after consultation with the village council and other palace staff (P.A. VUZHUNG, Personal Communication, December 13, 2019).

### ***PfenəMbvimə*: Origin and the social significance of the Burial Site**

Even though *PfenəMbvimə* might have existed as a pit since the precolonial era, the origin of the burial practice at the site can be traced to the activities of hunters in *Kephe* during the colonial period (V.W. CHIA, Personal Communication, March 12, 2017). The site was accidentally discovered by local hunters when some hunting dogs fell into the deep pit. These hunters reported the discovery to a paramount Chief, *Fon Vugah I*. According to local tradition, *Fon Simon Vugah I* designated *PfenəMbvimə* as a burial site in 1913 before he "disappeared" (died) in 1936.<sup>2</sup> The palace made a decision that indigenes that died of dreadful diseases and those who committed atrocities would be buried in the bottomless pit. The target diseases or illness included leprosy (*kənsoiə*), swollen stomach/cirrhosis

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(chi'i), pregnancy (əbəm), suicide (kəni'ŋ), insanity (kəmbə), abscess (tyəm'), swollen (awəmwiə), tuberculosis (kə'kesikətəkə') and epilepsy (kəmbvə). The other candidates for this burial practice were alleged witches (əzhi) and thieves (təf). It was announced that indigenes who died of dreadful diseases were not to be buried in their homes because these diseases were contagious and family members would keep on suffering from the epidemic. The bottomless pit was chosen as a new traditional mass grave to bury people who died of these diseases. GINNEH confirms that those who died from leprosy, epilepsy and suicide were buried by *ngangse* or *ngansih* (native priests) (GINNEH, 1975). Fons that disappeared (died) as a result of these diseases were forbidden to be buried at *pfənəmbvimə*. Traditionally, the *Kwifon* society buried the “missing” Fon in the royal cemetery inside the palace before his disappearance was announced to the community.

Moreover, those accused of thefts and evil practices, such as witches and wizards or for having killed somebody were forced to take an oath called *gwu*. This was a liquid herb drunk by accused indigenes while the repercussion was vomiting it to prove innocence, otherwise, they often died of poisoning (T.S. NJOH., Personal Communication, May 20, 2016). When the accused person had taken the oath, a large number of the people moved behind and sing a song; “*O gwu ha wik*” (may the guilty be exposed). Therefore, those who resisted the *gwu* but had committed the crimes were considered to be anti-*gwu*. The reason was that; they had fortified their bodies against any poisonous substance. To this effect, a royal masquerade called *KekumKeGwu* was used to kill the defaulters with the use of a stick called *ghəŋ* (F. VUYOF, Personal Communication, March 15, 2017). This interment rite or burial practice reveals public health intervention and the control of societal vices in Kedjom-Kekou through the strategic elimination of the infected bodies in society. We investigated the medical philosophy underlying this interment practice and changes brought about by colonialism in Kedjom-Keku, Cameroon.

In Kedjom-Keku, those who died of dreadful diseases were said to have had *pfubighə* (bad death) and needed the attention of *pfəmsi* or *pfemse*. The *pfəmsi* were special elders from the community who cleaned people and places where abomination, suicide or deaths from a contagious disease occurred (G. Vusi, Personal Communication, March 12, 2017). A strict order was passed by the *Kwifon* society, which instructed *pfəmsi* to pin a spear in front of the deceased's compound. This spear signified that only special elders could view the corpse before it was removed from the house by the *pfəmsi*. This is a form of quarantining the dead to avert the spread of infectious diseases or socio-spiritual transmission of misfortune in society.

Moreso, a strict order was passed by the *pfəmsi* that the corpse should be considered villainous, contaminated, and needed to be avoided. In order to remove the corpse from the house, *pfəmsibva'abungəŋ* (made a hole in the wall of the house through which the corpse was removed at night) and was taken for burial at *pfənəmbvimə* (V.W. CHIA, Personal Communication, March 12, 2017). This practice of breaking the wall to evacuate the corpse rather than using the door is a traditional strategy of pathogen prevention through the contaminated door handles and other accessories. As observed by LANG (2015), amongst indigenous people, rituals were intended to cleanse the community when there was pollution and

misfortune. In colonial Cameroon, the corpses were transported with *ku'* (ladder) at *pfenəmbvimə*.

The use of different signs and signals was to notify the community of the type of frightful disease the person had died of (V.A. VIRSI, Personal Communication, June 8, 2015). A glaring example was the case of leprosy, when the excreta of goats were thrown on the roadside on their way to the burial site (Y.M. VUBANGSI, Personal Communication, March 10, 2017). The delegation was led by *Liimohbii* (royal masquerade), which comprised of the bereaved family members and mourners.

In Kedjom-Keku, traditional burial practices often had cultural and spiritual significance and were deeply rooted in specific ritual performances and mourning traditions. At the burial site, the bereaved family members and mourners stood fifteen meters (15m) away from the grave to bid farewell to the departed souls while the *Liimohbii* and *nganse* moved close to the grave and performed the burial rites. At this juncture, the *Liimohbii* paraded (*shen*) at this site, around the corpse, and suddenly *tsəf* (tipped) the corpse into the deep grave. After the burial, the *nganse* announced to the community that everybody who had a calabash (*kətyəm*) should fill the water half inside and pour the water on the ground. This signifies that the diseases had been driven away while the bereaved family head would then shout as a way to announce their loss in front of the calabash before the water was poured out on the ground in front of their home (N.R. LOBTE, Personal Communication, May 25, 2015). This is in line with ABASI's assertion that in Africa "death is a disruptive process [...] and the funeral rituals are meant to confront and overcome the loss, disorder and pollution caused by death (1993, 269)." Indeed, elsewhere, among the Kasena of North East Ghana, funeral ceremonies reinforce social affinity and communal survival in a time of crisis.

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The drama surrounding the demise of a *Liimohbrii* or *mobuh* (royal masquerade) as well as the activities of missionaries and the establishment of hospitals and health centers ended the burial practice in *pfenəmbvimə* Mass Burial Site in Kedjom-Keku. Oral history holds that the demise of a *Liimohbrii* (royal masquerade) remains an enormous reason which ended the indigenous burial practice in 1947. *Liimohbrii* is generally the *kwifon*'s messenger. This masquerade carried out clerical functions in the Kedjom-Keku chiefdom. The public outing of this masquerade with red feathers around his shoulder marks a burial at *pfenə*. On a particular occasion, an anti-*gwɛ* survival was to be buried alive. After the initiated rites had been performed by the cooperated members of the *kwifon* society, the masquerade was prepared to push the culprit into the bottomless hole. Suddenly, the culprit held and dragged the masquerade and both fell into the hole (M. NGEHSIE, Personal Communication, March 12, 2017). This brought confusion in the chiefdom. Amidst colonial intercultural exchanges, marked by modernization and the growth of Christianity, a decision was taken by the *kwifon* society (the council of traditional elders) to abolish the indigenous burial practice in 1947.

## **Missionary Activities, Disease Control and the Decline of Traditional Burial Rites at *pfenəmbvimə***

The activities of missionary societies in colonial Cameroon provided an alternative path to indigenous burial practices. FonVubangsi promoted Christianity and further opened the Basel Mission at Fundong, Kom and Bafmeng in the Menchum Division (GINNEH, 1975; MAYNARD, 2002). Other converts in the community were Rev. John Nkosu (Nkese) and Rev. Toh Jeremiah Mundi, who strengthened the missionary activities in Kedjom-Keku (MUNDI, 1990). They preached the text of the Holy Bible with emphasis on love and forgiveness. They were native missionaries known as “Self-Appointed Evangelists” in Kedjom-Keku (DAH, 2003, 46). Missionary activities succeeded in changing some African traditional values. As observed by GUY (2001), Christianity was easily introduced in Kedjom-Keku through the Fons, and “Self-Appointed Evangelists”, who later became ordained pastors who helped in preaching and spreading the Word of God against the indigenous burial practice. Afigbo explains that the Christian served as an effective means of gauging the reaction of the common people to the policies of the powers. The missionaries also had an immense knowledge of the customs, traditions and language of the people. This knowledge they placed at the disposal of the administration in the form of books, pamphlets and oral advice (AFIGBO, 1971). Missionaries who served in Kedjom-Keku used discussion methods to spread the Words of God as a form of wisdom and knowledge.

The growth of Christianity and the church marked the end of the traditional burial practice in the area (TSONGWAIN, 2015). Consequently, the people embraced the missionaries’ cemetery rather than a bottomless pit. The reaction of local rulers to the missionary intervention in burial practices in Kedjom-Keku was complex and multifaceted. The reaction was influenced by a range of factors like the attitude of the rulers towards the missionaries, and their perception of the impact of the intervention on traditional customs and authority. For instance, it has been noted that the FonVubangsi was more receptive to missionary intervention and recognized the potential benefits of the missionaries’ presence, such as access to education, healthcare, and improved social and economic conditions (Y.M. VUBANGSI, Personal Communication, March 10, 2017). Under his regime, he saw the need for social and religious reforms and considered the missionaries as agents of positive change. In this light, despite the resistance of the Kwifon society, the *Fon* embraced the missionaries’ teachings and supported their efforts to modify burial practices to align with Christian beliefs.

The missionaries preached and encouraged Christian burial in Kedjom-Keku. They explained that corpses should be dressed up in European attires and taken to church. This was to show the deceased’s commitment to God through liturgical rites such as wake-keeping, memorial service and burial at the cemeteries. Some of these cemeteries instituted by the missionaries are the Catholic cemetery at Fudieng and the Presbyterian cemetery at Mbwase and Fuphense quarters. More so, a wooden cross was pinned in front of the grave with a brief biography that concerned the deceased (full names, date of birth, date of death, profession). Therefore, Christians were made to understand that the church rite was the last service of love, which a congregation rendered to their deceased members (P.A.VUZHUNG, Personal Communication, February 13, 2016). It is

unsurprising, therefore, that the locals embraced Christianity in place of an autocratic traditional belief system.

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In Kedjom-Keku, the colonial policy on the treatment of the dead, burials, and cemeteries reflected the broader objectives and ideologies of a predominant European religion such as Christianity. The colonial authorities sought to impose their cultural and religious values on the local population while often disregarding or suppressing indigenous practices, as well as traditions related to death and burial. First, the colonial administrators denounced the local burial practices related to those accused of witchcraft. They insisted their corpses could be taken to the mortuary and given proper burial at a later date. The colonial incursion into local burial practices was marked by the colonial policy of establishing European-style cemeteries, which were often segregated along racial and ethnic lines in Cameroon. These cemeteries served as symbols of European dominance and control over the land when Christianity was introduced. For example, In Kedjom-Keku, corpses are often buried at Catholic and Presbyterian cemeteries in line with the religious affiliation of the deceased or their family members. As noted by Mbaku (2005), in the colonial era, churches could address many problems that had been the puzzle of traditional religion. Consequently, Christianity became very attractive as it offered new answers to social problems (MBAKU, 2005). In this way, the missionary infiltration of local religion was more successful than the colonial intervention in African customs in Cameroon. For instance, attempts by the British to persecute some traditional chiefs in order to control issues of witchcraft, ritual murder, and black magic failed in Kedjom Keku (THE GOVERNMENT OF GREAT BRITAIN 1922, 1928). The new form of Christian burial practice has been predominant in the Kedjom-Keku community since the 1950s. Moreover, the Christian doctrine of afterlife provides a rare synergy with the traditional belief in reincarnation (LEE and VAUGHAN, 2008). This provided a succour for the indigenous philosophy of death in the face of social change brought about by colonialism and missionary activities.

### **Colonial Medical Establishment, Disease Control and the Erosion of Traditional Burial Practices**

The colonial administrators in Bamenda Grassfields introduced quarantining and sanitary measures as part of their efforts to control and prevent the spread of diseases. These measures aimed to maintain public health and hygiene standards, especially in rural areas where colonial powers had established control.

The opening of hospitals and health centres in Kedjom-Keku was a significant factor which contributed to the termination of indigenous burial practices at *pfenāmbvimə* in 1947. In the colonial period, Kedjom-Keku society suffered from diseases and ailments such as malaria, blackwater fever, smallpox, sleeping sickness, dysentery, tuberculosis, syphilis, epilepsy, leprosy and swollen stomach (cirrhosis). People who had these diseases and died were buried at *pfenāmbvimə*. Before the establishment of the colonial hospital and health centres in Kedjom-Keku, the society used fresh leaves, seeds, animal bones, roots and bark of trees to cure diseases. The introduction of conventional medicines, institutional hospitals and health centres improved local healthcare in Kedjom-Keku, which reduced the number of casualties initially destined for *pfenāmbvimə*



(Y.M. VUBANGSI, Personal Communication, March 10, 2017). Elsewhere in colonial Uganda, it has been observed that “many parents in early twentieth-century Bunyoro apparently do [sic] not expect their new babies to live and they named them accordingly: Kalyongera (this one will also die), and Byarufu (this child belongs to death). [...] As infant survival rates improved in Bunyoro, these naming practices became less common” (LEE and VAUGHAN 2008, 347). Similarly, among the Yoruba people of South West Nigeria, the term “Abiku” (born to die) signaled a cultural belief in which a sizable percentage of infants were expected to die young due to their involvement in spiritual occultism (MCCABE, 2002). Mobolade (1973) noted that this belief system soon faded away in colonial urban centres due to the introduction of medical science and advances in genetics that stemmed the widespread phenomenon of sickle cell anemia among infants. This implies that the colonial medical establishment complemented the ethnomedical tradition, thereby reducing disease occurrences in colonial Africa, with implications for fundamental changes in medical philosophy and belief system.

Conventional medicine was introduced during German and British rules in Cameroon, at a time when endemic diseases like syphilis and leprosy were widespread. Under German rule (1884-1914), Rudin writes that it was discovered that one hundred percent (100%) of the natives had worms such as “*ankylostomiasis*” (RUDIN, 1938, 348). The Germans intervened through a constructive health policy in Kamerun (now Cameroon) under the German colonial constitution of 1886-1888 (NGOH, 1987). The scenario witnessed the construction of hospitals and health centres. The Germans carried out health campaigns and employed natives to explore natural resources used by the pharmaceutical industries (RUDIN, 1938).

Furthermore, Governor Seitz ordered German doctors to make regular visits to the plantations, at least every four months, to enforce the health decrees in January 1913 (RUDIN, 1938). The relevance of the health decrees was visible when the colonial administrators successfully taught natives the method of arm-to-arm vaccination during financed vaccination campaigns. Moreover, sanitary services, health education and propaganda, and the training of health personnel encourage the indigenous population to adopt modern health practices through the health decrees passed by the colonial administrators in Cameroon. The German colonial administrators encouraged the extensive use of quinine to combat malaria. In 1914, a special appropriation budget of 650,000 marks was used to carry out campaigns against diseases and was accompanied by a memorandum describing the station, and the lack of medical service. Some parts of the colony needed extra doctors, which met part of the 1913 budget and provided for forty-two (42) doctors (RUDIN, 1938).

During the British reign (1916-1960), the British administrators played a vital role in controlling the disease threats in British Southern Cameroons after partition in March 1916. It has been noted that disease virulence greatly slowed down colonial economic exploitation, development and social interactions (NGOH, 1996, 176). The health condition in the British Southern Cameroons was marked by outbreaks of epidemics between 1916 and 1945. The most prevalent epidemics were smallpox, yaws, influenza, dysentery and chicken-pox, tuberculosis, leprosy, measles and malaria (NGOH, 1996; ASONGWE, 2014).

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In 1916, the British Colonial administration established hospitals in each of the four divisions of the Southern Cameroon; Bamenda, Mamfe, Kumba and Victoria. By the 1930s, a special leprosy scheme had been integrated into general healthcare, coordinated by medical doctors, nurses, vaccinators, dressers, and dispensers. Each division of the colonial medical establishment had a medical officer and that of Bamenda was Dr. C.G. Grey (NGOH, 1996; NDAHGOH, 2011; FUNTEH, 2018). In the mid-1920s, Sir Leonard Rogers, a British Leprologist introduced the use of Alepol for the treatment of leprosy. This motivated the medical division in the Southern Cameroons to start developing an interest in anti-leprosy work. Alepol was used by the British Empire Leprosy Relief Organization (BELRO), which was created in 1923 to treat leprosy patients in the Southern Cameroons. The BELRO was in charge of coordinating anti-leprosy work throughout the British colonial empire, including Southern Cameroons (FORKUSAM, 1978).

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By 1945, over 18,000 persons had been vaccinated against smallpox, yaws and influenza. The introduction of improved medical equipment made the new hospitals center of diseases control and surgical procedures (FUNTEH, 2018; NEHTEGHA, 2014). Eventhough Kedjom-Keku society immensely used traditional medicine, the people embraced orthodox medicine(P.H. Vubangsi, Personal Communication, March 10, 2017). Most of the hospitals in Bamenda Division served people from Kedjom-Keku. The German and British health policies introduced in Cameroon helped to control locally targeted mysterious illnesses that had philosophically supported the traditional burial practices at *pfenāmbvimā* in Kedjom-Keku.

## Conclusion

This paper shows that philosophical thoughts on the dead manifests in interment practices. The engravement of the dead into a chosen landmass creates a tangible memory of the past. Social systems unconsciously embed the pattern of livelihood and associated stratification in the environment. As the case of *PfenāMbvīmā* reveals, burial practices were a method of infectious disease management and crime control among the Kedjom-Keku people of Cameroon. Regulations were executed through burial practices involving punishment for the violation of communal sanctions, as well as deterrence to potential violators such as thieves and witches.

Moreover, the responsibility for the management of the health of the body lies with the individual, as social regulation permits a humiliating burial for dead bodies attributable to “bad deaths” such as mysterious illnesses, thievery and witchcraft. The manner of death immediately creates identities that delimit mortuary rites and re-write the history of the dead and the living.

Subsequently, social change impacted social norms and regulations in colonial Cameroon. This was the case of missionary activities and the consolidation of colonialism with implication for interment practices and

jurisprudence. At the end, the burial and legal systems associated with *PfenəMbvimə* were brought to an end in the face of Christian mortuary and interment practices. Beyond the philosophy of medicine, this paper unveils a rare history of an African society through the ecology of death, the dead and the living.

## Declaration

\*The author declares no conflict of interest or ethical issues for this work

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