HISTORY OF COLONIAL MEDICAL AND HEALTH SERVICES IN IBADAN 1900 – 1960

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CERTIFICATION

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DEDICATION

To

Ayoni, Wuraola and Ayodeji

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LIST OF ABBREVIATIONS

IDC – Ibadan District Council
NA – Native Authority
NAI – National Archives, Ibadan
MOH – Medical Officer of Health
PHC – Primary Health Care
RWAFF – Royal West African Frontier Force
UCH – University College Hospital

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ABSTRACT

The provision of modern health services was a legacy of colonial administration in Africa. Yet, little attention has been paid to the history of medical and health development in Africa, especially Ibadan, which benefited greatly from the colonial health policy. This study, therefore, examined the changing trends in the growth and development of colonial medical and health services in Ibadan between 1900 and 1960 with a view to highlighting the impact of colonial medicine in the city.

Adopting an ethnographic design, the study utilised archival and oral sources. The former was obtained from the National Archives, Ibadan. It included Chief Secretary's Office Papers, Oyo Provincial Papers, Oyo Divisional Papers, Ibadan Divisional Papers, *Yoruba News,* 1924 – 1945; *Daily Times,* 1926 – 1960; *Daily Service,* 1933 – 1960 and *Southern Nigeria Defender*, 1944 – 1960. The latter comprised in-depth interviews with 35 people, ages 50 to 95, selected through a snowball approach and purposive sampling. The sample comprised traditional healers (10), Western-trained medical doctors (6), nurses (6) community elders (6), university lecturers (5), and civil servants (2). Data were subjected to historical analysis.

Colonial health services in Ibadan evolved in consequence of European health needs. These services were later extended to the local people due to the indispensability of indigenous labour to the running of the colonial state. With the opening of Jericho European Hospital (1900), Oranyan Dispensary (1901), Agodi Dispensary (1920) and Adeoyo Hospital (1927), the elite demonstrated enthusiasm in hospital treatment due to their exposure. A majority of the natives shunned medical amenities because of their negative perception of colonial medicine. Yet, hospital patronage for treatment of infectious diseases such as typhoid fever, yellow fever, guinea worm and non-infectious diseases, like hernia and asthma, increased from 590 (1928) to 12,351 (1945). This development was connected with colonial propaganda on hospital medication. The period also witnessed vaccination campaign against smallpox and introduction of maternal and child health services at Adeoyo, Elekuro, Aremo and Agbongbon which had positive impact on childhood mortality. Equally, building of public latrines (148), incinerators (50), and slaughter slabs (8) were some of the health measures carried out. However, hundreds of people did not have access to these amenities; overcrowding with insufficient beds, shortage of clinical personnel and drugs also characterised hospital services. This situation provoked virulent criticism of the colonial administration by the elite. They

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demanded more modern health services. Colonial administration partially responded (1946) with a Ten-Year-Medical and Health Development Plan which affected the whole country. This situation became consolidated with the introduction of free medical services by the Western Regional Government (1954). The opening of the University College Hospital (1957) and the inception of Ibadan Government Chest Clinic (1959) further enhanced expansion of health services. Yet, these facilities were largely concentrated in the city of Ibadan. Up till 1960, medical and health services were non-existent in the villages.

Colonial medical and health services which evolved between 1900 and 1960 occasioned a fair improvement in the medical condition and health status of the people of Ibadan. Therefore, colonial medicine in Ibadan was, overall, partially effective.

Key words: Colonial medical and health services, Colonial administration, Ibadan

Word count: 500

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CHAPTER ONE

INTRODUCTION

Background to the Study

A vital department in the administration of colonial societies in West Africa was the health service. The importance attached to health service had a link with the high rate of morbidity and mortality among the Europeans in West Africa. Malaria, yellow fever and other tropical diseases killed Europeans on such a massive scale that this part of Africa became associated with the frightening epithet, “The White Man’s Grave”.[1] It was this problem that actually determined the timing of the inception of colonial medical and health services. Indeed, there was a close relationship between the mortality of Europeans and the introduction of hospitals in Africa. Without the illnesses and deaths, which affected the Europeans, colonial health institution in West Africa would have been later, if it would be established at all.

The organization of health service for the Europeans was a rational step: it is only a healthy body that could generate higher labour productivity and wealth. A sick and dying European community in the colony could not serve the mission of colonialism. Total neglect of the local population would be unwise in view of the importance of indigenous labour to the running of the colonial state. They were needed to produce export crops and served in other areas critical to the running of the colonial state. Besides, the health of the local populace could not be ignored because of the high prevalence of infectious diseases to which the Europeans had built no immunity. In other words, sound health of the Europeans and the local people was indispensable to the realization of the

[1]For details on European mortality in West Africa due to malaria and other tropical diseases, see the following studies: L. J. Bruce-Chwatt and Joan M. Bruce-Chwatt, “Malaria and Yellow-Fever: the mortality of British expatriates in colonial West Africa” in E. E. Sabben-Clare, D. J. Bradley and K. Kirkwood (eds.) *Health in Tropical Africa During the Colonial Period,* Oxford: Clarendon Press, 1980, pp. 43 – 59. Equally useful is R. E. Dumett, “The Campaign Against Malaria and the Expansion of Scientific Medical and Sanitary Services in British West Africa, 1898 – 1910”, *African Historical Studies*, 1,2 (1968).

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mission of colonialism, namely, economic exploitation. Consequently, health-related studies of the colonial era are central to African historiography, telling us much about the attitudes, objectives and priorities of European rulers and Africans.[2]

The thrust of this work is the examination of the beginning, growth and consolidation of colonial medical and health services in Ibadan between 1900 and 1960. This is imperative considering the state of healthcare in Ibadan and other parts of Nigeria. Presently, healthcare in the country is poor and precarious. Hundreds of Nigerians die due to diseases preventable by vaccination, education and environmental improvements. Hospitals, as a result of inadequate funding and dearth of medical manpower, are more or less consulting clinics.[3] The maternal and under – 5 mortality rate in Nigeria is one of the highest in the world.[4] Safe water, which is an essential pillar of health, is not accessible to a greater percentage of the population in the urban and rural areas.[5] Poor sanitation and disposal of fecal matter complicate matters. Consequently, water-borne diseases and ailments associated with defective sanitation are rife in the country.

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[2]K. David Patterson, "Disease and Medicine in African History", *History in Africa*, 1,142 (1974), p. 148.

[3]No doubt, Nigeria is endowed with brilliant medical personnel and researchers. Poor remuneration coupled with inadequate working environment among other reasons discourage most of these experts to stay and work in the public hospitals. This situation is one of the factors affecting the doctor/population ratio in Nigeria. It is one of the lowest in the world. According to Dr. Olukoya Akinlade, a former scribe of the National Medical Association, there were 25,000 doctors to a population of 150m Nigerians, a ratio of one to 5000 as at 2009. Total number of doctors in the year was 49,000 but about 24,000 do not practice or are currently practicing abroad. *The Punch*, "Human Capital Development and Challenge in Health Sector", 11 December, 2009, p. 10.

[4]Current Health Statistics on Nigeria showed that 59,000 Nigerian women die every year during pregnancy and childbirth. In the same vein, out of every one thousand children born alive, 191 die before they reach the age of 5 years. In other words, about one fifth of Nigerian babies and infants die before they reach their 5th birthday. For details, see the following:
Websites: http://reproductiverights.org/en/feature/maternal-mortality-innigeria; www.Indexmundi.com/nigeria/children-under-five-mortality; http://www.onlineNigeria.com.

[5]According to Water/Aid Nigeria, not less than 63.5 million people out of 151.2 million people are without safe and potable water.

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Statement of the Problem

Health all over the world is regarded as a treasure. It is also seen as a condition of equilibrium. Statements such as "health is wealth" is instructive. Without it, material production, a basic feature of every society is inconceivable. On the contrary, illness and disease are dysfunctional to society. Both problems incapacitate and prevent effective performance of social roles. Consequently, every society has a deep interest in their control. Each society mobilizes itself against health challenges. This is done to preserve the value of health. A major way to restore and promote health is through medicine. The level of medical knowledge and practice all over the world, however, depends on the culture and development of a given society. While medical culture in Africa is shaped among other things by religious belief and environment, medicine in Europe and North America is based purely on scientific ideas. Following the imposition of colonialism, European medicine became established in Africa through the provision of hospital and health services.

Therefore, the study attempt to examine the changing trends in the growth and development of colonial medical and health services in Ibadan between 1900 and 1960 with a view to highlighting the impact of colonial medicine in the city. Besides, responses of indigenous societies in Africa to colonial medical intervention included outright rejection, acceptance and accommodation. Thus, the attitudes of local population in Ibadan towards provision of hospital amenities and treatment within the study period will be assessed so as to establish the nature of their reactions.

Objectives of the Study

Among the objectives of the study include the following:

(i) To delineate the medical culture and heritage of the people of Ibadan

(ii) To examine the historical process associated with the evolution and expansion of colonial health services in Ibadan, 1900-1960

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(iii) To evaluate the response of the indigenous population towards the provision of medical and health services

(iv) To analyse the impact of colonial medical and health services in Ibadan, 1900-1960

Research Questions

(i) What is the nature of indigenous medical culture in Ibadan?

(ii) How did colonial medical and health services evolved in Ibadan?

(iii) How did local population interpret European medicine and react to the provision of hospital and health amenities?

(iv) In what ways did establishment expansion and consolidation of colonial health services affect the population of Ibadan, 1900-1960?

Justification of the Study

A survey of studies on Ibadan written by erudite scholars like Bolanle Awe, I. A. Akinjogbin, J. F. Ade Ajayi and R. S. Smith show the emphasis of these authors on the exploits of Ibadan in warfare and military-related issues.[6]

Other scholars such as S.O. Biobaku, G. Jenkins and J.A. Atanda were concerned with socio-political history of Ibadan.[7] On the contrary, there is no work on matters associated with disease and medical system in Ibadan. Ironically, health and development in any society go together. Therefore, it became imperative to provide a modest literature

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[6]B. Awe, "The Ajele System: A study of Ibadan Imperialism in the Nineteenth Century", *Journal of the Historical Society of Nigeria* 3, 1 (1964), pp. 47 – 60, J. F. Ade Ajayi and Robert Smith, *Yoruba Warfare in the 19th century*, Ibadan: Ibadan University Press, 1964; I. A. Akinjogbin, "A chronology of Yoruba History, 1798 – 1840" *ODU*, *A Journal of African Studies*, 2,2 (January, 1966).

[7]S.O. Biobaku, *The Egba and their Neighbours, 1842-1872,* London: Clarendon Press, 1957; G. Jenkins, "Government and Politics in Ibadan" in P.C. Lloyd, A.L.Mabogunje and B. Awe (eds.), *The City of Ibadan*, London: Cambridge University Press, 1967; J.A. Atanda, *The New Oyo Empire: Indirect Rule and Change in Western Yorubaland,* London: Longman, 1973.

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on health service in Ibadan. Of course, the study is considered relevant and justifiable as it aspires to resurrect memory of medical developments in pre-colonial and colonial Ibadan. This attempt would certainly fill a gap in historical research and thus provoke more scholarship. Besides, application of historical knowledge as part of measures vital to the resolution of health crises in Nigeria underscores the relevance of this study.

Scope of the Study

This study is restricted to Ibadan, one of the most prominent societies in Nigeria which benefited greatly from the colonial health policy. It was populated by the Yoruba. Soldiering formed their major occupation in the pre-colonial period. Bolanle Awe actually referred to Ibadan as "a republic of warriors".[8] They also specialised in farming especially in the production of staple crops.

Ibadan, in the context of this study, covers the city and adjoining farm villages. It is located approximately on Latitude 7° 22'N and Longitude 3° 58'E of the Greenwich Meridian.[9] It may be roughly delineated as the area extending for about 70km from Iroko in the North to Mamu in the South. Presently, the area is made up of the following local government areas: Ibadan North East with headquarters along Iwo Road, Ibadan North West with headquarters at Onireke, Ibadan South East with headquarters at Ringroad. Other local government areas which circumscribe the city include Akinyele, Egbeda, Iddo Oluyole, Ona Ara and Lagelu.

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[8]Toyin Falola, *Politics and Economy in Ibadan, 1893 – 1945*. Lagos; Modelor, 1989, p. 3.

[9]R. K. Udo, "Ibadan in its Regional Setting" in M. O. Filani, F. O. Akintola and C. O. Ikporukpo (eds.) *Ibadan Region*, Ibadan: Rex Charles Publication, 1994, p. 9.

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Periodisation of the study is not fortuitous. The year 1900 represents a watershed in the social history of Ibadan. It witnessed the foundation of medical care based on institution and European ideas. Besides, drainage of swamp land at Oranyan in the centre of the town took place in the year.[†] It was indeed a novel development with important implications on healthcare delivery in Ibadan. Equally, 1960 was a remarkable year in the annals of history of Ibadan and Nigeria. It marked the end of colonial era in Nigeria. Significantly, the year witnessed emergence of the first set of locally trained medical doctors in the country.

Methodology

This study utilised primary and secondary sources. The former comprised archival materials such as federal documents, which include the Chief Secretary's Office Papers, Oyo Provincial Papers, Oyo Divisional Papers, Ibadan Provincial and Divisional Papers. It also embraced Government Papers and Reports. Oral evidence equally constituted a vital part of primary sources. In all, a total of thirty-five people were interviewed between 2007 and 2014. Among the people interviewed included ten traditional healers, six community elders, six Western-trained medical doctors, six nurses and midwives. This group also covered five university lecturers and two retired civil servants. Selection of these people was done through a snowball approach and purposive sampling. Formal technique of oral materials collection was employed.

Apart from prepared questions, discussions on the issue under investigation were often initiated to get clues and insight into the development of colonial health services

†In addition, the period marked the advent of the first crop of early medical doctors in Nigeria such as R. Akinwande Savage who qualified in medicine in 1900. For details, see A. Adeloye, *African Pioneers of Modern Medicine: Nigerian Doctors of the Nineteenth Century*, Ibadan: University Press Limited, Ibadan, 1985.

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and the reactions of local populace in Ibadan. Information derived from the above source provides a basis for corroboration of archival materials and clues derived from colonial newspapers. Some of the papers encompassed *Yoruba News*, 1924 – 1945; *Daily Times*, 1926 – 1960, *Daily Service*, 1923 – 1960; *Southern Nigeria Defender* 1944 – 1960.

The secondary sources consist of published books, Journal articles, unpubished theses, and resources obtained from the Internet. Significantly, inforamtion obtained from the primary and secondary source materials is set in a chronological framework.

Limitation of the Study

Available archival records reveal that colonial medical service in Ibadan commenced with the opening of European Hospital in 1900. However, Rev. David Hinderer and his wife, Anna Hinderer, came and settled in Ibadan towards the end of 1852. After lodging with the Head Chief for a while, they established the mission house away from the noise of the city, at Kudeti, on the southern side of the city.[10] By 1853, they had already founded a little day school. Of course, the presence of the couple attracted some other Europeans. With this picture, it is logical to suggest that a semblance of European medicine existed in Ibadan prior to 1900. Yet, incontrovertible evidence in favour of this suggestion appeared elusive. Efforts to locate records at the National Archives, Ibadan did not yield any positive fruit. Attempts to employ oral sources equally proved abortive moreso that a good number of eye witnesses of the period are deceased. It is hoped that subsequent research on health-related issues would unravel the appropriate period when European medicine originated in Ibadan.

[10]M. Oduyoye, *The Planting of Christianity in Yorubaland, 1842 – 1888*. Ibadan: Daystar, 1969, p. 269.

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Definition of Terms*

Clinic - A smaller health facility where both curative and preventive services are rendered

Dispensary - A small building staffed by a medical assistant, a nurse and also perhaps by a midwife. It is the smallest unit of a medical facility where minor ailments are cared for.

Disease - A disorder with a specific cause and recognizable signs and symptoms; any bodily abnormality or failure to function properly except that resulting directly from physical injury (the latter, however may open the way for disease)

Hospital - A medical unit with beds, staffed by someone capable of doing at least some emergency surgery and equipped with a theater, a laboratory and if possible an X-ray plant. An health institution where both out-patient and in-patient services are rendered.

Health Centre - A unit which provides a family with all the health services it requires, other than those which can only be provided by hospital. It is invariably bigger than a dispensary.

Health Services - Services concerned with health care. It involves clinical and community health services.

Health Education - persuasive methods used to encourage people (either individual or

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collectively) to adopt life styles that the educators believe will improve health and to reject habits regarded as harmful to health or likely to shorten life expectancy.

Medical Services- curative or clinical services rendered in a health facility.

Vaccination - innoculating an agent into a recipient to enhance antibodies production against infectious diseases.

Preventive Services- services given or rendered broadly to ensure the general wellness of an individual and also protection against the infectious diseases.

Literature Review

A lot of rich and insightful studies have been carried out on the history of medicine and diseases in Africa. While some of the works could be regarded as exploratory, others conceived their enquiry in form of political economy of health and disease. One significant study in the first category, *The Sudan Medical Service: An Experiment in Social Medicine*, provides a modest account of the medical history of Sudan.[11] Equally, it contains discussion on Sudanese medical education and epidemics as well as endemic diseases, which affected the country between 1904 and 1954.[12] Another work in this genre, *A History of Medicine in South Africa* gives a comprehensive description of development of European medicine between the mid-1890s and the end of the 19th century.[13] Important issues which received the author's attention include the following: formation of the Dutch East India Company, Surgical Guilds and Apprenticeships, Chaos of Cape Medical Practice, and Epidemics of Smallpox. Other vital subjects which Edmund H. Burrows examined were: 'The Pretoria Hospital

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*These are the terms adopted by the researcher for the study.

[11]H. C. Squires, *The Sudan Medical Service: An Experiment in Social Medicine*, London: William Heinemann Medical Books Ltd., 1958.

[12]H. C. Squires, *The Sudan Medical Service: An Experiment in Social Medicine*, London: William Heinemann Medical Books Ltd., 1958, pp. 21 – 58; 109 – 117.

[13]E. H. Burrows, *A History of Medicine in South Africa Up to the End of the Nineteenth Century*, Capetown/Amsterdam: The Medical Association of South Africa, 1958.

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Scandal', the 1880 War and its Medical Lessons as well as the Rise of Medical Organization.[14]

With the publication of David F. Clyde's detailed *History of the Medical Services of Tanganyika*, developments of medicine in East Africa became attractive and rewarding. The book provides vital information on the foundation of medical service in Tanganyika. This significant event unfolds as from January 1889 with the appointment of Captain Von Wissmann as Imperial Commissioner for East Africa by German Chancellor, Bismarck.[15] The former obtained instruction to crush Bushiri revolt of Arabs and establish German control over the coast of Bagamoyo. The medical service was at its inception part of Von Wissmann's military force. He arrived in East Africa with two medical doctors, namely, Carl Heinrich Schmelzkopf and Paul Kohlstock as well as four medical orderlies. This team provided medical treatment for casualties which accompanied German confrontation with Bushiri's encampment.[16]

Equally, it documents the pattern of medical problems such as malaria and sleeping sickness prevalent in Tanganyika.[17] In addition; measures adopted by the government to eliminate the above problems were evaluated. Besides, activities of the Medical Department during the First World War were clearly recounted. In a similar vein, preparations and accomplishments of the medical service in Tanganyika during World War II were identified and discussed.[18] The book also contains information on malaria

[14]E.H. Burrows, *A History of Medicine in South Africa Up to the End of the Nineteenth Century*, Capetown/Amsterdam: The Medical Association of South Africa, 1958, pp. 287 – 350.

[15]D. F. Clyde, *History of the Medical Services of Tanganyika*, Dar es Salaam: Government Press, 1962, p. 2.

[16]D. F. Clyde, *History of the Medical Services of Tanganyika*, Dar es Salaam: Government Press, 1962.

[17]D. F. Clyde, *History of the Medical Services of Tanganyika*, Dar es Salaam: Government Press, 1962, pp. 16-40.

[18]D. F. Clyde, *History of the Medical Services of Tanganyika*, Dar es Salaam: Government Press, 1962, pp. 101 – 154.

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control in Dar es Salaam between 1943 and 1947, medical research, 1945 – 1950; maternity and child welfare, 1947 – 1956 and vector borne disease, 1949 – 1960.[19]

No doubt, the study is a rich mine of information and it represents a significant contribution to scholarship. Clyde's opinion that before the formation of medical service, the people of East Africa were held in bondage of chronic disease, however, appeared strange and defective.[20] Admittedly, European medical intervention in Africa occasioned important improvements in the health and well-being of the people. Yet, it would be naïve and misleading to assume or insinuate that Africans did not have any medical system capable of addressing their health challenges prior to the introduction of hospital service. Regardless of this unacceptable claim, Clyde's book is still very useful and relevant to the understanding of developments of medicine in Tanganyika.

Knowledge of European medical intervention in East Africa became strengthened with the publication of *The Early History of Scientific Medicine in Uganda*. It is a detailed account of the beginning and growth of Western medicine in Uganda between 1870 and 1910. William Derek Foster's discussion included evaluation of the contributions of British colonial administration and the Church Missionary Society Medical Mission to the provision of hospital and dispensary services in Uganda.[21] He equally emphasized the activities of the Cook Brothers to the formation and extension of medical care to the local population in Uganda. Their invaluable roles in the establishment of Mengo Hospital in 1897 and Mengo Medical School in 1917 also came under focus.[22]

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[19]D. F. Clyde, *History of the Medical Services of Tanganyika*, Dar es Salaam: Government Press, 1962, pp. 155 – 183.

[20]D. F. Clyde, *History of the Medical Services of Tanganyika*, Dar es Salaam: Government Press, 1962, p. 1.

[21]W. D. Foster, *The Early History of Scientific Medicine in Uganda*, Nairobi: East African Literature Bureau, 1970, pp. 17 – 74.

[22]W. D. Foster, *The Early History of Scientific Medicine in Uganda*, Nairobi: East African Literature Bureau, 1970, pp. 41 – 74.

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Besides, the book shed light on disease pattern in Uganda. Expectedly, infectious diseases such as malaria, relapsing fever and Blackwater fever affected majority of the people in Uganda. Other common health problems in the country included sleeping sickness and veneral diseases such as syphilis. Interestingly, the publication gives an insight into the sharp disagreement between the missionaries and government officials over the body responsible for a large epidemic of syphilis in Uganda.[23]

In addition, analysis of the favourable reactions and response of the indigenous population to the introduction of scientific medicine provides a better picture of the history of medicine in Uganda.[24] However, it is surprising that the author failed to account for this important development. This omission is further aggravated by W. D. Foster's ignorance of any medical system in Africa. Yet, there is hardly any society in the world without a corpus of empirically tested knowledge of medicine. Africans, like other groups, all over the world have their own indigenous way of addressing health challenges.

Another important study which enriched scholarly discussion on the history of medicine in Africa is Ann Beck's account of the modernization and development of scientific medicine in Kenya, Uganda and Tanganyika during the first half of the 20th century.[25] Among the issues which came under discussion included the fight against tropical diseases in East Africa between 1900 and 1914. In the same vein, she evaluates the control of malaria and sleeping sickness between 1920 and 1930.[26] She equally

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[23]W.D. Foster, *The Early History of Scientific Medicine in Uganda*, Nairobi: East African Literature Bureau, 1970, pp. 79 – 83.

[24]W. D. Foster, *The Early History of Scientific Medicine in Uganda*, Nairobi: East African Literature Bureau, 1970, pp. 44-67.

[25]Ann Beck, *A History of the British Medical Administration of East Africa, 1900 – 1950*, Massachusetts: Harvard University Press, 1970.

[26]A. Beck, *A History of the British Medical Administration of East Africa, 1900 – 1950*, Massachusetts: Harvard University Press, 1970, pp. 105 – 126.

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considers the impact of World War I and World War II on the medical administration and presents general observations on medical services in developing countries.[27]

Beck strengthens the above work with another stimulating article, "The Role of Medicine in German East Africa". The paper examines the relationship between German colonial medical service and the structure of German colonial government between 1890 and 1918. In order for her to carry out the research, she selected three facets of the medical service for discussion: the structure and organization of the service, the control of epidemic diseases and the impact of medicine on African life.

Curing their Ills: Colonial Power and African Illness is another germane study with perceptive analysis on medicine and health development in East and Central Africa. However, it is not a conventional history of medicine in colonial Africa. It is rather an account of colonial discourses and practices informed by social constructionist approach. Megan Vaughan's view hinged on Turshen's opinion. The latter had already argued that Epidemiologists with their biological blinkers, will never be able to account for patterns of disease and their changes over time, if they continue to focus on individual pathology, rather than on society and on politics.[28] Accordingly, she examines the causes of epidemics like sleeping sickness and smallpox in East and Central Africa.

In a similar vein, she reflects on ideologies, practices and symbolisms of European medical missionary activities in Central and East Africa.[29] She also examined the distinction between missionary and secular colonial medicine. She established that secular colonial medicine regarded modernity and the disintegration of 'traditional' societies as fundamental causes of disease. Whereas missionary medicine took the view that disease would only be conquered through the advancement of Christian morality, a

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[27]A. Beck, *A History of the British Medical Administration of East Africa, 1900 – 1950*, Massachusetts: Harvard University Press, 1970, pp. 58–196.

[28]M. Vaughan, *Curing their Ills: Colonial Power and African Illness*, Cambridge: Polity Press, 1991, p. 5.

[29]M. Vaughan, *Curing their Ills: Colonial Power and African Illness*, Cambridge: Polity Press, 1991, pp. 55–76.

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sanitized modernity and 'family life'.[30] Significantly, colonial African sexuality was explored. She revisited the causes of an apparent epidemic of syphilis which occasioned high morbidity among the Baganda people of Buganda. This issue had already been discussed by W. D. Foster.[31] In addition, the book analysed colonial history of leprosy. It equally examined the importance of health education.[32] No doubt, Megan Vaughan's study expanded the scope of discussion covered by other authors such as David F. Clyde, William Derek Foster and Ann Beck. All in all, *Curing their Ills: Colonial Power and African Illness* represents a significant advancement of scholarship on the history of medicine and health in colonial Africa.

As indicated earlier, there are studies based on political economy of health and disease in Africa. Among the available studies in this regard are: Lesley Doyal, *The Political Economy of Health*; M. Turshen, *The Political Ecology of Disease in Tanzania* and Packard Randall, *White Plague, Black Labour: Tuberculosis and the Political Economy of Health and Disease in South Africa*.[33] Generally, these works questioned the view that ill-health and disease are misfortunes that just happen to people and which scientific medicine is dedicated to combating. Significantly, the studies demonstrated that ill-health is largely a product of the social and economic organization of society. More importantly, they endeavoured to relate the incidence of disease and the allocation of health care resources to the political and economic structures of colonial rule.

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[30]M. Vaughan, *Curing their Ills: Colonial Power and African Illness*, Cambridge: Polity Press, 1991, p. 57.

[31]W. D. Foster, *The Early History of Scientific Medicine in Uganda*, Nairobi: East African Literature Bureau, 1970, pp. 79 – 83.

[32]M. Vaughan, *Curing their Ills: Colonial Power and African Illness*, Cambridge: Polity Press, 1991, pp. 180 – 199.

[33]L. Doyal with I. Pennell, *The Political Economy of Health*, Boston: South End Press, 1979, M. Turshen, *The Political Ecology of Disease in Tanzania*, New Brunswick, New Jersey: Rutgers University Press, 1984; R. M. Packard, *White Plague, Black Labour: Tuberculosis and the Political Economy of Health and Disease in South Africa*, Berkeley and Los Angeles, 1990.

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However, the state of study of Nigeria medical and health history is far from being satisfactory. The area has been generally neglected. Yet, there are few studies which show that academic interest in past health conditions could be rewarding. One of the books, *A History of the Nigerian Health Services*, surveyed the development of modern medicine in Nigeria from the time of early European contacts in 1460 to the end of colonial rule in 1960. In addition, it contains rich information on medical missionary work in the western and northern Nigeria, urban health between the wars, care of the handicapped and post-war public health.[34] The book is also supported with elaborate and useful appendices on medical personnel, medical theses, hospitals, the distribution of doctors and early medical practitioners.[35] On the whole, Ralph Schram's history of the Nigerian health services constitutes a vital compendium of facts indispensable for the analysis of Nigeria medical history.

Perhaps, the most outstanding personality who contributed significantly to the understanding of development of medicine in Nigeria is Adelola Adeloye, a world class Neurosurgeon. His major publications include *Nigerian Pioneers of Modern Medicine: Selected Writings*. A similar one is *African Pioneers of Modern Medicine: Nigerian Doctors of the Nineteenth Century.* The first book assembled medical writings of five Nigerian pioneers of modern medicine in West Africa: James Beale Africanus Horton, Obadiah Johnson, John Randle, Sodeinde Leigh-Sodipe and Oguntola Sapara. It also provides biographical sketches of these writers.[36] In a similar vein, the other publication documents the biographies of Nigerians who qualified in medicine in the nineteenth century. These people include William Davies and Africanus Horton (1858), Nathaniel King (1874), Obadiah Johnson (1884), John Randle (1888), Orisadipe Obasa (1891),

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[34]R. Schram, *A History of the Nigerian Health Services*, Ibadan: Ibadan University Press, 1971, pp. 59 – 77, 143 – 156, 193 – 215; 378 – 409.

[35]Schram, *A History of the Nigerian Health Services*, Ibadan: Ibadan University Press, 1971, pp. 411 – 435.

[36]A. Adeloye, *Nigerian Pioneers of Modern Medicine: Selected Writings*, Ibadan: Ibadan University Press, 1976, pp. 1 – 15.

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Leigh-Sodipe (1892) and Oguntola Sapara (1895). In addition, the book contains a description of early medical practice and the contributions of afore-mentioned doctors to it. Other important studies by the same scholar are; *Early Medical Schools in Nigeria* and *Practice and Practitioners of Medicine in Nigeria*. The former is indispensable on medical education in Nigeria. It surveys the evolution of Medical Schools in Nigeria from 1861 when the semblance of a medical school was first established around the Niger to the present.[37] It is a detailed account of the various medical institutions: Yaba, Kano and Ibadan.[38] The latter is a compilation of Tenth Ibadan University Lectures of 1982/83 Session. It is divided into three parts – In the beginning, The Middle Passage; Achievements and Challenges. The first part delineates origins of medical practice in Nigeria: traditional medicine and modern medicine.[39] It also provides information on Medical Missions, Doctors in Public Service and Private Medical Practitioners in Lagos.[40] Among the pioneers of private medicine were two Scottish doctor–surgeons, George Munn Gray and Andrew Blair Aitken. Both controlled the Creek Hospital, Ikoyi, Lagos until December 8, 1935, when Aitken died.[41] Besides, there were African private practitioners. Examples of these people included Richard Akinwande Savage, C. C. Adeniyi Jones, J. C. Vaughan and Magnus Maculay.

The second section of the book discusses medical journalism, medical education before and after independence in Nigeria. Interestingly, the third part of the study

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[37]A. Adeloye, *Early Medical Schools in Nigeria*, Ibadan: Heinemann Educational Books (Nigeria) Plc. 1998, pp. 1 – 5.

[38]A. Adeloye, *Early Medical Schools in Nigeria*, Ibadan: Heinemann Educational Books (Nigeria) Plc. 1998, pp. 6 – 54.

[39]A. Adeloye, *Practice and Practitioners of Modern Medicine*, Ilorin: Corporate Office Max, 2004, pp. 6 – 14.

[40]A. Adeloye, *Practice and Practitioners of Modern Medicine*, Ilorin: Corporate Office Max, 2004, pp. 21 – 40. .

[41]A. Adeloye, *Practice and Practitioners of Modern Medicine*, Ilorin: Corporate Office Max, 2004, p. 34.

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highlights some of the achievements of medical practice in Nigeria. In all, the publications provide invaluable information which aided the comprehension of development of medicine over the years in Nigeria.

Literature on the past health conditions in Nigeria became strengthened in 1992 with S. C. Agubosim's Ph.D thesis.[42] It examines the main policies that determined the development of medical and health services in Nigeria, their implementation in the province and the response of the Delta peoples to such services. It also highlights the contributions of the Delta peoples to the development of modern medicine in their area. Besides, with the publication of *Medicine My Passport* by T.O. Ogunlesi, insights on the operations of Adeoyo Hospital and UCH, Ibadan became richer.[43] The experiences of Ogunlesi at these hospitals provided some clues to corroborate skeletal information gleaned from other sources.

It is instructive to note that the afore-mentioned studies as useful as they are on Nigeria's medical and health history are limited to certain areas in Nigeria. They are of less significance to the analysis of history of health services in colonial Ibadan. In the same vein, major works on Ibadan, with the exception of Toyin Falola's *Politics and Economy in Ibadan, 1893 – 1945*, did not give any clue on medical history of Ibadan.[44] Available information in the study, however, appeared marginal and skeletal. His area of interest completely overshadowed the colonial history of medicine in Ibadan. Therefore, the focus of this study, is appropriate and justifiable.

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[42]S. C. Agubosim, "The Development of Modern Medical and Health Services in the Warri/Delta Province, Nigeria, 1906 – 1960", Ph.D Thesis, University of Ibadan, January, 1997.
[43]T.O. Ogunlesi, *Medicine My Passport,* Ibadan: Spectrum Books Limited, 2003.
[44]K. Morgan, *Akinyele's Outline History of Ibadan*, Ibadan: Caxton Press, 1971; B. Awe, "The Ajele System: A Study of Ibadan Imperialism in the Nineteenth Century", *Journal of the Historical Society of Nigeria* 3(1), pp. 47 – 60; J. F. Ade Ajayi & R. Smith, *Yoruba Warfare in the 19th Century*, Ibadan: Ibadan University Press; P. C. Lloyd, A. L. Mabogunje & B. Awe (eds.), *The City of Ibadan*, London: Cambridge University Press, 1967; O. Adeboye, "The Ibadan Elite, 1898 – 1966", Ph.D thesis, University of Ibadan, 1996; G. O. Ogunremi, *Ibadan – An Historical, Cultural and Socio-Economic Study of An African City*, Lagos: Oluyole Club, 1998; T. Falola, *Politics and Economy in Ibadan, 1893 – 1945*, Lagos: Modelor, 1987.

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CHAPTER TWO

TRADITIONAL MEDICAL BELIEF AND PRACTICE IN IBADAN

Introduction

There had been a well established medical culture in Africa before the arrival of the Europeans and this has continued to thrive even after the introduction and subsequent development of western medicine. Africans' ideas on medicine are clear and wide. Medicine in Africa covers natural healing agencies: leaves, barks, roots, and the invocation of magical or spiritual powers. It also includes various means of putting things right and countering the forces of mystical evil. Equally, it is employed to drive away witches, exorcise spirits, bring success, detect thieves, protect from danger and harm, remove curses among other such acts.

Closely related to the above is the fact that the African concepts of medicine and health are well grounded in their religious beliefs. As a matter of fact, there are divinities and other spiritual forces connected with medicine, diseases and healing all over Africa. For example, among the people of Ibadan and other Yoruba groups, all medicinal herbs are *ewe* (leaf) *Osanyin*; consequently, *Osanyin* is their tutelary divinity of medicine. *Osanyin* priests and priestesses are important practitioners of herbal medicine. However, devotees of other divinities such as *Sango* (the god of thunder and lightning), *Ogun* (god of iron and war); *Orunmila* (the god of divination) are no less important in herbalism.

In fact, the art of medicine and divination can hardly be separated. *Osun* is also (the goddess of fertility) regarded as a physician who cures with water. She is equally believed to be the divinity of fertility. *Sopono* is the god that brings smallpox. The *Agwu,* among the Igbo, holds the divine portfolio of medicine. In addition, the Ewe and Akan of Ghana have similar beliefs. The Ewe believes that if *Mawu* (God) has sent diseases, he

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has also sent remedies".[1] The Akan also of Ghana have a saying: "If God gave you sickness, he also gave you medicine"[2].

For a better evaluation of development of the Colonial Medical Service in Ibadan, 1900-1960, it would be germane to survey the medical heritage of the people of Ibadan. The chapter is divided into seven sections. The first section delineates religious basis of traditional medical practice in Ibadan. The second section examines beliefs about disease causation in Ibadan. Analysis of the traditional methods of healing is discussed under the third section. The other section explores specialisations in traditional medicine in Ibadan, while section five highlights the methods of acquiring knowledge of traditional medical practice. Section six assesses the impact of traditional medicine on health care delivery in the city. The last section is the conclusion.

Religious Basis of Traditional Medical Practice in Ibadan

It is well demonstrated that Africans generally are deeply religious. According to Idowu,

> "…The keynote of their life [Africans] is their religion. In all things, they are religious. Religion forms the foundation and the all-governing principle of life for them. As far … it is Deity who is in control."[3]

The concept of God in Ibadan and other parts of Yorubaland is very clear. They have unshakeable belief in the Supreme Being. This is reflected in the names and attributes given to God. Among these names are *Olodumare.* He is the one who is absolutely perfect in superlative qualities, *Olorun-* the owner or the lord of heaven. He is called *Eleda,* the creator. He is also regarded as omnipotent and immortal. Other groups in

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[1]E. W. Smith, *African Ideas of God,* London: Edinburgh House Press. 1950, p. 227.

[2]E.B. Idowu, *African Traditional Religion*: *A Definition,* Great Britain: SCM Press Ltd. 1973, p. 200.

[3]E. B. Idowu, *Olodumare: God in Yoruba Belief* Nigeria: London, 1962, p.5.

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Africa also have names and attributes for God.[4] Relevant to our discussion here is the belief in Ibadan that God is the greatest owner of medicine. They believe that God is the ultimate healer with absolute power over every medicine.[5]

The people of Ibadan, like other African groups also have strong belief in the divinities. Mbiti observed that the Yoruba have one thousand and seven hundred divinities, "this being obviously the largest collection of divinities in a single African people."[6] In Ibadan, gods such as *Sango* (the god of thunder), *Osun* (goddess of fertility), *Sopono* (god of smallpox) and functional deities including *Orunmila* (god of divination); *Ogun* (god of iron) and *Obatala* are held by lineages, but no lineage has a monopoly on one of the major gods or goddesses. All these gods and divinities have cult of devotees, each cult holds an annual ceremony for its divinity.

These gods are held in great fear, honour and trepidation. This is because of their belief that failure to accord the gods appropriate rites and worship could attract their wrath. This could be expressed in form of diseases, misfortunes, accidents, and tragedies. For example, it is believed that all physical deformities in children such as deafness, hunchback, albinoism, paralysis and crippling, are regarded as Obatala's mistake or his punishment for wrong-doing.[7] A "pregnant woman who speaks disparagingly of Obatala, steals a snail, violates certain food taboos such as drinking palm wine or eating snails … is likely to have a defective child"[8]. Consequently, expectant mothers especially the traditional type is very careful in things pertaining to *Obatala*, they pray from time to time thus:

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[4]A comprehensive study on this issue has been carried out by J.O. Awolalu and P.A. Dopamu, *West African Traditional Religion,* Onibonje Press Book Industries Nigeria Limited, 1979.

[5]Interview held with Chief A.A. Monilola, Age 75, S71365B, Osungbade Street, Molete, Ibadan, 16th April, 2008. He is the Mogaji of Jagun's Compound, Isale-Bode, Ibadan.

[6]J.S. Mbiti, *African Religions and Philosophy,* London: Heinemann Books Ltd., 1969, p. 76.

[7]G.E. Simpson, *Yoruba Religion and Medicine in Ibadan,* Ibadan: Ibadan University Press, 1980, p.3.

[8]G.E. Simpson, *Yoruba Religion and Medicine in Ibadan,* Ibadan: Ibadan University Press, 1980.

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Ki orisa ya 'na re ko mi o	*May the Orisa fashion for us a good work of art*
Orisa so mi di eni iyi, so mi di eni eye	*Orisa make me an honourable being*
Obatala ma fike pon mi, omo ni o fifun mi	*Obatala, don't put a hump on my back; it is a child you should give me to carry on my back*[9]

Apart from women soliciting for healthy and physically fit children, the followers of *Obatala* and others appeal to him for prosperity; the avenging of wrongs and more importantly, for curing of diseases and deformities.

Furthermore, there are other divinities associated with traditional medical practice in Ibadan and other parts of Yorubaland. *Sopono* is the divinity whose scourge is smallpox. As the god of disease of smallpox, he punishes offenders with measles and chronic mental illness.[10] He is feared and his taboos are kept religiously. Up till today, people in Ibadan and other parts of Yorubaland are referred to as *Olode*, *Baba agba, Obaluaye, Alajogun* and *Oniwowo Ado* due to the fear that he may be provoked if he is called his real name.

Ogun, the god of iron is associated with war, bloodshed and violence. He is regarded as the master-artist who gives the finishing touch to the creative work of *Orisa-nla*. When the latter has finished the moulding of the physical men, it is left to *Ogun* to do

[9]G.E. Simpson, *Yoruba Religion and Medicine in Ibadan,* Ibadan: Ibadan University Press, 1980, pp. 4-5.

[10]The cult of *Sopono* was prohibited in 1917 for several years due to charges that his followers used scabs and liquids to spread smallpox so as to acquire the property of their victims. For more information on this, see Awolalu and Dopamu, *West African Traditional Religion,* Ibadan: Onibonje Press Book Industries Nigeria Limited, 1979, p.85.

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the work of circumcision, tribal marking, tattooing, or any surgical operation that may be necessary to keep man in good health.[11] Therefore, all the families in Ibadan and other parts of Yorubaland that specialize in traditional surgery such as circumcision, creating of tribal and body marks and ear piercing regard and worship *Ogun* as their lineage god. Indeed, he is worshipped by all the artisans that use iron and metal in Yorubaland.

Osun is another divinity associated with traditional medical practice in Ibadan and other parts of Yorubaland. *Osun* is believed to be the goddess of fertility and a physician who cures all forms of ailments with water. The significance of water to the Osun devotees and adherents as a curative measure and as a source of blessings for women looking for children is reflected in this song:

Seleru agbooo	*Spring water of osun*
Abata agbooo	*Ordinary water of osun*
L'osun fi n w'omo re	*This was what osun employed to cure her children*
Ki dokita o too de	*Before the arrival of doctors*
Abimo ma dana le	*The mother of an infant who does not need to heat her room.*
Osun la n powe mo	*It is osun we are personifying*
Osun gbomo ju sile, mo he	*Osun makes a baby available I*
Osun gbomo ju sile mo he	*quickly pick it up.*

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[11]E.B. Idowu, *Olodumare: God in Yoruba Belief. London*: Longman Group Ltd, 1962, p. 87.

Mo bere gbe temi pon kobo	*I bent down, pick my own and strap him to my back.*[12]

Orunmila is also very important in the traditional medical practice in Ibadan. He is reputed to be an omnilinguist divinity that comprehends every language spoken on earth and represents God's omniscience and knowledge".[13] He instructs and guides *babalawo* through divination on the type of roots, leaves and sacrifices that should be employed in healing. In this field, he is assisted by *Osanyin* (the god of medicine).

Another important spiritual belief connected with the medical culture of the people of Ibadan is their belief in the deceased ancestors. They know that death does not put an end to human life. It is believed that witches and sorcerers cannot harm a man and bad medicine can have no effect on him unless his ancestors are sleeping or neglecting him.[14] In Ibadan, belief in the ancestors and life after death is partly expressed in *Egungun* (masquerades). There is usually an annual festival in honour of the ancestors all over Yorubaland. In Ibadan, it starts on Sundays in June or July when the new yams and beans are harvested. During these festivals, devotees pray and appeal to the ancestors through the *Egungun* for fertility and good health.

Masquerades such as *Egungun Alagbo* (owner of medicines), *Kowee, Iponriku, Dariagbon, Afidi-Elege,* and *Alusi* are reputed to have potent powers of healing.[15] Offerings are made to these masquerades and their colleagues because it is believed that they possessed powers to cleanse the community of evils like diseases and epidemic

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[12]This song was rendered by Alhaja Taibat Osunronke Ajadi, an Osun Devotee and Traditional Midwife, Aged, 70, Toyibat Traditional Maternity Centre, Agbadagbudu, Ade-Oyo, Ibadan, 3rd March, 2008. The translation was with the help of Professor A. Adeniran of Ajayi Crowther University, Oyo.

[13]J.S. Mbiti, *African Religions and Philosophy,* London: Heinemann Books Ltd., 1969, p. 76.

[14]J.O. Awolalu "Sacrifice in the Religion of the Yoruba" Ph.D. Thesis, University of Ibadan, December 1970. p.33.

[15]Interview held with Chief A.A. Monilola, Age 75, S71365B, Osungbade Street, Molete, Ibadan, 16th April, 2008. He is the Mogaji of Jagun's Compound, Isale-Bode, Ibadan.

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outbreaks. Some *Egungun* worshippers in Ibadan also have the strong belief that a sick child could be cured by stirring a container of water with the emblem of *Egungun* and giving it to the child to drink.[16] In the same vein, people may appeal to *Oro* on account of epidemic outbreak in the town. Equally, a barren woman could be counsel to worship *Oro* so as to have children. The people of Ibadan also believe that *Oro* has power to prevent *Abiku* (born to die children) from dying.

Furthermore, the people of Ibadan like other groups in Yorubaland, believe in spirits. There are spirits associated with rivers, trees, thick forests, caves, hills and mountains. For example, the people's belief in the spirit of Oke'badan is very strong. It serves as a refuge to the people of Ibadan during the war years. Oke'badan is equally seen as a source of good health and prosperity. Up to the present period, a yearly festival is held in honour of Oke'badan. It is common to see people during such festival soliciting for good health and protection from their enemies. They also pray for prosperity. Barren women that believe in the hill also use the festival to pray for children.

Beliefs about Disease Causation

Observers and practitioners of traditional medicine are unanimous in their views that diseases generally in Yorubaland are due to three major reasons: spiritual, mystical and physical.[17] First, the spiritual factors, of all the causes of disease, belief in witchcraft is basic to the understanding of causation of diseases in African societies. According to Awolalu,

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[16] G.E. Simpson, *Yoruba Religion and Medicine in Ibadan,* Ibadan: Ibadan University Press, 1980, p. 49.

[17] Among the practitioners of traditional medicine interviewed on the issue are the following: Chief Abimbola Iroko, *babalawo* and a traditional birth attendant, Age 80, Onisa Compound, Akeetan, Oyo, 9th October, 2007; Chief W.A. Ajibade, Herbalist, Age 70, Oyo,12th November, 2007; Chief Jelili Sobayo Omo Oso, *babalawo;* and traditional healer. Age 50, Lajale House, Idi-Ose, Oyo Road, Ibadan, 3rd February, 2008; Chief Isaac Fawemimo, *babalawo*, Age 68, Semilore Compound, Apata, Ibadan, 4th April, 2008.

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in the mental and social attitudes of the Yoruba, and of the Africans in general, there is no belief more profoundly ingrained than that of the existence of witches (aje). All strange diseases, accidents, untimely death, inability to gain promotions in office, failure in examinations and business enterprise, disappointment in love, barrenness in women, impotence in men, failure of crops and a thousand other evils are attributed to witchcraft.[18]

However, it would be misleading to regard witchcraft or sorcery as the only factor responsible for diseases. Other spiritual factors that could account for ailments and/or misfortunes are the following: bad destiny, curses, bewitchment, and punishment for some previous misconduct.

The people of Ibadan, like other groups in Yorubaland, believe strongly in destiny; this is known as "*Ipin*" (portion). This *ipin* is attached to each *ori*. *Ori* in this context does not refer only to the physical head, but also to the inner head, the human personality soul of which the physical head is only a symbol.[19] The idea that a person with a wrong *ori* will go from one misfortune or disease to another is very popular among the people.[20] This belief formed the basis for the saying: *ori buruku ko gbo ose* – a bad *ori* cannot be rectified with soap; a bad portion which is already allotted to the *ori* cannot be rectified with medicine. Consequently, a person with repeated misfortunes and or diseases with no curable medicine in sight is associated with a bad destiny.

Curse known as "epe" is also of importance. It refers to an oral expression of the transmission of mysterious mental poisons, which affect the body and mind.[21] Equally, it

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[18]J.O Awolalu, *Yoruba Beliefs and sacrificial Rites,* London: Longman, 1979, p. 81.

[19]O.A. Olukunle, "Witchcraft: A Study in Yoruba Belief and Metaphysics", Ph.D. Thesis, University of Ibadan. July, 1980, p. 20.

[20]O.A. Olukunle, Witchcraft: A study in Yoruba Belief and Metaphysics". Ph.D. Thesis, University of Ibadan, July, 1980.

[21]Lucas. *The Religion of the Yoruba, Lagos:* C.M.S. Bookshop 1948, p. 268.

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is a statement said in strong belief by someone who has been angered, which often produce the desired effect.[22] It is the view of a traditional psychiatrist that with a curse a person can become mad.[23] The person can also misbehave, lose all things or commit suicide.[24] In the same vein, evil incantations (*ofo* or *ayajo*) could be employed against one's enemies, this could lead to serious misfortunes or sickness on the part of the affected person. In addition, a person may contract a disease through bewitchment (*asasi* or *aransi*). This could arise as a result of dispute over chieftaincy titles, land or even over a woman.[25] Furthermore, causation of diseases in the medical belief of the people of Ibadan could be explained in terms of mystical causes. Accordingly, they believe that the world is inhabited by spirits and gods who live in intimate relationship with man; they become angered and vindictive when they are neglected; when false oaths are taken or a breach of divine laws occurs.

Closely related to the above is violation of taboos (*tabu*). Taboos are prohibited actions, the breaking of which is followed by the supernatural penalty.[26] The Yoruba generally regarded *taboo* as *eewo* - things forbidden, things not done. Of course, there are taboos associated with all divinities in Ibadan. For example, *Ogun*, the god of iron and war, is regarded as presiding over oaths and covenants. Accordingly, people like hunters, drivers or those whose vocation is connected with iron are forbidden to swear falsely by biting either a knife, cutlass or any piece of iron. Violation of *taboos* mentioned above

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[22]S.A. Osunwole, "*Healing in Yoruba Traditional Belief System,* PhD Thesis, University of Ibadan, December, 1989, p. 81.

[23]Interview held with Chief Jelili Sobayo Omo-Oso, *babalawo* and traditional healer. Age 50, Lajale House, Idi-Ose, Oyo Road, Ibadan, 3rd February, 2008.

[24]J.O. Awolalu and P.A. Dopamu, *West African Traditional Religion,* Ibadan: Onibonje Press Book Industries Nigeria Limited, 1979. p. 247.

[25]Interview held with Chief W.A. Ajibade Herbalist, Age 70, Oyo, 12th November, 2007.

[26]J.O. Awolalu and P.A. Dopamu, *West African Traditional Religion,* Ibadan: Onibonje Press Book Industries Nigeria Limited, 1979. p. 212.

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and similar ones could incur the wrath of *Ogun.* The god of iron may punish the offender by making him ill or killing him, perhaps by snakebite or as a result of contact with something made of iron. As a matter of fact, Resident Fuller employed the Yoruba belief in *Ogun* to the advantage of colonial administration of Ibadan. This he achieved by making erring chiefs to swear by *Ogun* if he wanted to be sure of their sincerity.[27] Up to the present period, a Yoruba Christian or Muslim will rarely take an oath on a piece of iron (representing the deity *Ogun*) based ostensibly on his religion. The fact is purely his fear of instant judgment leading to death if the oath is falsehood. In the same vein, children and adults are discouraged from whistling in the neighborhood especially during the day as this may attract the spirit of *Sonpono*.

Besides, there are other taboos expected to be kept in order to avert unfavorable situation. For example, it is a forbidden thing for an expectant mother to steal palm oil and/or firewood.[28] Violation of this taboo in the belief of the people of Ibadan would lead to delivery of a deaf child. On the other hand, it is believed that no matter the number of years the child of a woman that violate the other taboo would spend on the face of the earth, s/he would die through a falling tree.[29] Also, it is a forbidden thing for a woman to wash her menses inside a river or stream. In addition, a person suffering from gonorrhea should not eat okro, eggs, chicken and roasted bean cake. If these items are not avoided, the person would die through this ailment.[30]

Admittedly, Islam, Christianity and the influence of Western education have modified some of these beliefs associated with causes of diseases. However, it would be

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[27]Aina Tomori, "Religious Practice in Ibadan Since British Administration, c. 1893: A Historical Analysis', *African Notes,* **ix**(i), (1982), p. 38.

[28]Interview held with Chief A.A. Monilola, traditional healer, Age 75, S71365B, Osungbade Street, Molete, Ibadan, 16th April, 2008. He is the Mogaji of Jagun's Compound, Isale-Bode, Ibadan.

[29]Interview held with Chief A.A. Monilola, traditional healer, Age 75, S71365B, Osungbade Street, Molete, Ibadan, 16th April, 2008. He is the Mogaji of Jagun's Compound, Isale-Bode, Ibadan.

[30]Interview held with Chief A.A. Monilola, traditional healer, Age 75, S71365B, Osungbade Street, Molete, Ibadan, 16th April, 2008. He is the Mogaji of Jagun's Compound, Isale-Bode, Ibadan.

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wrong to claim that foreign religions have completely displaced the medical beliefs of the people in supernatural and mystical powers as the basis for diseases and/or misfortunes. As a matter of fact, hundreds of people including Muslims and Christians still cling tenaciously to the factor of witchcraft as the cause of diseases. In fact, most of the prayer meetings and revivals held either by the Pentecostals or orthodox churches are usually targetted against witchcraft attacks and other problems connected with supernatural and/or mystical forces.

In addition, the people of Ibadan, like other groups in Africa, recognize natural diseases like malaria fever *(iba),* catarrh *(ofikin),* cough *(iko),* headache *(efori),* hernia (*kuinu kuode*), gonorrhea *(atosi),* sorethroat *(ono ofun didun),* cholera *(onigbameji)* rheumatism *(lakuregbe)* convulsion (*giri*), teething problems (*jeyinjeyin*), backache (*eyindidun*), mumps (*segede*), and a host of others. Besides, there are ailments occasioned by over indulgence in food, alcoholic drinks, sexual and moral laxity. Diseases under this category are generally regarded as *"arun afowofa"* – diseases caused by man himself.[31] In the same vein, some diseases such as obesity, diabetes, abdominal obesity, hypertension, nutritional-related diseases and other health problems are regarded to be as a result of the consumption pattern of the *elite*.[32] However, if any of the diseases mentioned above is treated and there appears to be no positive development after a long period, such ailment previously regarded as a natural disease may be attributed to a supernatural or mystical cause. It should be realized that the people of Ibadan or any African group does not have a monopoly on supernatural and mystical beliefs as the basis

[31]P.A. Dopamu, "The practice of Magic and Medicine in Yoruba Traditional Religion", Ph.D Thesis, University of Ibadan, October , 1977, p. 39.

[32]Interview held with Chief A.A. Monilola. He was of the view that such diseases are not common with traditionalist or indigenous people like herbalist, farmers, that are not familiar with junk food and similar edibles that are foreign in nature. This opinion could be supported with the idea of Professor Phillip T. James, Chairman, International Obesity Task Force and Director, London School of Hygiene and Public Health:, "*Softdrinks in Nigeria are dangerous to public health", Nigerian Tribune*, 10 November, 2004, p.23.

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for causation of diseases. Indeed, it is common all over the world to attribute to gods and or/spirits whatever men could not rationalize objectively.

Traditional Methods of Healing Diseases

According to the Bantam Medical Dictionary, a disease refers to a disorder with a specific cause and recognizable signs and symptoms or any bodily abnormality. It could also be defined as any deviation from or interruption of the normal structure and function of any part of the body.[33] To a traditional African, the above explanation is weak and inadequate. A disease is seen as an entity more complex; viewed in terms of the three dimensions of the human personality, namely, the body, the soul and the spirit.[34] Equally, an African does not regard a disease only as a physical condition, but also as a religious matter.[35] Consequently, to deal with it, Africans resort to spiritual means to unravel the mystical cause of the disease; to find out the person(s) or spirit responsible for it.

In Ibadan as well as other parts of Yorubaland, a principal religious method in the diagnosis and treatment of diseases is divination.[36] Before a step is taken to consult a *babalawo* or a medicine-man on any disease, people usually employ home remedies to treat common and natural illnesses such as malaria fever, dysentery, pile, stomachache,

[33]*The Bantam Medical Dictionary,* New York: Bantam Books, 1987, p.126.

[34]D.N. Lantum, "Searching for the African Personality in the Traditional Medicine – Man of Africa: The Cameroon Experience", In Black Civilization and Science & Technology. Vol. 8 (eds.) J.O. Okpaku, A.E. Opubor and B.O. Oloruntimehin, *The Arts and civilization of Black African Peoples,* Lagos: Third Press International, 1986, p. 46.

[35]J.S. Mbiti, *African Religion and Philosophy*, London: Heinemann Books Ltd., 1969, p. 169.

[36]Divination is an ancient and basic instrument useful in other areas of life. It is useful at betrothal to find suitable partner, in situation of loss and unresolved conflicts. The importance the Yoruba attach to this art is reflected in this popular saying: *bi oni ti ri, ola ki iri bee, eyiyi lo mu ki babalawo ma di ifa ororun* – "because each day has its own peculiar problems, the *babalawo* has to cast his ifa every fifth-day. For details, see W. Abimbola, *Ifa: An Exposition of Ifa Literary Corpus,* Ibadan: Oxford University Press, 1976.

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headache, sore throat, cough, convulsion, chickenpox, gonorrhea and a host of others. This idea is well articulated by Maclean:

> medical treatment starts at the household level. Practically everyone can cite recipes for the relief of common symptoms by the use of herbs and materials close to hand. Every household has its own favourite prescriptions which have been proven over time and many plants growing wild on patches of waste land between the compounds are recognized for their specific therapeutic properties. Infusions for headache, fever, and jaundice, stomachies, purges, inhalations, embrocating and ointments can be recommended by people of all ages.[37]

When this first line of healthcare failed completely, then people consult *babalawo* and/or *Onisegun* (medicine-man).[38] Apart from divination, other methods of disease diagnosis are either physical or psychological.[39] Traditional healers could ask questions that would reveal the health problems of their clients, observe their health behaviours and examine their eyes, tongue, complexion and sometimes even their urine and feaces.[40]

It is well established that ailments such as malaria fever, catarrh, stomach-ache, dysentery, cholera believed to be caused by natural factors like mosquito bites (in the case

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[37]C.M.U. Maclean, "Traditional Medicine and its practitioners in Ibadan, Nigeria", *Journal of Tropical Medicine and Hygiene,* October 1965, p. 238.

[38]The "onisegun" means, literally "the maker of medicine. He treats diseases with herbs and other material medical; he may or may not be able to divine. As a matter of fact, most of the traditional healers the author interviewed have knowledge of divination. For example, Chief Isaac Fawemimo claimed to be an *Onisegun* but he also employed sixteen cowry shells to divine. For a detailed analysis on categorization of traditional healers in Yorubaland, see D.D.O. Oyebola, "Traditional Medicine and its Practitioners Among the Yoruba of Nigeria. A Classification, *Social Science and Medicine*, 14A, 1980, pp. 23-29.

[39]S.A. Osunwole, "The Role of Women in Traditional Yoruba Medicine", *Ibadan Journal of Humanistic Studies,* 9 & 10, 1999-2000, p. 92.

[40]S.A. Osunwole, "The Role of Women in Traditional Yoruba Medicine", *Ibadan Journal of Humanistic Studies,* 9 & 10, 1999-2000.

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of malaria fever), exposure to cold, consumption of contaminated food or water (in the case of catarrh; cholera respectively) required herbal or pharmacological remedies.[41] Various infusions which often include the leaves of cassia *occidentalis (rere), Rauwolffia vomitoria (asofeiyeje)*, and morinda (*oruwo*), a very bitter leaf are employed for the treatment of malaria.[42]

Measles, which account for high level of morbidity and mortality among children in Ibadan and other parts of Nigeria, are addressed through the use of leaves of *Alchornea laxflora (ewe ijan)* and *Leptodemis micrantha (ewe awo)*[43]. In the same vein, convulsions in children are managed with a remedy prepared with *Musa nana* (*ogede wewe*) and *Allium ascalonicum* (*alubosa onisu*).[44] In addition, *ato* plant (*chasmanthera Menispermaceae)* is used as an embrocation for minor sprain while the leaves of *alupayida* (*papilonaceae*) serve as a remedy for gonorrhaea.[45] The fact that Ibadan geographically is within the forest zone in Nigeria made it easier for *babalawo* and *Onisegun* to obtain medicinal ingredients – herbs, seeds, flowers leaves and roots, from their farms or buy.[46]

However, illnesses caused by supernatural forces – witchcraft attacks, anger of the gods or ancestors due to violation of taboo among others require the offering of sacrifice,

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[41]K. Abimbola, *Yoruba culture: A Philosophical Account,* United Kingdom: Iroko Academic Publishers, 2006, p. 82.

[42]O.A. Ajose, Preventive Medicine and Superstition in Nigeria, *Africa Journal of the International African Institute*, xxvii, 1957, p. 269.

[43]S.A. Osunwole, "The Role of Women in Traditional Yoruba Medicine", *Ibadan Journal of Humanistic Studies,* 9 & 10, 1999-2000, p. 93.

[44]S.A. Osunwole, "The Role of Women in Traditional Yoruba Medicine", *Ibadan Journal of Humanistic Studies,* 9 & 10, 1999-2000, p. 94.

[45]J.O. Awolalu and P.A. Dopamu, *West African Traditional Religion,* Ibadan: Onibonje Press Book Industries Nigeria Limited, 1979. p. 245.

[46]These medicinal ingredients, are available everywhere especially in the markets. Portion occupied by the sellers, referred to as *lekuleja,* at Oje, Bode, Oke-Ado and Mokola markets are quite substantial.

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the recitation of incantation; the use of charms and amulets. In the opinion of traditional healers, inexplicable ailments such as prolonged labour, bareness, chronic mental and emotional problems, bites from magical snakes or animals, repeated failures in examinations or business endeavours could not be treated successfully without sacrifice.[47] Some of the materials employed as sacrifice included cows, fowls, pigeon, eggs, yams, snail, kolanut and palm oil. However, it is through *Ifa* that materials needed for sacrifice would be identified. These items may be exposed at junction, crossroad or at the market; they may be placed very close to a tree or a river; they may even be buried. The placement depends on the prescription of *Ifa* and the experience of the *babalawo.*[48]

Equally, incantation is an important aspect of spiritual medicine. There are incantations that are solely meant to cure stomach ache, headache, convulsion or to accelerate child birth. Examples of incantations meant to accelerate child delivery include the following:

Arabinrin aya lagbaja omo inu re nisisiyi ni iwo yio bi	*Mrs. X, you will safely deliver now*
Ojo ewe apo ba fi oju kan ategun ni wale aye o	*The day that the wind blows the apo leaf it drops*
Aro lo ni ko rori ki o maa bo wa si aye	*Aro commands you (child) to turn your head downward and come into the world*
Alupayida loni ki o pa ara da ki o maa bo wa sile aye	*Alupayida says you should move and come into the world.*

[47]Interview held with Chief Jelili Sobayo Omo-Osho, *babalawo,* and traditional healer, Age 50, Lajale House, Idi-Ose, Oyo Road, Ibadan, 3rd February, 2008; Chief Isaac Fawemimo, medicine-man, Age 68, Semilore Compound, Apata, Ibadan, 4th April, 2008.

[48]Interview held with Chief Jelili Sobayo Omo-Osho, *babalawo,* and traditional healer, Age 50, Lajale House, Idi-Ose, Oyo Road, Ibadan, 3rd February, 2008; Chief Isaac Fawemimo, *babalawo* and traditional healer, Age 68, Semilore Compound, Apata, Ibadan, 4th April, 2008.

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Ni ojo ti ewe apo ba foju kan *The apo leaf drops whenever it*
ategun nii maa ibo *is blown by the wind.*[49]

Another incantation to hasten child delivery is given below:

A ki igbebi ewure, *Goats have no midwives,*
A ki igbebi agutan, *Sheep have no midwives,*
Bi ewure ba loyun abi were, *When a goat is pregnant, she is safely delivered*
Bi agutan ba loyun, a bi were; *When a sheep is pregnant, she is safely delivered;*
Iwo … Oyun ti oyun yi, were ni ko bi… *You…, in this state of your pregnancy will be safely delivered…*[50]

Equally, there are some incantations useful for stopping of bleeding. Below is an example of such incantations:

Adetutu omo orisa!	Adetutu the off-spring of divinity,
Adetutu omo orisa!!	*Adetutu the off-spring of divinity,*
Ona ti Adetutu omo orisa ba rin	*The road that is passed by Adetutu the off-spring of divinity,*
Omi ni maa n rin in	*It is water that passes it,*
Eje ki n rin in	*Blood does not pass it,*

[49]G.E. Simpson, *Yoruba Religion and Medicine in Ibadan,* Ibadan: Ibadan University Press, 1980, p. 101.

[50]"Hospitals or Healers?: The Dilemma of Nigerian Patients", An Inaugural Lecture delivered by D.D.O. Oyebola at the University of Ibadan, January, 1987, p.11.

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Igbin ki i seje	*Snail has no blood*
Omi nigbin n se	*It is water that snail has,*
Ko o ma seje mo	*It is water that should*
Omi ni ki o maa se	*gush out*
Iyere Osun lo ni ki eje	*Iyere osun says that*
re o sun lo patapata …	*your blood should sleep away…*[51]

Besides, there are incantations for elimination of socio-economic misfortunes and vicissitudes. Example of such incantations given to job seekers desperately in search of employment opportunities is provided below:

E ba mi wase	*Help me look for a job,*
E foro mi lo	*Tell my problem to others,*
E feti keti	*Whisper to every ear,*
E foro mi lo	*And proclaim my need,*
Bi alantakun ile ba tawu	*When the home spider makes its web,*
A fi logi ile	*He reports to the wood in the house,*
E ba mi wase	*Help me look for a job,*
E foro mi lo	*Tell my problem to others,*
E feti keti	*Whisper to every ear,*
E foro mi lo	*And proclaim my need,*
Bi alantakun oko ba tawu	*When the rural spider makes its web,*
A fi logi igbo	*He reports to the forest-wood;*
E bami wase	*Help me look for a job,*

[51]Bode Agbaje, "INCANTATION as a means of healing in Yorubaland" in Ilesanmi, T.M. ed. *Ise Isenbaye,* Ile-Ife: Obafemi Awolowo University Press Ltd. 1989, p. 306.

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E foro mi lo	*Tell my needs to others;*
E feti keti	*Whisper to every ear,*
E foro mi lo	*And proclaim my need;*
Enu okere lokere fi n pode	*With the squirrel's own squeaking its invites the hunter;*
Ti fi ipa a	*that kills him;*
Enu yin ni ki e fi bami wase	*People themselves should use*
Ti n maa se	*influence to get me a job.*[52]

Sometimes, the incantations go with or without medicinal preparations in the form of incisions, charms and amulets.

It has been observed by Durodola and Adeloye that in the practice of Yoruba traditional medicine, there are no established hospitals.[53] The sick are brought to consult, just as the sick and infirm visited the Grecian temples in ancient time.[54] This position is not debatable; however, recent developments showed that Western medicine has positive impact on traditional medical practice in Ibadan. There are instances where powdered medicine (*Agunmu*), herbal lotion (*ipara*), herbal soap (*ose*), herbal tea are neatly packaged in containers, with labels and instructions inscribed on them reminiscent of medicines obtainable in hospitals and chemists.[55] Examples of traditional medical hospitals in the city included the following: Dunni Omotayo Natural Health Care and Physiotherapy, Orita Challenge Elewe, Ibadan; Mosebolatan Holistic Life Care Centre,

[52]J.O. Awolalu, Yoruba Beliefs and Sacrificial Rites, London: Longman Group Ltd., 1977, p.71.

[53]J.I. Durodola, and A. Adeloye, "Yoruba Traditional Medicine: Facts, Fallacies and Future", *Journal of the Institute of African Studies, University of Ibadan,* (1977), p.5.

[54]J.I. Durodola, and A. Adeloye, "Yoruba Traditional Medicine: Facts, Fallacies and Future", *Journal of the Institute of African Studies, University of Ibadan,* (1977).

[55]Examples of these medicines are Muzion Dissiness Powder, Muzion Diarrhea Mixture, Natural Herbal Tea, Natural Blood Tonic and EDMT Mixture.

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Ogbere ti oya, Ibadan; NARL Ojoo Road, Ibadan. These establishments provide treatment based on traditional medicine, though they were established by Western-trained professionals.[56]

It should be noted that traditional medical practice in Ibadan and other parts of Yorubaland is not limited to curative medicine. Indeed, there are protective charms and amulets against witchcraft attacks, other spiritual and mysterious powers. There are also incisions as well as incantations that could help one to escape from death, vanish in the approach of an imminent danger, escape a ghastly accident, destroy an enemy or wild animal and to stupefy thieves. A typical incantation employed by the people of Ibadan and other Yoruba groups to ward off the effect of witchcraft and sorcery is this:

Akindudu oruko ti aa pe ifa	*Akindudu is the name we call Ifa;*
Akatamaba oruko ti aa pe Esu	*Akatamaba is the name we call Esu;*
Igi-soro-soro-ti I-pode e-bo-ko	*Long-pointed-stick-that-kills-a-hunter-from-the-farm,*
Oruko ti aa pe Songo;	*Is what we call Songo;*
A-fi-run-aya-ka-ka-ka-yi-rapa-esi-ka,	*He-who-has-sparse-hair-on-the-chest-and-goes-round-last-year's-abandoned-farm,*
Oruko ti aa pe Soponno;	*Is what we call Soponno*
Se bi layiwonmole nii se Onibode lono orun;	*It is He-who-rolls-them-on-the-ground that is the gate-keeper of heaven;*
Layiwonmole, yi won mole fun mi;	*He-who-rolls-them-on-the-ground, roll them on the ground for me;*

[56]Professor Dayo Oyekole, the founder of Mosebolatan Holistic Lifecare Centre. Ogbere-ti-oya, Ibadan, is an Epidemiologist and a former don at the University of Ibadan, Ibadan.

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Oso ile to ngbele perii mi;	*The sorcerers that wish me evil,*
Layiwonmole, yi won mole fun mi;	*He-who-rolls-them-on-the-ground roll them on the ground for me;*
Aje ti o nperii mi nibi	*The witches that wish me evil;*
Layiwonmole, yi won mole fun mi	*He-who-rolls-them-on-the-ground, roll them on the ground for me.*[57]

Moreover, there are charms of different kinds for protection. There are medicines specifically prepared to ward off death among children. These medicines referred to as *Gbekude* (death preventer) are in form of necklaces and girdles. There are also local scarification marks (*gbere*) and medicines against snake, scorpion and dog bites. These are known as *Aporo* (poison-reliever).[58] Besides, medicines which protect the body against matchet cuts (*okigbe*) or bullets (*ayeta*), abound.

Historically, Ibadan was the biggest state in the nineteenth century Yorubaland, a product of warfare that lasted for more than five decades. Evidently, the soldiers that participated in these wars made use of *Okigbe, ayeta* and different kinds of protective medicines apart from weapons, on the battlefield.[59] It is significant to note that this practice of manipulating spiritual means to prevent death and or misfortunes is still alive. Politicians used these protective medicines extensively between 1979 and 1983 during the political upheavals in Nigeria when organized thuggery was the order of the day and the thugs of the opposition party could attack politicians.[60] Undoubtedly, this trend has

[57]J.O. Awolalu and P.A. Dopamu, *West African Traditional Religion,* Onibonje Press Book Industries Nigeria Limited, 1979. pp. 251-252.

[58]S.A.Osunwole, Healing in Yoruba Traditional System, *Ibadan Journal of Humanistic Studies,* 9 & 10, 1999-2000 p. 230.

[59]Toyin Falola, *The Political Economy of a pre-colonial African State: Ibadan, 1830-1900,* Ile-Ife, 1984, p. 137.

[60]J.O. Awolalu, *Yoruba Beliefs and Sacrificial Rites*, London: Longman, 1979, p. 70.

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continued; the increasing rates of assassination and other crimes associated with politics have compelled many of the leading politicians in Ibadan to resort to protective medicines against attacks from their rivals.[61]

Specialists in Traditional Medical Practice

Traditional medical practice, in Ibadan is based on specialization. Midwifery is one of the specialization in the city and adjoining villages. It deals with problems connected with pregnancy and delivery of babies as well as with treatment of women diseases such as *Eda* (Leucorrhea), *Ase ori oyan* (swelling of the breasts), *Iju latanlatan* (*sciatica*), inflammation and faulty menstrual cycle.[62] Significantly, female traditional birth attendants have contributed immensely in this area. They employ local knowledge and experience to stop bleeding after birth and to treat perineal tears. They are equally responsible for washing the babies and putting their heads, noses and eyes into proper shape; they cut the umbilical cord with palm fronds or a razor blade.[63] However, men have not been found wanting in this specialization and related areas. Indeed, there are experienced male traditional birth attendants, Obstetricians and gynecologists that are well known for the treatment of pregnancy related problems and feminine diseases.[64]

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[61]Some of the traditional healers which the author interviewed included Chief A. A. Monilola and Isaac Fawemimo. Both of them claimed that they served as spiritual consultants to some of the politicians in Ibadan and other parts of Oyo State. They stated further that they provided protective medicine and spiritual assistance against assassination and other forms of attacks to these people.

[62]*EDA* is from the word DA which means "pouring out" or "flowing out". Therefore, *Eda* refers to a condition in which semen flows out immediately the woman gets up after sex.

[63]S.A. Osunwole, "The Role of Women in Traditional Yoruba Medicine", p. 89. Among these women is Alhaja (Chief) Taibat Osunroke Monilola, Proprietor of TOYIBAT Traditional Medical Center, Agbadagbudu, Adeoyo, Ibadan,

[64]Prominent among these people are Chief Isaac Fawemimo, he has rooms within his compound where expectant mothers can put to bed. He is also knowledgeable in the treatment of other ailments connected with women. Another person is Chief A.A. Monilola. He informed the author of his elaborate Clinic, Sarandomi Traditional Medical Centre, Operinde Village, Oluyole Local Government, which is under construction. He indicated that the Center on completion will provide full obstetric and gynaecological services based on herbal medicine. Equally in this category is a Western-trained medical professional, Professor Dayo Oyekole. He is the Proprietor of Mosebolatan Holistic Lifecare Centre, Mosebolatan Plaza,

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Some of these people actually have accommodation for expectant mothers where they could rest and ultimately put to bed when it is time for delivery. Associated with the above are those who address the health needs of infants and children. They could be men or women. They use herbs and roots to prepare concoctions to get rid of malaria and other ailments.

It is instructive to note that the presence of Western medical facilities in Ibadan has not in any way reduced the clientele of the above practitioners and traditional birth attendants. In fact, some expectant mothers interviewed indicated their preference for traditional maternity homes.[65] Among the reasons given for the above position is economic factor – that the amount charged at government and private hospitals is too high for them to afford.[66]

In addition, some of the mothers claimed that their preference for traditional homes arises as a result of the impersonal nature of Western-trained nurses and doctors that often appeared official and peremptory. The traditional midwives and gyneacologists on the other hand are accessible to their clients, speak the same language and share the same cultural experience. Another reason for the patronage of traditional maternity homes by some expectant mothers in Ibadan is connected with religion. The people of Ibadan and Yoruba generally believed that a child is supernaturally attached to the placenta and considerable significance is given to its disposal. Obviously, much importance is not associated with the disposal of placenta in government and private hospitals.

Ogbere-tioya, off Olorunsogo-Akanran Road, Ibadan. In this Clinic, treatment of feminine diseases and delivery of babies are based solely on traditional medicine.

[65]Some of the expectant mothers interviewed at Toyibat Traditional Medical Centre, Agbadagbudu, Ade-Oyo, included Mrs. O.A. Abiodun, osun devotee and traditional midwife, Age 50; Mrs. K.O. Adisa, Civil Servant, Age 50.

[66]The author spent not less than N50,000 on the delivery of his son about seven years ago at the University College Hospital. Ibadan. A random survey of charges for delivery at some private hospitals in Ibadan showed that the cost of delivery is not less than ₦20,000.

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Furthermore, some medicine men specialize in what could be regarded as surgery. This practice can be divided into two: cosmetic and therapeutic. Tattooing of traditional marks either on the face or body, piercing of ears and circumcision which form the bulk of the practice can be grouped as cosmetic.[67] Specialists in this area are generally referred to as *oloola* or *onikola*. On the other hand, therapeutic surgery is not that popular as the former; people in this area specialize in the removal of cervical glands, bullets (or poisoned arrows) from victims of robbers and hired assassination or accidental gunshots. One prominent traditional surgeon in Ibadan is Kehinde Ege of Asanke compound, Idi-Aro, Ibadan. He combined the art with healing of people with mental problems.[68]

Psychiatry is another important form of specialization in Ibadan. Indeed, this area is a very rare one. People in this field are extremely few. This is due to the fact that the art of healing mentally ill patients in a traditional way is not something that one could learn through apprenticeship; it could only be acquired through inheritance.[69] Among the reasons which account for mental illness include witchcraft attacks, curses (*epe*), anger of the gods (especially *sopono*), brain injuries, stress; consumption of drugs such as Indian hemp (*marijuana*).

Generally, treatment of people with mental cases includes caning and chaining so as to calm and prevent the patients from causing trouble. In addition, the patients are bathed and given herbal infusions. Equally, herbal drops and incisions could be applied to

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[67]Creating of tribal (cosmetic) marks on the face and body especially that of women is an ancient practice in Yorubaland. There are more than ten types of tribal marks in Yorubaland, among the popular ones in Ibadan and other towns like Oyo, Ogbomoso, Ede, Iwo and Osogbo include *Abaja, Abaja merin*, *Abaja Alagbele, Pele, Ture, Keke or Gombo*. For details, see O. Daramola *ati* A. Jeje, *Awon Asa ati Orisa Ile Yoruba,* Ibadan: Onibon-Oje Press and Book Industries, 1970, pp. 77-83.

[68]Among the people who benefited from the curative skills of Kehinde Ege was Omo Akin Akinyosoye, a commercial bus driver, Age 53, Iwo Road Motor Park, Ibadan, 26th April, 2008.

[69]Interview held with Chief Jelili Sobayo Omo-Oso, *babalawo;* and traditional healer, Age 50, Lajale House, Idi-Ose, Oyo Road, Ibadan, 3rd February, 2008.

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the eyes.[70] These in conjunction with herbal sedatives would help the patient to sleep. As he wakes up, more of the remedies are administered in reduced doses until he finally recovered.[71] However, the above form of healing has been described as crude and unacceptable. Chief Mojeed Kolapo, a prominent psychiatrist, claimed he has succeeded to heal several people including professionals such as lawyers, doctors, teachers with mental ailment through the application of herbs and incantations.[72]

Specialization is also evident in the emergence of traditional bone setters. These professionals are referred to as *Atoegun*. Bone setting is extremely important in traditional medical practice. Bone is made up of living tissues and forms a strong framework of the body. Equally, bone supports the body and determines its general shape.[73] The fact that treatment is effective and cheaper in traditional orthopedic clinics than government or private hospitals as well as the dearth of Western-trained orthopedics has made the specialization very relevant.[74] Among the problems that specialists address are fractures, dislocations, spinal cord injury and cancer of the bones.[75] It is the opinion of bone setters that no matter the degree of damage done to any bone in the body, amputation should not be considered as the last step.[76] Massaging plays a crucial role in the art of bone setting.

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[70]Interview held with Chief Jelili Sobayo Omo-Oso, *babalawo;* and traditional healer, Age 50, Lajale House, Idi-Ose, Oyo Road, Ibadan, 3rd February, 2008.

[71]J.O. Mume, Traditional Medicine in Nigeria, Benin City: MNC, 1973, p.85.

[72]Interview held with Chief Mojeed Kolapo, traditional psychiatrist, Age 60, Olaiya Naturalist Hospital, Ibagun village, Wofun Olodo, Ibadan, 15th May, 2009.

[73]Interview held with Mrs. A. Atowoju, Physiotherapist, Age c. 50, Physiotherapy Clinic, UCH, Ibadan, 31st July, 2013.

[74]Interview held with Dada Arogun, traditional bone-setter, Age 50, E8/285, Atipe Street, Oje Road, Ibadan, 26th February, 2008.

[75]Interview held with Dada Arogun, traditional bone-setter, Age 50, E8/285, Atipe Street, Oje Road, Ibadan, 26th February, 2008.

[76]Interview held with Dada Arogun, traditional bone-setter, Age 50, E8/285, Atipe Street, Oje Road, Ibadan, 26th February, 2008.

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Besides, incantations and herbal remedies are employed in treatment of bone related problems. Their relevance in the society has been queried. An expert contended that the bonesetters do more harm than good largely because their treatment of fractures and other related problems is not determined by scientific knowledge. She argued further that wrong handling of simple fractures which could heal naturally without involvement of traditional bonesetters could ultimately lead to amputation. She cited some cases brought belatedly to Physiotherapy Clinic, UCH.[77]

Methods of Acquiring Knowledge of Traditional Medical Practice

There is no doubt that there exist in African societies hundreds of experienced men and women skillful in the employment of herbs and manipulation of spiritual resources in the curing; prevention of ailments and misfortunes. Maclean estimated that there might be 900 herbalists in Ibadan with a population of 479,000 in 1963.[78] Based on this figure, it is reasonable to suggest that herbalists and medicine men would be in hundreds in pre-colonial Ibadan. The expertise exhibited by this category of people is acquired in a number of ways. One of these means is through inheritance. This indeed is a veritable source for learning the art of healing in Ibadan and other African societies. However, this practice of getting knowledge of traditional medicine based on inheritance is fast becoming unpopular. This is due to the fact that most of the children of traditional medicine men and healers prefer to go to schools, sometimes outside their towns or villages. In addition, with increasing educational opportunities in Nigeria, it is becoming less fashionable to train and practice as a traditional healer.

Another avenue for receiving knowledge of medicine is through spiritual means. Chief Isaac Fawemimo, a prominent traditional gyneacologist and *Onisegun* in Ibadan,

[77]Interview held with Mrs. A. Atowoju, Physiotherapist, Age c. 50, Physiotherapy Clinic, UCH, Ibadan, 31st July, 2013.

[78]*Proceedings of the International Symposium on Traditional Medical Therapy – A Critical Appraisal,* Lagos: National Science and Technology Development Agency, 1973, p. 21.

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claimed that he acquired the knowledge of art of healing partly through dreams. He indicated that the dreams lasted for three months at the time he was contemplating whether to practice or not.[79] Besides, knowledge of traditional medical practice is obtainable through apprenticeship. Through this means, interested trainee-to-be approaches master healer for an agreed period to learn the art of healing. Such candidate could come from within or outside the families of the master healer. During the period of training, trainees are exposed to the following: the medicinal value, quality, and use of different roots, fruits, barks, herbs, shrubs, and of various objects like minerals, dead insects, shells, feathers, excreta of animals, birds, the causes, cures, prevention of diseases and other forms of misfortunes (such as constant nightmares, barrenness) and other relevant issues.[80]

Assessment of the Impact of Traditional Medicine on Healthcare Delivery in Ibadan

Undoubtedly, traditional medicine had a positive effect on healthcare delivery system in Ibadan. The fact that a large segment of the population in Ibadan prior to the introduction of Western Medicine was alive and participated in diverse economic ventures and warfare showed clearly that the town was inhabited by healthy and physically fit individuals.[81] Apparently because of lack of western medical therapeutics, the people must have depended solely on traditional therapy whenever they were sick. As a matter of fact, the opening of modern Hospitals and subsequent delivery of health care services by these institutions in Ibadan and other parts of Nigeria has not affected

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[79]Interview held with Chief Isaac Fawemimo, *babalawo* and traditional healer, Age 68, Semilore Compound, Apata, Ibadan, 4th April, 2008.

[80]Interview held with Chief Isaac Fawemimo, *babalawo* and traditional healer, Age 68, Semilore Compound, Apata, Ibadan, 4th April, 2008.

[81]For details, see B. Awe,"Militarism and Economic Development in the 19th Century Yoruba Country: The Ibadan Example", *Journal of African History,* XIV(1), 1973, pp. 66-77; S.A. Akintoye, "The Economic Foundations of Ibadan's power in the Nineteenth Century" In I.A. Akinjogbin and S.O. Osoba (eds.) *Topics on Nigerian Economic and Social History,* Ile-Ife: University of Ife Press Limited, 1980, pp. 55-65.

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adversely the clientele of traditional healers. It is the view of a traditional medical practitioner that in spite of the presence of these medical institutions majority of Nigerians still rely heavily on traditional healers. It is evident that this opinion is not a misplaced one: medical statistics on Nigeria as at 2006 showed that Doctor-patient ratio was 28,000.[82] It is instructive to note that this situation has been aggravated due to medical brain drain from Africa to Europe and North America. It is on record that 36,000 doctors left Nigeria in 2007.[83] The above scenario demonstrates that Western type health facilities are grossly inadequate to meet the health needs of the population in Nigeria and other countries in Africa. Obviously, the short fall between the needs of the population and what can be provided by the hospitals is provided by traditional healers and herbalists who consequently occupy a significant position in the provision of health care services in Africa.

Besides, there are cultural health problems such as constant nightmares, incurable sores, due to bites from bewitched snakes or dogs, chronic mental ailments traceable to the wrath of the gods and or/ancestral curses; hemorrhage, severe migraine, believed to be caused by witches and spiritual/mystical forces. Obviously, solutions to these problems are beyond the realm of Western medicine. Indeed, there are instances where people with some of these diseases are counseled to return home and employ traditional therapy.

In fact, some diseases such as cancer, arthritis, heart diseases, sickle cell anaemia, and diabetes still remain a puzzle to the Western medical world.[84] The use of insulin injection for the treatment of sugar diabetes only provides a temporary relief.[85]

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[82]Http://hdr. Undp. Org/hdr 2006/statistics/indicators/58.html.

[83]"36,000 doctors left Nigeria says NMA'S ex-scribe", *The Guardian*, 27 May, 2008, p. 9.

[84]Interview held with Chief Isaac Fawemimo. *babalawo* and traditional healer, Age 68, Semilore Compound, Apata, Ibadan, 4th April, 2008.

[85]Interview held with Chief Isaac Fawemimo, *babalawo* and traditional healer, Age 68, Semilore Compound, Apata, Ibadan, 4th April, 2008.

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It is a fact that cases such as hernia, pile, appendix, breast cancer, fibroid, tonsils are addressed by Western doctors through surgical operations. Delayed and pregnancy – related problems are arrested by caesarian operation. There are instances where as a result of interruption in power supply, obsolete medical equipment, inexperience on the part of the surgeons and unavoidable human error; materials such as cotton wool, gloves or scissors employed in the operations are accidentally forgotten in the internal organs of patients.[86] These may lead to serious complications or even death of such patients if the problem is not quickly detected and arrested. Interestingly, prominent traditional healers in Ibadan and other parts of Nigeria claimed that some of the diseases mentioned above could be pacified subtly, quickly and more effectively through the dynamic process of traditional therapy, which strives to treat the whole person, rather than his isolated parts.[87] Consequently, adverse effects of surgery are eliminated through traditional medicine.

As indicated earlier, traditional medical practice in Ibadan and other parts of Yorubaland depends on categories of specialization. Bone setters, popularly referred to as *Atoegun* treat bone fractures, bone dislocations, spinal cord injury and cancer of the bones.[88] There are also psychiatrists, obstetricians and gyneacologists, surgeons and general practitioners. All these specialists are well appreciated and patronized by the people of Ibadan and other parts of Nigeria as a result of their therapeutic skills.

The prevailing economic problem in Nigeria coupled with the fact that herbal products are relatively cheaper, available and safer has also affected healthcare delivery positively in Ibadan and other parts of Nigeria. The fact that herbal materials and

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[86]Problem of power supply in Nigeria is a national one that affects all the sectors of Nigeria's economy. It is on record that in many cases doctors were forced to use candles to carry out surgery because of power surge. For details, see 1994 – 2006 Ecumenical News International.

[87]Interview held with Professor Dayo Oyekole, the founder of Mosebolatan Hoslistic Lifecare Centre. Ogbere-ti-oya, Ibadan. He claimed that through traditional medicine, he has been able to meet the health needs of several people who failed to get healing through western medicine.

[88]Interview held with Dada Arogun, traditional bone-setter, Age 50, E8/285, Atipe Street, Oje Road, Ibadan, 26th February, 2008.

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products are cheaper than Western drugs is not open to debate. Obviously, majority of the expectant mothers who consult and deliver in traditional maternity clinics do so largely because of economic and cultural factors. Hospital charges for consultation and delivery in the traditional maternity clinics in Ibadan are far cheaper than what obtain at the government and private hospitals. In the same vein, the cost and fear of caesarian operation associated with Western medicine in case of delayed delivery often compelled expectant mothers to resort to traditional midwives. The fact that much importance is not attached to the disposal of placenta in modern medical establishments is another important factor that must be put into consideration.

In addition, herbal materials either in raw or refined forms are available in Ibadan and other parts of the country. The sellers of raw herbal ingredients known as *lekuleja* and dealers of the refined products are accessible than Western trained health personnel. Equally, herbs and associated materials are free from side effects of drug addiction and dependence because the materials are natural. The materials are also to a large extent, free from adulteration.[89] Besides, the art of healing is a veritable source of livelihood for traditional healers in Ibadan. As a result of the need to attract more clients, some of the traditional healers spend fortunes on advertisements of their skills and products. Consequently, traditional medical practice has enhanced the revenue base of media establishments in Ibadan and other parts of Nigeria.

However, traditional medicine has been criticized for its inadequacy on dosage of prescription and uncertainty of correct diagnosis of ailments. It is important to note that traditional medical practitioners in Ibadan and other parts of Nigeria have reacted positively. Presently, there are two traditional medical hospitals established by European trained doctors. These hospitals operate like Western medical establishments with the

[89]It was as a result of the need to eliminate the problem of adulteration of drugs and other consumable that made the Federal Government to establish National Agency for Food and Drug Administration on 1st January, 1994. The aggressiveness of Dr Mrs. Dora Akunyili and the agency notwithstanding, the problem still persists. It is on record that the death of over 150 children in 1989 was occasioned by counterfeit drugs.

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exception that treatment are based on traditional therapy. In the same vein, herbal products such as powder (*Agunmu*), infusion (*Agbo*), traditional medicinal soap and similar items are now being neatly packaged like modern tables and tonics with appropriate dosage.

It is instructive to note that the absence of effective and adequate government control on the traditional medical practice in the country has made it possible for the upsurge of quacks and charlatans who exploit the masses at will. Another problem associated with the practice is the absence of intensive follow-up; there is no room for trace-back and follow-up. Besides, patients with chronic problems without adequate financial resources may be persuaded by greedy traditional healers to regard the problem s/he is confronting as his destiny. This position could easily be supported with this Yoruba saying – *"Ayanmo O gbogun"* meaning that there is no sacrifice or charm however potent that can change a man's destiny. Nevertheless, the fact is that traditional medical practice is very significant in health care delivery in Ibadan and other parts of Nigeria.

Conclusion

From the foregoing, the impact of traditional medicine on healthcare delivery system in Ibadan, and indeed in the whole of Yorubaland as well as the indigenous African society is not in doubt. It is no gain-saying that even western medicine has come to terms in the treatment of certain diseases and so recommended the need for trado-medical treatment, that is, collaboration between traditional healers and western medical practitioners. The collaboration has in fact, led to improvement in traditional healing methods. This has brought about the packaging of certain herbs, which are even now sold in medical stores with the approval of the National Agency for Food and Drug Control (NAFDAC). This demonstrates the fact that tradition and culture die hard. It rather adapts to change given modern development.

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The next chapter provides account of the beginning of British Colonial Medical and Health Services in Ibadan between 1900 and 1927. Expectedly, negligible percentage of the local population responded positively in favour of colonial medicine. Majority of the people shunned hospital treatment and depended largely on traditional medicine for addressing health challenges.

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CHAPTER THREE

EVOLUTION OF COLONIAL MEDICAL AND HEALTH SERVICES IN IBADAN, 1900-1927

Introduction

Following the inception of British Colonialism in Ibadan in 1893, the colonial administration began the implementation of her health policies in Ibadan with the opening of European Hospital in 1900. Subsequently, the colonial administration went further to address the health needs of Europeans and local population. This chapter delineates health measures adopted by the colonial authorities in Ibadan between 1900 and 1927. It is divided into the following sections: The first section examines the concept of colonialism and its institutional support with specific emphasis on health service. The second section explores the historical process associated with the advent of British colonialism in Ibadan. Beginning of colonial medical service is the focus of the third section. The next issue that came under investigation is an evaluation of the reactions of local population to the inception of colonial health institutions. The thrust of section five is sanitation, hygiene and water. The last section is the conclusion.

Colonialism and Its Institutional Support: Health Service

The concept of colonialism is a familiar idea. It has attracted considerable interest with diverse interpretations from scholars of different persuasions and ideological orientations. According to R. Emerson, colonialism is the establishment and maintenance for an extended time, of rule over an alien people that is separate from and subordinate to the ruling power.[1] This position is not too far from the ideas of Louis Gann and Peter Duignan, who also emphasised the fact that colonialism was largely for the benefit of the colonies. According to them colonialism was far from being agent of underdevelopment;

[1]R. Emerson, "Colonialism" in David L. Sills (ed.), *International Encyclopedia of the Social Sciences* Vol. 3, USA: The Macmillan Company and The Free Press, 1968, p.1.

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the imperialists on the contrary developed Africa, bringing the vast continent out of the depths of savagery into an age of technological, medical and agricultural advance.[2] They believe that colonialism acted as a vehicle for cultural transformation material progress, modernisation and development in Africa.

Contrary to the above, Walter Rodney in his influential text: *How Europe Underdeveloped Africa* portrayed colonialism simply as a new stage in Africa's unrelenting slide into structural internal underdevelopment and external dependency. His position was in tandem with the ideas of people like Kwame Nkrumah, Aime Cesaire, Frantz Fanon and Bade Onimode.[3] These people claimed that colonialism was primarily responsible for mass poverty and backwardness in Africa and other parts of the world. They insisted that disarticulation of the economy, class contradictions, institutional decay and underdevelopment of indigenous institutions are directly traceable to colonialism. G. Kay, however, disagreed with these scholars. He argued that capital [colonialism] created underdevelopment not because it exploited the underdeveloped world, but because it did not exploit it enough.[4]

It is evident that colonialism entails imposition of alien and authoritarian regimes on subordinate societies. It is important to note that colonialism and colonies go together. Colonies exist for the benefit of the metropole. This is in consonance with a French saying: *colonies have been created for the metropole by the metropole.*[5] The essence of

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[2] P. Youe, "Portraits of the Imperialists: Colonial Governors and Administrators in British Africa", *Canadian Journal of African Studies,* 14, 2, (1980), p. 347.

[3] Kwame Nkrumah, *Towards Colonial Freedom: Africa in the Struggle Against World Imperialism,* London: Heinemann Educational Books Ltd, 1962; Frantz Fanon, *A Dying Colonialism,* U. S. A: Monthly Review Press, 1965; Bade Onimode, *Imperialism and Underdevelopment in Nigeria: The Dialectics of Mass poverty,* London and Basingstoke: Macmillan, 1983.

[4] G. Kay, *Development and Underdevelopment: A Marxist Analysis,* London: Macmillan.

[5] Walter Rodney, *How Europe underdeveloped Africa,* London:Bogle -L'Ouverture Publications, 1972, p. 162.

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colonialism is economic exploitation; it depends on domination. This idea is in agreement with the position of Jurgen Osterhammel:

> Colonialism is a relationship of domination between an indigenous (or forcibly imported) majority and a minority of foreign invaders. The fundamental decisions affecting the lives of the colonized people are made and implemented by the colonial rulers in pursuit of interests that are often defined in a distant metropolis. Rejecting cultural compromises with the colonized population, the colonizers are convinced of their own superiority and of their ordained mandate to rule.[6]

However, David Fieldhouse, disagreed completely with the above views and its protagonists. He regarded their position as 'myth of economic exploitation'.[7] He insisted that colonialism occurred as a result of Europe's political impulses and military rivalries.[8] He added that economic interests of the merchants in the colonies were merely incidental. Ronald Robinson and Jack Gallagher views agreed with the above position by arguing that colonialism can hardly be regarded as exploitative mission by European countries. They stated that it was the outcome of the search for national honour, diplomatic competition, and struggles arising from the balance of power in Europe.[9] Yet the fact is that colonialism in any part of the world was not philanthropic. A major distinctive feature of colonialism was economic exploitation. The position of well-known apologists of colonialism like Jules Ferry is evident:

> the nations of Europe desire colonies for the following three purposes:

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[6]Jurgen Osterhammel, *Colonialism: A Theoretical Overview,* Princeton: Markus Wiener Publishers, 1947, pp.16-17.

[7]Anne Phillips, *The Enigma of Colonialism: British Policy in West Africa,* London: Indiana University Press, 1989, p.1.

[8]T. Falola (ed.), *Britain and Nigeria: Exploitation or Development?* London: Zed, 1986, p.5.

[9] T. Falola, (ed.), *Britain and Nigeria: Exploitation or Development?* London: Zed, 1986.

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(i) in order that they may have access to the raw materials of the colonies (ii) in order to have markets for sale of the manufactured goods of the home country and (iii) as a field for the investment of surplus capital.[10]

With this agenda and given the military superiority of the colonizer, exploitation is inevitable. It became realisable through unequal exchange.[11] The colonies sell their primary commodities below value and buy manufactured and finished products above value.

In fact, there were other types of colonies other than dependencies. There were settler colonies, plantation colonies and trading posts.[12] Examples of dependencies included Nigeria, Ghana, Sierra Leone, Gambia, French West African colonies; India, Indonesia, Malaya in Southeast Asia and Egypt. These were colonies colonised by capital rather than men. These colonies had small number of European settlers and a large native population. Europeans went to these places as planters, administrators, merchants, military officers. The colonies had an economy based on products of local inhabitants either on their own land or on plantations. These colonies produce cash crops as palm oil, cocoa, cotton, rubber and groundnuts. Unlike dependencies, settler colonies such as the thirteen English colonies in North America, New Zealand and Australia; arose from the emigration of people from the metropole and involved displacement of the indigeneous people to their permanent detriment.

Other examples of colonies of settlement included South Africa, Argentina and Algeria. Plantation colonies included such areas like Haiti, Barbados and Jamaica; where

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[10]K. Nkrumah, *Towards Colonial Freedom: Africa in the Struggle Against World*

[11] G. Kay, *Development and Underdevelopment: A Marxist Analysis,* London: Macmillan. pp.107-108.

[12]However, in French colonial philosophy, there were three kinds of colonies namely, "colonies de commerce ou comptous", "colonies de plantations ou d'exploitation"; "colonies agricoles ou de peuplement. The fact is that most of the French colonies were dependencies: French West Africa, Indochina, and the Congo; the Pacific. For details, see S. H. Roberts, *The History of French Colonial Policy, 1870-1925* Frank Cass, 1963.

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the white colonizers imported black slaves who rapidly began to outnumber their owners, leading to minority rule similar to a dependency. Trading posts referred to colonies where the primary purpose was to engage in trade rather than a staging post for further colonization of the hinterland. Examples of these colonies included Singapore, Macau, Malacca and Deshima.

It is instructive to note that economic exploitation was a common denominator in all the colonies identified above. It is indispensable to colonialism. It has been stated earlier that dependencies such as Nigeria, Ghana, Senegal, Egypt, and India were colonized by capital rather than men. However, this form of capital was neither industrial nor productive in nature. It was mercantile. Merchants do not engage in production but in trading. They work in favour of the metropole. They acted as the link between the metropole and the colonies. Consequently, it became imperative for the metropole to protect the merchant capital. One of the ways designed to protect the British capital in Nigeria and other parts of West Africa was the introduction of Western medicine and health services. These services were organized right from the beginning purely for the interest and safety of the merchants, white colonial officials and missionaries. It has been indicated earlier that the timing of the inception of colonial medicine in West Africa coincided with the need to protect the Europeans from the tropical fevers. Without malaria and yellow fever, which affected the Europeans, colonial medical and health facilities if it would be established at all in West Africa would have been later. Africans became beneficiaries of colonial medicine by accident. Determined and designed in the metropole rather than in the colony, colonial medicine was responsive to the needs of the European colonial *elite* rather than the ruled.

Medical and health services were consequently rooted in segregationist ideology. Special and well equipped hospitals were built for the Europeans in the urban centres such as Lagos, Calabar, Ibadan, Benin, Kaduna, Accra, Freetown and Dakar. In addition, special areas designated as European Reservations served with modern sanitary facilities were exclusively allocated to this group. On the other hand, skeletal and inadequate

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services were provided for Africans. However, the idea behind the establishment of hospitals for Africans was not completely altruistic. It was due to self-interest. A minimum standard of health for the local people was a necessary condition for the Africans to be able to provide minimum work performance in whatever assignments were given them.[13] In addition, the health of the Europeans was indeed partly dependent on the health of the indigenous population. The danger from infectious disease of which the Europeans had built no immunity was always present. Effective control of such diseases would be guaranteed when the local people were themselves free of the diseases.

The idea behind the provision of limited health facilities by the colonialists was not completely 'beneficial' to the Africans. Most of the towns in West Africa without relevance in the colonial context were either neglected or denied health service. Conditions in the rural areas were bad. Colonialism and welfare of the local population were incompatible. Investment in health service for the indigenous populace would definitely reduce the profit margin of the colonialists. Therefore, it is the interest of the colonial enterprise to provide adequate health service for the colonial *elite* and to make available slightest health facilities for the indigenes.

Inception of British Colonialism in Ibadan

Following the annexation of Lagos in 1861, imposition of colonial control over the whole of Yorubaland became very important. The significance of Yorubaland as a source of raw materials and market for British finished products is obvious. A major obstacle against the economic interest of Britain was the raging war in Yorubaland around this period. Major actors in the war included Ibadan, Ijebu-Ode, Egba and the Ekiti. A combination of pressure from British merchants and missionaries eventually compelled Britain to impose her rule on Yorubaland. In 1892, Ijebu-ode was sacked.

[13] F. M. Mburu, "The Impact of Colonial Rule on Health Development: the case of Kenya" in T. Falola and D.A. Itayvyar (eds.) *The Political Economy of Health in Africa* Ohio: Ohio University Press, 1967.

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Subsequently, Ibadan regarded as the "scourge and protector of Yorubaland" surrendered by signing a treaty which incorporated her into the British Empire. [14]

Among the provision of the treaty included the following: Ibadan agreed to "secure the free passage of all persons coming through Ibadan either from the interior to Lagos, or from Lagos to the interior, and we promise to afford protection to persons and property so passing. In addition, "Ibadan agreed to receive… such European officers and such a force of the Lagos Constabulary as the Governor shall from time to time deem necessary". Equally, Ibadan had to provide land needed by the British and refer disputes arising from the interpretation of the agreement to Lagos.[15]

With the appointment of Captain Robert Lister Bower as a Resident for Ibadan and Travelling Commissioner of the interior of Yorubaland, Ibadan like Lagos, Ijebu-ode and Abeokuta came effectively under colonial rule in 1893. Subsequently, he opened a Residency in the town. Its location was not within the town wall. A major function of the colonial state in Africa, Asia and Latin America was the creation of a framework for the economic utilization of the colony.[16] Certainly, the above could only be feasible with the presence of administrative infrastructure. Such arrangement would definitely facilitate the foundation of colonial economy, which was critical to the incorporation of the local economy into that of Europe. This incorporation became essential due to the following reasons: to guarantee optimum conditions under which private companies could exploit Africans; to arbitrate the conflicts between their own capitalist and to protect national interest against competition from other capitalists.

By 1897, the colonial administration established Ibadan Council. Similar arrangements took place in Oyo, Ijebu-Ode, Ondo and Ijebu Remo districts between 1898

[14] G. Jenkins, "Government and Politics in Ibadan" in P.C. Lloyd, A.L. Mabogunje and B. Awe (eds.) *The City of Ibadan*, London: Cambridge University Press, 1967, p. 213.

[15] T. Falola, *Politics and Economy in Ibadan*, 1893-1945, Ile-Ife: University of Ife Press Ltd., 1987, p.26.

[16]Osterhammel, *Colonialism: A Theoretical Overview,* Princeton: Markus Wiener Publishers, 1947, p.57.

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and 1900. The principle behind the councils was the use of indigenous chiefs in the administration of their towns "subject to the guidance and overall authority of the British officials".[17] The Ibadan council, just like other Councils, made rules on a wide range of subjects namely, administration of justice, road making, trade, agriculture and sanitation. The body also performed executive and judicial functions. Indeed, the position of the chiefs or the council became strengthened following the promulgation of the Native Council Ordinance in 1901. Even with this ordinance which allowed the *Baale* (in the case of Ibadan) rather than the Resident, to preside over the council meeting, the chiefs still operated under the shadow of the British political officers. This development corresponded with colonial ideology.

No doubt, administrative infrastructure as discussed above provided the required climate for the running of colonial state. However, it was inadequate. Railway, roads as well as other facilities were equally instrumental to the running of colonial state in Ibadan and other parts of West Africa. Thus road construction between Lagos and Ibadan began in 1897. Ibadan also became linked with Budo Egba, Otan, Shaki, Ogbomoso and Ejigbo in 1903. By October 1906, road construction between Lagos and Ibadan was completed. It extended to Oyo in 1908. By 1925, more roads had been built. Among these included Ibadan-Ijebu-Ode, Ibadan-Ife and Oyo-Iseyin. It is noteworthy that all the towns and villages linked with Ibadan were rich in agricultural and forest products.

More importantly, haulage of bulky materials over long distances required more than road transport. Railway became a necessity. In fact, Railway in contrast to road transport in Nigeria and other parts of West Africa made a more immediate impact. Railway construction began in Lagos in December 1895, reached Ota in 1899. By December 1900, it got to Ibadan and by 1901; Lagos-Ibadan line was officially opened. With this development, Ibadan and Yorubaland hinterland became incorporated to the world capitalist economy. By 1906, not less than twenty-five principal mercantile firms

[17] J.A. Atanda, *An Introduction to Yoruba History*, Ibadan: Ibadan University Press, 1980, p.53.

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were established in the Yoruba country, especially in Ibadan and Abeokuta. Among these firms were Messrs G.L Gaiser, Gottshalck, which built its office at Iddo Gate, very close to the Railway station, Paterson and Zochonis, John Holt, Witt and Busch, Lagos Stores and Fernandez & Co.

These trading houses performed an important function critical to the running of the colonial state. They purchased agricultural and forest products. They sold European goods in return. It is significant to note that these mercantile firms scattered all over West Africa were indispensable to the colonial project. They served as the link between West Africa and Europe. Admittedly, these firms were established by private mercantile *bourgeois* interests, they nevertheless represented metropolitan economic interests. It was this fact that compelled colonial administration to provide a conducive climate necessary for the import-export trade. A major justification for the inception of colonial rule in Africa, Latin America and Asia, was to guarantee optimum condition under which companies could exploit the colonies. Indeed, transport facilities provided by colonial authorities have been aptly categorised as infrastructure of exploitation.[18] Aside from the above, a post office was established in the vicinity of the Railway station in 1903. This development undoubtedly strengthened business between Ibadan and Lagos as well as Europe.

The merchants on their arrival settled in the vicinity of the Railway station. Land was acquired from appropriate families through lease. In anticipation of the commercial importance of Ibadan, the colonial authorities acquired a large tract of land outside the town walls of Ibadan.[19] The land was meant for Europeans, both official and commercial. It became useful in 1917 with the passage of Township Ordinance. It became the basis for the establishment of Ibadan Township Area. This development was not restricted to

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[18] For details see S.A. Olanrenwaju, "The Infrastructure of Exploitation: Transport, Monetary, Banking" in T. Falola, (ed.) *Britain and Nigeria: Exploitation or Development,* London: Zed, 1986, pp. 66-78.

[19]*NAI.*, Oyo Prof. 6/4: C6/1917, *Reservation, Trading/Business Area,* p.8.

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Ibadan. It affected the whole country. According to Lugard, the architect of the ordinance, its objectives were unambiguous:

> … the ordinance appears to include other and quite distinct principles, such as that of segregation … The essential feature of a township is that it is an enclave outside the jurisdiction of the native authority and native courts, which are thus relieved of the difficult task (which is foreign to their functions) of controlling alien natives and employees of the government and Europeans.[20]

It is needless to point out that the primary aim of the ordinance was residential segregation. It was meant to guarantee the health and peace of the Europeans. Indeed, an uninhabited 440 yards "neutral zone" was established to separate European and non-European residential areas.[21] This "neutral zone" was considered farther enough than malarial mosquitoes, and 'the noises of drumming and other amusements, which form, the pleasures of native life, could travel.[22]

In Ibadan, the Township Area covered Jericho, the Railway Station, Iyaganku, Iddo Gate as well as Lebanon Street. It was a well organised area with autonomous administration from the Ibadan Native Authority. The latter administered areas occupied by the local people The Township had a separate government. It was headed by the Station Magistrate. He directed the affairs of the township with the assistance of an Advisory Board of members chosen by the Governor. Interests of mercantile class were fully represented on the board. The body met from time to time to deliberate and arrived at decisions that affected the welfare of the members of the area. It is evident from

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[20] R.K. Home, "Urban Growth and Urban Government: Contradiction in the Colonial Political Economy" in Gavin Williams (ed.) *Nigeria: Economy and Society,* London: Rex Collings Ltd, 1976, p.66.

[21] *NAI.*,CSO 20/7/106: NC122/1919, *European Colonial Reservations in West Africa*, p. 7.

[22] R.K. Home, "Urban Growth and Urban Government: Contradiction in the Colonial Political Economy" in Gavin Williams (ed.) *Nigeria: Economy and Society,* London: Rex Collings Ltd, 1976, p.66.

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colonial records that issues such as sanitation, housing, water supply and land lease received attention.

It is instructive to note that the policy of residential segregation was carried out at two levels. The first was between indigenes of a town and Nigerians from other places. Indigenes of Ibadan, especially the poor could not settle in the township. On the other hand, Nigerians irrespective of their status were strictly bound to settle and live in European Reservations. Adequate health services were notable features of these areas. The basis for creation of a special and expensive haven for European, as indicated earlier, was unambiguous. It served as a protective zone against infectious diseases. Through the policy the Europeans would have minimal contact and interaction with the local people. The colonial authorities held the view that every indigene was a potential carrier of infectious diseases dangerous to the health of the Europeans. In addition, native towns in various parts of the country were regarded as reservoirs of infectious ailments.

It is significant to note that the whole idea of Township Area did not correspond with the culture of the people of Ibadan and other Africans. Segregation on the basis of wealth did not occur in pre-colonial African societies. As a matter of fact, people in Ibadan lived in huge compound containing several hundreds of inhabitants. And the use of amenities such as stream was not restricted to certain group of people. In any case, full implementation of the above policy either in Ibadan, Calabar, Lagos, Kano, Accra or other parts of West Africa was completely impossible. European traders certainly needed customers, while colonial officials could not do without domestic stewards. Consequently, a part of the Ibadan township area was reserved for all merchants who were compelled to trade and live there. This eliminated the need for Europeans to go to the native town where they could get infected.[23]

[23] T. Falola, *Politics and Economy in Ibadan*, 1893-1945, Ile-Ife: University of Ife Press Ltd., 1987, p. 36.

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A Health Service Established

A significant development, which accompanied the construction of Lagos-Ibadan railway and the presence of European merchants, was the inception of modern curative medicine in Ibadan. In as much as exploitation of land and labour resources could not be carried out in the absence of healthy officials, provision of medical facilities in the colonies became crucial and inevitable. Consequently, there was the inception of European Hospital in Ibadan with the conversion of one of the railway offices to a hospital in 1900.[24] The structure was put together to provide medical services exclusively for the European colonial officers and the few missionaries in the town. The health of this category of people was the priority of the British colonial authorities. Dr Rice served as the first medical officer in Ibadan while his successors included Dr Thompson and Dr Taylor.[25] Their activities were confined solely to the Europeans. The reason for a segregated hospital service in Ibadan and other parts of West Africa is not far-fetched. It agreed strictly with the ideology of colonialism. It differed from philanthropy or welfarism. The ideology rested firmly on maximization of profit.

The above position was totally at variance with investment in health services for the local population. Provision of health facilities for the benefit of indigenes would definitely affect the profit margin of the colonizer. However, the health needs of the local population could not be completely ignored. They were indispensable to the running of colonial machinery and the production of agricultural items required in Europe. Therefore, a section designated as the Native Hospital was attached to the European Hospital at its inception. In reality the establishment was not a hospital but a dispensary. At its humblest, a hospital, is held to be a medical unit with beds, staffed by someone

[24]This situation was a far cry from what obtained in areas like Sierra Leone, Abeokuta, Calabar, Iyi-Enu near Onitsha, Ilesha and Ogbomosho. In these towns, Christian missions rather than colonial administrations acted as pioneers of European medicine. Hospital services were part of the tool employed for evangelism. The first Christian Mission Hospital, Oluyoro Catholic Hospital, Ibadan, started to attend to patients in 1956.

[25] *NAI.*, *Nigerian Annual Report*, 1903, p.31.

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capable of doing at least some emergency surgery and equipped with a theater, a laboratory and if possible an X-ray plant.[26] The Native Hospital had neither a medical doctor nor an operation theater. The beds were in a poor condition. The building was not ceiled and unfit to accommodate patients.[27] Therefore, it is misleading to refer to such establishment as hospital. Politically, it may be right to refer to such unit as hospital, functionally, it is not so. Equally, minimal medical treatment available at the so-called Native Hospital was restricted to few indigenes employed by the colonial administration.

However, the need to secure the labour of indigenes and concern for the health of European community compelled the colonial administration to open a dispensary for local population in 1901. It was situated at the heart of the town, Oranyan, in order to attract the attention of the people. This attempt did not produce any tangible result. People showed little or no interest. By 1905, the location of European Hospital within the vicinity of the railway station had become a source of serious concern to colonial authorities in Ibadan. Patients in need of recuperation were frequently disturbed by shunting engines and wagons of the moving trains day and night. As a result of the problem associated with European Hospital and coupled with the factor of distance between Government Hill and the Railway station, Dugbe. The need for another medical unit arose. In 1915, a clinic was opened for the benefit of European officials at Agodi.

Nevertheless, the European community in Ibadan was not impressed with the quality of medical services available in Ibadan. They complained of neglect and criticized British administration in Lagos of insensitivity to their health needs. By 1920, Dr Rice, Director of Medical and Sanitary Services came to Ibadan from Lagos for the inspection of European Hospital. He also received instructions to appraise the suitability of the area chosen as the European segregated zone. The mission of Dr Rice to Ibadan, in a way had

[26] M. King, *Medical Care in Developing Countries: A Primer on the Medicine of Poverty and a Symposium from Makerere* (ed.) Maurice King, London: Oxford University Press, 1966, p.2:12.

[27] *NAI.*, Oyo Province 4/6: 41/1917, *European Reservation Ibadan, Correspondence about*, p.9.

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connection with the foundation of the colonial medical service in the town. He stated clearly in his report to British colonial authorities in Lagos that a new European Hospital was urgently needed in Ibadan.[28] In addition, he recommended that medical personnel such as doctors, nursing sisters and a sanitary inspector should be posted to Ibadan. Furthermore, he indicated that basic materials such as mattress, well equipped operation theater and mortuary as well as ambulance vehicle would be appropriate for the smooth running of the hospital. Consequently, the Ibadan European Hospital became renovated and furnished with necessary equipment and materials.

Furthermore, Dr Rice recommended appropriate improvement in health care delivery for the local people. He made a case for the building of another Native Hospital that would accommodate all the indigenes regardless of their status.[29] Dr Rice position partly accounted for the opening of an Infectious Diseases Hospital in 1925. It started operation at Hammock Road on the way to Agodi. The reason for the location of the hospital close to Agodi far removed from the indigenous areas appeared ambiguous. It is obvious that the fear that infectious diseases such as malaria and smallpox might affect the health of the Europeans was closely associated with the opening of the institution. It is a bit difficult to appreciate the significance of the health institution in the study period. It was ill-equipped. It had thirty beds for a population of almost half a million!

However, agitation and demand for a Native hospital by the *elite* received the colonial government's approval in 1926 when the foundation of Native Administration Hospital, Adeoyo, was laid. By October 1927, the out-patient section of the hospital began to attend to the people.[30] And in December of the same year, Captain William Ross, the Senior Resident of Oyo Province, formally declared the institution open to the

[28] For details of the Report, see NAI, Oyo Prof. 4/6: 41/1917, *European Reservation Ibadan, Correspondence about*, pp.1-4.

[29] *NAI.*, Oyo Prof. 4/6: 41/1917, *European Reservation Ibadan, Correspondence about*, p.4.

[30] *NAI.*, Oyo Prof. 1:834, *Teaching Equipment-Adeoyo Hospital.*

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population of Ibadan. It is important to note that the establishment of Adeoyo Hospital represented the first real attempt to provide medical facilities to the people of Ibadan.

Reactions of the Local Population to the Establishment of Colonial Health Institutions in Ibadan 1900-1927

The people of Ibadan, like other Africans, addressed diverse health challenges through medicinal materials such as herbs, plants, roots and flowers. Their traditional healers were also familiar with the use of supernatural means to confront exceptional health problems and socio-economic misfortunes. Of course, the opening of the Native Hospital at Dugbe and Oranyan Dispensary in 1900 and 1901 respectively as well as the inception of Adeoyo Hospital in 1927 did not have much impact on the people's medical culture. As a matter of fact, the local population avoided Oranyan dispensary like a leper's colony until 1907 when an average attendance of fifty patients was recorded.[31] This attitude was understandable. However, Ralph Schram maintained that it was due to lack of confidence.[32] This view appears strange and misleading in the light of what the people of Ibadan experienced at the inception of colonialism in the town.

The advent of British colonialism in Ibadan was accompanied by humiliation, intimidation, oppression and extortion. The band of Hausa infantry which provided the backbone for Bower's administration was extremely notorious for cruelty, looting and raping.[33] Respected *Baale* Sanusi and *Balogun* Akintola were arrested and imprisoned for some days by Captain R.L. Bower in 1894.[34] Ordinary people were not spared. Local

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[31] *NAI.*, Oyo Prof. 1:834, *Teaching Equipment-Adeoyo Hospital.*

[32] R. Schram, *A History of the Nigerian Health Services*, Ibadan: Ibadan University Press, 1971, p.125.

[33] T. Falola, *The Political Economy of a pre-colonial African state: Ibadan, c. 1830-1900*, Ife: University of Ife Press, 1984, p.165.

[34] T. Falola, *The Political Economy of a pre-colonial African state: Ibadan, c. 1830-1900*, Ife: University of Ife Press, 1984, p.164.

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people feared Hausa force and regarded them as agents of oppression. These Hausa soldiers went round the town like minor lords plundering, raping and looting.[35] Nobody had the courage to challenge them for fear of being jailed or beaten. Therefore, it is plausible to argue that the local people avoided the dispensary because they associated it with oppression and exploitation, the hallmarks of colonialism. This position is reinforced by Frantz Fanon's ideas on colonial medicine in Algeria. He stated that it is logical for the colonized people to view Western medicine as inseparable from colonialism.[36] He argued further that the sense of alienation from colonial society and the mistrust of the representatives of its authority are always accompanied by an almost mechanical sense of detachment and mistrust of even the things that are most profitable to the population.[37]

As a matter of fact, the attitude of the people of Ibadan to colonial medical service up to 1927, when the Native Administration Hospital, Adeoyo came into being, was still cold and negative. Only 359 patients showed interest in the services provided by the institution in the year.[38] Hundreds of people in the town and farm villages viewed hospital medicine with fears and suspicion. Vaccination and inoculation especially among the villagers was regarded as offensive. They felt that the vaccine was unhygienic because it looked very much like pus which had been extracted from swollen sore![39] Traditional medicine still enjoyed wide use among the people. Only few people showed interest in colonial medicine as means to address health problems. Interestingly, number of indigenes that demonstrated enthusiasm in hospital treatment increased from 1928. The

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[35] T. Falola, *The Political Economy of a pre-colonial African state: Ibadan, c. 1830-1900*, Ife: University of Ife Press, 1984, p. 165.

[36] F. Fanon, *A Dying Colonialism,* U. S. A: Monthly Review Press, 1965, p.139.

[37] Fanon, *A Dying Colonialism,* U. S. A: Monthly Review Press, 1965, p.139.

[38] *NAI.*, Oyo Prof. 1/834, *Memorandum from Medical Officer II, Ibadan to the District Officer, Ibadan: Adeoyo Hospital, Engagement of Staff*, p.65.

[39] Interview held with Pa A. Egunjobi, retired Sanitary Inspector, Age 95, Elekuro, Ibadan, 5th March, 2013.

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growth of hospital services in Ibadan forms part of the discussion covered in the next chapter.

It is important at this juncture to realise that colonial medicine is not limited to curative approach. It also embraced preventive health services: sanitation, hygiene and pipe-borne water supply. These health services accompanied the imposition of colonial administration in Ibadan and other parts of West Africa.

Sanitation, Hygiene and Water

Agreed that formal hospital service was an idea that came to Africa in the wake of Christianity and imposition of colonial rule, the same cannot be said of sanitation. Each group in Africa has a way of keeping its environment tidy and neat. Among the Yoruba, the idea is well established. Their intolerance for filth is reflected in this short poem:

1.Imototo bori arun mole. boye ti bori ooru.	1. Cleanliness overcome*s* diseases, just as (cold) harmattan overcomes hot climate (wind)
2. Arun idoti tinu egbin la wa, ina ni wo aso onida.	2. Diseases result from unclean (or unhygienc) environment as dirty (unwashed) clothe is the abode (or hiding) place for lice.
3. Afinju woja, a rin gbendeke	3. (The) decently dressed Person walks proudly and elegantly into a market (or Public) place.

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4. Obun a woja, a pa siosio	4. An unkept (or scruffily dressed) person sluggishly or clumsily walks around
5. Obun siosio ni yo ru eru afinju Wole	5. The rough unkept (or sruffily dressed) person would be the person to be hired to carry luggage for the cute decently dressed man.[40]

Yet, it would be misleading to assume that streets and neighbourhoods in pre-colonial Yorubaland were always tidy and free from dirt. For example, Ibadan as a result of its location and its political system prior to 1893 attracted soldiers and a lot of immigrants. Concomitant with this development was overcrowding. This brought about problem of disposal of refuse, sewage and consequently, infestation with vultures.[41] The Yoruba, like other Africans, appreciate cleanliness. They sweep the ground, removes dirt in the neighbourhoods, eliminate weeds on their path to the markets and farms. They take good care of the streams and rivers, which serve as sources for drinking and domestic purposes. They had designated areas for refuse and defecation, which are usually far to their settlement. Indeed, the unwillingness of the people of Oke'ho to adopt the *sa lga* [*salanga*] system had connection with the Oke'ho rising of 1916.[42]

[40]The translation was with the assistance of Professor A. Adeniran, Department of English, Faculty of Humanities, Ajayi Crowther University, Oyo.

[41] R. Schram, *A History of the Nigerian Health Services*, Ibadan: Ibadan University Press, 1971, p.124.

[42]J.A. Atanda,, "The Iseyin –Oke'ho Rising of 1916", *Journal of Historical Society of Nigeria,* iv, 4, (June 1969),

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However, the formalities and thoroughness associated with hygiene and sanitation following the imposition of colonial rule in Africa is instructive. In Ibadan, rubbish collection and solid waste disposal were given serious attention in such areas as Agodi, Jericho, the Railway station, Iyaganku, Iddo Gate and Lebanon Street. Labourers were actually recruited from time to time for this purpose. Night soil gang responsible for the disposal of human waste was equally employed. Not less than ₤276 was allocated for sanitation in the township and European Reservation in 1919.[43] An amount of ₤44 was utilised to purchase a refuse destructor and van. In all, ₤620 was spent in the year. However, government officials and members of the mercantile community were not exempted from payment of conservancy fees. Yet, there was provision for public latrines which forestall indiscriminate defecation and urination in public places. In addition, there were regular paid personnel in charge of sanitation in the European Reservation and Township. For example, in 1919, not less than twenty-two men were employed by Ibadan Township to attend to sanitation and conservancy of all European firms, P.W.D and Railway officials.[44] In 1926, there were four sanitary inspectors responsible for supervision of bush clearing, meat inspection, house and compound inspection for larvae and conservancy. These officials operated under the direction of a senior medical officer who was solely responsible to the European community.

Another important subject, which attracted the attention of the colonial authorities was malaria. Vigorous campaign was launched against mosquito larvae and other nuisances. This involved clearing of long grass and undergrowth as well as elimination of drains in the areas mentioned earlier. In addition, mosquito proof windows were provided and the use of mosquito nets was encouraged.

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[43] *NAI.*, MLG (W) 4SP3917/2: A946/1919: Memorandum from the Resident, Oyo province to the Secretary, Southern Provinces, Lagos, p.15.

[44] *NAI.*, MLG (W) 4SP3917/2: A946/1919: Memorandum from the Resident, Oyo province to the Secretary, Southern Provinces, Lagos, p.15.

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However, the situation in the native town was a far cry from what obtained in the Township and European Reservations. It was notorious for poor and deplorable sanitary condition. The above picture was not peculiar to Ibadan. Kano town in 1925 happened to be one of the unhealthiest places in the country.[45] While Christianborg occupied by European officials and traders in the Gold Coast had a clean and well drained areas, the native town of Accra was a standing menace to the health of the community at large.[46] The situation in Ibadan had connection with some factors namely, unwholesome habits of the people,lack of concern and inadequate supervision of sanitation of the area by colonial authorities. Whereas sanitation and conservancy was organised and well managed in the Township, the reverse was the case in the native town. Scant attention on the part of colonial authorities to sanitation in the native town could be attributed primarily to the idea behind colonial rule, namely, necessities for profit maximisation.[47] The above factor did not encourage investment in sewage disposal, drainage systems, comfortable housing, good roads and pipe-borne water for the African population.

Latrines were woefully inadequate. A system of *sa lga* [*salanga*] established in 1915, which succeeded in the Township failed completely in the Native Town. Markets such as Gegelose, Oja Iba, Oje, Ayeye were filthy and fly-infested.[48] On the whole, the town was badly congested. This situation might not be unconnected with repeated outbreaks of smallpox in Ibadan between 1902 and 1911. It became severe and endemic in the 1920s. This problem, however, was not limited to Ibadan. It affected the whole of Yorubaland. The activities of the *Sopono* cultists in a way contributed to the problem. It became so pronounced that it attracted the attention of colonial administration and with the government encouragement, Dr. Oguntola Sapara infiltrated the *Sopono* cult and

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[45] *NAI.*, CSO 26/2: 15216 Vol.1, *Reorganisation of Sanitary Department,* p.31.
[46] K.D. Patterson, "Health in Urban Ghana, 1900-1940" *Social Science and Medicine,* 13B (1979), p.255.

[47] Claude Ake, *A Political Economy of Africa,* Longman, 1981, p.78.

[48] Up till now, sanitary conditions in these markets and others such as Bodija, Oritamerin, Sasa are far from being satisfactory . Toilets and refuse bins are grossly inadequate.

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obtained vital information, which provided the basis for its proscription in 1909 in Lagos and its surrounding districts.[49]

The authorities employed vaccination against smallpox problem in 1902. It became compulsory in 1905. However, it was discontinued in 1915. This development was largely due to the failure of the colonial authorities to appoint more than a single doctor for the whole of Ibadan between 1915 and 1924.[50] The service of the only doctor available was restricted to the inhabitants of the Township and European Reservation. A Health Board, established by Captain Charles Elgee, the Resident emerged in 1904. The body managed sanitation in the Native Town. Among its responsibilities included drainage, canalisation of streams, and reclamation of swamps. An example of swamp cleared was Oranyan. In addition, several mud holes were filled up. No doubt, these activities had connection with the attempt to promote the health of the Europeans. Swamps and holes were breeding sites for mosquito. Clearing of the swamps would certainly reduce the population of mosquitoes regarded as the causes of malaria. The whole exercise formed part of the campaign against malaria. It was the problem of the Township and European Reservations. The fact that 1924 marked the beginning of destructive floods in Ibadan raised doubts on the effectiveness of the Health Board.

Water Supplies

Pipe-borne water was one of the colonial government's major contributions to public health in Ibadan. It was meant initially for the benefit of colonial officials and members of European mercantile community. Special water schemes were located at Agodi and Moor Plantation for the above purpose.[51] Water supply in the Native Town

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[49] T. Tamuno, *The Police in Modern Nigeria, 1861-1965: Origins, Development and Role,* Ibadan: Ibadan University Press, 1970, p. 87.

[50] T. Falola, *Politics and Economy in Ibadan*, 1893-1945, Ile-Ife: University of Ife Press Ltd., 1987, p. 230.

[51] For details, see J.A. Oluyitan, "Colonial Policy on Water Supply in Ibadan, 1929-1942, *Journal of African Politics and Society,* 1, 1(2012), pp.60-68.

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constituted a chronic problem. The poor sanitation associated with the area could be attributed partly to shortage of water. In most cases, people depended on shallow wells, streams and rain water. Supplies from these sources are grossly inadequate and unreliable.

Dearth of water in the Native Town became acute in the 1920s. Lack of concern by colonial government and its failure to appreciate the gravity of the situation compelled the inhabitants of the Native Town to write to the government on the issue. Official reply to the above was not completely negative. Digging of wells was encouraged and provision of pipe-borne water took place in some areas.

Conclusion

This chapter demonstrates that the evolution of colonial medical service in Ibadan, like other areas in West Africa, had a close link with the economic need and interest of Britain. Indigenous labour was required for the production of export crops and other services connected with the running of the colonial state. Accordingly, it became essential for the colonial authorities to provide health amenities for the local populace.

As a result of negative perception of British Colonialism in Ibadan, the indigenous populace believed and associated hospitals with foreign rule and exploitation. Consequently, medical opportunities provided by colonial administration during the study period were predictably shunned. The local population either in the town or farm villages relied largely on herbs and indigenous supernatural medical resources to address health problems and challenges. Therefore, the medical culture of the people throughout the period covered by the chapter was hardly affected. On the contrary, hospital patronage for treatment of all categories of diseases increased in the period, 1928-1945.

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CHAPTER FOUR

GROWTH OF COLONIAL MEDICAL AND HEALTH SERVICES IN IBADAN, 1928 – 1945

The era 1928-1945 could be regarded as a turning point in the history of medicine in Ibadan. It witnessed the extension of medical and health services to more people in Ibadan. Interestingly, negative perception of European medicine during the era under investigation became modified. Increasing number of local people sought for hospital treatment. This development had connection with colonial propaganda regarding hospital medication. The chapter is divided into the following sections. Section one highlights the factors which accounted for extension of medical service to the local population; while section two assesses the changes in the perception and reactions of indigenous population to hospital services. Section three surveys the preventive and sanitary services in Ibadan in the study period. Section four examines the factors responsible for extension of preventive health services to the local population. Section five analyses the organisation of colonial medical and health services in Ibadan between 1928 and 1945. The last section concludes the chapter.

Extension of Medical Work to the Indigenous Population in Ibadan, 1928 - 1945

Colonial authorities all over West Africa promoted the health of their officials and agents through the establishment of hospitals. In Ibadan, a European hospital started operation as from 1928.[1] It was located at Jericho, one of the important European residential reservations in the town. The institution had a well organized structure with adequate number of medical personnel. This arrangement was not limited to Ibadan; all

[1]For details, see *NAI*, CSO 26:12723, p.29.

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the health institutions meant for the Europeans in Africa were well staffed and equipped. A picture of hospital facilities available to the Europeans in Dar es Salaam is revealing:

> … the European hospital, Dar es Salaam, is capable of accommodating fifty beds easily… it has a separate maternity section, well fitted X-ray room and photographic dark room, and room for the examination of eye cases, spacious operating theatre, out patient department and quarters for nursing staff and medical officer. It faces the Indian ocean and receives the benefit of the sea breeze…[2]

On the contrary, skeletal and inadequate health facilities characterized by squalidness existed for the Africans. Yet, the study period was significant in the history of colonial medicine in Ibadan. It witnessed extension of curative and preventive health services to more indigenes. Medical care as well as preventive health services such as provision of sanitary facilities, supply of pipe-borne water, previously limited to a few people increased and more indigenes became beneficiaries. This development had connection with a change in the policy of the colonies towards their subjects. Adjustment of policy by the colonialising powers towards the colonies was not fortuitous. It occurred due to some reasons which will be discussed later. Besides, the unprecedented rise in the number of local people that demanded for hospital treatment, as will be seen subsequently, equally had relevance.

[2] David Baronov, "The Role of Historical Cultural Formations Within World Systems Analysis: Reframing the Analysis of Biomedicine in East Africa", *Journal of the American Sociological Association*, XV,2, 2009, p.154.

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Adeoyo Hospital

One popular colonial health institution in the study period, which provided opportunity for treatment of illness and diseases was the Native Administration Hospital, Adeoyo.[3] As indicated in the previous chapter, it came into existence in 1927 solely for the benefit of the local population.[4] It was not designed for the use of strangers and local foreigners, who were often wealthier than the indigenes.[5] Consequently, the hospital had its base at a place considered accessible to the indigenous population. The administration and management of the hospital was a joint responsibility of the colonial political officers and the *Baale of Ibadan* and its Council. However, it was not completely free from the control of the Director of Medical and Sanitary Services located in Lagos. The structure and organisation of the hospital was a far cry from the indigenous therapeutic arrangement. The institution had a trained medical doctor, nurses and matron. By 10 April 1929, a permanent Doctor, W.C. Dale started working at the hospital.[6] He was a surgeon. By the early 1930s, he became very popular as a diligent and caring European medical doctor at Adeoyo.

Apart from the medical doctor, there were dispensers as well as nurses and matrons – in – training. In addition, the hospital had unskilled employees such as ward attendants, washermen, cooks and labourers.[7] Besides, the institution was equipped with basic medical facilities such as an X – ray machine. Moreover, it had wards for different

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[3] For details on the differences between illness and disease, see Ellen L. Idler, "Definitions of Health and illness and Medical Sociology" *Social Science and Medicine*, Vol. 13A, 1979, p. 72.

[4] *NAI*, Oyo Prof. 1: 851, Permanent Doctor for Adeoyo Hospital, *Ibadan*, p.129.

[5] *NAI*, Oyo Prof. 1: 851, Permanent Doctor for Adeoyo Hospital, *Ibadan*,p.129.

[6] *NAI*, Oyo Prof. 1: 851, Permanent Doctor for Adeoyo Hospital, *Ibadan*,p.129.

[7] The dressing of dispensary attendants in the study period unlike now was distinctive and unconventional. For details, see *NAI*, Iba Div. 1/3: 0681, Dispensary attendants-Engagement of, p. 7.

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categories of patients. There were also surgical and mortuary services. All these facilities and arrangements were completely strange and unfamiliar to most of the people in Ibadan and other parts of West Africa. Majority of the people in Ibadan before the 1930s relied only on traditional therapy and medication to confront health challenges. This type of medical system operates without institution and formalities. Adeoyo hospital throughout the study period attracted thousands of patients. It became a centre for the treatment of illnesses and diseases in a modern way. Hundreds of indigenes unfit in the colonial context to obtain treatment at the Government African Hospital, Jericho, had the opportunity to get treatment for their health problems at Adeoyo.

The number of out-patients managed at the hospital rose from 359 in 1927 to 3251 in 1929.[8] In 1930, 7584 and 458 out-patient and in-patients attended the hospital respectively.[9] Consequently, objectionable ideas contrary to European medicine started to disappear.[10] And monolithic medical culture rooted in herbal concoction and religious cum supernatural beliefs were giving way to medical pluralism. It is broad and varied. It includes a wide range of themes which are formal and informal relations between biomedical institutions and traditional medicine; illness representations understood as combinations of elements from a variety of origins.[11] And the issues that come into play

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[8]*NAI*, Oyo Prof. 1:834, Memorandum from the Medical Officer 2, Ibadan to the District Officer, Ibadan: Adeoyo hospital, engagement of staff, p. 65; *NAI*, Oyo Province Annual Report for 1930, para. 98.

[9] *NAI*, Oyo Province Annual Report, 1930, para. 98.

[10]*NAI*, Oyo Province Annual Report, 1930, para. 98.

[11] http://www.medicuspendies/ctalunga; http//www.jornadasidafrica.org

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when people choose one medical system over another.[12] This concept is relevant in the context of this study. Patients and their families had liberty to make choices among the available healing systems. The argument is that in the pre-colonial period, traditional medicine was the only known medical arrangement. The healers employed herbs, cosmological ideas and local wisdom in treating illness and disease. This system had limitations. Epidemics such as yellow fever, typhoid fever, Guinea worm, tuberculosis, smallpox, cholera could not be arrested and eliminated. With the advent and growth of colonial hospitals in Ibadan and other parts of West Africa, patients had freedom to make a choice between traditional therapy and hospital medication. It is evident that the sick in the colonial period and present era in some critical situation combines traditional medicine and Western medical treatment.[13]

As a result of increase in the number of people demanding for hospital treatment coupled with a shift in colonialists' attitude to the local population, an additional ward was built in 1930. [14] It contained 36 beds. Out-patient waiting room was also enlarged. The provision within a short period became grossly inadequate. It is evident that a further ward for maternity cases and children became necessary in 1931.[15] Besides,

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[12]For details, see the following websites: http://www.medicuspendies/ctalunga; http//www.jornadasidafrica.org

[13] Interview held with Pa M.I. Okunola, community elder, Age 84, Bodija, Ibadan, 23rd February, 2012.

[14] *NAI,* Oyo Province Annual Report, 1930.

[15] *NAI,* Oyo Prof.1:851/29, Native Administration, Hospital-Ibadan, p. 30.

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correspondence between the Resident, Oyo Province and the Secretary, Southern Province in 1933 showed clearly that "the hospital is usually full and sometimes overflowing at present".[16] Indeed, the enthusiasm and demand for hospital medicine did not wane throughout the study period and beyond.

Hospital Statistics of available years is more revealing as depicted in the table below:

TABLE 4.1: RECORDS OF ATTENDANCE AT NATIVE ADMINISTRATION HOSPITAL, ADEOYO, IBADAN

YEAR	IN-PATIENTS	OUT-PATIENTS
1937	1071	82,704
1938	12123	96,334
1939	1213	85,089
1944	2075	11,742
1945	2030	12,351

Source:NAI., Oyo Province, Annual Report, 1930 para 98; Iba Div1/1: 489 Vol XIX, Adeoyo Annual Report, pp. 4;12.

It is clear that the sick in need of out-patient services were greater than those who demanded for in- patient services. The introduction of hospital fees as from 1930 affected patient attendance. While out-patient services did not require any payment; the in-patient services paid 6d a day plus 5/- for all operations.[17] In 1943, the institution collected ₤618.17.9 as hospital fees. While it realized ₤747.7.7 and ₤1,038.4 in 1944 and 1945 respectively.[18] Increase in the amount of fees obtained in 1944 and 1945 was due to a rise

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[16] *NAI*, Iba Div. 1/1: 489 Vol. XIX, Adeoyo Hospital Annual Report, p. 12.

[17] NAI, Iba Div. 1/3: 0681, Memorandum: from Medical Officer No. 1 Ibadan to the District officer, Ibadan, p.7; Oyo Prof.1:851, Hospital Charges – Adeoyo Hospital, p.105.

[18] *NAI*, Iba Div. 1/1: 489 Vol. XIX, Adeoyo Hospital Annual Report, p. 2. Conversion of the Hospital fees does not arise because Naira and Kobo was introduced in the early 70s.

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in the number of in-patient admission and surgical operations. An average of 2000 sick people obtained treatment in the above period.[19]

It is obvious that increase in demand for hospital treatment by the local people was accompanied by chronic shortage of space such as ward and waiting rooms for patients. Consequently, the need for physical development at the hospital became inevitable. The response was marginal. As indicated earlier, there was a provision of a general ward in 1930. Subsequently, the building of a 10-bed prisoner's ward took place. Besides, the health of women and children attracted special importance. By December, 1931, all mothers in Ibadan became aware of the readiness of Dr W.C. Dale to commence a Children Welfare work at Adeoyo hospital.[20] He invited all women and persuaded them to take their children under five years of age to the Welfare Clinic. It was meant to teach and educate mothers on the best way of looking after their children. It attracted no fees. It took place every Thursday afternoon, 2.30 – 4.30pm.[21] Moreover, there was provision of antenatal services. Ibadan women responded positively. Hundreds of mothers with their children showed up at the hospital every week in order to obtain lectures and antenatal

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[19] *NAI*, Iba Div. 1/1: 489 Vol. XIX, Adeoyo Hospital Annual Report, p. 2.

[20] "Children Clinic and Maternity Services open at Adeoyo Hospital", *Yoruba News,* December 22-29, 1931, p. 3.

[21] "Children Clinic and Maternity Services open at Adeoyo Hospital", *Yoruba News,* December 22-29, 1931, p. 3.

Plate 1

services. Comments of the specialist in charge of Adeoyo hospital, Dr R.G. Savage on the development is instructive:

> It continues to be very well attended. The population is however very conservative and it is feared that the majority of mothers are attending for the purpose of receiving a bottle of medicine rather than to receive instruction.[22]

There is no doubt that the hospital was extremely popular with nursing and expectant mothers in Ibadan in the study period. Colonial medical records showed clearly that not

[22] *NAI,* Oyo Prof. 1:188, Vol. IX, Annual Report, Oyo Province, p. 1362.

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less than 6,454 children obtained treatment in 1944.[23] By 1945, the number of children who benefited from hospital treatment increased to 11,470.[24] The health problems that were managed included measles, pneumonia, diarrhoea, gastro-enteritis, neonatal tetanus, malaria, meningitis. Many expectant mothers delivered their children at the hospital. To cope with increasing demands, two “extramural’’ clinics with a focus on child welfare and ante-natal work were provided at Agodi and Oranyan dispensaries. It was organized in 1945 by a female Medical Officer with the assistance of a midwife seconded from Adeoyo Hospital. Those additional clinics soon became popular. Within five months, 21 and 62 ante-natal patients attended Agodi and Oranyan Dispensaries respectively.[25] And 887 children benefited from the child welfare services. Attendance for dispensary services diminished considerably in December due to shortage of personnel and lack of proper supervision.[26] As a result of the above problem, Dr S.L.A. Manuwa recommended the closure of the Dispensaries. Similar services provided by the ‘British Save the Babies Fund’ for patients at Elekuro were effective and successful. Dr Manuwa indicated in his Annual Report in 1945 that attendance of pregnant and nursing mothers at Adeoyo Hospital from Elekuro area reduced greatly due to the work of the Fund.[27]

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[23]*NAI*, Iba Div. 1/1: 489 Vol. XIX, Adeoyo Hospital Annual Report, p. 4.

[24] *NAI*, Iba Div. 1/1: 489 Vol. XIX, Adeoyo Hospital Annual Report, p. 4.

[25]*NAI*, Iba Div. 1/1: 489 Vol. XIX, Adeoyo Hospital Annual Report, p. 5.

[26]*NAI*, Iba Div. 1/1: 489 Vol. XIX, Adeoyo Hospital Annual Report, p. 5.

[27]*NAI*, Iba Div. 1/1: 489 Vol. XIX, Adeoyo Hospital Annual Report, p. 5.

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The afore-mentioned arrangement had positive impact on health care delivery in Ibadan. However, provision of child and welfare services by colonial administration should not be misconstrued as a failure or unavailability of specialists that could manage problems associated with child deliveries and health successfully. As a matter of fact, the idea of Una Maclean that no group of traditional midwives existed among the Yoruba is completely fallacious and unacceptable.[28]

Indeed, there are birth attendants and specialists in Obstetrics and Gynaecology in Ibadan and other parts of Yorubaland. Moreover, the Yoruba including the people of Ibadan are extremely rich in pharmacopoeia for the treatment of pregnancy-related problems and children's ailments.[29] In the same vein, other groups in Africa are neither ignorant nor deficient in the treatment of peri-natal, ante-natal and post-natal problems. Incidentally, Sylvia Leith – Ross, a former colonial officer, was amazed in the mid–1930s with the skills of Igbo local medical practitioners or *dibia* in their application of indigenous methods on the treatment and care of new mothers and children in eastern Nigeria.[30] Therefore, it could plausibly be argued that increasing numbers of women who obtained treatment at Adeoyo Hospital was due largely to the provision of modern maternal and child welfare services. This attitude is not strange. It is logical for people in traditional societies to crave and demand for modern amenities. Moreover, provision of maternal and infant welfare services with the exception of in-patient did not attract any

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[28]C.M.U. Maclean, "Traditional Medicine and its practitioners in Ibadan, Nigeria", *Journal of Tropical Medicine and Hygiene*, 68 (1965), p. 242.

[29]Interview held with Chief Abimbola Iroko, a prominent *babalowo* and traditional birth attendant, Age 80, Onisa compound, Akeetan, Oyo, 9th October, 2007.

[30]Deanne van Tol, "Mothers, Babies and the Colonial State: The Introduction of Maternal and Infant Welfare Services in Nigeria, 1925 – 1945", *Spontaneous Generations*, 1, 1 (2007), p. 116.

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fee. These arrangements, however, were not limited to Ibadan. Availability of maternal and infant health services in Nigeria during the interwar period was surpassed in British sub-Saharan Africa only by that offered in Uganda and the Gold Coast.[31]

It is appropriate at this juncture to raise questions on the concern and pre-occupation of the British colonial administration with maternal and child health in Ibadan and other parts of Africa. Were these provision part of the benevolence of British empire or a legitimization of the West's civilizing project? Some historians have attempted to address the issue. Judith Lasker argued that it was part of an imperial agenda to improve colonial labour supply.[32] For Summers and Musisi, the services were regarded as measures adopted to pacify indigenous populations and promote modernisation.[33] Admittedly, Welfare Clinics served as training centres for African nurses and midwives as well as meeting places for lectures on proper food preparation, antenatal care and management of children. In addition, the arrangement provided avenue for dissemination of basic principles of hygiene and sanitation. However, it is still logical to establish the fact that provision of maternal and infant welfare services like other health facilities within the colonial context were ultimately geared to the better health and welfare of the population. It is evident that without manpower, colonial production of raw materials would dwindle and in the absence of a stable market in the colonies, demand for finished products from the metropolis would go down and the colonialist mission would be jeopardized.

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[31]Deanne van Tol, "Mothers, Babies and the Colonial State: The Introduction of Maternal and Infant Welfare Services in Nigeria, 1925 – 1945", *Spontaneous Generations*, 1, 1 (2007), p. 116.

[32]Judith N. Lasker, The Role of Health Services in Colonial Rule: The case of the Ivory Coast", *Culture, Medicine and Psychiatry*, 1, 3, (1977), pp. 277-297.

[33]Deanne van Tol, "Mothers, Babies and the Colonial State: The Introduction of Maternal and Infant Welfare Services in Nigeria, 1925 – 1945", *Spontaneous Generations*, 1, 1 (2007), p. 124.

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The hospital services available at Adeoyo did not only cater for the women and children; it also addressed the health needs of men. A male ward of 30 beds began to accommodate patients as from 1945.[34] An isolation ward for tuberculosis patients also became available. The same period witnessed marked improvement in laboratory services for the proper management of many tropical diseases. A new laboratory replaced the old one and pathological examination of blood smears, stool, urine, sputum and pus smears were carried out in the hospital. In addition, a Physiotherapy Department was set up and the Government radiographer, G.R. Richards visited Ibadan in the year to put the obsolete X-ray plant in tolerably working order. Besides, deficiency in surgical equipment affecting operations was rectified. In consequence, in-patient admissions for surgical operations which stood at 700 in 1938 rose to almost 2000 in 1945.[35] Moreover, mortuary services became available. Accommodation for pupil midwives and the Assistant Medical Officer were completed in the year.

As indicated earlier, demand of people for hospital services became overwhelming. For example, an average attendance of 400 patients per week or a little over 20,000 per annum obtained treatment at the hospital in the 1930s.[36] The 1940s saw a different story: it was between 11,000 and 12,000 in the period, 1944–1945.[37] This positive development in favour of hospital medicine however did not impress Dr S.L.A. Manuwa. He believed that the number of patients at the institution was far below the capacity of facilities at Adeoyo hospital.[38] He insisted that the people in Ibadan failed to

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[34]*NAI*, Iba Div. 1/1: 489 Vol. XIX, Adeoyo Hospital Annual Report, p.5.

[35]*NAI*, Iba Div. 1/1: 489 Vol. XIX, Adeoyo Hospital Annual Report.

[36]*NAI*, Oyo Prof. 1: 851, Permanent Doctor for Adeoyo Hospital, Ibadan, p. 109.

[37] *NAI*, Iba Div. 1/1: 489 Vol. XIX, Adeoyo Hospital Annual Report, p.4; p.53.

[38]*NAI*, Iba Div. 1/1: 489 Vol. XIX, Adeoyo Hospital Annual Report, p.5.

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make an adequate use of the facilities at their doorstep.[39] He maintained that the situation resulted from apathy or that the health authorities had success in keeping the people of Ibadan relatively free from diseases. The equipment which he described as excellent and adequate became grossly insufficient as from 1942.[40] A year later, maternity and laboratory facilities for the mothers in need of such services proved inadequate. As a matter of fact, the hospital had only 134 beds for patients in 1945![41] This situation became compounded by chronic shortage of staff that would attend to the patients. Indeed, the hospital service area of Adeoyo did not cover adequately the people in Ibadan villages.[42] The transport situation between places like Iroko in the north, Ajiwogbo, Kiire, Igbo-elerin, Kutayi, Ogunremi, presently in Lagelu Local Government or Erumu, Badeku–Jago, Egbeda in the east and other villages in the western and southern part of Ibadan were not bearable in the 1940s. Ironically, people in Oyo and other towns such as Ife and Ilesha found it easier to get to Ibadan due to motorabele roads between these towns. It is clear from the above that dearth of medical equipment compounded by chronic shortage of staff and accommodation as well as transport problems were some of the reasons that affected the trend of attendance at Adeoyo Hospital. Therefore, Dr Manuwa's position appears questionable.

However, the impact of Adeoyo Hospital in the history of medicine in Ibadan is significant. It symbolized colonial medicine in Ibadan. It addressed the health needs of several people. It became extremely popular with pregnant women and nursing mothers and their children. They attended the institution in their hundreds for deliveries, child

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[39] *NAI*, Iba Div. 1/1: 489 Vol. XIX, Adeoyo Hospital Annual Report, p.5.

[40] Toyin Falola, *Politics And Economy in Ibadan, 1893-1945*, Lagos: Modelor, 1989, p. 334.

[41] *NAI*, Iba Div. 1/1: 489 Vol. XIX, Adeoyo Hospital Annual Report, p.3.

[42] Hospital service area has been defined as the field from which a particular health institution attracts most of its patients. For details, see Folashade Iyun, "Hospital Service Areas in Ibadan City", *Social Science and Medicine*, 17, 9 (1983), p. 601.

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health and welfare services. The hospital also attracted patients from other towns within the Oyo provinces such as Oyo, Ife and Ilesa. People from other areas also came to Adeoyo Hospital.[43]

Nevertheless, the hospital was not the only colonial health institution in Ibadan. The activities of Oranyan and Agodi Dispensaries had already been highlighted. Services provided by these establishments had noticeable effect in the city. The health needs of male patients also received attention. Overall, the response of people to dispensaries was not poor. Available colonial medical records showed that 16,290 patients obtained treatment at Oranyan in 1937.[44] As indicated earlier, shortage of staff and absence of adequate supervision from Adeoyo Hospital affected the fortunes of the dispensaries. This situation forced so many patients to shift their attention elsewhere. Among these places was the Government African Hospital, Jericho. However, hospital services at the institution were restricted to employees with colonial administration and European firms. Yet the records indicated that a fairly large volume of work was done at the place. In all, 54,526 patients obtained treatment between 1944 and 1945.[45] Another colonial health institution was the Infectious Diseases Hospital located at Hammock Road, on the way to the Government Hill, Agodi.[†] It addressed special health needs. The recurring outbreaks of communicable diseases and epidemics highlighted the significance of the institution in health delivery in colonial Ibadan. It is evident that smallpox occurred in Ibadan in the following years: 1902, 1911, 1945 and 1956. It had connection with poor and unwholesome sanitation and overcrowding.

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[43] *NAI*, Iba Div. 1/1: 489 Vol. XIX, Adeoyo Hospital Annual Report, p. 4.

[44] *NAI*, Iba Div. 1/1: 489 Vol. XIX, Adeoyo Hospital Annual Report, p. 141.

[45] *NAI*, Iba Div. 1/1: 489 Vol. XIX, Adeoyo Hospital Annual Report, p. 53.

[†] For more information, see Appendix 1.

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Apart from colonial health institutions, private hospitals also provided medical services. These establishments included Alafia Hospital. Dr Anthony Saka Agbaje established the hospital in 1938.[46] It is evident that the hospital which started at Ogunpa-Ifeleye axis attracted a considerable number of patients.[47] This development arose as a result of affordable hospital fees collected for consultation and treatment. Dr Agbaje equally provided medical services for patients that found it difficult to get to the hospital by visiting them in their various homes.

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[46]Dr Anthony S. Agbaje was born in Ibadan in 1904. He started schooling at Catholic School from where he entered Ibadan Grammar School in 1916. In 1920, he proceeded to King's College to complete his secondary education. From 1925 to 1930, Dr. Agbaje was a medical student of Glasgow University, United Kingdom.

[47]*Yoruba News*, 2 and 9 February, 1932, p. 3.

Plate 2

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Changes in the Perceptions and Reactions of Indigenous Population in Ibadan to Hospital Services

Enthusiasm and increase in demand for hospital treatment by the local people in the study period was not accidental. It occurs as a result of some factors. First, the inadequacy of traditional medicine to address effectively some illness and disease. Admittedly, traditional medicine is rich in herbs, plants, flowers and some mineral resources which are efficacious in addressing health needs. Moreover, most of the traditional doctors or medicine-men are talented and skillful in employing afore-mentioned materials to treat their patients. Indeed, some of these people possess power to travel into the mysterious and mythical world of metaphysics: "I can travel into the metaphysics world and probe through occult, astral and spiritual means to treat my patients".[48] This position could be buttressed with the opinion of Dr W.F. Macfarlane, a European Colonial Surgeon, Aro District, Abeokuta, who wrote in favour of the Yoruba medicine-men:

> The *Onisegun* uses natural common-sense, setting broken limbs skillfully by binding twigs round the straightened members and generally speaking is guided by first principles. He uses a large assortment of drugs but in a very casual way as to the quantity given. The usual measure is a 'handful' and the preparation generally a decoction of handful of certain leaves are added to a 'quart or two' of water and the resulting decoction served out to the patient in tumblerfuls. He is decidedly empirical in his

[48]For details, see "Profile: Chief (Dr) Joseph O. Lambo, Taproot Physician," *WEST AFRICA*, 24 December 1990 – 6 January, 1991, p. 3087.

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> treatment also, not knowing 'how' the drug acts but that it does cure certain disease.[49]

The above assertion could be corroborated with the views of Dr C.E. Maguire, a contemporary of Dr Macfarlane. He affirmed that among the people of Ibadan, in one respect, the indigenous medicine-men were ahead of the European medical scientists, namely that from apparently time immemorial, there had been a tendency among them to "specialize".[50] He added that "certain of them profess to treat fevers, others dropsy, others are alienists and so on; while the priests of the god of smallpox hold a monopoly in the treatment of the fell disease".[51] It is clear that up till now, traditional medicine attracts all categories of people in Ibadan and other parts of Nigeria. However, it is deficient in addressing some diseases that are infectious or parasitic in nature. Examples of these diseases included Guinea worm, hookworm, sickle cell anaemia, typhoid fever, yellow fever.[52] As a matter of fact, these health problems wasted a lot of lives in Africa prior to the inception of Western medicine. Equally, epidemics such as cholera, smallpox could only be controlled by proper hygiene and vaccination. Besides, serious obstetrical and gynaecological complications such as eclampsia, ruptured uteri, extreme anaemia, vesico-vaginal fistulae and tuberculosis in pregnancy could not be addressed effectively by traditional medication.[53] The reason for its failure is obvious. Traditional medicine is rooted in herbal concoctions and religious beliefs. It is not based completely on scientific

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[49] A. Adeloye, *African Pioneers of Modern Medicine*: *Nigerian Doctors of the Nineteenth Century*, Ibadan: University Press Limited, 1985, p. 39.

[50] A. Adeloye, *African Pioneers of Modern Medicine*: *Nigerian Doctors of the Nineteenth Century*, Ibadan: University Press Limited, 1985, p. 39.

[51] A. Adeloye, *African Pioneers of Modern Medicine*: *Nigerian Doctors of the Nineteenth Century*, Ibadan: University Press Limited, 1985, p. 39.

[52] Interview held with Professor A.O Lucas, Age 80, Bodija, Ibadan, 2nd March, 2011.

[53] Interview held with Professor A.O Lucas, Age 80, Bodija, Ibadan, 2nd March, 2011.

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ideas. Its diagnostic system even with some modern innovations is still weak and inadequate. Without proper blood, urine, faeces tests, laboratory as well as x-ray and scan services, it is completely impossible to prevent or cure some of the diseases indicated above. It is evident that yaws, onchocerciasis, smallpox among others were eliminated through hospital medicine.[54] Yet the above claims have been condemned as inadequate and irrelevant by a renowned Physiologist. He insisted that nature has cure for every health challenge.[55]

The role of colonial medical personnel is another factor, which enhanced the attitude of the indigenes in favour of hospital treatment. According to Frantz Fanon, the doctor in the colonies is an integral part of colonization, of domination, of exploitation.[56] This opinion is an apt assessment of colonial medical manpower. However, some medical health professionals in the era under study, unlike some doctors and nurses in the contemporary period, exhibited diligence and industry. Dr W.C. Dale was an outstanding surgeon in colonial Ibadan. As stated earlier, he was appointed as Medical Officer II for Adeoyo Hospital in 1929. He performed his duty exactly like a missionary: his diligence to duty and caring attitude did not escape the notice of his patients. Within a short period, his name became known all over the town. As a result of his qualities as a surgeon, he was regarded and placed in the position of one of Yoruba national gods, *Obatala*. The role of *Obatala* in healthcare delivery in Yorubaland is very significant.[57] He is the god of

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[54]Interview held with Professor A.O Lucas, Age 80, Bodija, Ibadan, 2nd March, 2011.

[55]Interview held with Professor D.D.O. Oyebola, Physiologist, Aged 68, Gospel Town, Ojoo, Ibadan, 22nd February, 2013.

[56]F. Fanon, *A Dying Colonialism*, New York: Grove Press, 1965, p.134.

[57]Interview held with Chief Abimbola Iroko, a prominent *babalawo* and traditional birth attendant, Age 80, Onisa compound, Akeetan, Oyo, 9 October, 2007.

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hormones or creator divinity.[58] It is evident that Dr Dale attracted a lot of sick people to the hospital. Predictably, when he became indisposed and travelled to England, the number of patients in the hospital reduced drastically during the period. It normalized with his resumption to duty. He totally opposed institutional private practice which could have enriched his purse.[59] He opted for an arrangement which attracted less financial reward.[60] His transfer from Ibadan to Kaduna in 1939 was indeed a source of sorrow and agony to the people of Ibadan.[61] All the leading citizens and senior chiefs of Ibadan put pressure on the District Officer, to appeal to the Director of Medical Services so that Dr Dale would be allowed to work in Ibadan until he retired.[62] The appeal coupled with a petition endorsed by 72 African and Lebanese residents of Ibadan, however failed to yield desired result.[63] Dr R.G. Savage succeeded Dr Dale in Ibadan.

Dr S.L.A. Manuwa also affected positively the peoples' demand for hospital treatment.[64] He reorganized the hospital and ensured that necessary facilities that could attract patients were provided in the institution. During his period, laboratory, maternity and X-ray services were upgraded. Other medical staff that aided the enthusiasm of

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[58]Interview held with Chief Abimbola Iroko, a prominent *babalawo* and traditional birth attendant, Age 80, Onisa compound, Akeetan, Oyo, 9 October, 2007.

[59]*NAI*, Oyo Prof. 1: 851 Vol. II, Medical Officer II for Oyo: Dr. Dale, Medical Officer Adeoyo Ibadan. Removal from, p. 53.

[60]*NAI*, Oyo Prof. 1: 851, Permanent Doctor for Adeoyo Hospital, Ibadan, pp. 16; 129.

[61]*NAI*, Oyo Prof. 1: 851, Permanent Doctor for Adeoyo Hospital, Ibadan, pp. 16; 129.

[62] *NAI*, Oyo Prof. 1: 851 Vol. II, Medical Officer II for Oyo: Dr. Dale, Medical Officer Adeoyo Ibadan. Removal from, pp. 62; 64.

[63] *NAI*, Oyo Prof. 1: 851, Permanent Doctor for Adeoyo Hospital, Ibadan, p. 62.

[64]All the people interviewed on Adeoyo Hospital: Professor(s) A.O. Lucas, Aged 80, Bodija, Ibadan, 2nd March 2011; Sir (Dr) T.B. Adesina, retired Medical Officer of Health, Aged 88, Oke-Ado, Ibadan, 14th July, 2009; agreed unanimously on the charisma and administrative ability of Dr. S.L.A. Manuwa. They described him as a brilliant medical doctor.

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people for hospital treatment included Mrs T. Hoskyns–Abrahall, a Female Medical Officer in charge of Adeoyo Hospital (1945).[65] Miss Cowpea, a nursing sister equally contributed immensely to Child Welfare and Ante-natal work. She served as the nursing sister in charge of Maternity Clinic at Elekuro. For a period, patients formerly attending Adeoyo Hospital decided to be going to the clinic due to effective services.[66] Dr A.S Agbaje also played a significant role. It is true that he did not work either at Adeoyo or Jericho Hospitals yet he contributed to the enlightenment of his people on Western medicine. He arranged lectures from time to time to educate the people on the role of curative and preventive medicine in Ibadan. More importantly, he established a private hospital which was very popular with the common people and the local *elite*. The location of the clinic initially at Gbagi and later he moved the hospital to Adamasingba. Up till today the hospital attends to people that are disillusioned with public health institutions.

Moreover, hospital and dispensary services did not attract any payment. This step became needful in order to popularize British medical services. By 1930, patients paid for treatment. However, this policy as indicated earlier did not affect patronage for hospital treatment. In addition, the church and schools provided veritable avenues for the dissemination of ideas in favour of hospital services. It is evident that the 1930s and 1940s were remarkable for attitudinal change to western ideas and values in Ibadan.[67] The role of education in this regard was considerable. In the same vein, organisation of enlightenment lectures by Dr A.S. Agbaje and other senior health officials also stimulated

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[65] *NAI*, Iba Div. 1/1: 489 Vol. XIX, Adeoyo Hospital Annual Report, p.498.

[66] *NAI*, Iba Div. 1/1: 489 Vol. XIX, Adeoyo Hospital Annual Report, p.5.

[67] For details, see E O. Adeoti, "The First One Hundred years of Western Education in Ibadan: An Historical Analysis, 1852 – 1952, in G.O. Ogunremi, *Ibadan, An Historical, Cultural and Socio-Economic Study of an African City*, Lagos: Oluyole Club, 1998, pp. 364-385.

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the desire of the local people for hospital medicine. Associated with the above was the role of media such as *Yoruba News* and radio programme. These media effectively sensitized the people on the benefits of European curative and preventive medicine. Health Weeks and Baby Shows were equally popularized through the above means.

It is important to note that health services extended to the local people in the period under examination also embraced preventive health services. Facilities associated with domestic and public hygiene, disposal of excreta, refuse and pipe-borne water supply attracted the attention of government.

Preventive and Sanitary Services in Ibadan, 1928 – 1945

A noticeable issue which attracted the attention of colonial administration all over West Africa was sanitation. Poor sanitation promotes the breeding of mosquitoes, the transmitter of Africa's deadliest and infectious disease: malaria.[68] It is well established that major streets and markets in Ibadan native town prior to 1942 had poor environment and sanitary condition.[69] There was indiscriminate dumping of refuse due to poor social habits and inadequate refuse bins. Even the available containers were not properly utilized. Disposal of human waste was deficient. Drainage was equally poor.Sanitary problems appeared more pronounced at Sabo, Ekotedo and Mokola. However, other parts of the town, especially, the inner core were not free at all from filth and poor hygiene. In

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[68]It has been estimated that each year, there are approximately 350- 500 million cases of malaria with different degree of severity which end up in the death of between one and three million people. It is regrettable to indicate that 90 percent of malaria related deaths occur in sub-Saharan Africa.

[69]For details, see the following files: *NAI,* Oyo Prof. 1: 895, Vol. 2 No. 872, Sanitation, Oyo Province: Sabon Gari – Unsanitary Condition; Oyo Prof. 1: 895, Vol. IV – Sanitation – Oyo Province: Ibadan Sanitary Committee.

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fact, D.T. Akinbiyi, Secretary of Ibadan Health Committee, decried the situation in his correspondence to the District Officer in 1934.[70] He disclosed that it was a common sight to find human faeces in the gutters of the main roads between Agbeni and Amunigun as well as other principal streets of the town.[71] Sanitary conditions of markets around these areas, especially Gegelose, were terrible.

More revealing was the quarterly report of sanitation in Ibadan in the period under study. In 1929, out of the 42,202 compounds inspected in the N.A. area, 27,991 was certified as clean and 14,211 declared as dirty.[72] This situation was a far cry from what obtained in the Township area where 6,073 compounds were inspected and 5,099 found to be clean while 974 houses declared as dirty.[73] Moreover, the mosquito index in the Township area was 0.9 and 6.1 in the native area.[74] In a similar vein, a report on Ibadan Chiefs' houses in July 1942 was awful and shocking.[75] Out of the 19 chiefs' houses located at different parts of the town: Isale Ijebu, Oluokun, Akere and Oja'ba. Other areas with the Chiefs' residences included Eleta, Agbongbon, Ayeye, Foko and Yemetu.[76] None of these houses was free from filth and poor domestic hygiene. Moreover, most of the houses did not have latrine accommodation. Poor and deficient disposal of human waste was a general problem in Ibadan in the study period. Eight out of ten houses in the N.A. did not have a proper toilet facility. Instead, open spaces or at best, bushes in the

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[70] *NAI,* Oyo Prof. 1: 895, Vol. IV – Sanitation – Oyo Province: Ibadan Sanitary Committee. p. 137.

[71] *NAI,* Oyo Prof. 1: 895, Vol. IV – Sanitation – Oyo Province: Ibadan Sanitary Committee. p. 137.

[72] *NAI,* Oyo Prof. 1: 896, Quarterly Report on the Sanitation of Ibadan: House to House Inspection, p. 1.

[73] *NAI,* Oyo Prof. 1: 896, Quarterly Report on the Sanitation of Ibadan: House to House Inspection, p. 1.

[74] *NAI,* Oyo Prof. 1: 896, Quarterly Report on the Sanitation of Ibadan: House to House Inspection, p. 1.

[75] *NAI*, Iba Div 1/3, 0762, Sanitary Offences: Report on Ibadan Chiefs' Houses, pp. 8-10.

[76] *NAI*, Iba Div 1/3, 0762, Sanitary Offences: Report on Ibadan Chiefs' Houses, pp. 8-10. (See Appendix II for more information)

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neighbourhood of affected people, were used for defecation. What may be considered as unhygienic to Europeans is not necessarily dangerous to the Africans. A significant portion of the inner core of Ibadan up till now is completely deficient of basic sanitation and ironically, people still survive in such areas! Yet, there is a strong correlation between poor sanitation and outbreak of epidemics. Poor sanitation is equally associated with infectious disease such as malaria and typhoid fever.

The result of sanitary conditions delineated above on peoples' health was predictable. It increased susceptibility of the local people to a variety of health problems. There was outbreak of epidemics such as smallpox in Ibadan. It affected several people at Ekotedo. In addition, cases of yellow fever and typhoid fever became rife in the area and other parts of the city. The endemcity of guinea worm at Sabo was high: it affected not less than 50% of the inhabitants of the area.[77] Consequently, colonial administration in Ibadan came under pressure to adopt some measures that ultimately affected the health of the indigenes. First, the colonial authorities provided sanitary structures such as incinerators and public latrines. Among the areas which benefited from the facilities included Idikan, Sabo, and Agbeni. Moreover, the colonial government went beyond provision of sanitary facilities at Sabo. They assigned law enforcement agents: Police and *Akoda*[†], to the area to apprehend environmental polluters for trial at the Native Court, Oja'ba and Mapo. It is difficult to regard the seriousness attached to sanitation at Sabo as completely altruistic. After all Sabo was in the neighbourhood of the European Club and the Barracks of the West African Frontier Force. As a matter of fact, the colonial authorities made vigorous attempts in 1937 to evacuate the Hausa from the area.[78] The idea was later jettisoned due to problems of logistics and financial considerations.[79]

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[77] *NAI,* Oyo Prof. 1: 896, Quarterly Report on the Sanitation of Ibadan: House to House Inspection, p. 1.

†The meaning of *Akoda* is not certain. It could be interpreted as *A-ke-oda-ni-kootu oba* (one who shouts order in the native court). It could also refer to *A-ko-ida* (One who carries a sword). *Akoda*, however became important in Ibadan and other parts of Yorubaland during the colonial era as stipendary law enforcement agent of the native

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However, the colonial administration extended the building of public latrines, incinerators and dust bins to other areas in Ibadan such as Tapa Reservation, Mokola, Iba market, Ibuko, Ekotedo, Ayeye and Gbenla between 1930 and 1945. In addition, places such as Gegelose were also equipped with sanitary structures like slaughter slabs, incinerators and latrines. These facilities were constructed by a building gang trained by Mr. J. Ford.[80] By 1945, sanitary inspectors were stationed in some Ibadan villages such as Gambari, Akanran, Lalupon, Moniya, Omi Adio and Akinyele.[81]

Provision of sanitary facilities was supported with concrete measures. First, African Training School for Sanitary Overseers and Inspectors opened at Eleiyele in 1932. The Centre provided education and training for Sanitary Inspectors.[82] Products of the Centre were expected to assist in the enlightenment of the public on sanitation and hygiene. It is instructive to note that the institution did not attach much importance to theories. The Centre later became a miniature Health Office and the trainees were involved in the management of sanitation in various parts of the town.[83] Among these

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Administration. For more information, see Kemi Rotimi, "The Native Administration Police Forces of Western Nigeria, 1905-1951", *ODU*, *A Journal of West African Studies*, 30, (July 1986).

[78] *NAI*, Oyo Prof. 1: 2080, Residential Areas-Ibadan: European Reservations, Ibadan, p. 43; Oyo Prof.1: 1646, Vol.1 Oyo Province-Notes on by Ag: D.D.H.S, p. 109.

[79] *NAI*, Oyo Prof. 1: 2080, Residential Areas-Ibadan: European Reservations, Ibadan, p. 43; Oyo Prof.1: 1646, Vol.1 Oyo Province-Notes on by Ag: D.D.H.S, p. 109.

[80] *NAI,* Oyo Prof. 1: 188 Vol. IX, Annual Report Oyo Province, p. 1362.

[81] *NAI*, Iba Div. 1/1: 489 Vol. XIX, Adeoyo Hospital Annual Report, p. 14

[82] *NAI*, Oyo Prof: 1, 699 Vol. 1, Colonial Development Fund Schemes: Training Centre for African Sanitary Inspectors, Erection of School Building at Ibadan, p. 23.

[83] *NAI*, Oyo Div. 1/1, 110 Vol. II, Annual Report, 1937: Training Center for Administrative Sanitary Inspectors, pp. 360-361; Oyo Prof. 1: 188 Vol. IX, Annual Report Oyo Province, p. 1330.

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areas included Sabo, Mokola, Ekotedo and the Railway Station.[84] Some of the assignments carried out in the areas included regular inspection of houses, markets, campaign against the breeding of mosquitoes. They also carried out the issuance of abatement notices as well as arrangement of follow-up to the courts. Moreover, they participated in the erection of slaughter slabs, incinerators and latrines in various parts of the town.

It is obvious that environmental and domestic hygiene is not feasible in any society without potable and safe water. It is critical to diverse needs associated with health and social welfare of the people. This idea is in agreement with the observation of some scholars. J.W. von Goethe explained that everything originated in water, everything is sustained by water.[85] Indeed, colonial authorities recognized the key role which improved water supply could play in the elimination of a number of communicable diseases and therefore in the raising of the level of health and general welfare of the people. However, such water schemes in places like Agodi, Adeoyo, Ogunpa, Government Hill, and Moor Plantation were established initially to meet the needs of the European colonial *elite*. Reason for this discriminatory water policy might be connected with segregationist ideology of colonial administration in Africa and other parts of the world. It could also be as a result of financial considerations. It was the responsibility of

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[84] *NAI*, Oyo Div. 1/1: 110 Vol. II, Annual Report, 1937: Training Center for Administrative Sanitary Inspectors, p. 361.

[85] *Nigeria's Threatened Environment: A National Profile, Ibadan: Nigerian Environmental Study Action Team*, 1991, p. 60.

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tax payers to finance provision of water and other social services in the colonies. Therefore, it would be unfortunate and unjustifiable if Africans were deprived of water based on financial constraints.

Be that as it may, the period under examination witnessed extension of water supply to some areas in the Native town. These areas were Agodi Gate, Gbenla, Itu-taba, Oje quarters and market as well as Inalende.[86] This development became a reality in 1928. By 1929, the Government Hill Water Scheme benefited the people at Oja'ba and Adeoyo.[87] Subsequently, the Ogunpa Water Works supplied the people of Amunigun.[88] More importantly, there was a plan in the early 1930s to supply water to all the people in the native town. However, the plan flopped. Several areas with high expectations could not obtain water. Some of these places included Odinjo, Agugu and Agbeni.[89] Reactions of the disadvantaged groups in any society is predictable. The people of the above areas expressed their displeasure through damage of water mains and installations in and around Ibadan.[90]

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[86] *NAI*, Iba Div. 1/1: 234, Water Supply Government Hill, Ibadan, p.6.

[87] *NAI,* Iba Div. 1/1: 234, Water Supply Government Hill, Ibadan, p. 234.

[88] *NAI,* Iba Div 1/1: 937 Vol. 3, Ibadan Town Water Supply Scheme: Ibadan Major Scheme, p. 937.

[89] *NAI,* Iba Div 1/1: 937 Vol. 3, Ibadan Town Water Supply Scheme: Ibadan Major Scheme, p. 625.

[90] *NAI,* Iba Div 1/1: 937 Vol. 3, Ibadan Town Water Supply Scheme: Ibadan Major Scheme, p. 634.

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Factors for the Extension of Preventive Health Services to the Indigenous Population in Ibadan, 1928-1945

It is usual for defenders of colonialism like L.H. Gann and Peter Duignan to attribute the inception and growth of social services such as hospitals and schools to the benevolence of the colonizer. On the other hand, scholars in favour of Modernisation theory believe that the afore-mentioned amenities were introduced in Africa as important device for transforming indigenous societies. However, it is evident that introduction of European medicine in Africa was largely a product of self-interest. Hospitals and sanitary services were primarily established to protect the European population. It became inevitable for the colonial administration to extend health services to local people because their health had strong relationship with the production of colonial crops required in the metropole. Healthy population was also needed to sustain demand for finished products from Europe. Some of the indigenes also served as junior personnel in the running of Colonial Departments and firms. For the efficiency of the local population to increase and perform optimally, provision of health services became a necessity.

Moreover, the health of the Europeans partly depended on that of the local people. The danger from communicable diseases such as malaria, yellow fever, typhoid fever of which the Europeans had built little or no immunity was always present. Effective control of diseases would be inconsequential provided the native carriers were themselves free from such problems. Therefore, colonial authorities had no option other than to extend health services to more people in the native town. As a matter of fact, provision of

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sanitary facilities and law enforcement agents appointed to apprehend environmental polluters at Sabo were closely associated with the above factor. Even far away settlements in the inner core benefited from the provision of sanitary structures based on the colonialists' belief that such amenities would reduce the population of mosquitoes in the areas.

Besides, the socio-economic and political milieu of the study period is germane to this discussion. With the great depression of the 1930s, there was a decline in the global economy. This situation resulted in hardship and sufferings. The problems were much pronounced in the colonies. Moreover, social conditions in the colonies were extremely poor and appalling. These were some of the issues which provoked virulent comments and criticisms within and outside West Africa. Apart from verbal outbursts of anti-colonial feelings against exploitation and deficient social conditions; demonstrations and protests also took place. There was in the Gold Coast, "Cocoa hold-up" between 1937 and 1938. The latter witnessed another upheaval in the West Indies. Its aftermath was devastating and bloody. Subsequently, the British Government set up a Royal Commission to investigate conditions that led to the riots. One of the main causes of unrest proved to be the very backward socio-economic state of the Islands.[91] In consequence, the British government established a fund for the West Indies and passed a more general Colonial Development and Welfare Act for her other colonies. It should be

[91]M. Crowder, The Story of Nigeria, London: Faber and Faber, 1962, p. 271.

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noted that the desire of the imperial power to pacify the people in the colonies and enlist their support in the war against the Axis powers had connection with the enactment of the 1940 Colonial Development and Welfare Act.

Its provision was a far cry from the 1929 Development Act. Whereas, the old Act limited expenditure of colonial aid to only such projects as were likely to promote industry, in, or commerce with, the United Kingdom, the new Act authorized colonial grants to be spent "for any purpose likely to promote the development of the resources of any colony or the welfare of its people…"[92] Welfare in the domestic politics of Great Britain specifically meant health, water supply, education. All of these issues formed part of the headings that would attract funds provided by the new act. Accordingly, Ibadan Native Administration applied for funds under the Act for the extension of Adeoyo hospital, provision of water supplies, building of an abattoir and improvement of sanitation in the town.[93]

In addition, the socio-political arrangement of Ibadan before 1940, which favoured the chiefs exacerbated the relations between the colonial authorities and educated *elite*. The latter became bitter and aggressive in their criticism of colonial rule. They expressed their displeasure against the collaboration between the colonial administration and the chiefs. They also accused the latter of incompetence and

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[92] Colonial Development and Welfare Act (1940), Section 1.

[93] Toyin Falola, *Development Planning and Decolonization in Nigeria*, Gainesville: University Press of Florida, 1996, pp. 26-27.

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corruption. Significantly,the educated *elite* demanded for better administration and development of Ibadan. They asked for more modern amenities such as hospitals, pipe-borne water supplies, roads and electricity. However, agitation and demand for modern social facilities around this period, as indicated earlier was a national issue. It affected other areas in Nigeria. Some of the means employed by the colonial authorities to pacify the educated elite in Ibadan included provision of water supply. Water schemes located at Moor Plantation and Ogunpa became extended to the indigenes. In addition, the Adeoyo hospital received serious attention through additional building and equipment.

Organisation of Colonial Medical and Health Services in Ibadan, 1928-1945

Following the inception of British administration in the Lagos colony in 1861, it became important to establish some administrative structures. These were required for the execution of policies pertinent to the running of colonial state. Vital among these structures was the Department of Medical and Sanitary Services. Expectedly, it was based in Lagos just as similar Departments had their offices located in the capital towns of Banjul, Freetown and Accra. It established hospitals, dispensaries and clinics. Besides, it recruited and disciplined medical and health personnel. At the top of this Department stood the Director of Medical and Sanitary Services and an Assistant

With the extension of British colonialism into the interior, the jurisdiction and responsibilities of the Department went beyond Lagos. By 1893, Ibadan became a part of the British Empire. Subsequently, the political foundation of colonial rule was laid through the formation of Ibadan Town Council in 1897. By 1900, railway from Lagos reached Ibadan. Consequently, more Europeans working with the colonial administration and private firms came to settle in Ibadan. Examples of such companies included G.L.

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Gaiser, Paterson and Zochonis, John Holt, Witt & Busch and Lagos Stores. In order to address the health needs of the European colonial *elite*, an European hospital opened in 1900. It catered solely for the small community of European civil servants, traders and missionaries. Predictably, a senior European medical officer was assigned to manage the hospital. In addition, the Government African Hospital was under his jurisdiction. Apart from the segregationist colonial health system, it is absolutely impossible for a single doctor to carry out medical work in Ibadan and district. In reality it was the European community that enjoyed the services provided by the Senior European Medical Officer. It was true that he attended to the health needs of Africans employed by colonial administration, European private firms and those working as domestic servants. Percentage of this group, however, was extremely small and insignificant in Ibadan compared to numbers of such people in Lagos.

Hospital treatment for the farmers, market women, traders and artisans did not materialize until 1927 with the establishment of Adeoyo Hospital. In addition, dispensaries located at Oranyan and Agodi addressed the health needs of the local people. Until the inception of Adeoyo Hospital, the running and management of these Dispensaries were under the supervision of the Senior Medical Officer. It is evident that the hospital existed solely for the benefit of the indigenous population. In consequence, the building, equipping and staffing of the institution was the responsibility of Ibadan Native Administration. Until 1929, the hospital did not have a permanent doctor. Appointment of Dr W.C. Dale as Medical Officer II in the year was sequel to much disagreement between the Director of Medical Services and the Senior Resident, Oyo Province, W.A. Ross.[94] The problem arose as a result of vacillation and unwillingness on the part of the former to recruit a medical officer for Adeoyo Hospital.[95] It is evident that the position of Director of Medical and Sanitary Services had connection with the chronic

[94]*NAI,* Oyo Prof. 1:851, Medical Officer II for Oyo: Permanent Doctor for Adeoyo Hospital, Ibadan, p. 80.

[95]*NAI,* Oyo Prof. 1:851, Medical Officer II for Oyo: Permanent Doctor for Adeoyo Hospital, Ibadan, p. 80.

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dearth of medical doctors in the period under survey. This challenge became compounded with discriminatory policy of the colonial health service. Qualified African doctors in desperate need for employment were ignored and considered unfit for appointment due to racial arrogance and prejudice.

However, the above picture was not unique to Ibadan or Nigeria. Well-qualified Africans equally found it difficult to obtain appointments even in colonial Sierra Leone. When Dr J.A. Williams, a first class honours student from Edinburgh University, applied for appointment in 1916,[96] he did not get employment until 1925 and then only for two years on probation![97] Africans were appointed to a separate Medical Service from the European doctors so that the most Senior African doctor, however well qualified, was junior in rank to the most recently appointed European. As a matter of fact, all the pioneers of modern medicine in Nigeria namely, William Davies, Africanus Horton, Nathaniel King, Obadiah Johnson, John Randle encountered one problem or the other based on racial prejudice. Indeed, it was this problem that compelled the likes of Obadiah Johnson, John Randle and Orisadipe Obasa to resign prematurely from the colonial medical service.[98] By 1938, the effect of such policy was instructive. Nigeria had only fourteen African medical officers.[99] The case in Gold Coast was worse. African doctors were only eight.[100]

The situation was different in French West Africa. Africans had opportunities as early as 1906 to acquire certain medical skills and participated in vaccination campaigns

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[96]M. Crowder, *West Africa Under Colonial Rule*, London: Hutchinson, 1968, p. 326.

[97]A. Adeloye, *African Pioneers of Modern Medicine*: *Nigerian Doctors of the Nineteenth Century*, Ibadan: University Press Limited, 1985.

[98]For details, see A. Adeloye, *African Pioneers of Modern Medicine*: *Nigerian Doctors of the Nineteenth Century*, Ibadan: University Press Limited, 1985.

[99]M. Crowder, *West Africa Under Colonial Rule*, London: Hutchinson, 1968, p. 326.

[100]M. Crowder, *West Africa Under Colonial Rule*, London: Hutchinson, 1968, p. 326.

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as well as other preventive measures. They treated Africans in the villages who were too sick to be moved "whenever the doctor could not go there".[101] By 1936, there were 185 African auxiliary doctors (medecins africains). With this medical personnel, 3,113, 819 African out-patients were treated in French West Africa.[102] By 1946, over 14 million indigenes were immunized in French West Africa.[103] Only 866,709 patients could obtain treatment in 1936 in Nigeria.[104] Admittedly, the population in Nigeria was less than all the people in French West Africa. Yet, the response of medical professionals to the needs of people in French West Africa was predictable and certain. This situation had connection with the involvement of African auxiliary doctors. The opposite was the case in Nigeria and other parts of British West Africa. Trained and well qualified Africans did not get employment without hard struggle which often discouraged many of the people from joining the colonial medical service. Those of them that secured appointment were frustrated out of the service due to racial intolerance and prejudice.

The impact of afore-mentioned problem on organisation of health services in Nigeria is not in doubt Whereas, the European Hospital, Ibadan, with a Senior Medical Officer, catered for the medical needs of less than one thousand Europeans. Adeoyo Hospital, on the other hand, with a single Medical Officer and few medical and health professionals was established to serve hundreds of local population. In fact, the pressure of work on Dr W.C. Dale became unbearable that he complained bitterly to the Resident, Oyo province, in 1933.[105] He pleaded with the Resident to prevail on the medical

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[101]Lasker, "The Role of Health Services in Colonial Rule: The case of the Ivory Coast", *Culture, Medicine and Psychiatry*, 1, (1977), p. 281.

[102] M. Crowder, *West Africa Under Colonial Rule*, London: Hutchinson, 1968, p. 326.

[103] *NAI,* Oyo Prof. 2/1, 2369, Mosquito Destruction: Outbreak of Yellow Fever-Ogbomosho, p. 87.

[104]M. Crowder, *West Africa Under Colonial Rule*, London: Hutchinson, 1968, p. 327.

[105]*NAI*, Oyo Prof. 1: 851, Medical Officer II for Oyo: Medical Inspection of Soldiers, p. 31.

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authorities so that inspection of soldiers would be assigned to the Senior Medical Officer and not to the Medical Officer who was already overwhelmed with several patients at Adeoyo. This problem however was a general one in Nigeria. There was a lower ratio of doctors to population in 1939 than what obtained in 1914. This situation was due to a significant increase in the number of hospital patients without corresponding rise in the supply of medical and health professionals.

It is important to note that there was another Medical Officer apart from the Senior Medical Officer and the one in charge of Adeoyo Hospital. The Medical Officer in question was in charge of R.W.A.F.F. Barracks, dressing stations and Agodi dispensary.[106] His responsibilities included visiting dispensaries in towns beyond Ibadan such as Oyo, Fiditi and Ilesha.[107] All the medical personnel were to work in conjunction with the colonial political officers. They were however answerable to Director of Medical and Sanitary Services based in Lagos. In addition, basic medical equipment as well as drugs meant for the Native Administration hospitals and dispensaries all over the country were handled and distributed by Lagos. The arrangement, however, hindered allocation and distribution of medical materials to dispensaries and hospitals in Ibadan and other parts of the country. This problem arose as a result of the Second World War. Shipment of goods from Europe to West Africa was adversely affected and consequently, medical authorities in the country resorted to local purchase.

This discussion will be inadequate if it is silent on the position of colonial authorities on the treatment of patients. Until 1930, treatment of patients did not attract any fee. This step became necessary so as to popularize British medical services. With the decision, out-patients paid 1d per day, while in–patients paid 6d per day and 5/- for any

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[106]*NAI,* Oyo Prof. 1: 851, Medical Officer II for Oyo: Third Medical Officer, Ibadan-Duties of, p. 96.

[107]Oyo Prof. 1:851, Medical Officer II for Oyo: Permanent Doctor for Adeoyo Hospital, Ibadan, p. 90.

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operation. As indicated earlier, this policy did not affect numbers of people demanding for hospital services. Incidentally some well–to–do indigenes and Syrians became interested in special treatment at Adeoyo hospital. This generated a lot of controversy between the medical authorities in Lagos and members of Ibadan Native Administration.[108] While the former claimed that it was not an aberration for government doctors to use Native Administration Hospitals to further their career and finances through private practice; the Senior Resident, Oyo Province, H.L. Ward Price and Chiefs felt otherwise and totally disagreed with the above position.[109]

They indicated that the idea of Medical Department and the Acting Lieutenant – Governor which portrayed N.A. Hospitals as government health institution was faulty and unacceptable. They stated categorically that Adeoyo Hospital belonged to the Native Administration. And therefore, had the right to refuse that their institution should be used for the private benefit of concerned medical doctors.

Ironically, Dr W.C. Dale strongly opposed the idea of private practice. His objection to the whole arrangement was total and unambiguous.[110] He admitted that private practice served as an incentive to a keen and successful medical officer. However, he believed that pecuniary inducement should not be a condition for efficiency and optimal productivity. He affirmed that Adeoyo Hospital existed primarily for the benefit

[108]Oyo Prof. 1:851, Medical Officer II for Oyo: Permanent Doctor for Adeoyo Hospital, Ibadan, pp. 92-95.

[109]Oyo Prof. 1:851, Medical Officer II for Oyo: Permanent Doctor for Adeoyo Hospital, Ibadan, p. 135.

[110] Oyo Prof. 1:851, Medical Officer II for Oyo: Permanent Doctor for Adeoyo Hospital, Ibadan, p. 129.

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of N.A subjects and that it was not meant for the use of strangers and native foreigners, who were wealthier than the indigenes. He claimed that a major flaw associated with private practice was its vulnerability to abuse. He added that such arrangement could create room for preferential treatment of patients that were wealthy and consequently hindered conscientious discharge of duties by serious medical officers.[111]

Moreover, Ibadan Native Administration did not have the wherewithal to provide private wards required for special treatment of rich patients. Eventually, the contradictory position of both parties on the idea of private practice was resolved. All charges were to be paid to Native Administration Chest on deposit and retired monthly, the Medical Officer's share being paid out to him. Through the arrangement, the Native Administration was only entitled to Hospital charges, whereas before it received both hospital charges and Doctor's fees. That arrangement did not affect attendance of patients at the hospital. Poor people were not denied hospital treatment. However, it promoted the prospects and fortunes of people like Dr A.S.Agbaje, the proprietor of Alafia Hospital, Ibadan.

The Colonial health system in West Africa and other parts of the continent was not concerned only with curative medicine. There were provision and facilities for preventive health care. Medical officers and Senior Officers of Health were consequently appointed to work in Ibadan and other leading administrative centres in West Africa. Expectedly, the above officers in the study period were all Europeans. Local people

[111] Oyo Prof. 1:851, Medical Officer II for Oyo: Permanent Doctor for Adeoyo Hospital, Ibadan, p. 129.

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became Sanitary Inspectors and Overseers. The opening of a training centre for Native Administration health officials facilitated the employment of required personnel. The head of this section was the Medical Officer of Health. Among other things, he oversee the following: general cleanliness of Ibadan and villages, collection and disposal of refuse, disposal of waste water and drainage, planning of villages, conservancy, vaccination as well as erection of markets. It is significant to note that the above officials were largely preoccupied with areas inhabited by Europeans rather than the indigenes. Areas such as Agodi, Iyanganku, Onireke, Jericho, Moor Plantation were clean and healthy. The incidence of ailments and disease associated with poor environmental and sanitary conditions were not pronounced. This was not the picture with areas occupied by the local people. Cases of infectious diseases such as Yellow fever, typhoid fever, malaria, guinea worm were rife. Epidemics such as smallpox, cholera were not rare.

In order to reduce the incidence of infectious and communicable diseases, the colonial authorities came under pressure to involve the people in the organisation of health services. Previously, indigenes were not concerned at least officially with the management and control of sanitation problems. The only exception to this was in 1934 when Ibadan Sanitation Committee emerged through the initiative of the District Officer. Regrettably, lack of support and indifference demonstrated by the Medical Officer of Health towards the body rendered it ineffective and impotent. Therefore, it died naturally. However, by 1942, the body came alive under another name, Ibadan Health Committee. This development followed the instruction issued by the Resident, Oyo Province to the

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District Officer, Ibadan Division, to establish a Health Committee. It was to work in conjunction with the Health Department. Both parties were to agree on measures and recommendations that would improve public health and sanitation in Ibadan. Subsequently, some members of the Inner Council: the Ashipa Olubadan, Ashipa Balogun, Ashipa Ekerin Olubadan and Ashipa Ekerin Balogun. Besides, Councilor J.L. Laosebikan, Dr A.S. Agbaje and Messrs S.T. Omikunle were appointed by the N.A. Board to serve on the Committee.

Through the activities of this Committee, the native town was divided into four wards and more importantly, the authorities were advised to provide incinerators as well as public latrines. In addition, the Committee organized lectures on issues associated with the following; proper sanitary habits, healthy disposal of faeces, extermination of breeding grounds for mosquitoes; getting rid of problems connected with polluted and unsafe water consumption. Usually, the lecturer was Dr A.S. Agbaje. It is instructive to note that the Committee stimulated people's interest in public health and sanitation. Moreover, domestic hygiene improved considerably. It is note worthy that persuasive means were not the only tools adopted by colonial administration to bring about improvement in the sanitary habits of the people, there was equally enactment of public health rules. These rules were enforced through the native courts located at Bere and Oja'ba. Yet, the organisation of health service in the period under study was primarily designed to satisfy the health needs of European colonial *elite* with little consideration for the local population.

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Conclusion

It could be seen from the above discussion that several people in the study period had access to hospital and preventive health services in Ibadan. This development definitely had a relative impact on health situation in Ibadan. Therefore, hundreds of people within the town and farm villages relied completely on traditional medicine to address their health challenges. Continuity in the use of traditional medicine in this period was partly associated with the limitation of the service areas of colonial medical institutions. Significantly, a large percentage of the local population believed that herbs and other traditional therapeutics are more effective than hospital medication. Consequently, the operation of colonial medical and health services did not in any way overshadow the medical beliefs of the indigenous population.

With decolonization and aggressive demand for improvement in the conditions of people in the colonies, the next period, 1946-1956, occasioned consolidation of medical and health services in Ibadan.

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CHAPTER FIVE

EXPANSION OF COLONIAL MEDICAL AND HEALTH SERVICES IN IBADAN, 1946-1956

Introduction

The era covered by this chapter represents a milestone in the colonial history of medicine in Ibadan. Implementation of medical and health schemes contained in the Ten-Year-Colonial Development and Welfare Plan commenced all over Nigeria in 1946. And in 1956, the University College of Medicine vacated the premises of Adeoyo Hospital and returned the institution to the Ibadan District Council. Besides, the outbreak of smallpox epidemic in the city between 1956 and 1957 made the period memorable and historic.

The study is divided into four sections. The first section examines factors responsible for medical and health expansion in the study period. The second section addresses the organization of colonial medical and health services in Ibadan. Analysis of the reactions of local population to the above development is discussed under the third section. The last part concludes the work.

Factors for the Expansion of Colonial Medical and Health Services in Ibadan, 1946-1956

A number of factors contributed to the expansion of medical amenities in Ibadan between 1946 and 1956. First, the socio-economic and political background of the era under examination. Until the 1940s, possession of colonies was a matter of pride and prestige. However, by the end of World War II, the tide of international opinion changed against colonialism. It became a so[1]urce of opprobrium and ignominy. Socio-economic hardship and vicissitudes experienced by colonial population in Africa were placed at the doorstep of imperialism. British colonialism, among other imperial systems, attracted harsh and severe criticisms from almost every section of the British public. Leading

[1]

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intellectuals in conjunction with liberal bodies in Britain called for one form of review of colonialism or the other. In addition, countries such as the United States of America and Russia also urged Britain to take drastic steps in improving the living conditions of the people in the colonies. They equally demanded for speedy liquidation of colonial rule. All these developments encouraged the nationalist politicians to intensify their agitation for reforms of socio-economic conditions and independence.

With these developments, it became obvious that colonial assistance under the guise of Colonial Development and Welfare Act, approved up till 1940 was inadequate and deficient. Therefore, a need arose for a far-reaching colonial assistance programme. This step became urgent and inevitable due to the rise in the tempo of anti-colonial tension and agitation, even among members of the Western Alliance, especially the U.S.A.

By 1945, the Secretary of State for Colonies called upon Governments of all British Dependencies to produce proposals for development which they desired in their respective territories during the next ten years.[2] The result as far as Nigeria was concerned, became well known as the "Ten Year Plan of Development and Welfare".[3] After its approval by the Secretary of State in 1945, it was laid on the Table of the then Legislative Council on 7th February, 1946 as Sessional Paper No. 24 of 1945.[4] The plan came into effect on 1st April, 1946. The Ten Year Plan of Development and Welfare covered the entire country and so did the revised version for 1951 – 1956. It was estimated to cost £55 million of which £23 million was to be granted by His Majesty's Government under the Colonial Development Act.[5] The Plan provided for a Ten-Year

[2] *NAI*, Oyo Prof.1:6299, Development of the Western Region of Nigeria, 1955 – 60, p.9.

[3] *NAI*, Oyo Prof.1:6299, Development of the Western Region of Nigeria, 1955 – 60, p. 9.

[4] *NAI*, Oyo Prof.1:6299, Development of the Western Region of Nigeria, 1955 – 60, p. 9.

[5] *NAI*., Oyo Prof.1:3980/5, Revision of Ten-year Development Plan, p.4.

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Medical and Health Development for the country.[6] Its first objective was the establishment of one or more first class hospital in each province with full facilities for the scientific investigation and treatment of diseases.[7] In addition, the plan made provision for improvement and expansion of Native Administration Dispensaries as well as establishment in each province of a rural health centre.[8]

Predictably, Ibadan, among other urban centres in the country, took advantage of the financial support available under the plan. Examples of health-related projects funded through the Colonial Development vote included the Nurses Training School, Eleiyele.[9] It opened in 1949 with 30 students in residence. The same period witnessed the completion of Ibadan Maternity and Child Welfare Training School.[10] In addition, 216-bedded Tuberculosis Pavilions commenced operation.[11] Moreover, the Native Administration Hospital, Adeoyo, became enlarged with additional Maternity Block and Children's Ward in 1951.[12] Ibadan equally benefited from about £2,000,000 released under the Ten-Year-Arrangement in 1953 for purely medical and health services.[13]

Furthermore, the advent of University education in Nigeria contributed in no small way to the expansion of hospital amenities in Ibadan. One of the earliest faculties in the

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[6] *NAI*, Iba Div. $^{1}/_{1}$:1361, Grants to Medical Mission, p.21.

[7] T.O. Pearce, "Political and economic changes and the organization of medical care", *Social Science and Medicine*, 14B, 1980, p.93.

[8] *NAI*, Iba Div. $^{1}/_{1}$:1361, Grants to Medical Mission. p. 21

[9] *NAI*, Oyo Prof.1:3980/5, Revision of Ten-year Development Plan, p.123; *NAI*., Oyo Prof.1:1958, Vol.II, Annual Report – Medical and Health Departments, 1948 – 1956, p.18.

[10] *NAI*, Oyo Prof.1:3980/5, Revision of Ten-year Development Plan, p.123.

[11] *NAI*, Oyo Prof.1:3980/5, Revision of Ten-year Development Plan, p.124.

[12] *NAI*., Iba Div. $^{1/}_{1}$: 1951, *Ibadan N.A. Works,* p.16.

[13] "Colonies Get. £70,000,000 from Colonial Development Fund", *Daily Times,* June 22, 1953, p.4.

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University College, Ibadan was Medicine. For the College of Medicine to fulfill its primary mission namely, medical research and clinical training of students, it required a standard hospital. However, the faculty did not possess any at inception. Admittedly, the authorities of the University College were not oblivious of the requirement for training of medical students. Indeed, they had a lofty plan of building a large teaching hospital. But teaching of medical students could not be delayed until the fruition of the plan which would likely take several years. Moreover, funds were not readily available for the construction of a desirable and befitting hospital.

Consequently, the authorities of the College of Medicine had no option than to look inward and maximize available opportunities in Ibadan. The Native Administration Hospital, Adeoyo, during this period was under the able leadership of Dr. S. L. A. Manuwa. It had a well-deserved reputation. Besides, there was the Jericho General Hospital. With some repairs and refurbishments, the authorities of the College of Medicine believed that the two health institutions would serve the purpose of the faculty in the interim. Therefore, Kenneth Mellanby, Principal of the College, contacted the colonial administration for permission of the Ibadan Native Authority to make use of the hospital temporarily.[14] He added in his letter to the Senior District Officer, Ibadan Native Authority, that if permission was granted, the institution would retain its identity and would still remain under the Native Authority.[15] And that the institution would be staffed by the clinical teachers of the University College.[16] Equally, that a small number of medical students would obtain their instruction on the premises.

[14] *NAI.*, Iba Div. $^{1/}{}_{1}$:1221 Vol. VA, Ibadan District Council Hospital, Adeoyo,p. 9.

[15] *NAI.*, Iba Div. $^{1/}{}_{1}$:1221 Vol. VA, Ibadan District Council Hospital, Adeoyo, p. 12.

[16] *NAI.*, Iba Div. $^{1/}{}_{1}$:1221 Vol. VA, Ibadan District Council Hospital, Adeoyo, p. 12.

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Following several meetings between the representatives of the University College and Native Authority, permission to use Adeoyo hospital was approved.[17] It rested on the 1948 Agreement between the two parties. Some of the terms of the Agreement germane to our discussion include the following:

- The Hospital shall be operated primarily and essentially for the benefit of the African people of Ibadan.
- The Hospital shall be managed by a Board of Management consisting of nine members as follows: five to be nominated by the Authority, three to be nominated by the University, the ninth member shall be the Senior District Officer of the District of Ibadan who shall be the chairman of the Board.
- The University shall provide all senior medical and surgical staff who shall perform all duties formerly carried out by the Senior Specialist and his staff and who shall be responsible for the treatment and examination of patients. One member of staff of the University shall be charged with the administration and regulation of the Hospital.
- All existing Buildings and Equipment on the site of the Hospital shall remain the property of the Authority and together with any replacements thereof shall revert to Ibadan Native Authority on the termination of this Agreement.
- … the University shall maintain at the Hospital not less than twenty beds for maternity cases throughout the term of this agreement. The present course of tuition and instruction of midwives at the Hospital shall continue as shall the antenatal clinics at present held therein.
- This agreement shall be and remain in force for a term of five years from the first day of December 1948.[18]

[17] For details on the meetings, see *NAI.*, Iba Div. $^{1/}{}_{1}$:1221 Vol. VA, Ibadan District Council Hospital, Adeoyo, pp.43-47.

[18] For details on the Agreement, see *NAI.*, Iba Div. $^{1/}{}_{1}$:1221 Vol. VA, Ibadan District Council Hospital, Adeoyo, pp.43-47.

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Consequently, the University College took over the administration of the Hospital. The institution had to provide physical structures as well as required medical equipment. First, the hospital was furnished with fifty beds in the year bringing the total accommodation to 128.[19] A new laboratory was added. Work commenced on a new annex for an X-Ray and two private wards which became ready in 1949.[20] By 1951, the University put forward a detailed plan for extension of the following sections:

(a) Mortuary

(b) Maternity Block

(c) Medical teaching and out-patient Rooms

(d) Gynaecological Department

(e) Physiotherapy Department

(f) Waiting accommodation for women attending Gynaecology Clinic.

Furthermore, there was an arrangement for the replacement of waiting accommodation for out-patients by structure of concrete pillars and pan roof. In less than three years, the afore-mentioned plans had been accomplished. In the same vein, out-patient Theatre and Plaster-Room were repaired and furnished with better accoutrements in the 1950s.[21] The University College also procured several clinical facilities and equipment essential for teaching of students and treatment of patients. In addition, the institution in 1954, provided special facilities for paediatric medicine at Adeoyo and

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[19] *NAI*., Oyo Prof.1:1958, Vol.II, Annual Report – Medical and Health Departments, 1948 – 1956, p.187.

[20] *NAI*, Iba Div. $^{1/}{}_{1}$: 2877, Medical Activities Oyo Province, 1950, p.78.

[21] *NAI*, Iba Div. $^{1/}{}_{1}$: 1221 Vol.VI, Ibadan District Council Hospital, p.351.

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Jericho General Hospitals.[22] Moreover, out-patient facilities for children became well organized and strengthened.[23] Indeed, a special daily clinic for children separated from general out-patient section took place at Adeoyo throughout the 1950s. Selected patients could also be referred to the Paediatric Consultant. In addition, sick children had the opportunity of receiving medical attention at Jericho General Hospital by the Paediatric Department twice daily.

Colonial urbanisation equally contributed to medical and health expansion in Ibadan. Urbanisation, either as a concept or reality, is not strange in Yorubaland. Unlike Kaduna, Enugu, Nairobi and Salisbury (now Harare) which were developed as administrative centres by Europeans, the origins of Yoruba towns date back in history.[24] Obviously, in terms of space and population, Ibadan had urban tradition before the intrusion of British Colonialism in 1893. According to Mabogunje, Ibadan is the pinnacle of pre-European urbanism in Nigeria, the largest purely African city and the emporium for the commerce of an extensive region.[25] Factors which contributed to this development included the policy of discreet militarism of Ibadan.[26] In consequence, the city attracted talented and young people all over Yorubaland anxious to escape stifling traditionalism of other Yoruba cities. However, it would be inaccurate if the contribution of colonialism to the growth and development of Ibadan is downplayed. The presence of colonial administrative structures was quite important in this discussion. Ibadan, in 1946, became the headquarters of the Western Provinces. By 1952, it acquired the status of capital of a

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[22] For details, see *NAI*., Iba Div $^{1}/_{1}$: 1221 Vol. VI, Ibadan District Council Hospital, pp.349 – 354.

[23] *NAI*., Iba Div $^{1/}{}_{1}$: 1221 Vol.VI. Ibadan District Council Hospital, p. 350.

[24] A. A. Boahen, "Colonialism in Africa: its impact and significance". In A. A. Boahen. *General History of Africa*. VII (ed.), London: Heinemann Educational Books, 1985, p.796.

[25] A. L. Mabogunje, *Urbanization in Nigeria,* London: University of London Press Ltd, 1968, p.186.

[26] A. L. Mabogunje, *Urbanization in Nigeria,* London: University of London Press Ltd, 1968, p.189.

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semi-autonomous Western Region. This transition, of course, had implication. She became the focal point of political and economic activities for a region of some 42,000 square miles in area.[27] The presence of educational institutions and expatriate commercial firms pulled hundreds of people from Yorubaland and other parts of Nigeria to Ibadan.

Apart from food and housing, another basic requirement for the sustenance of urban population are health facilities. These amenities had importance for the protection of the people from communicable and parasitic diseases characteristic of urban population in developing countries. Examples of health infrastructure which the Ibadan District Council and the Western Regional Government provided in the 1950s included the following: opening of Maternity Centres at Oniyanrin, Agbongbon and Aremo between 1951 and 1952.[28] The same period saw the completion and opening of a first class £1250 Dental Centre in Ibadan.[29] The apartment accommodated a Plaster-Room for the production of artificial teeth. It also contained a laboratory and X-Ray Dark Room. Attached to the Dental Centre was a modern Dental Mobile Clinic. A couple, Mr. and Mrs. I. H. Masson coordinated the affairs of the organization.[30] Furthermore, comprehensive renovations and repairs came into effect in 1955 in the following establishments: Ibadan District Council Dispensary, Oranyan; Ibadan District Council Sanitary School, Eleyele and Health Office, Onireke.[31] Other places included Nurses

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[27] A. L. Mabogunje, *Urbanization in Nigeria,* London: University of London Press Ltd, 1968, p.200.

[28] Interview held with Sir (Dr) T. B. Adesina, a renowned and retired Public Health Medical Officer, Age 88, Oke-Ado, Ibadan, 14th July, 2009.

[29] "Dental Service for Ibadan and Districts", *Daily Times,* January 23, 1951, p.4.

[30] "Dental Service for Ibadan." *Daily Times,* January 23, 1951, p. 4.

[31] *NAI.*, Iba Div $^{1/}{}_{1}$: 3333, Annual Report. 1955, p.49.

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Quarters, Adeoyo; Ibadan District Council Health Centres at Ijaye and Ikereku. In addition, drains at Dugbe and Gege Market were cleared.[32]

Besides, preventive health services received attention. Random defecation, urination and dumping of excreta came under relative control in 1948 with the building of about 148 public latrines.[33] Records did not give any clue on the criteria for location of these latrines. But it is clear that 20 of the latrines were situated at Gegelose Market, 16 at Ekotedo Road (opposite Gottchalk), 12 at Mokola and 12 at Sabon Gari. Other areas with latrines included Railway Siding 8, Ibuko 10, Bere square 10, Oranyan Street 18, Itabale Olugbode 9, and Oje street (Behind mosque). Rural areas were not affected. The only exception was Lalupon.[34] The village constructed a latrine through communal efforts.

Evacuation and disposal of excrement was handled directly by Ibadan District Council. The Health Department provided the Lorries, drums, buckets, lanterns, shovels and other materials for conservancy workers. These workers had the responsibility of collection and removal of human waste from residential and public places to Oke-Ado, Adeogba Garden and Alafara for compositing and trenching.[35]

In the same vein, garbage and refuse disposal during the period attracted serious concern from the colonial administration. Public dust bins and refuse houses were provided in key areas and markets. Refuse disposal became eliminated through reclamation. Besides, Sanitary Inspectors otherwise known as *Wolewole* played active roles in the inspection of houses. They also provided public enlightenment to the people

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[32] *NAI.*, Iba Div $^{1/}{}_{1}$: 3333, Annual Report, 1955.

[33] *NAI.*, Iba Div $^{1/}{}_{1}$: 527, Vol. IV. Conservancy Service, p.714.

[34] *NAI.*, CSO 26: 54007/S.2, Annual Report, 1952, p.36.

[35] Interview held with Sir (Dr) T. B. Adesina, a renowned and retired Public Health Medical Officer, Age 88, Oke-Ado, Ibadan, 14th July, 2009.

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on helpful health measures.[36] However, steps taken by colonial administration did not ensure clean environment. The reason for this problem was partly associated with the failure of the people to make adequate use of available sanitary structures.[37] In addition, shortage of land hindered the colonial authorities to build incinerators and latrines. Much of the land that could have been used for such purpose had been utilized for building of houses.[38]

Furthermore, the Health Authorities took measures which guaranteed food hygiene and safety. Such steps included regular inspection of Bakehouses, Cornmills, fruit factories and other food premises. In addition, the Ibadan District Council enacted legislations which impinged on food safety and public health. Examples of such Legislation included Oyo Divisional Native Authority Protection of Food stuffs, 1953; Oyo Divisional Native Authority Slaughter Slab Amendment Rules, 1953. Meat stalls and slaughtering slabs were also provided in places like Gege and Oranyan markets. Besides, Iwere and Olorunda benefitted from the erection of slaughter slabs in 1956.

Apart from supplying sanitary structures and enactment of relevant laws on public health; the colonial administration facilitated the training of health personnel. The school of Hygiene, Ibadan ran the following courses during the years under focus: (a) Sanitary Overseers' Courses (b) Sanitary Overseers Refresher Courses (c) Sanitary Inspectors 3 Years Courses.[39] These courses were designed to equip colonial administration Sanitary staff within and outside Ibadan to withstand societal demands on public health.

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[36] *NAI.*, Iba Div. 225 Vol. XV, Minutes of the Ibadan District Native Authority Council Meeting held in the Council Chamber, Mapo Hall on Monday 16th January, 1950, p.864; Interview held with Pa A. Egunjobi (*Baba Sanitary*), a retired Sanitary Inspector, Age 95, Elekuro, Ibadan, 5th March, 2013.

[37] *NAI.*, Iba Div. 225 Vol. XV, Minutes of the Ibadan District Native Authority Council Meeting held in the Council Chamber, Mapo Hall on Monday 16th January, 1950, p. 7.

[38] For details, see *NAI,* Iba Div. 1/1: 828, Ibadan Medical Division: Annual Report, 1953/1954.

[39] *NAI.*, CSO 26: 54007/S.2, Annual Report, 1953, p.25.

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It is obvious that domestic and environmental hygiene in any society could not be carried out successfully without water. It is indispensable for consumption and satisfaction of diverse needs associated with health. By 1952, the Ibadan Native Authority provided a number of wells in some villages.[40] Below is a table with villages that benefited from the programme.

TABLE 5.1: LOCATION OF WELLS IN IBADAN RURAL AREAS

Water Point Areas	New Wells	Abandoned Old Wells	Repaired Old Wells
Lagos Road Villages	9	2	-
Iwo ” ”	33	5	-
Akanran ” ”	21	2	-
Olojuoro ” ”	5	2	-
Ijebu ” ”	15	2	1
Oyo ” ”	2	1	11
Ife ” ”	-	-	19

Source: NAI, CSO 26:54007/S.2, Ibadan Province, Annual Report, p.25.

The health policy of the Western Regional Government also contributed to the medical and health expansion in Ibadan. The Western Regional Government had a well defined and people oriented policy on health. It hinged on preventive rather than curative services. Therefore, the policy rested on three fundamentals:

- provision of adequate pure water
- improvement of environmental hygiene
- expansion of hospital, maternity, child welfare and dispensary service.

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[40] *NAI.*, Annual Report of the Department of Medical Services, Western Region of Nigeria, 1st January 1957 to 31st December, 1957.

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The policy became strengthened in 1954 when the Regional Government announced its comprehensive Four-Year-Health Plan.[41] It accommodated the introduction of free medical services for all children under 18 years.[42] In addition, it provided for the establishment of at least one first class hospital in each province and dental facilities. Besides, the plan included appointment of Hospital Visiting Committee and improvement of training facilities for nurses and midwives. Moreover, it was concerned with promotion of health propaganda, intensification of Leprosy control campaign and private practitioners' service.

Consequently, the Western Regional Government took concrete steps in favour of expansion of medical facilities. A sum of £50,000 was earmarked in 1955 to shore up medical services in Ibadan. Furthermore, the Nurses Preliminary Training School, became extended in the same year.[43] This action provided for considerable increase in nursing staff which would help in the implementation of the health plan of the Western Regional Government. In addition, communicable and infectious diseases, especially tuberculosis, attracted serious campaign. Tuberculosis clinics opened at Adeoyo and the University College Hospitals. The campaign gulped nothing less than £25,000.[44]

The government of the Western Region also addressed environmental hygiene and health education. School of Hygiene opened in 1955. The institution provided training for Public Health Inspectors and Sanitary Overseers. While the former worked for the regional government, the latter served the Ibadan District Council.[45] Furthermore, the

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[41] *NAI.*, Oyo Prof.1: 6299, Development of the Western Region of Nigeria, 1955-1960, p.30.

[42] "Western House of Assembly: Four-Year Health Plan Adopted," *Daily Times*, July 25, 1952, *Daily Times*, "Free Medical Service for people under 18 begins in West today," p.1.

[43] *NAI.*, Oyo Prof.1: 6299, Development of the Western Region of Nigeria, 1955-1960, p.30.

[44] *NAI.*, Oyo Prof.1: 6299, Development of the Western Region of Nigeria, 1955-1960, p.30.

[45] Interview held with Pa A. Egunjobi (*Baba Sanitary*), a retired Sanitary Inspector, Age 95, Elekuro, Ibadan, 3rd March, 2013.

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Western Regional Government concurred in 1956 to a policy of joint management of Adeoyo Hospital with Ibadan District Council, when the institution eventually returned back to the people of Ibadan.[46] Though the government was conscious of the financial implications of its decision; it went ahead with the arrangement. The step became necessary as it would enhance opportunities for medical treatment and eventually aided the implementation of the health policy of the Western Region. A lot of sick people actually attended Adeoyo Hospital in the 1950s.

It is significant to note that Private Medical Practitioners equally played a positive role in the provision of medical treatment in Ibadan during this period. Four private medical hospitals had their base in Ibadan between 1953 and 1954.[47] Subsequently, it increased to eight in 1956.[48] Some of the establishments included Alafia Hospital, Adamasingba, Ibadan. It was established by Dr A.S. Agbaje, a native of Ibadanland and son of the famous Salami Agbaje of Ayeye.[49] Dr Omitowoju had an hospital at Oniyanrin. Oke-Ado featured the hospitals of Dr Doherty and the Omowumi Hospital of Dr Felix Adetola Awobodu. Awobodu passed through Yaba and ultimately graduated MB.Ch B from Sheffield University in 1956.[50] Other private hospitals at Oke-Ado included Joan's Hospital run by Dr E.J. Lawson and the National Clinic of Dr O. Ikejiani who qualified in Medicine from University of Toronto in Canada.[51] There was also the hospital of Dr

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[46] For details of this arrangement, see *NAI.*, Iba Div. $^{1}/_{1}$:1221, Vol. VI, *Ibadan District Council Hospital,* pp.339- 406.

[47] *NAI,* Iba Div. 1/1: 828, Ibadan Medical Division: Annual Report, 1953/1954, p.387.

[48] *NAI.,* Annual Report of the Department of Medical Services, Western Region, p.40.

[49] For a short note on Dr A.S. Agbaje, see page 105.

[50] A. Adeloye, *Early Medical Schools in Nigeria*, Ibadan, Heinemann Educational Books (Nigeria) Plc, 1998, p.47.

[51] A. Adeloye, *Early Medical Schools in Nigeria*, Ibadan: Heinemann Educational Books Nigeria Plc, 1998, p.47.

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Oruwariye who passed through Yaba and later trained in the University College Hospital, London. He managed a popular hospital close to the old secretariat of the Action Group Party. St. Georges Hospital of Dr Afolabi Ogunlusi, one of the first MB BS graduate of the Ibadan Medical School and London University, is located at Oke-Bola.[52] Along the Ring Road of Ibadan is the Ogunmekan Hospital. These private hospitals provided treatment for the *elite* and expatriate merchants who found Adeoyo Hospital and other colonial health institutions too busy. Besides, the private practitioners helped the Western Region by supervising dispensaries and Maternity Centres in the city.[53] In the same vein, the Roman Catholic Maternity Centre which opened in 1956 at Oke-Offa served the needs of several expectant mothers.[54] It provided and still provides maternity and other health services in Ibadan up till the present.

Organisation of Colonial Medical and Health Services

One popular health institution, which attracted the attention of indigenous population in Ibadan was Adeoyo Hospital. The Resident, Oyo Province; Senior District Officer, Ibadan Division and the Ibadan District Council controlled the running and management of the institution until 1947. With the temporary release of the hospital in 1948, its management came under another body, Board of Management of Adeoyo Hospital.[55] Its membership consisted of five representatives of Native Authority of the District of Ibadan; three representatives of the University College with the Senior District

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[52] A. Adeloye, *Early Medical Schools in Nigeria*, Ibadan: Heinemann Educational Books Nigeria Plc, 1998, p.47.

[53] *NAI.*, Annual Report of the Department of Medical Services, Western Region, p.40; *NAI.*, Oyo Prof. 1:4295. Private Hospital: Matters affecting.

[54] *NAI.*, Annual Report of the Department of Medical Services, Western Region, p.39; P. K. Odetoyinbo, *The Catholic Archdiocese of Ibadan: A Historical Survey, 1884 – 2008* Ibadan: Claverianum Centre, 2008, p.156.

[55] *NAI.*, Iba Div. $^{1}/_{1}$:1221 Vol. VA, Ibadan District Council Hospital, Adeoyo, pp.54-56.

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Officer, Ibadan Division as chairman.[56] Its responsibilities, among others, included the appointment and discipline of staff other than the staff of University College.

Incidentally, another body, Board of Management of the University College Teaching Hospital, Ibadan emerged in 1950 with the approval of the colonial authorities in Lagos.[57] It comprised the chairman, the Resident, Oyo Province; the financial Secretary, Western Provinces. Other members of the team included the representatives of the University College, Ibadan: the Dean, Faculty of Medicine (Vice Chairman), two heads of Clinical Departments in the College of Medicine, the General Secretary of the Teaching Hospital.The body also included a representative of Private Medical Practitioners Association.[58] Its responsibilities included the following:

- General administration of the teaching hospital;
- Review the estimates of expenditure for the following year before submission to Government through the Director of Medical Services not later than the 15th September of each year;
- Receive Annual Reports from the Dean of the Faculty of Medicine on the progress of the teaching hospital including the accounts of revenue and expenditure and liabilities incurred in respect of each financial year; to make such observations thereon as it may think fit and to arrange for the transmission of such reports and its observations if any to Government through the Director of Medical Services.

The two Boards functioned simultaneously until 1951 when the Board of Management of University Teaching Hospital appeared to overshadow the Adeoyo Board. It dawned on the authorities of the University College in the year that a new teaching hospital was non-negotiable for the recognition of their medical degrees by

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[56] *NAI.*, Iba Div. $^{1/}{}_{1}$:1221 Vol. VA, Ibadan District Council Hospital, Adeoyo, pp. 54-56.

[57] *NAI.*, Iba Div. $^{1/}{}_{1}$:1221 Vol. VA, Ibadan District Council Hospital, Adeoyo, p.56.

[58] *NAI.*, Iba Div. $^{1/}{}_{1}$:1221 Vol. VA, Ibadan District Council Hospital, Adeoyo, p.54.

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London University. In August 1952, the House of Representatives passed a bill which established a University College Hospital. In addition, it inaugurated a Board of Management for the hospital and allied institutions. Thereafter, the Governor-General, Sir John Macpherson officially laid the foundation of the institutions on November 18, 1954.

With the creation of the Western Region Ministry of Public Health in 1953, the policies of all medical institutions (public and private) became harmonized.[59] In addition, it strengthened the availability of medical amenities in the city. However, it will be inaccurate and misleading to assume that the development put an end to some of the challenges concomitant with the expansion of hospital facilities between 1946 and 1956. Overcrowding with insufficient beds appeared to be a major confrontation inimical to the operations of Adeoyo hospital throughout the 1950s. This situation applied to other medical institutions with the exception of private hospitals and the University College Hospital.[60] Other challenges included shortage of clinical personnel as well as dearth of drugs and medication. Lamentably, these issues remained unresolved in the country's health sector up till now.

On the whole, the organization of medical services in Ibadan and other colonial societies in British West Africa was in favour of urban areas, the location of colonial *elite* and administrative infrastructure. Yet, several people in the city of Ibadan did not have access to medical care. Moreover, hundreds of people in the farm villages were not affected by the colonial medical services. Therefore, the pattern of medical care in colonial Ibadan resembled what obtained in capitalist societies where arrangement of health services favoured the privileged class. Majority of the people wallowed in poverty

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[59] *NAI.*, Iba Div. $^{1/}{}_{1}$: 6072, Ministry of Public Health, Western Region, p.1.

[60] Interview held with Professor T.O. Ogunlesi, retired University lecturer, Age 90, Sagamu, 25th October, 2013.

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and therefore susceptible to preventable health problems. Clearly, infectious and parasitic diseases in Ibadan had more prevalence than other health problems.[61]

Response and Reactions of Indigenous Populace to Expansion of Health Facilities in Ibadan, 1946-1956

It is evident that local population in Ibadan reacted positively to medical and health expansion in the study period. Crowds of patients bombarded Adeoyo hospital and other colonial medical institutions in the city. Patients' needs especially from 1949 became overwhelming and available facilities at Adeoyo consequently came under pressure. This problem became chronic in the 1950s. Examples of ailments presented at these hospitals included malaria, typhoid fever, dysentery, pneumonia, tuberculosis, measles, guinea worm, bilharzia, syphilis, gonorrhea and its complications.[62] Besides, injuries due to motor accidents formed part of the cases taken to the hospitals.[63]

Below is a table with the trend of patients' demand for hospital treatment in the period, 1947 – 1956.

Table 5.2: Records of Attendance at Native Administration Hospital, Adeoyo, Jericho General Hospital and Jericho Nursing Home, Ibadan 1947 - 1956

Years	In-patients	Out patients
1947	12,594	19,535
1948	181,815	207,737
1955	-	414,491

[61] T.O. Pearce, "Political and economic changes and the organization of medical care", *Social Science and Medicine*, 14B, 1980, p.94.

[62] *NAI.*, Oyo Prof.1:1958, Vol.II, Annual Report – Medical and Health Departments, 1948 – 1956, p.4; 17.

[63] *NAI.*, Oyo Prof.1:1958, Vol.II, Annual Report – Medical and Health Departments, 1948 – 1956, p.4.

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1956	-	332,788

Sources: NAI, Oyo Prof 1:1958, 1948 Annual Medical Report, Western provinces, p.186; Annual Report of the Department of Medical Services, Western Region of Nigeria, 1st January, 1956 to 31st December, 1956, p.7.

In a similar vein, maternal and antenatal services provided at Adeoyo Hospital and other Maternity Centres located at Elekuro, Agbongbon, Oniyanrin and Aremo attracted spontaneous reactions. For example, not less than 4761 children and 2659 pregnant mothers received treatment at Wesley College, Elekuro in 1948.[64] Equally, the number of deliveries at Adeoyo Hospital alone increased from 2000 in 1953 to 5000 in 1956.[65] Demand for antenatal and maternity services became so pronounced in the 1950s to the extent that hospital facilities became overstretched and inadequate. The number of beds at the Maternity Unit could not be increased due to lack of space.[66] Consequently, the management of Adeoyo Hospital came under severe pressure in 1956 to modify its policy on admission of pregnant mothers for deliveries.[67] In that year, the hospital management decided that its medical attention and labour wards would be restricted only to expectant mothers with abnormal condition.[68] This development generated a lot of controversy between the authorities of College of Medicine, then the management in charge of Adeoyo Hospital. Subsequently, about 300 pregnant women marched in procession to the

[64] "Ibadan Baby Week Opened: Ministry pays tribute to head of Ade-Oyo Maternity Unit", *Daily Times*, December 8, 1952, p.3.

[65] *NAI*., Iba Div. 1/1: 1958, Annual Report – Medical and Health Departments, 1948 – 1956, Vol.VI, p.421.

[66] *NAI*, Iba Div. 1/1: 1221 Vol.VI, Ibadan District Council Hospital.

[67] "Overloading of the Maternity Department at Adeoyo Hospital", *Southern Nigeria Defender*, May 8, 1956, p. 111.

[68] "Overloading of the Maternity Department at Adeoyo Hospital", *Southern Nigeria Defender,* May 8, 1956.

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house of the *Olubadan* in May, 1956 to demand for explanation on the refusal of Adeoyo Hospital to admit them for medical attention.[69]

Reasons for interests and confidence of expectant mothers and other categories of patients in favour of hospital medicine are not far-fetched. The factors include the following:

These programmes provided ample opportunities for health authorities to educate the people on public health and hygiene. Lectures and talks on cleanliness at Mapo were usually illustrated with cinema shows. Notable personalities like Professor O.A. Ajose and Dr A. S. Agbaje often served as lecturers. The programmes also involved Health and Baby Weeks. One of the most successful Weeks occurred in 1952. It attracted about 1400 mothers and more than 500 babies participated in the 'Best Baby Competition'.[70] Judges during the events included female doctors and members of Ibadan Women's Improvement Union. The programme also created avenue for Health officials to pass to the public information on required measures for healthy living. In addition, it provided opportunities for the local population to get informed on preventive steps against infectious and communicable diseases. On the whole, it stimulated interest and desires of the people in colonial medical and health facilities. The afore-mentioned programmes became popularized with Radio talks on vaccination against health problems such as smallpox, tuberculosis, guinea worm. The local press equally demonstrated deep interest in health-related issues. News and stimulating articles on measures for healthy living, vaccination, prevention of mosquitoes, sewage and refuse disposal appeared in *Yoruba News, Western ECHO, Southern Nigeria Defender and West African Pilot*.

In addition, the role of some personalities such as Dr. A. H. C. Walker and Mrs. E. A. Leeming affected in a positive way the desire of pregnant mothers for hospital and

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[69] *NAI*, Iba Div. $^{1}/_{1}$: 1221 Vol.VI, Ibadan District Council Hospital p.281.

[70] "Ibadan Baby Week Opened: Ministry pays tribute to head of Ade-Oyo Maternity Unit, *Daily Times*, December 8, 1952, p.2.

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maternity services. Dr Walker, a Senior lecturer, in the Faculty of Medicine, University College, Ibadan became worried about maternal mortality in Ibadan in the 1940s and 1950s. He felt that the maternal mortality in Ibadan (25:1000) during this period was either due to ignorance of the value of available clinics at Adeoyo Hospital or that the distance was too great for the expectant mothers.[71]

Consequently, he approached the colonial administration in 1949 with a scheme categorized into two parts, A and B.[72] Under scheme A, Adeoyo hospital was designated as a central mother Hospital. And that a few miles to the hospital, there should be at least four small clinics staffed by one midwife trained at Adeoyo Hospital. Under scheme B, Dr Walker recommended strongly that Adeoyo Hospital should be converted to a purely Maternity Hospital immediately the institution reverted to Ibadan District Council. Dr Walker believed that with the implementation of the schemes, level of infant diseases and maternal mortality would be greatly reduced. It is instructive to note that from outset, Scheme A, received the blessing and support of the Olubadan-in-council.[73] Some of the chiefs indicated their willingness to donate some of their property for the implementation of the ideas. Chief S. A. Adebisi, actually gave up one of his buildings in favour of the scheme.[74] On the contrary, scheme B which sought to convert Adeoyo Hospital to a completely maternity hospital attracted severe criticism and condemnation.[75] This

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[71] *NAI.*, Iba Div. 225 Vol. XV, Minutes of the Ibadan District Native Authority Council Meeting held in the Council Chamber, Mapo Hall on Monday 16th January, 1950 p.862.

[72] *NAI.*, Iba Div. $^{1/}_{1}$: 1221 Vol. VA, Ibadan District Council Hospital, Adeoyo.

[73] *NAI.*, Iba Div. $^{1/}_{1}$: 225 Vol.XV, Minutes of the Ibadan District Native Authority Council Meeting held in the Council Chamber, Mapo Hall on Monday 16th January, 1950 p.863.

[74] *NAI.*, Iba Div. $^{1/}_{1}$: 225 Vol. XV, Minutes of the Ibadan District Native Authority Council Meeting held in the Council Chamber, Mapo Hall on Monday 16th January, 1950 p.858.

[75] *NAI.*, Iba Div. $^{1/}_{1}$: 1221 Vol. VA, Ibadan District Council Hospital, Adeoyo, p.252.

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situation not withstanding Dr Walker's place in the colonial history of medicine in Ibadan remain significant and unrivalled.

Another respected person with care and devotion for pregnant mothers was Mrs. E. A. Leeming. She started ante-natal and child welfare work at the Wesley College, Elekuro, Ibadan in 1947.[76] For two years, she worked voluntarily almost alone. Through her diligence and interest in the well-being of pregnant mothers in Ibadan, she registered 4761 attendances for child welfare and 2659 for ante-natal treatment.[77] She pioneered the maternity unit, Adeoyo. The unit was very popular with Ibadan women. It addressed mothers and babies' needs. It also served as a school for the training of midwives. Mrs. E. A. Leeming controlled the affairs of the unit and its branches at Elekuro and Isale Ijebu. As indicated above, the unit attracted a lot of pregnant mothers in the 1950s. More than 1,300 mothers attended the unit weekly and not less than 150 mothers delivered at the place in a week.[78] An average of 80 pregnant women attended Elekuro and Isale Ijebu centres weekly. The efforts and activities of Mrs. E. A. Leeming did not escape the notice of the authorities. She became a Matron at Adeoyo Hospital in 1957. In addition, The *Olubadan* and his chiefs honoured her as *Iya Abiye* of Ibadanland.[79]

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[76]Ibadan Baby Week Opened: Ministry pays tribute to head of Ade-Oyo Maternity Unit", *Daily Times,* December 8, 1952, p.3.

[77]Ibadan Baby Week Opened: Ministry pays tribute to head of Ade-Oyo Maternity Unit", *Daily Times,* December 8, 1952, p.3.

[78]Ibadan Baby Week Opened: Ministry pays tribute to head of Ade-Oyo Maternity Unit", *Daily Times,* December 8, 1952, p.3.

[79]R. Schram, *A History of the Nigerian Health Services,* Ibadan: Ibadan University Press, 1971, p.276.

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Besides, personalities such as Dr S. L. A. Manuwa, in a number of ways stimulated the interest of local populations in hospital treatment. He was the brain behind the 1948 Agreement between the University College, Ibadan and the Ibadan Native Authority. He played prominent roles in the organization of Health weeks. In the same vein, individuals such as Professor O.A. Ajose and Dr A. S. Agbaje, the proprietor of Alafia Hospital, Adamasingba were very important in stimulating the yearnings of indigenous populations in favour of hospital medicine.

Educational institutions also contributed to the steady demand for hospital treatment by indigenous population in Ibadan. The period witnessed extension of primary schooling following pent-up demands by the people. In consequence, the colonial administration in 1947 initiated nine primary schools in some parts of Ibadan, which had previously been inadequately served.[80] Voluntary agencies and religious organizations like the Catholics, the Protestant and Muslim equally expanded their primary education.

[80]A. Callaway, "Education Expansion and the Rise of Youth Unemployment" in P.C. Lloyd, A. L. Mabogunje and B. Awe, *The City of Ibadan*. (eds.) London: Cambridge University Press, 1967, p.194.

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With the Education Ordinance and code of 1948, Ibadan became the centre of education planning and administration for the Western Region.[81] Significantly, the ordinance put into effect a plan for extensive educational development. Besides, the free primary education was launched in Ibadan and other parts of Western Nigeria in January 1955. The same year witnessed the acquisition of land for fifty primary schools by Ibadan City Council.[82] Furthermore, adult education received attention from the government and considerable progress were recorded in the area.

Obviously, there is a correlation between education and changes in the attitudes of local population to European medicine. In the schools, pupils and adults had access to basic principles of hygiene and public health based on Western ideas. They also acquired knowledge on the values and usefulness of Western medicine vis a vis indigenous therapeutics. In addition, consistent campaign in support of hospital services by the church extremely enhanced the popularity and acceptability of Western medicine. The church portrayed European medicine as effective and acceptable to God. On the contrary, indigenous mode of treatment was painted as fetish, *juju* and devilish which should be avoided by 'enlightened people'. Of course, these ideas affected the attitudes and desires of some local people for hospital medicine.

However, it will be naïve and misleading to assume that expansion of medical and health services during the period affected the generality of the people in Ibadan. The reality is that several people within the town and more especially in the farm villages did not have noticeable contact with colonial medical and health programmes. Indeed, some elders within the town in 1950 actually displayed plain indifference to the development.[83] They felt hospital treatment was alien and could be counter-productive. Their reactions to

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[81] A. Callaway, "Education Expansion and the Rise of Youth Unemployment" in P.C. Lloyd, A. L. Mabogunje and B. Awe, *The City of Ibadan*. (eds.) London: Cambridge University Press, 1967.

[82] J. Fatokun, *Ibadanland: Facts and Figures,* Ibadan: Positive Press, 2011, p.201.

[83] *NAI.,* Oyo Prof I: 1949/50 Report: Annual Medical Report, Western Provinces, p.241.

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suggestions that they should adopt hospital medication in the face of herb resisting fevers (or any other ailments), '*a gbebo ki ku 'le'* (literally translated as somebody with Western education or a person who is fluent in Engligh language never dies in his house) is instructive.[84] Besides, some people in Ibadan during the study period were hesitant to visit Adeoyo Hospital or other medical institutions because of the huge crowd of patients they envisaged they might meet. Colonial health institutions also had other challenges, namely, shortage of clinical staff, dearth of drugs and accommodation of patients.

Furthermore, the service area of Adeoyo Hospital and other health institutions with the exclusion of University College Hospital had limitation to Ibadan town. Hundreds of people in the farm villages were totally unaffected by the enthusiasm which accompanied development of medical and health services. Nevertheless, exceptional cases occurred where insignificant number of patients in the rural areas showed up at Adeoyo Hospital and Oranyan or Agodi Dispensaries. Majority of the people in the villages depended completely on traditional medicine. Their fears and prejudices of colonial medical amenities had connection with ignorance and lack of concern for rural dwellers by colonial authorities. Colonial administrations in Nigeria and other parts of British West Africa were largely interested in the urban populations. After all, the European community and other colonial *elite* resided in the urban centres.

Conclusion

From the foregoing, it could be established that colonial medical and health services became strengthened between 1946 and 1956. Unarguably, the reaction of the local populations to the development was enthusiastic. Pregnant mothers as well as other categories of patients responded to medical and health expansion with interest. But that is not the end of the story. Several people within the city and especially in the farm villages

[84]Interview held with Pa M .I. Okunola, a community leader, Age 84, Bodija, Ibadan, 23rd February, 2012 and Pa A. Egunjobi (*Baba Sanitary*), Age 95, Elekuro, Ibadan 5th March, 2013.

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were not seriously affected by colonial medical and health programmes. Therefore, displacement of indigenous medical culture during this period did not arise. People continued to employ age-old tested knowledge and ideas of medicine to address their health challenges. Thus, the old, indigenous therapeutics and the new, western medicine functioned side by side. Indeed, up till the present period, the two systems enjoyed wide patronage from all classes of patients and people.

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CHAPTER SIX

DEVELOPMENT OF COLONIAL MEDICAL AND HEALTH SERVICES IN IBADAN, 1957 - 1960

The history of colonial medical establishments in Ibadan between 1957 and 1960 is no doubt a landmark. It represented a significant period not only in the memory of Ibadan, but also in the annals of the entire country. Outstanding events in 1957 included the outbreak of smallpox and Asian influenza. Both cases had severe implications: high morbidity and mortality. In the same year, the University College Hospital (UCH) officially opened its doors to the people of Ibadan and other parts of Nigeria. In 1960, Ibadan became a major seat of clinical research with the graduation of the first locally trained medical doctors. Politically, the year ushered in the independence of Nigeria from British colonialism. The inception of UCH coupled with graduation of the first locally trained medical doctors undoubtedly aided medical and health services in Ibadan. However, there are other factors that contributed to the development of health services in Ibadan in the study period. Therefore, this chapter analyses the consolidation of curative-oriented hospital services in Ibadan. The organization of medical services and reactions of Ibadan people to medical expansion will equally come under focus. In addition, the preventive health services available in Ibadan during this period will be highlighted.

Consolidation of Curative-oriented Hospital Services in Ibadan, 1957-1960

With the official opening of UCH in 1957, medical opportunities available in the city became strengthened. In terms of physical infrastructure, the institution surpasses existing hospitals in Ibadan and other parts of Nigeria. It comprised eight Blocks: two of five floors each, three of six floors, two of one storey only and the central block of seven floors.[1] The Administrative Offices, Casualty Department, X-Ray Department, and Laboratories occupied the ground floor. Wards for in-patients occupied the upper floors and the central block accommodated professorial units. Extension of central block provided space for operating theatres, Central Sterilizing Unit and the Mortuary. Six

[1] *Western Region Press Handbook,* (n.d), pp. 31-32.

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automatic elevators were available, each of which had a capacity of taking a stretcher or fifteen people at a time. Among the structures which faced the main building included the out-patient clinics, the Pharmacy, Medical Records offices, Physiotherapy Department and the Antenatal Clinic. The hospital had 493 beds based on the following distribution: 146 medical (including 28 Tuberculosis and two Observation Beds), 144 Surgical (including Ear, Nose, Throat and Ophthalmic patients), 109 Obstetric and Gynaecological and 68 Pediatric.[2] There were also 14 Recovery Beds adjoining the Theatre and 12 Labour beds.

Conditions for treatment of patients were favourable given the availability of physical infrastructure, medical personnel and medication. The institution opened its doors in 1957 first to deal with the emergency of Lalupon Rail Disaster. Eighty victims of this fatal accident with severe injuries arrived in the hospital for urgent medical attention on 29th September, 1957.[3] Within a short period, they recovered their health. Subsequently, UCH recorded successful heart operations.[4] This breakthrough represented a solid foundation for heart surgery in the whole of colonial West Africa. Moreover, the blood bank established earlier by Phyllis M. Edwards relieved several patients with cases of anaemia through blood transfusion. Other minor and complicated cases associated with communicable and non-communicable diseases that could not be handled successfully either at Adeoyo or Jericho General Hospital received adequate medical attention at the U.C.H. Indeed, conditions for treatment of patients could only be described as excellent given the total commitment and discipline of expatriate doctors. In addition, required drugs and good medical equipment were available.[5] This development made the institution attractive to patients within and outside Ibadan.

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[2]*Western Region Press Handbook,* (n.d), pp. 31-32.

[3]Tragedy! Tragedy! Train Discharges its Human Cargo into Stream", *Southern Nigeria Defender*, September 30, 1957, p.1; "44 Known Deaths in Odo Oba Train Crash: 80 treated at UCH and Adeoyo Hospitals", *Southern Nigeria Defender*, October 1, 1957, p.1.

[4]Medical History: Two Heart Operations at UCH", *Daily Times*, April 20, 1959, p.1.

[5]Interview with Olakanmi Fadele, Architect, Age 78, Allied Architects, Favos Building, New Bodija, Ibadan, 4th October, 2013. He was one of the first patients to obtain medical treatment at UCH, in 1957.

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Modest achievements of the hospital during its formatives years could be attributed to the following factors. First, the institution began its operations with a faculty endowed with experienced and versatile scholars. Among these people was Beatrice Mary Joly, a lady with "first class ability and attractive personality".[6] She was appointed by the colonial authorities for University of Ibadan as the first Professor of Surgery in 1948. Subsequently, she became the foundation Dean of Medicine in the 1948-1949 Session and also a member of the University College Council, 1948-1950. Another person instrumental to the development of Ibadan Medical School was Thomas Richard Parsons, the first Professor of Physiology. He attracted to his Department the likes of R.S. Thorley, H.J. Sutton and facilitated the appointment of Felix O. Dosekun and Dr C. Yun Lin, a Chinese Pharmacologist as lecturers.

Alexander Brown was another intellectual with immense contributions to the inception of Ibadan Medical School. He joined the Faculty of Medicine in 1948 as a Professor. He provided leadership for the Department of Medicine as Head for a period of 21 years. It is on record that he created the Department of Pediatrics and Radiology as well as Medical Illustration Unit. He also initiated the organization and teaching of medicine at community level which ultimately formed the basis for Ibarapa Project. Oladele Ajose, equally belonged to the above group. His contribution to the beginning of College of Medicine was tremendous. He served as foundation Professor and Head of Department of Preventive and Social Medicine. He was appointed as Dean, Faculty of Medicine in 1958. He strengthened his teaching career through a pilot scheme on general hygiene and rural health centre at Ilora which brought him into the limelight.[7] He also pioneered research and teaching of public health not only in Ibadan but all over Nigeria. Another important teacher

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[6]A. Adeloye, *Early Medical Schools in Nigeria*, Ibadan: Heinemann Educational Books Nigeria PLC, 1998, p.57.

[7]"WHO Envoys see Ilora Clinic", *Southern Nigeria Defender*, September 10, 1957, p.5.

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that had positive impact on generation of students that passed through Ibadan Medical School was Alastair Smith. He directed the affairs of the Department of Anatomy between October, 1949 and September 30, 1962. Significantly, he was a prodigious demonstrator and tireless teacher. These erudite professors in alliance with other brilliant minds such as Dr. Walter D. Silvera, Basil G.T. Elmes, J.G. Jackson, A.O. Okubadejo and George Edington, created the Pathology Department. Moreover, E. JohnWatson – Williams, Una McLean, Sheila Worrledge and Norman C. Allen equally helped in developing the department and in creating the first Cancer Registry in Ibadan.[8]

These erudite professors in alliance with other brilliant minds laid a foundation for medical education and clinical research which gave UCH an edge over other

hospitals in Ibadan and other parts of Nigeria. Moreover, UCH right from inception had precise and sophisticated diagnosis instruments comparable to what could be found in London Teaching Hospitals. With these tools, UCH could examine and addressed patients with complicated cases.

Other factors such as the role of Western Regional Government in the promotion of health matters contributed immensely to the development of medical services in Ibadan. As indicated in the previous chapter, the Western Regional Government under the leadership of Obafemi Awolowo demonstrated great concern for the health of people in the region. This policy became consolidated in the study period. It was rooted in the expansion of hospital services, provision of potable water, improvement of environmental hygiene and public sanitation. This position must have been motivated by world-wide belief that good health is the right prescription for wealth *(ara lile logun oro).* In other

[8]For details, see Adelola Adeloye, *Early Medical Schools in Nigeria*, Ibadan: Heinemann Educational Books Nigeria Plc, 1998, pp. 55-89.

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words, the policy hinged firmly on the concept that strong connection exists between labour productivity and health status of workers. Consequently, the Western Regional Government devoted much attention to the establishment of hospitals and similar institutions like Dispensaries, Health and Maternity Centres. Capital cost on hospital buildings in the region between 1956 and 1958 gulped over £lm while recurrent cost on each of the new hospitals per year was about £20,000.[9] In the same period, the government also spent £200,000 as capital grant on building of Maternity Centres and Dispensaries. Between 1959 and 1960 the region spent £520,000 on medical development.[10] The Federal government equally showed keen interest in the expansion of hospital services. As a result of the dynamism and industry of Minister Ayo Rosiji, the House of Representatives approved a vote of £2,255,290 in 1959 as expenditure for Ministry of Health in the next financial year.[11] Certainly, Ibadan among other capital cities and towns in Nigeria benefited from the above.

Hospital services became consolidated in Ibadan and other parts of the Region with the introduction of National Health Scheme in 1959.[12] This arrangement facilitated the provision of a high medical and efficient health service for a large number of people. In fact, the Western Regional Government maintained a record which surpassed the achievements of Eastern and Northern Regions in the delivery of medical services. As in other colonized territory in Africa, Ibadan, the headquarter and expectedly, the most densely populated city benefitted more than other place.

Following the failure of Ibadan (provincial) District Council to sustain the financial

burdens of Adeoyo Hospital, the Western Regional Government took over the

[9]"Over £1m spent on Hospitals", *Daily Times*, December 13, 1958, p.3.

[10]"Opportunity for Ministers, prosperity for the people", *Daily Service*, April 6, 1959, p. 12.

[11]"Improve Health Services throughout the country", *Daily Service*, February 21, 1959, p.3.

[12]"National Health Scheme For West", *Daily Service*, April 6, 1959, p.12.

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institution on 99-Year Lease.[13] With this arrangement, provision of medical services at the

hospital became much more accessible to the population of Ibadan. In a similar vein, the Ibadan Government Chest Clinic which serves as central clinic for tuberculosis, Western Region opened in 1959. The Western Regional Government also attached miniature Radiography and a twenty-bedded ward to the clinic. Moreover, the government released not less than £70,000 in the same year to missions and local councils to meet the cost of free treatment given to children under 18 years.[14] Obviously, a greater portion of health establishments owned by missions and councils had their base in the city of Ibadan. In addition, the government established new and well-equipped clinics which addressed the medical needs of the people living at Eleyele, Sabo and Omi Adio between 1959 and 1960s.

Organisation of Medical Services in Ibadan, 1957-1960

All the health institutions in Ibadan including Dispensaries, Maternity and Rural Health Centres located in the town and rural areas formed a single administrative unit - Ibadan Medical Area. The Principal Medical Officer had the responsibility of controlling and managing the affairs of the unit. However, Adeoyo Hospital had a separate official independent of the above. Jericho General Hospital operated as annex of Adeoyo but Ibadan Government Chest Clinic functioned as a separate unit directly responsible to the Ministry of Health and Social Welfare. It also served as the central clinic for tuberculosis in the Western Region of Nigeria. The University College Hospital equally had a different body which directed the affairs of the hospital.

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[13]"Govt Takes Over Adeoyo Hospital on 99-Year Lease", *Southern Nigeria Defender*, September 19, 1957, p.1.

[14]West Govt to build Four Cottage hospitals", *Daily Times*, May 11, 1959, p.2.

With the emergence of Western Region Ministry of Health and Social Welfare in 1957, medical policies of all the health institutions including mission and private hospitals became strengthened. However, the challenges that accompanied expansion and consolidation of hospital services such as overcrowding with insufficient beds, shortage of

clinical personnel, dearth of drugs and medication became compounded. In addition, hospital services did not affect large percentage of people in the rural areas.[15]

Regrettably, these issues remain unresolved in Ibadan and other parts of Nigeria up till now due to the failure of leadership to fashion a medical policy completely different from colonial arrangement. Colonial medical policy as demonstrated in the previous chapters addressed primarily the health needs of colonial *elite* and residents of Ibadan town. People in the farm villages of Ibadan did not receive any serious attention. Consequently, it become imperative for Nigeria's leaders to come up with a radical and people-oriented health policy that could address the needs of the people in the urban and rural areas.

Reactions of the people to consolidation of Hospital Services in Ibadan, 1957-1960

There is no doubt that medical institution in Ibadan in this period pulled hundreds of patients. For example, more than 20,000 people attended UCH in 1959 for out-patient treatment.[16]

Commonest health problems of the adult in the year include respiratory diseases, gastrointestinal disorders (excluding infections), malaria, tuberculosis, obstetric problems

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[15]Interview held with the following medical personnel revealed the inadequacy of health amenities in Akinyele, Lagelu and Ona-Ara local governments: Dr K.A. Awolola, MOH/PHC Coordinator, Ona-Ara local government, Akanran, Age 55, Akanran, Ibadan, Ibadan, 20th December, 2013; Dr. M.B. Olatunji, MOH/PHC Coordinator, Akinyele local government, Age c. 50, Moniya, Ibadan, 12th February, 2014; Dr (Mrs) I. Ikwunne, MOH/PHC Coordinator, Lagelu local government, Age c. 52, Iyana-Offa, Ibadan, 16th March, 2014.

[16] "26,067 Patients Treated in U.C.I Hospital", *Daily Times,* June 15, 1959, p.3.

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and gynaecological diseases. Medical challenges for the children include gastrointestinal infections, respiratory infections, malaria, tuberculosis, malnutrition and whooping cough. In the same vein crowd of patients bombarded Adeoyo Hospital, Jericho Nursing Home, and Ibadan Chest Clinic. Available records show that 39,639 tuberculosis patients collected free drugs in 1959 at the clinic.[17] Other relevant statistics about patients' treatment at the establishment in the year include 2,216 Heaf Tests, 6246 sputum examinations, 3736 large X-ray and 3581 X-Ray films. And 57,330 patient attended the clinic for different types of diseases and illnesses.[18]

Other health institutions such as Oranyan and Agodi Dispensaries, Maternity Centres at Aremo, Agbongbon, Inalende, Elekuro and Isale Ijebu as well as Health Centres at Ikereku, Ijaye, and Omi Adio equally experienced high patronage on a daily basis.[19] Prevalent diseases which received medical attention include malaria, helminthiasis, ulcers, diarrhoea, avitaminosis, malnutrition (particularly from vitamin B), abscesses and tuberculosis, whooping cough, measles, dysentery and hepatitis. In addition, several victims of motor accidents that showed up either at Adeoyo Hospital or U.C.H received medical attention. Table 6.1 provides a general picture of trend of attendance of patients in Ibadan Medical Area, made up of all the health institutions in Ibadan and other parts of Western Nigeria.

Table 6.1: Records of Attendance, Ibadan Medical Area, 1957-1959

	1957	1958	1959
In-Patient	44,761	35,288	50,921
Out-Patient	575,798	765,205	580,154

[17] *NAI,* Annual Report of the Medical and Health Services, 1959, Ministry of Health and Social Welfare, Western Nigeria Offical Document, No.1 of 1966, p.31.

[18] *NAI,* Annual Report of the Medical and Health Services, 1959, Ministry of Health and Social Welfare, Western Nigeria Offical Document, No.1 of 1966.

[19] Interview held with Sir (Dr) T.B. Adesina, a renowned and retired Public Health Medical Officer, Ibadan, Age 88, Oke-Ado, Ibadan, 14th July 2009.

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Source: NAI, Annual Report, Ministry of Health and Social Welfare, 1957-1959, p.1.

Factors responsible for the above development include the following: First, the newly
opened university teaching hospital had basic and sophisticated equipment as well as personnel. With these facilities, the institution became attractive to hundreds of patients within and outside Ibadan. Equally, Adeoyo Hospital completely came under the control of Western Regional Government in 1959 which released considerable grants to aid the operations of Dispensaries, Maternity and Rural Health Centers. This step obviously enhanced the implementation of the health policy of the government and increased accessibility of the people to hospital services.

Voluntary agencies and private medical establishments also played important roles in
meeting the health needs of the population of Ibadan. Among these organizations, Catholic
Hospital, Oke-Offa benefited a large number of people in Ibadan. There is no doubt about the
quality of care and attention given to patients at the hospital. Commendation expressed about the hospital by Chief J.O. Osuntokun, the Western Region Minister of Health is instructive. "I am highly impressed at the marvelous work being done here in this remote area of Ibadan, otherwise, lacking in medical facilities. This is my first visit, but I have heard a lot about this progressive hospital. I am surprised at the amount of progress made by the hospital within such a time".[20]

Health propaganda and education also contribute considerably in shaping people's opinion in favour of hospital medicine. Programmes such as Baby Shows, Health Weeks, Lectures, Talks and Film strips which featured from time to time had positive influence

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[20]"Hospital progress impress Minister" *Independent,* October 14-21, 1961, p.5.

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on the peoples' decision in favour of Western medicine.[21] Educational institutions and Church equally encouraged the people to take their health problems to hospitals rather than traditional medical healers often portrayed as primitive and uncivilized. But this did not have much effect on the use of traditional medicine. Indeed, the traditional healers up till the present time address the medical needs of hundreds of people in Ibadan and other parts of Nigeria. Medical culture of the people coupled with poverty and poor access to quality healthcare services in Ibadan and other parts of Nigeria are some of the factors which enhanced the relevance of the group in health matters.

Preventive Health Services

The Health Department, Onireke provided personnel and facilities useful for prevention of infectious and sanitary problems. It made available incinerators, refuse bins and lorries required for collection and disposal of refuse. Examples of areas that benefited from the supply of sanitary amenities included Ode Aje, Agugu, Elekuro, Oke-Ofa and Oniyanrin.[22] In addition, routine anti-mosquito activities such as spraying of pools, and stagnant waters with germmeane oil, filling of burrow pits, clearing of drains and drainage took place. Among the affected pools and rivers were Kudeti, Ogbere, Oranyan and Labo.[23] The Department also carried out inspection of bakeries, corn mills, markets, abbatoirs, compounds and houses. The Public Health Law, 1957 provides legal framework for the exercise. Below is Table 6.2 with details of inspection done in Ibadan in 1958.

Table 6.2: Inspection of Houses in Ibadan, 1958

Houses inspected	163,732

[21]"Ibadan Baby Show", *Daily Times,* December 3, 1958, p.10.

[22]Interview held with Pa A. Egunjobi (*Baba Sanitary*), a retired Sanitary Inspector, Age 95, Elekuro, Ibadan, 5th March, 2013.

[23]Interview held with Pa A. Egunjobi (*Baba Sanitary*), a retired Sanitary Inspector, Age 95, Elekuro, Ibadan, 5th March, 2013.

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Clean Houses	102,324
Dirty Houses	61,424
Houses with Mosquito Larvae	1,876
General Mosquito Index	4.6
Aedex Index	3.5
Notices Issued	7,421
Prosecutors	850
Convictions	728
Fines	£632.16S

Sources: NAI, Annual Report of the Ministry of Health and Social Welfare, 1st January to 31 December, 1958, p.11.

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Other responsibilities associated with maintenance of hygiene and sanitation by the Health Department included conservancy, school hygiene and health education.

It is significant to note that provision of sanitary amenities did not go beyond the town. Obviously, areas such as Agodi, Iyaganku, Jericho, and Bodija occupied by the *elite* appeared more favoured than indigenous location like Bere, Labiran, Oje, Opoyeosa, Oja 'ba, Orita-merin, Ayeye, Ali-Iwo and Beyerunka. Public hygiene and sanitation in these places were far from being satisfactory due to open urination and defecation. Poor sanitation in the central areas of the town became exacerbated due largely to structure of housing in these places. Houses up till now are in clusters and almost all the compounds in these areas have no proper toilets. Refuse as well as faeces were dumped indiscriminately in gutters or open spaces.

Negative public opinion against deplorable sanitation in Ibadan during the study period highlighted the failure of Health Department and ineffectiveness of IDC to facilitate wholesome sanitation. Collection and disposal of refuse and conservancy became the nightmare of the population of Ibadan due to the failure of contractors employed by IDC to carry out its responsibility.[24] This negligence coupled with indiscriminate dumping of refuse and excreta, might not be unconnected with the

[24] *N.A.I.* Iba Div 1/1: 527, Vol. IV, Conservancy Service, p.5.

outbreak of smallpox epidemic of 1957. As indicated earlier, it occasioned high morbidity and mortality. 128 people died as a result of this epidemic.[25] Consequently, Health Authorities launched a mass and widespread vaccination campaign. Vaccination posts emerged at Dugbe, Mokola Markets; Ogunpa Car Park and Health Office, Onireke. Thousands of people reacted favourably. House to house searches had to be made by Public Health Inspectors to discourage people hiding or running away from the exercise.

In terms of water supplies, increasing number of population had access to pipe-borne

water. This development followed the opening of a new treatment works and pumping plant for the people. It had a capacity of 4,000,000 gallons per day. But most of the people residing at Mokola, Sabo, Inalende and expanding quarters in Ibadan experienced acute shortage of potable water.[26] In addition, people in the farm villages were less affected. For instance, the people of Erunmu, Lalupon and Ejioku did not have access to pipe-borne water until 1961.

Inadequate provision of water and other preventable health facilities in the study period obviously compounded health problems in Ibadan. Diseases associated with consumption of water from doubtful sources and poor preventive health amenities included typhoid fever, yellow fever, dysentery and guinea worm. With this scenerio, it is likely that numbers of people seeking medical attention would increase. Ironically, 53 years after independence, the enormity of preventable diseases is yet to reduce. Several people in Ibadan and other parts of Nigeria still die of cholera, malaria, typhoid fever and other preventable diseases due to shortage of clean and drinkable water, public toilets and refuse disposal amenities. This situation certainly calls for a change of focus in our health policy. More resources should be allocated to the building of well managed public toilets

[25]"Health officer outlines precautions Against Incidence of Smallpox: Get Vaccinated or Go To IDH", *Southern Nigeria Defender*, December 23, 1957, p.3.

[26]"Many pay few benefit", *Southern Nigeria Defender,* December 10, 1957, p. 2.

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in the markets, motor parks and schools. In addition, there should be clean water for consumption as well as adequate facilities for refuse disposal. All these facilities should not be concentrated in the city of Ibadan. The rural areas should equally be affected. Provision of necessary health amenities for people in the rural areas will affect their productivity positively and ultimately reduce the number of people moving to the urban areas for settlement.

Conclusion

From the above discussion, it could be seen that the study period witnessed a major medical development with little emphasis on the health needs of rural areas. Ironically, provision of preventive health facilities such as public toilet, refuse disposal amenities and clean water did not attract much attention from the concerned authorities. This scenario has relationship with health situation in post-colonial Ibadan and other parts of Nigeria. Government still places much emphasis on hospital services for people in the urban areas to the neglect of people in the villages. Preventive diseases such as typhoid fever, malaria, diarrhoea, measles and cholera are rife in Ibadan and other parts of Nigeria. Consequently, this is important for health authorities in Ibadan and other parts of Nigeria to make adequate preventive facilities available in the urban centres and rural areas.

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CHAPTER SEVEN

IMPACT OF COLONIAL MEDICAL AND HEALTH SERVICES IN IBADAN 1900 – 1960

It is certain that colonial medical service had significant results on health conditions in Ibadan. With the provision of medical institutions and campaigns against deficient hygiene; peoples' accessibility to hospitals and benefits associated with public health services became widened. Of course, these developments reduced the level of morbidity and mortality in colonial Ibadan. Therefore, this chapter seeks to analyse the impact of colonial medicine in Ibadan between 1900 and 1960. It is divided into the following sections: hospital and modern curative medicine, sanitary and preventive service. Other sections address manpower development and conclusion.

Hospital and Modern Curative Medicine

With the evolution of colonial medical institutions in Ibadan as from 1900, a new chapter in the history of medical care was opened. Admittedly, indigenes for more than a decade following the commencement of a maiden Dispensary at Oranyan and other health establishments did not show much interest. Sequel to changes in the reactions and perceptions of hospital treatment, especially as from 1929, the sick people in Ibadan began to patronize Adeoyo Hospital and other medical institutions. Prominent ailments treated in these hospitals were infectious and parasitic in nature. Malaria appears to be the most intimidating (all over West Africa) disease that plagued the people. It affects the adult and young including infants. Pregnant mothers were not spared. Of course, their susceptibility to malaria is very high. The reason for this situation is clear: when women conceive, their level of immunity and disease resistance become reduced considerably; therefore, they become more or less helpless when malaria parasites strike.[1]

[1]"Saving Mankind from the Clutches of Malaria", *Nigerian Tribune*, May 12, 2010, p.42.

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Other common health problems responsible for hospital attendance in the study period included yellow fever, typhoid fever, tuberculosis, dysenteries, pneumonia, Guinea worm infestation, coughing and hernia. As a matter of fact, out-patient clinics at Adeoyo and Jericho General Hospital became overcrowded as from the 1930s.[2] This trend continued into the 1940s and 1950s.[3] Other medical institutions also attracted patients. For example, the Native Administration Dispensary, Oranyan became well known as a centre for treatment and dressing of sores (and wounds) in the 1930s, 1940s and 1950s.[4] School children took advantage of the opportunity.

Furthermore, medical attention for women and children attracted serious concern from colonial administration. This interest became translated into reality through the provision of maternity and child health services. Ante-natal clinics at Adeoyo Hospital and similar maternity centres at Aremo, Agbogbon and Inalende pulled a considerable number of expectant mothers as from 1931.[5] Besides, post-natal and pediatric services available at Adeoyo, Jericho General Hospital and other colonial maternity centres contributed in no small way to the improvement of maternal and child health services in the study period. It is obvious that 17,924 children obtained hospital treatment at Adeoyo between 1944 and 1945.[6] In the same vein, 4761 patients registered for Child Welfare

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[2]*NAI.,* Oyo Province Annual Reports. 1930; Iba Div. $^{1}/_{1}$:489 Vol. XIX, *Adeoyo Annual Report*, 4; p.12; interview held with Professor T.O. Ogunlesi, retired University lecturer, Age 90, Sagamu, 25th October, 2013.

[3]*NAI.*, Oyo Prof. l: 1958, *1948* Annual Medical Report, Western Provinces, p.186; Annual Report of the Department of Medical Services, Western Region of Nigeria, 1st January, 1957 to 31st December, 1957, p.7.

[4]Interview held with Pa. I. O. Tonade, educationist, Age 75, Elekuro, Ibadan, 21st November, 2012.

[5]Interview held with Sir (Dr) T. B. Adesina, a renowned and retired Public Health Officer, Age 88, Oke-Ado, Ibadan, 14th July 2009.

[6]*NAI.,* Iba Div. $^{1}/_{1}$: 489 Vol. XIX, Adeoyo Annual Report, p.12.

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Services in 1948.[7] Leading health problems affecting the children included measles, malaria, whooping cough, neonatal jaundice, anaemia, bronchopneumonia, and upper respiratory tract infection.[8] All these cases received medical attention.

Available statistics revealed that about 150 expectant mothers delivered weekly at Adeoyo Hospital in the 1950s. In specific terms, the number of babies delivered at the institution was 2000 in 1953. It increased to 5000 in 1956.[9] This point becomes relevant given the fact that majority of population in any developing country consisted of women and children. However, the importance attached to maternal and child health services in the study period appear curious. It is plausible to suggest that desire of the metropole to foster population growth in order to preserve labour supply formed the basis for such concern.[10] It is also interesting to note that up till now, Adeoyo Hospital plays a leading role in the provision of maternal and infant health services in Ibadan.[11]

Sanitary and Preventive Services

A significant health programme concomitant with the beginning of British colonialism in Ibadan was the campaign for a clean and wholesome environment. This action became inevitable due to the need to eradicate mosquito, the transmitter of malaria. With the formation of Health Board in 1904, colonial administration in Ibadan adopted

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[7]*Daily Times*, "Ibadan Baby Week Opened: ministry pays tribute to head of Adeoyo maternity unit", December 8, 1952, p.3.

[8]O. O. Akinkugbe, Dupe Olatunbosun and G. J. Folayan Esan (eds.) *Priorities in National Health Planning: Proceedings of An International Symposium,* Ibadan: The Caxton Press Limited, 1973, p.58.

[9]*NAI.*, Iba Div. $^{1}/_{1}$:1221 Vol. VI, Ibadan District Council Hospital, p.132.

[10]Judith Lasker unlike Summers and Musisi had argued convincingly in this direction. For details, see J.N. Lasker, "The Role of Health Services in Colonial Rule: The case of the Ivory Coast", *Culture, Medicine and Psychiatry,* Vol. 1, No. 3, 1977, pp.277-297; C. Summers, "Intimate Colonialism: The Imperial Production of reproduction in Uganda, 1907-1925", *Signs: Journal of Women in Culture and Society,* Vol. 16, No.4, 1991, pp.787-807.

[11]Interview held with Mrs. J.O. Osunbunmi, Matron, Age 50, Adeoyo Hospital, Ibadan, 17th December, 2012.

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some measures against poor hygiene and sanitation. Such steps included provision of incinerators, dustbins, *salga*, public latrines and similar sanitary structures in different parts of Ibadan. Predictably, areas occupied by Europeans either for residence or business attracted top priority until April 1936 when the township ceased to exist.[12] Such places included Agodi, Jericho, Railway Station, Iyaganku, Iddo Gate and Lebanon Street. Subsequently, indigenous areas like Ayeye, Gbenla, Ekotedo, Agbeni, Ibuko and Iba markets, became beneficiaries. Campaign against indiscriminate urination and random defecation became intensified in 1948 with the construction of 148 public latrines in different parts of Ibadan.[13] Other areas equipped with sanitary facilities between the 1950s and 1960 included Idikan, Sabo, Mokola, Beere and Ode Aje.[14] In addition, markets like Gegelose, Oranyan and Dugbe were equipped with slaughter slabs, incinerators and public latrines.

Furthermore, colonial health authorities organized a section within the Health Office to manage conservancy and sewage disposal. This step in conjunction with provision of public latrines became important in order to guarantee safe disposal of excreta. In the same vein, the Health Board supervised drainage, canalization of streams and reclamation of swamps. Important schemes like drainage of Ogunpa and Kudeti streams as well as clearance of Oranyan swamp had salutary results on the health of the people.

Besides, the colonial heath policy in Ibadan emphasised the need for food hygiene and safety. Enactment of relevant legislations coupled with regular inspection of bakeries, corn mills and fruit factories attracted official attention. The Oke Are and Native Court,

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[12]*NAI.*, Oyo Prof. 1/1025, Vol. 2 and 3 Ibadan Township Abolition of – Question as to.

[13]*NAI.*, Iba Div. $^{1}/_{1}$:527, Vol. IV, Conservancy Service, p.714.

[14]*NAI.*, Oyo Prof. 1895, Vol. 2 No. 892, Sanitation, Oyo Province: Sabon Gari – Unsanitary condition of, p.108.

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Oja'ba became very important in the study period for the prosecution of sanitary offenders and violators.[15]

In the same vein, vigorous and persistent campaign launched by colonial authorities against communicable diseases (CD) produced significant results on health conditions in Ibadan. The colonial authorities tackled annual outbreaks of smallpox with keenness and great tact. The government employed vaccination to confront epidemics such as smallpox. Initially, people did not welcome the measure. They felt that it was unhygienic and detrimental to health because it looked very much like pus extracted from swollen sore![16] Consequently, it became compulsory in 1905. Thereafter, vaccination and inoculation of the young and old became relatively regular. Over 200,000 people get vaccinated in 1945.[17] It is noteworthy that the colonial administration attached much importance with efforts and campaigns against smallpox. Disclosure by a nurse who participated in the vaccination programme against smallpox epidemic in 1957 is quite revealing:

> we set up vaccination stalls in the market, the zoo, the airport, the railway station and along every road into Ibadan and manned them whenever we were off duty for 24 hours a day, for a fortnight. Nobody was allowed into or out of the city without being vaccinated and the mammie wagons were emptied at the side of the road to ensure this. Student nurses were enlisted to go into the Hausa area to vaccinate the women who would not accept the male sanitation officers. It is reckoned we treated 100,000 people. Eventually, once they realised it did not hurt, many people turned up daily, and we had to paint their wrists with gentian violet to distinguish those who

[15]Interview held with Pa A. Egunjobi, retired Sanitary Inspector, Age 95, Elekuro, Ibadan, 5th March 2013.

[16]Interview with Pa. I. O. Tonade, retired educationist, Age 75, Elekuro, Ibadan, 21st November, 2012.

[17]Toyin Falola, *Politics and Economy in Ibadan, 1893 – 1945,* Lagos: Modelor, 1989, p.334.

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> had been immunized or they would have been vaccinated on both arms and both legs. The teams consisted of a doctor or nurse who vaccinated an unqualified wife or secretary, etc who cleaned the area, and someone to control the crowd. The epidemic made all the natives realize the importance of regular immunization.[18]

In addition, other communicable diseases such as tuberculosis, yellow fever, Guinea worm infestation and measles received serious medical interventions. Several people benefited from free clinics and medical programmes deliberately designed to reduce and eliminate these health problems.

Introduction of clean pipe-borne water

Until 1927, accessibility of the local people in Ibadan to clean and drinkable water constituted a chronic problem. Important sources of water like rainfall, streams, pools, waterholes in marshy valley bottomlands and hand-dug wells were not only inadequate but also susceptible to pollution. Measures adopted by the local people to guarantee safe drinking water included erection of mounds round the wells and fencing of spring heads. In addition, prohibition of entry of guinea worm infected persons into brooks, streams and rivers provided some protection against contamination.[19] However, all these steps proved inadequate and futile. A quarterly report on sanitation of Ibadan in the 1920s revealed that guinea worm was endemic at Sabon gari.[20] In addition, cases of elephantiasis abound within the town and rural areas. Villages with notorious cases of water-borne health

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[18]W. H. Schneider, "Smallpox in Africa during Colonial Rule". *Med Hist.* April 2009, 197: www.ncbi.nlm.nih.gov. *Vol. 53(2).*

[19]Interview held with Pa M.I. Okunola, community elder, Age 84, Bodija, Ibadan, 23rd February, 2012.

[20]*NAI.*, Oyo Prof. 1:896, Quarterly Report on the Sanitation of Ibadan. p.67.

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problems included Omi Adio, Anisere, Abaoke, Akufo, Lalupon, Odo-Oba and Eripa.[21] Other affected villages included Kutayi, Onisango, Iroko, Olorunda and Are Alasa.[22]

In consequence, the colonial administration became overwhelmed and convinced on the necessity to modify her policy on water supplies.[23] Between 1928 and 1929, indigenous populace living at Gbenla, Itu-taba, Oje, Inalende, Oja 'ba and Adeoyo became linked with the Government Hill Water Scheme.[24] Significantly, the completion of Eleiyele Water Works in 1942 guaranteed the supplies of water to several people in different parts of Ibadan. More people had access to pipe-borne water as from 1957 following the opening of new treatment works and pumping plant. It had capacity of 4,000 gallons. This development obviously produced important results on health conditions in Ibadan. First, the scheme improved the level of consumption of water and this ultimately had implications on people's health. In addition, treated water reduced the incidence of elephantiasis, dysentery, diarrhea, typhoid fever and other water-borne diseases.[25] Moreover, improved provision of water also enhanced sanitation and domestic hygiene. It also lessened the burden of women and children that used to spend hours looking for water before the inception of the reservoir. However, most of the people residing at Mokola, Sabo and Inalende experienced acute shortage of potable water during this era. In addition people in the following villages: Erunmu, Lalupon and Ejioku did not have access to treated and drinkable water until 1961.

[21]*NAI.*, Oyo Prof. 1:895 Vol. IV, Sanitation, Oyo Province, Villages Visited, p.214.

[22]Interviews held with Pa A. Oyewole, retired University lecturer, Age 72, Lalupon, Ibadan, 5th February, 2010.

[23]J. A. Oluyitan, "Colonial Policy on Water Supply in Ibadan, 1929 – 1942", *Journal of African Politics and Society*, Vol. 1, No. 1, June, 2012, pp.60-68.

[24]*NAI.*, Iba Div. $^{1}/_{1}$:234, Water Supply Government Hill, Ibadan. p.6.

[25]Interview held with Dr. A.O. Adebiyi, Consultant Community Physician, Age c.50, College of Medicine, Ibadan, 20th July, 2010.

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Training of Health Manpower

The colonial authorities recognized the link between the trained manpower and effective health service. Therefore, a number of institutions for training of medical and health personnel emerged. First, a training centre at Onireke for African Sanitary Inspectors and Overseers opened in 1932. It became the School of Hygiene in 1940. Subsequently, it changed to Health Auxiliaries Training School and moved from Onireke to Eleiyele. The school provided education for would-be public health inspectors and sanitary overseers, the latter for the local authority services only. Its importance to health development in Ibadan and other parts of Nigeria is instructive. Products of the school availed the required personnel for health education, inspection and monitoring of peoples' houses and business premises with a view to ascertaining compliance with sanitary rules and laws. In addition, they instituted legal proceedings against offenders in respect of nuisances.[26]

With the passage of time, Sanitary Inspectors became notorious for their excesses and overzealousness in the course of carrying out their responsibilities. Indeed, their intolerance for filth and their overbearing attitude coupled with the reluctance of local populace to adhere strictly to colonial sanitary laws produced suspicion and hostility between both parties. This situation became aggravated during the post-colonial era. Indeed, the grievances of the people of Ibadan against the *Wolewole* in a way contributed to the Agbekoya Riots of the 1960s.[27] However, their role in health development in the study period and beyond is very important. They participated actively in the inoculation and vaccination of several people within and without the town against smallpox and other communicable diseases. Their contributions to anti-malaria control, pest eradication and

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[26]Interview held with Pa A. Egunjobi, retired Sanitary Inspector, Age 95, Elekuro, Ibadan, 5th March 2013.

[27]Interview held with Pa I.O. Tonade, retired educationist, Age 75, Elekuro, Ibadan, 21st November, 2012.

maintenance of hygienic and wholesome environment were recalled and articulated with nostalgia.[28]

Significantly, medical education in Nigeria commenced anew in 1948 with the founding of Ibadan Medical School.[29] Subsequently, the Nurses Training School, Eleiyele and Ibadan Maternity and Child Welfare Training School, Adeoyo, opened in 1949. Equally, nursing manpower became enhanced in 1952 with the establishment of another School of Nursing attached to the Ibadan Medical School. Consequently, it became feasible for the College of Medicine to provide leadership roles in medical research and practice in Nigeria and the West African sub-region.

It is obvious that colonial medical and health services within the study period demonstrated relevance to health needs of the people of Ibadan. Infectious diseases such as malaria, measles, meningitis, pneumonia and infantile diarrhoea became controlled in a number of ways. These measures included provision of sanitary structures, building of public latrines, clearing and draining of swamps as well as canalization of streams. In addition, advent of pipe-borne water reduced considerably the incidence of Guinea worm, typhoid fever, dysentery and other water-borne diseases. Furthermore, inoculation and vaccination completely wiped out smallpox and other fatal ailments that used to waste peoples' lives. Organization of Free Tuberculosis Clinics and treatment equally checked the spread of this incapacitating and debilitating disease. Besides, the opening of Ibadan

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[28]Interview held with Sir (Dr) T. B. Adesina, retired medical officer of Health, Age 88, Oke-Ado, Ibadan, 14th July, 2009 and J. D. Adeniyi, Professor, Health Promotion and Education, Public Health, Age c. 70, College of Medicine, Ibadan. 12th September, 2012.

[29]The Yaba Medical School which opened on October 6, 1930 pioneered the training of medical doctors in Nigeria. The fact that products of this institution failed to attract due recognition as their British counterparts occasioned reservations and violent criticisms. With the opening of Faculty of Medicine, Ibadan, Yaba Medical School became moribund. For details on medical education in Nigeria see A. Adeloye, *Early Medical Schools in Nigeria,* Ibadan: Heinemann Educational Books PLC, 1998, pp. 7 – 22; M. A. Bankole, "Medical Education and Practice in Nigeria" in M. Awe and A. F. Oluwole (eds.) *Nigeria Since Independence: The First Twenty Five Years*, Vol. XI. Ibadan: Heinemann Educational Books PLC, 1992, pp. 223-242; O. G. Ajao, "Medical Education in Nigeria: Historical aspects from the 19th to the 20th century", *Archives of Ibadan Medicine*, 6, 1 (April, 2005), pp. 1 – 5.

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College of Medicine in 1948 and subsequent inception of Schools of Nursing at Adeoyo and Orita Mefa provided solid foundation for medical education, research and practice in Ibadan and other parts of Nigeria.

With the above picture, it is extremely difficult to agree completely with John Ford's damning phrase that the advent of colonialism in Africa marked an "outbreak of biological warfare on a vast scale".[30] The inception of British colonialism in Ibadan did not occasion a fatal impact as far as health was concerned. Rather, it brought about a relative improvement in health condition of the people of Ibadan. Levels of morbidity and mortality among the local people reduced with the emergence of colonial hospitals and public health services. Admittedly, colonial medicine had its flaws and weaknesses: several people within the town and more especially in the farm villages did not feel the effect of colonial health services. This situation arose due to some reasons; first, limitation of the service areas of colonial health institutions (with the exception of UCH) to the town of Ibadan. In addition, personnel and equipment were grossly inadequate. For example, in 1924, the whole of Nigeria had a theoretical medical establishment of one doctor for every 200,000 persons, but in fact only a quarter of these posts were filled. In 1939, there was a lower ratio of doctors to population in the country than what obtained in 1914.[31] In reality, these figures exaggerate the chance of an African receiving medical care, for in the 1930s twelve hospitals met the needs of 4000 Europeans while fifty-two hospitals catered for 40 million Africans.[32] Yet, it is undeniable that colonial medicine had partial results on health conditions in Ibadan and other parts of Nigeria. Of course, it saves lives and also prevents hundreds of people from becoming ill.

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[30]D. Arnold, "Introduction: disease, medicine and empire" in D. Arnold (ed.) *Imperial Medical and Indigenous Societies,* New York: Manchester University Press, 1988, p.6.

[31]J. C. Caldwell, The social repercussions of colonial rule: demographic aspects.

[32]Walter Rodney, *How Europe Underdeveloped Africa,* London: Bogle. L'Ouverture Publications, 1972, p.225.

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Conclusion

The above discussion shows that colonial medical and health service addressed the health needs of the local population to some reasonable extent. Hospital and preventive health services guaranteed a fair improvement in the health conditions of the populace. In addition, the introduction of clean pipe-borne water coupled with vaccination and provision of maternal as well as child health services clearly underscore the relevance of colonial medicine. With this picture, the advent, growth and consolidation of colonial health services paved the way for a new health era in the social history of Ibadan.

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CHAPTER EIGHT

SUMMARY AND CONCLUSION

The arrival of Captain Lister Bower in Ibadan in 1893 and the subsequent rail link between Lagos and Ibadan in 1900 culminated in the settlement of British colonial officials and traders in Ibadan. Thereafter, provision of curative and preventive health services for European community became a necessity. By 1900, the European Hospital with an African Wing had commenced operation around the Railway Station. The need to eliminate mosquitoes coupled with indispensability of local labour resources to the realization of imperialist goals compelled colonial administration to take further steps. In 1901, a maiden Dispensary established for the indigenous populace took off at the centre of the town, Oranyan. The Health Board, responsible for public hygiene and preventive health services emerged in 1904. Medical needs of local people received further attention with the opening of more health institutions. Agodi Dispensary began to attend to patients as from 1920, while Infectious Diseases Hospital, Agodi and the Native Administration Hospital, Adeoyo opened to the public between 1925 and 1927 respectively.

Significantly, the period, 1928 – 1945 witnessed the growth of colonial medical and health service in Ibadan. First, a noticeable change occurred in the demand for hospital treatment. The number of patients with desire for clinical service increased. Whereas 359 patients obtained treatment at Adeoyo in 1927, the number became 3251 in 1929. Out-patients alone at the institution were 7,584 in 1930. This number increased to 82,704, while in-patients stood at 1071 in 1937. Other colonial health institutions equally witnessed patronage of patients from different areas of Ibadan. Indeed, this trend continued up till the end of the study period. The 1930s also witnessed inception of maternal and child health services at Adeoyo. With these programmes, Dr W. C. Dale, its pioneer attracted a considerable number of pregnant and nursing mothers. Incidentally, this period saw a shift in colonialists' attitude to the local population. Adeoyo Hospital became enlarged with the provision of wards and other amenities. Besides, the colonial

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administration promoted sanitation and public hygiene during the period through the building of sanitary structures like incinerators and public latrines. Among the indigenous areas which benefited from the above arrangement included Ibuko, Ayeye, Gbenla, Tapa Reservation and Sabo. Markets such as Oja'ba, Gegelose were also equipped with slaughter slabs, incinerators and latrines. Sequel to the opening of African Training School for Sanitary Overseers and Inspectors, the *Wolewole* became involved in health education, vaccination and inspection of houses and business premises. In addition, supplies of clean pipe-borne water in the 1930s and the completion of Eleiyele Water Works in 1942 contributed in no small way to the elimination of incidence of Guinea Worm in Ibadan.

The factors which compelled colonial authorities to extend medical and health services to the local population in Ibadan between 1928 and 1945 included the socio-economic and political milieu of the period. This factor coupled with the enactment of the 1940 Colonial Development and Welfare Act contributed immensely to improvement of the living conditions of colonial populations in Ibadan and other parts of West Africa. Other factors included the socio-political arrangement of Ibadan before 1940 which favoured the chiefs at the expense of the *elite*. In consequence, the latter became virulent and aggressive in their criticisms of colonial rule. In order to pacify the *elite*, the colonial administration had no alternative but to accede to the demands of Ibadan *elite* for modern amenities like hospitals, pipe-borne water supplies, roads and electricity.

Significantly, the Ten-Year-Colonial Development plan provided a major platform for medical and health expansion in Ibadan between 1946 and 1957. Its objectives included the establishment of one or more first class hospital in each province with full facilities for the scientific investigation and treatment of diseases. In addition, the plan enhanced the availability of Dispensary and rural health services in each province. Of course, the above arrangement benefited Ibadan through the supplies of health facilities which ultimately had positive results on health conditions of the people. Other factors which favoured consolidation of medical and health services in this period

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included inception of medical education in Nigeria, colonial urbanization, the health policy of the Western Regional government and operation of private medical practitioners.

Interestingly, the organization of colonial medical service emphasized the goals of imperial rule in Nigeria and other parts of British West Africa. It was an arm of colonial authority; at the top of the Department stood the Director of Medical and Sanitary Services; followed by an Assistant. They operated from Lagos. However, the Native Administration Hospital, Adeoyo, Oranyan and Agodi Dispensaries functioned under the umbrella of the Resident, Oyo Province, Senior District Officer, Ibadan Division and the Ibadan District Council. This was the structure of the organization until 1948 when Adeoyo Hospital was released temporarily for clinical training of students of College of Medicine. In consequence, the management of Adeoyo Hospital and Oranyan as well as Agodi Dispensaries came under a body–Board of Management of Adeoyo Hospital. Surprisingly, another body, Board of Management of the University College Teaching Hospital emerged in 1950. These two Boards functioned simultaneously until 1951 when the Board of Management Teaching Hospital appeared to overshadow the Adeoyo Board.

With the creation of the Western Region Ministry of Public Health in 1953, policies of all medical institutions (public and private) became harmonized. In addition, it strengthened the provision and operation of medical amenities in the city. However, it will be naïve to assume that the development put an end to some of the challenges concomitant with the expansion and development of hospital services between 1946 and 1956.This perhaps led to the consolidation of colonial medical and health services between 1957 and 1960 for which reason, it become important to survey the formative years of the University College Hospital Ibadan in its first three years from 1957 to 1960, when Nigeria attained independence.

Overall, interpretation and reactions of local people to the advent and expansion of colonial medicine within the study period highlight the changing perception of the Ibadan people to European medicine. Whereas, the local people demonstrated little or no

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interest in colonial medical institutions between 1900 and 1927, the situation from 1928 to 1960 produced a different reaction. All categories of patients showed enthusiasm for medical institutions and demanded for hospital treatment. Indeed, the period, 1928 to 1945 marked the beginning of medical pluralism in Ibadan. With the evolution of colonial medical institutions, patients who previously relied entirely on traditional medicine, had freedom to make a choice between traditional therapy and hospital treatment. Situation could arise where patients combined the two methods. The period between 1946 and 1960 saw a steady demand for hospital treatment.

Positive attitude in favour of colonial health service by the local population between 1928 and 1960 could be attributed to health propaganda, education and the role as well as activities of colonial medical personalities. Examples of some of the latter included Dr W. C. Dale, Medical Officer II, Native Administration Hospital, Adeoyo (1929 – 1939); Dr S.L.A. Manuwa, Specialist in charge of Adeoyo Hospital (1945 – 1950) and later Director of Medical Services, Western Region (1951 – 1957); Mrs. T. Hoskyn-Abrahall, female Medical Officer (1945). Others were Miss Cowpea, the Nursing Sister in charge of Maternity Clinic, Elekuro; Mrs. E. A. Leeming, Senior Matron, Adeoyo Hospital and also Dr A.H.C. Walker, a Senior Lecturer, Faculty of Medicine, University College, Ibadan, who contributed immensely to the development of maternity and infant welfare services in Ibadan. In addition, Professor O. A. Ajose and Dr A. S. Agbaje also played active roles in the dissemination of Western medical ideas and attitudes. They organized lectures and educational programmes on health and hygiene. They were also involved in the organization of Health Weeks and Baby Shows. In addition, brilliant medical minds such as Beatrice Mary Joly, Thomas Richard Parsons, Alexander Brown, Oladele Ajose, Alastair Smith, Dr Walter D. Silvera and Robert Collis contributed immensely to the birth and foundation of College of Medicine.

Besides, the period witnessed the effectiveness of hospital medication over fatal and debilitating infectious diseases. Admittedly, indigenous therapeutic provides a strong medicine for healing of diverse illnesses and diseases, especially culturally related health

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problems. In addition, there are up till now traditional birth attendants, bone-setters as well as similar talented medicine men knowledgeable in herbs and other curative resources. However, the failure of traditional medicine in the face of herb resisting fevers and chronic communicable diseases are some of the weaknesses of indigenous medical arrangement. The fact that patients with some of the afore-mentioned health problems could get healed without consumption of bitter concoction and offering of miscellaneous sacrifices often forced people to prefer hospital treatment over traditional medicine. Yet, traditional medicine is still popular up till the present period.

The ultimate aim of any health system is to reduce mortality and morbidity. A deep reflection on the operation of British colonial heath service in Ibadan shows that the above objective became realized in the study period. Basic curative services available at Adeoyo and other colonial medical institutions addressed several diseases and illnesses. Epidemics such as smallpox became eliminated through vaccination and inoculation. Infectious diseases like malaria, yellow fever, tuberculosis, Guinea worm, typhoid fever and dysentery were either checked or eradicated. Maternal and childhood health problems and mortality became effectively controlled through the provision of midwifery and child health services. Besides, public hygiene and sanitation were emphasized and the measures affected positively the level of cleanliness in Ibadan. With these colonial health programmes coupled with the introduction of pipe-borne water, Ibadan entered into a new health era.

Yet, the study period did not constitute a total break with the past. The use of traditional medicine for treatment of illnesses and diseases continued. Moreover, age-old medical ideas and attitudes did not become extinct. The above arose partly as a result of the limitation of colonial medical and health facilities. Hundreds of people within the city and particularly in the farm villages did not have any contact with colonial health propaganda. Overcrowding coupled with insufficient beds, dearth of clinical personnel and drugs characterized colonial health services. This scenario consequently compelled several people to depend on indigenous remedies for meeting health challenges. The

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situation became much pronounced in the villages where little or no health service existed until the end of this study period. Yet, colonial medicine could not be regarded as a colossal failure. Given its limited coverage in Ibadan, it will be appropriate to conclude that colonial health service occasioned a fair improvement in the medical condition and health status of the people of Ibadan. Overall, it was partially effective.

It is however lamentable that some of the inadequacies such as geographic maldistribution of medical amenities, insufficiency of rural facilities and shortage of manpower which marred colonial health service became aggravated in post-colonial Ibadan and other parts of Nigeria. Admittedly, the Oyo state Government provides secondary health care facilities for people in the city of Ibadan while the Local Government offer health services under the Primary Health Care (PHC). Nevertheless, the impact of the programme is minimal and far from being satisfactory. It suffers from deficiency of funds, clinical personnel and health workers as well as drugs. The above has close link with corruption and ineffective administration at local government level. Thus, hundreds of farmers and other people in remote and far-flung areas in Akinyele, Ona-Ara and Lagelu are yet to have contact with the PHC programmes.[1] Infectious diseases such as tetanus, tuberculosis and typhoid fever still kill people. Ailments such as cataract which could easily be handled still result in blindness due to poverty and or unavailability of health services.[2] Besides, maternal deaths and U-5 mortality rate in Ibadan and other parts of Nigeria are frightening. It is on record that Nigeria makes up only 1.7% of the total world population, but accounts for about 10% of the global estimate for maternal

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[1]Interview held with the Coordinators of Primary Health Care (PHC) in the above local governments show the limitation of health facilities: Dr M.B. Olatunji, MOH/PHC Coordinator, Akinyele Local Government, Aged c.50. Moniya, 12/2/14; Dr K.A. Awolola, MOH/PHC Coordinator, Ona-Ara Local Government, Age 55, Akanran, Ibadan, 20/12/13; Dr I. Ikwunne, MOH/PHC Coordinator, Lagelu Local Government, Age c.52, Iyana-Offa, 16/3/14

[2]Interview held with Dr I. Ikwunne, MOH/PHC Coordinator, Lagelu Local Government, Age c.52, Iyana-Offa, 16/3/2014.

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mortality. [3] In the same vein, about one million Nigerian children die each year before their fifth birthday as a result of dehydration, chronic diarrhea, acute respiratory infections, other infectious diseases and malnutrition.[4]

Over the years the Federal Government has taken some steps to address challenges confronting the health sector. It has increased the number of teaching hospitals from six in 1960 to thirty in 2009. Equally, eight of these teaching hospitals have been equipped with the state-of-the art facilities worth #17billion through Federal Government/VAMED initiative.[5] The beneficiaries included University College Hospital UCH, Ibadan, Ahmadu Bello University Teaching Hospital, (ABTH) Zaria and University of Lagos Teaching Hospital, (LUTH) Lagos.[6] In addition, the National Health Insurance Scheme (NHIS) is another laudable effort to ensure that every Nigerian has access to good health care services. It was established in 1999 encompassing government employees, organized private sector and the informal sector. It also covers children under-five years, disabled persons and prison inmates.[7] However, the programme is bedeviled by numerous constraints. It is grossly under funded. Whereas Malaysia allocates 8% of her total budget to their health insurance scheme and was able to cover 40 million lives within three years, the highest budget for health in Nigeria is about 7% at the federal level and 3% at the state level.[8] This is in spite of Nigeria being a signatory to an international

[3]F.E. Olopade and T.O. Lawoyin, "Maternal Mortality in Nigerian Maternity Hospital", *African Journal of Biomedical Research*, II (2008), p.268.

[4] For details, see the following: http://reproductive rights.org/en/feature/maternal-mortality- in Nigeria; www.Indexmundi.com/Nigeria/children-under-five-mortality; "Too many Nigerian children are dying", *The Punch*, November 17, 2013, p.16; "Health care in Nigeria: Challenges, Prospects", *The Nation*, October 5, 2010, p.55; "Health situation in Nigeria getting more precarious", *Sunday Punch*, August 31, 2008, p.20.

[5] "A Hollow Edifice", *TELL Magazine,* August 13, 2007, p.27.
[6] "A Hollow Edifice", *TELL Magazine,* August 13, 2007, p.27.
[7] For details, see www.nhisnigeria.com

[8] "Health situation in Nigeria getting more precarious", *Sunday Punch*, August 31, 2008, p.20.

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declaration that nations should allocate 15% of their total budget to health.[9] Besides, the scheme has over 7000 registered providers but only 2000 render services.[10] Thus, the ultimate objective of the scheme to reduce out-of–pocket expenditure on health by Nigerians and curb rural-urban drift is far from being realised. This situation is compounded by poor hospital facilities across the country, inadequate manpower, incessant and protracted strikes by medical personnel and health workers with people losing their lives.

In consequence of the poor health services in the country, top politicians utilize public funds to travel to countries such as India, Saudi Arabia, Germany, United States of America and Spain for medical attention. Among the prominent political elite that sought for medical help outside the country included the late President Umaru Yar'Adua, Ibrahim Babaginda, Sullivan Chime, Enugu State Governor, Danbaba Suntai, Taraba State Governor as well as Patience Jonathan, wife of President Goodluck Jonathan.[11] Rich and affluent Nigerians are also part of this group travelling abroad for medical attention. On the other hand, hundreds of the population accessed healthcare services through many difficulties. It is on record that medical tourists from Nigeria spent not less than $260 million in India in 2012.[12] Certainly, the rot in the health sector cannot be divorced from the socio-political problems confronting the country and medical tourism by top political *elite* and other wealthy Nigerians is not the solution. The need for good governance cannot be over-emphasised in resolving the myriad of problems facing the country, not only in the health sector, but in the economy generally.

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[9] Interview held with Professor A.O. Lucas, retired University Lecturer, Age 80, Bodija, Ibadan. 2nd March, 2011.

[10] "Health situation in Nigeria getting more precarious", *Sunday Punch*, August 31, 2008, p.20.

[11] "Medical Tourism: Why Nigeria is bleeding", *TELL Magazine*, March 24, 2014, p.17.

[12] "Medical Tourism: Why Nigeria is bleeding", *TELL Magazine*, March 24, 2014, p.20.

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Abiodun, O.A.	Osun Devotee and Traditional Midwife	50	Agbadagbudu, Adeoyo, Ibadan	21/4/08
Adebiyi, A.F.	Matron	c.50	Kutayi	19/07/10
Adebiyi, A.O. (Dr)	Consultant Community Physician	c.50	College of Medicine, Ibadan	20/07/10
Adeniyi, J.A. (Professor)	Lecturer	c.70	College of Medicine, Ibadan	12/09/12
Adesina, T.B. Sir (Dr)	Retired Medical Officer of Health, Ibadan	88	Oke-Ado, Ibadan	14/07/09
Adesokan, A.	Retired Civil Servant	65	Akufo, Ibadan	05/08/09
Adisa, K.O.	Civil Servant	50	Adeoyo, Ibadan	21/04/08
Ajadi, T.O.	Osun Devotee and Traditional Midwife	70	Agbadagbudu, Adeoyo, Ibadan	03/03/08
Ajagbe, I.	Nurse	52	Ijaye-Orile	04/03/10
Ajibade, W.A.	Herbalist	70	Oyo	12/11/07
Akinpelu, I.O.	Retired Dispenser and Community Elder	70	Ikereku	04/03/13
Arogun, D.	Traditional Bone Setter	50	Atipe, Oje, Ibadan	26/02/08
Atowoju, A.	Physiotherapist	c.50	Physiotherapy Clinic, U.C.H., Ibadan	31/07/13
Awolola, K.A.	MOH/PHC, Coordinator	55	Ona Ara Local Government, Akanran	20/12/13
Egunjobi, A. (*Baba Sanitary*)	Retired Sanitary Inspector	95	Elekuro, Ibadan	05/03/13
Fadele, O.	Architect and	78	New Bodija, Ibadan	04/10/13

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	Community Elder			
Faniyi, F.O.B.	Nurse	50	Ijaye-Ojutaye	04/03/10
Fawemimo, I.	*Babalawo* and Traditional Healer	68	Apata, Ibadan	04/04/08
Ikwunne, I.	MOH/PHC Coordinator	c.52	Lagelu Local Government, Iyana-Offa	16/3/14
Kolapo, M.	Traditional Psychiatrist	60	Kute, Wofun-Olodo, Ibadan	15/05/09
Lucas, A.O. (Professor)	Retired University Lecturer	80	Bodija, Ibadan	02/03/11
Monilola, A.A.	Herbalist	75	Molete, Ibadan	16/04/08
Ogunlesi, T.O. (Professor)	Retired University Lecturer	90	Sagamu	25/10/13
Ojo, M.A.	Community Elder	75	Akanran	05/05/11
Ojo, R.O.	Nurse	50	Olorunsogo Babarere Health Centre, Ona Ara	20/12/13
Olaniyan, B.	Community Elder	70	Ijaye-Orile	04/03/13
Olatunji, M.B.	MOH/PHC Coordiantor	c. 50	Akinyele Local Government, Moniya, Akinyele	12/2/14
Okunola, M.I.	Community Elder	84	Bodija, Ibadan	23/02/12
Sobayo, J.S. (*Omo Oso*)	*Babalawo* and Traditional Healer	50	Idi-Ose, Ibadan	03/02/08
Oyebola, D.D.O.	Physiologist and University Lecturer	68	Gospel Town, Ojoo, Ibadan	22/02/13
Oyemakinde, W.O.	Retired University Lecturer and Politician	70	Secretariat, Ibadan	23/02/12
Oyewole, A.	Retired University Lecturer	72	Lalupon, Ibadan	05/02/10
Osunbunmi, J.O.	Matron	50	Adeoyo Hospital, Ibadan	17/12/12
Tonade, I.O,	Retired Educationist	75	Elekuro, Ibadan	21/11/12

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Plate 3

Adeoyo Hospital, Ibadan in 1950: (A) View of Hospital Entrance
***Source:* A. Adeloye, *Early Medical Schools in Nigeria*,**
Ibadan: Heinemann Educational Books (Nig) Plc, 1998, p. 40.

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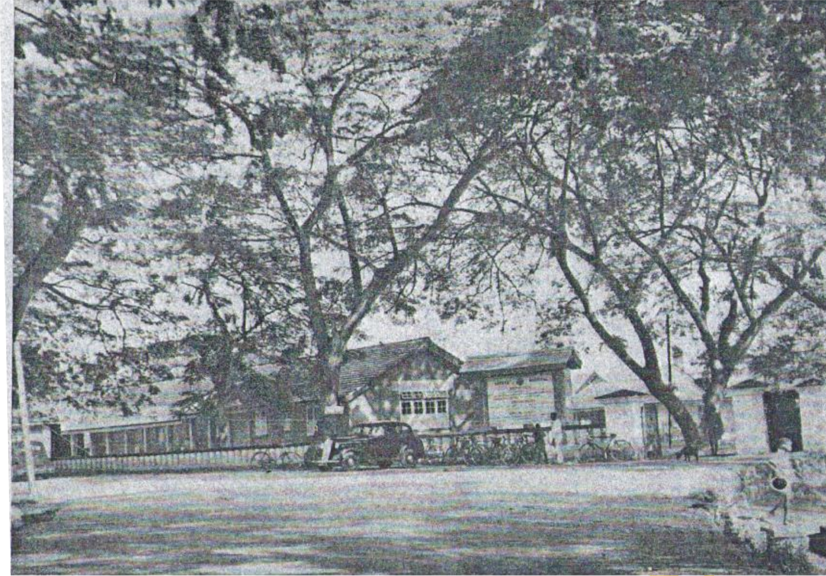
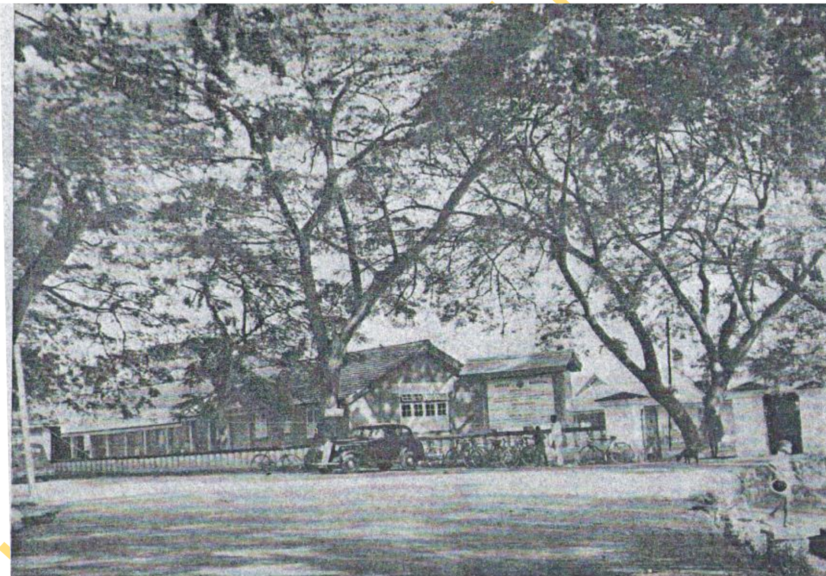
Plate 3



Adeoyo Hospital, Ibadan in 1950: (A) View of Hospital Entrance
Source: A. Adeloye, *Early Medical Schools in Nigeria*,
Ibadan: Heinemann Educational Books (Nig) Plc, 1998, p. 40.

Plate 3



Adeoyo Hospital, Ibadan in 1950: (A) View of Hospital Entrance
Source: A. Adeloye, *Early Medical Schools in Nigeria*,
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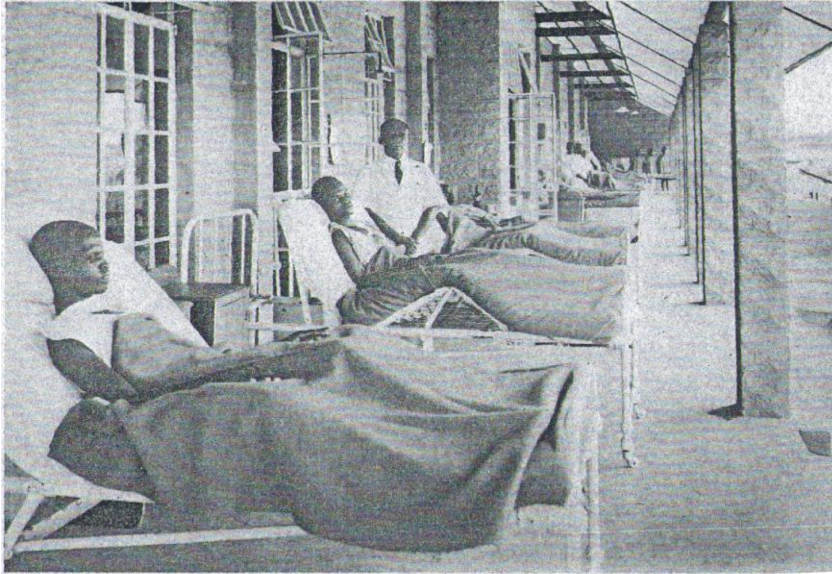
Plate 4



Convalescent patients in verandah of the Surgical Ward

Source: **A. Adeloye,** ***Early Medical Schools in Nigeria,***
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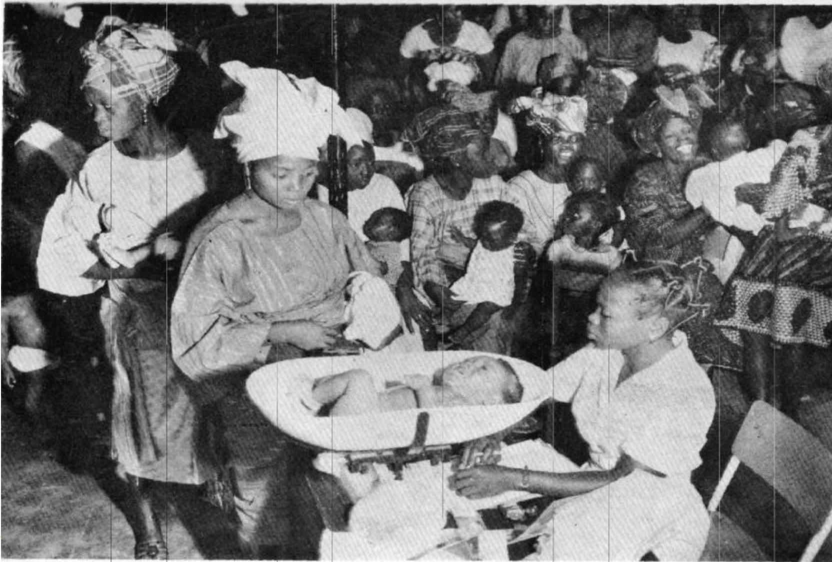

Plate 6

University College Hospital, Ibadan. 1957

Source: A. Adeloye, *Early Medical Schools in Nigeria*, Ibadan: Heinemann Educational Books (Nig) Plc, 1998, p. 48.

Plate 7

Opening Ceremony of UCH, Ibadan, 1957. From left to right: Her Royal Highness The Princess Royal, Professor Beatrice Joly , Dean of Medicine, Brigadier Brading, the House Governor, Miss Morrison, the Matron, all inspecting a model of the new hospital.

Source: A. Adeloye, *Early Medical Schools in Nigeria*, Ibadan: Heinemann Educational Books (Nig) Plc, 1998, p. 49.

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Plate 8

Opening ceremony of UCH, Ibadan, with Her Royal Highness, The Princess Royal in the middle, Sir Sydney Phillipson, Chairman of Hospital Board on her right and Hon. Ayo Rosiji, the Federal Health Minister on her left

Source: **A. Adeloye,** ***Early Medical Schools in Nigeria,***
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Plate 10

Alexander Brown, Professor of Medicine
Source: A. Adeloye, *Early Medical Schools in Nigeria*,
Ibadan: Heinemann Educational Books (Nig) Plc, 1998, p. 64.

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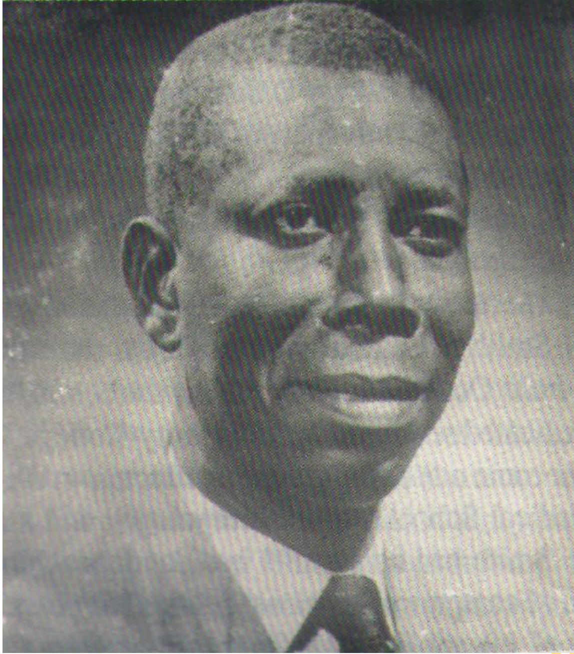
Plate 11



Oladele Ajose, Professor of Preventive and Social Medicine
Source: **A. Adeloye,** ***Early Medical Schools in Nigeria,***
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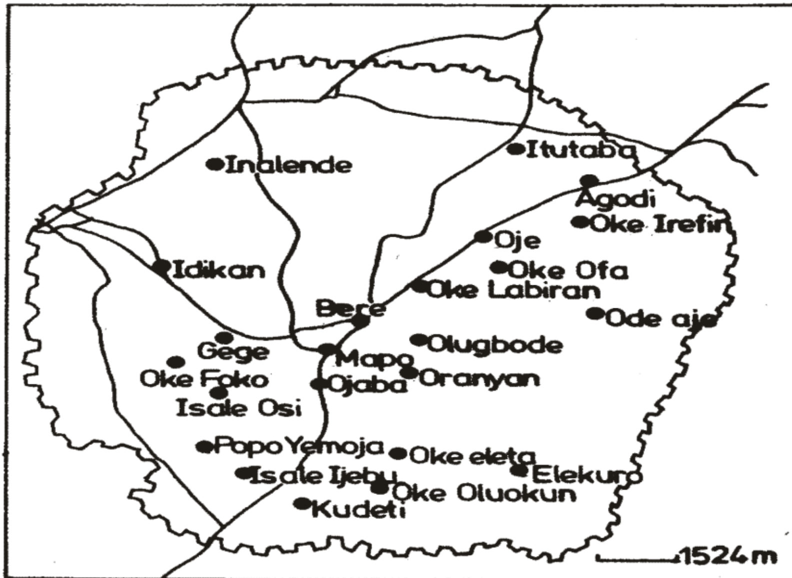
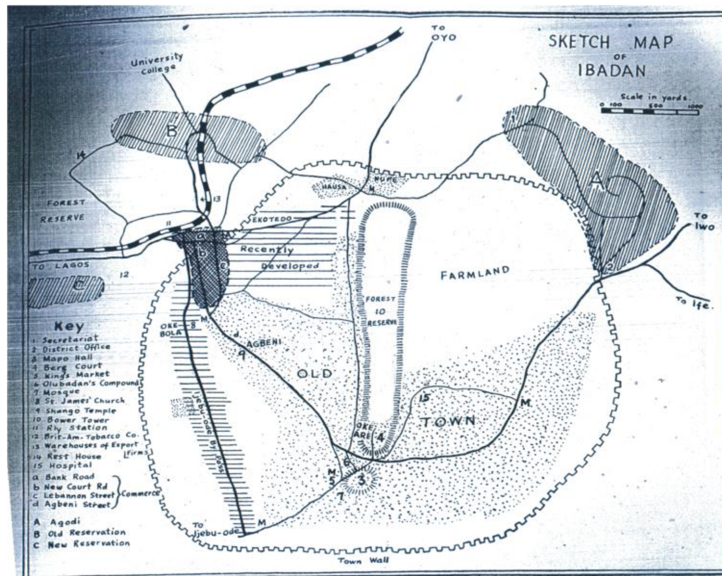
MAP 1.



IBADAN, PRINCIPAL LOCALITIES.
Source: **P. C. Lloyd, A. L. Mabogunje and B. Awe (eds.)** ***The City of Ibadan,*** **London, Cambridge University Press, 1967, p.43.**

MAP 2.



A SKETCH MAP OF IBADAN.
Source: **S. O. Biobaku, I. O. Dina and P. C. Lloyd (eds.)** ***IBADAN,*** **Zaria Gaskiya Corporation, 1949, p.3.**