

Colonial Health Management in Idoma Division, 1908-1960

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Abstract

The aim of this paper is to examine colonial health management in Idoma Division during the period 1908-1960. The main thrust of the paper is predicated on the premise that; health is one of the important social indicators the colonial state attempted to institutionalized because of the earlier experiences they had in other colonies of the world. It should be noted that explorers such as Henrich Barth, Clerperton, Richard Lander and several others, reported to the colonial government in London, the danger of malaria in the hinterland of Nigeria, this gave them (the colonialists) the zeal to manufacture quinine, the drugs used to cure malaria in the first half of the 19th century. In Idoma Division, some district officers such as Capt. Money, Maj. Maggerson and others, developed local dispensaries under the Otukpo Native Authority and Igumale respectively. These dispensaries were not advanced to cater for all the colonized people. Diseases such as leprosy was considered as more serious as such, the colonial state established the leprosy camps in Otukpo and other Districts in Idoma Division. Taken together, therefore, the paper is an attempt to unravel the colonial health management and to demonstrate clearly how this affected our indigenous medical practices up to 1960. Nigerian became a dependent state to the British for orthodox medicine and the likes. In order to reconstruct the history of health management in Idoma Division effectively, the paper employs historical methodology in the process. This includes the collection and the interpretation of primary data from the archives as well as conduct of oral interview which was also supplemented with secondary sources.

Introduction

The importance of health to man's existence cannot be over emphasized. It is the matrix determining factor for man's socio-economic and political activities. Right from time past, man has been preoccupied with the issue of health. The discovery and the use of certain medicinal plants, the use of herbs in pre-colonial, colonial and post-colonial periods shows the importance of health to man's socio-economic and political developments. The international collaboration on the issues of health by different nations under the auspices of World Health Organization (WHO), World Bank Intervention and other health sensitization programmes at local, regional and international levels are all indices pointing to the fact that health is of paramount importance to man.¹

Colonial Health Management in Idoma Division covered colonial health activities on preventive and curative management of human health issues that eclipsed the colonial mission of exploitation. Through the health policy enacted by the British colonialists, they safeguarded their health, the environment and some section of the populace that were instrumental in the development of agricultural and other socio-economic needs of the British Colonialists.

A critical examination of colonial health policy in the Division under discussion showed that, the distribution of health infrastructures favoured more in the area occupied by the British colonialists compared to where the people lived. Available oral information showed that some parts of the Division had more medical facilities than other parts. The reason was, the health facilities were primarily established for the servicing of the British Colonial health needs, to enable them achieve their economic drive.² For example, Otukpo had more medical facilities than the hinterlands such as Adoka and Boju.

Studies on Idoma Division focused on the socio-economic and political aspects of the people in the pre-colonial, colonial and post-colonial periods, such as the history of migration, inter-group relations and the institutions of kingship. These alone cannot help us to comprehend and grasp in its entirety, the nature of colonialism and its implications on the socio-economic and political lives of the people of Idoma Division. Hence, the need to undertake this study on colonial health management.

More so, in order to grapple with the internal and the external dynamics that shaped the history of the people during the colonial period, a study of this nature becomes absolutely necessary. Health management in Idoma Division during the colonial period was hinged upon the fact that the British colonial authorities wanted to safeguard their health, the environment and to produce a healthy labour force for agricultural and other economic activities.

Location and Scope

Idoma Division was a colonial creation in 1928, located in the Southern valley of the Benue River. On the West the Division had boundary with Igala Division, on the East with Tiv Division and on the South-East with Ogoja province in Eastern Nigeria. It is about 144kms from the North to the South, and about 32kms from East to West.³ It lies within latitude 60° 30' North and longitude 80° East.⁴ The Division comprises several linguistic groups such as Idoma, Igede, Akweya and Ufia, this implying that the name Idoma does not apply to all the groups in the Division because, only few traced their origin to the Idoma's Founding father Idum or Idom. However, for the British administrative convenience, all those found in the Division before the coming of the British colonialists were regarded as Idoma after the conquest of the area.⁵

The journey that finally culminated in the creation of the Division started as far back as 1899 or earlier when the British colonialists made their presence in the Division, engaging the people in one trading relations or the other. By 1908, the Division witnessed dramatic change when one Colonel Trenchard carried out a military expedition during the Niger-cross expedition. He succeeded in penetrating the Southern and the Eastern parts of Idomaland. From that point, several unprecedented expeditions such as Ukelle Escort of 1922 and Ogbuloko rebellion of 1928 were carried out.⁶

The geography of the area was among the basic factors that attracted the British colonialists to the area. It is generally endowed with mineral resources, such as bauxite, common salt, lime stone, gypsum, coal, clay and stones.⁷ The coal and lime found in the present day Ogbadibo and Ado Local Government areas were mined during and after colonialism. The Division lies within the oil palm belt though it abounds more in the South and West than in the North and East. Some of the important

exports from the Division are palm produce, oil and kernel. Other economic trees found in the Division include *Iroko*, *Mahogany*, *Obache*, *Silk-cotton* and *rubber* trees, mainly found in the forest area. The trees were of high economic value to the British during the colonial period.⁸

Conceptualization of Diseases in Relation to the Study

The use of concepts in historical analysis is very crucial in determining historical work as the one before us. Among other things, it helps the researcher to define and carefully follow his framework. The word diseases mean different things to different people and therefore, it is very necessary to throw light on it and establish what it is as it relates to the study. The Oxford Dictionary define disease as a disorder of structure or function in human, animal or plant especially, one that produces specific symptoms or that affects specific location and is not simply a result of physical injury.⁹ Also, S.J Ayodele defined disease as a pathological abnormality which is indicated by a set of signs and symptoms. He probed further by saying that:

Disease is a sequence of interaction between the organism and the environment which may either be physical or social within which the organism cannot cope, hence, the manifestation of illness.

The definition of disease has been restricted to biological malfunctioning or biological reaction of the body systems. When one has malaria fever, typhoid, ulcer, chicken pox, tooth ache, amongst others, he or she is considered to be ill, but to us, this is a linear and a restrictive conception of what disease is. Deducing from S.A Jegede's definition, we can conclude that disease cannot be restricted to biological terms or to the body systems alone, rather, it affects the entire human being, such as social, political, economic and cultural among others. However, in this analysis we shall restrict diseases to those things affecting the coordination and the functioning of man's biological system. Before the presence of the British colonialists in Idoma Division, there were diseases present in the area, it was not the British colonialists that brought about these diseases. However, the point worth noting here is that, the local people were able to manage, handle and cope with these diseases before colonialism. From our findings, prevalent diseases in the Division includes: worm infestation, body louse, yaws, small pox, scabies, schistosomiasis, leprosy, tuberculosis, Guinea worm, Cholera,

Chicken pox, Malaria fever, Yellow fever, amongst others. Some of these diseases were endemic, while others were epidemic. They threatened the lives of the people before the coming of the British colonialists.¹⁰

Contextualizing diseases, the relationship between the organism and its habitat cannot be neglected; it is based on this premise that some diseases became prevalent in Idoma Division. From the geographical knowledge of the area under discussion, which is characterized by thick wood and grass along the stream, it encourages the breeding of tsetse fly responsible for sleeping sickness. The direct drinking of water from some of the streams available in the area such as *Onyongo*, *Okpokwu*, *Olobu*, *Onaje*, and *Ogege* amongst others, exposes the people to disease such as Cholera. Therefore, there is no way the people can be free from disease infestation.

By prevalent diseases, we mean those diseases common in the area of study. Some of them have been mentioned above, but a consideration of few such as Guinea worm, Cholera and Malaria fever is necessary. Cholera is a disease that is basically caused mostly by drinking of contaminated water. Lack of basic hygiene knowledge was amongst the factors that facilitated the spread of the diseases before the coming of the British colonialists, such that many lost their lives especially children. We cannot ascertain how many people these diseases claimed before the coming of the British colonialists as a result of dearth of materials, but in the course of oral interview with the people and the archival records at our disposal, it is evident that a good number of people were affected.¹¹

Evidence also showed that guinea worm and malaria fever were common diseases found in the area. The drinking of unsafe water and the nature of the environment were also amongst the reasons why these diseases were prevalent. Just like in the case of cholera mentioned above, we were not able to ascertain the numbers of lives claimed by the disease. The local medical practitioners, through the use of herbs and other means of medications were able to bring these diseases under control. One of the weaknesses inherent in the local medical practice was that, knowledge of the prevention of these diseases was minimal; they were primarily concerned with curative measures.

The identification of certain medicinal plants within the environment had helped in checking the rate of the spread of infection in the area.

As the outbreak of one disease or the other occurred, the people continued to develop curative means toward such diseases. During the colonial period, the British colonialists had no immunity against such illnesses, therefore contacting them which led to loss of their lives. A good example was the West African Coast Fever which claimed the lives of many British colonialists.¹²

Some diseases also claimed the lives of the people of Idoma Division most especially those that defied medical treatment. As earlier mentioned, there were certain sicknesses which the people believed were caused by the anger of their ancestors or taboos committed by the affected persons, such diseases include Leprosy, Small pox and at times Cholera to mention but a few.¹³ Oral interview conducted shows that persons affected with such diseases were rejected by the community. According to them, such persons had been rejected by their ancestors. For this reason, the community used to abandon them at cross-road, waiting for their death. Mr. Ubah Obande one of our respondent has this to say:

Before the coming of the white man (British Colonialists), our people had certain beliefs on diseases like Leprosy and Small pox. It was believed that persons affected by such diseases were either suffering from a curse, provocation of the gods, or might have committed a serious taboo. They were usually abandoned at cross roads where their relatives time to time visit them with food items and must ensure that they do not have close contact with them. It is either the relative signaled them by clinging the cover of the plate against each other to pick their food.¹⁴

Such were the treatments meted against those with such diseases. Diseases perceived as having natural origin, herbs, roots and animal parts were used for medication. These set of people received more medical attention from their family members and relatives than the former.

One of our short comings in this work is our inability to lay hold on a clear statistic on how many people these diseases claimed their lives in Idoma Division, this is as a result of lack of documentation of health data before the colonial period. However, through oral interview, we gathered that those diseases claimed a good number of the lives of the people before the coming of the British colonialists due to the fact that they were conceived as having supernatural causes, hence, practical solutions were not sought towards their control.

In conclusion, the local medical practitioners in Idoma Division conceived causes of diseases from two perspectives- natural and supernatural ones. It was as result of these conceptions of diseases that the right curative approaches were not adopted, even though the efficacy of some therapeutic measures cannot be denied, as people continued to patronize the local medical practitioners for medications.

Health Practices in Idoma Division Before Colonial Domination

Local medical practices in Idoma Division is as old as the history of the people of the area given the fact that health has been of a primary concern to man. It is a holistic discipline comprising indigenous herbalists, spiritualists, diviners, and midwives. Local medical practitioners in Idoma Division claimed to cure diverse health conditions, such as fever, cholera, small pox, psychiatric disorders, asthma, anxiety, healing of wounds, snake bite, scorpion sting and burns, amongst others. Before the coming of the British colonialists, they were considered to provide health care for the people. However, with the introduction of western medicine by the British colonialists, alternative health care delivery system was introduced, operating side by side with the local medical practitioners.¹⁵

One of the earliest records of the use of herbal medicine is that of *chaulmoogra* oil from species of *Hydnocarpus Gaertn*, known to be effective in the treatment of leprosy. The pharmacopoeia record of Emperor Shen Nung of China between 3000 and 1730 BC showed its use. Who discovered the medicinal use of the oil, or when was it discovered was not known even though, evidence had showed that it was the earliest record of the use of herb.¹⁶

In Idoma Division, prior to the coming of British colonialists, local medicine had become part of the people's culture, though it was not organized like that of India and China that practiced organized health practices in their respective regions. Prior to colonialism, there were various local health practitioners such as herbalists, bone setters, village midwives or traditional birth attendants, traditional psychiatrists, spiritual healers and other specialists.¹⁷ Information from some of the local health practitioners claimed that they acquired the knowledge through supernatural means, while others claimed to have learned the art by serving as apprentice to notable local health practitioners. For example, in the case of one Ochigbo Adole, he claimed to have acquired the

knowledge of local health practice from his ancestors through dream, he was given power to cure psychiatric patients.¹⁸

Health practice in the Division was tied to the discovery of certain medicinal plants by the people in their immediate environment. This discovery, in no small scale, had enhanced the development of local medical practice in the area. For example, if an individual ingests a large quantity of poisonous substance or take any medication with high level of toxicity, a large intake of palm kernel oil or palm oil were some of the well-known antidotes for the side effect that may result.

The local health practitioner had no designated place approved for medical services; rather, use his residence as a place for the treating of his patients.¹⁹ In cases, where it warrants him being called upon to visit the resident of the sick person for medication, he never hesitates. At times, a member of the family of the sick person or a relative visit to receive herbs on behalf of the patient. While physical cash may serve as a means for payment, in some cases, physical cash was never paid by the family of the patient, rather, items needed for the treatment were listed to be catered for by the family members before treatment can commence. Items, such as cowry shell, black goat, cock and tubers of yams amongst others might be demanded.

Ayodele rightly stated that every society had its own art of healing and the type and method of healing in every society is determined by the ecological and socio-cultural environments as well as the historical antecedents of the people.²⁰ Weighing this statement against Idoma Division, we can conclude that the advancement made towards meeting the health needs of the people before the coming of the British colonialists was as a result of the natural environment the people lived and their ability to harness the resources available to them. They succeeded in identifying and using certain herbs that were very important to man's health.

However, we cannot deny the fact that there are several weaknesses inherent in the practice of local medicine in Idoma Division. Firstly, in the case of prescription, unlike the orthodox medicine brought by the British colonialists, it lacked the right prescriptions and in some cases the patient is usually over drugged. Secondly, there is the issue of trial and error by some local health practitioners. Trial and error was usually the case and when the patient cannot be cured, he or she is allowed to suffer his or her fate. Finally, the supernatural beliefs on the

causes of diseases have hindered the investigations into the cause of a particular ailment. Some patients did receive treatments different from what they were suffering.

Health institution in Idoma Division before the coming of the British colonialists was manned by local medical practitioners who were at the helm of affairs. The local medical practitioner comprised the *Obochi*, *Otechi* among others. There was different specialization within the health system; we have the bone setters, birth attendants, the spiritualists and those who specialized on curing particular diseases such as Leprosy, Small pox. There were local medical practitioners who specialized or ventured into the cure of all diseases, but the notable factor is that the different specializations worked to ensure the health of the people. It was at this stage of health practices that the people of Idoma Division found themselves before the coming of the British colonialists.

Colonial Health Management in Idoma Division

Despite the role played by local health practitioners in curing certain diseases in Idoma Division, health issue was still of a prime concern to the British colonialists. This was as a result of the presence of certain sicknesses such as Malaria fever, Small pox, Sleeping sickness, Leprosy, Cholera and other communicable diseases in most quarters of the Division that threatened the lives of the British colonialists. Even though the British colonialists had taken effective control of the area by further intensifying the exploitation of the people, the need to take appropriate health measures to check the menace of these diseases ensued if their colonial drive of economic exploitation must be met.

Series of sensitization programmes were carried out by the British colonialists on the need for drastic steps on tackling the health challenges, which may hamper the colonial drive of exploitation and the need for the people to come to terms with the health policy enacted by the British colonialists. It was based on this premise that the chief Commissioner of health's message to the people of the Northern province, which Idoma Division was part of, stated that: "health is of the greatest importance to people everywhere in the world...without health there can be no real happiness and no permanent prosperity".²¹

Between 1931 and 1945, giant strides were taken by the British colonialists in tackling health challenges in Idoma Division. It was at this period the Sleeping Sickness Ordinance of 1936,²² Vaccination

ordinance of 1945,²³ the Leprosy relief programme championed by the British Empire Leprosy Relief Association,²⁴ Sleeping Sickness survey,²⁵ sanitation and general medical campaigns became clearly visible as colonial health programmes in the Division.²⁶ Albeit, the socio-economic changes brought about as a result of the second world war necessitated the British colonialists in consolidating their health policy in order to get the best from the people because, permanent prosperity lies in the health status of the people, as well as, the health of the British colonialists.

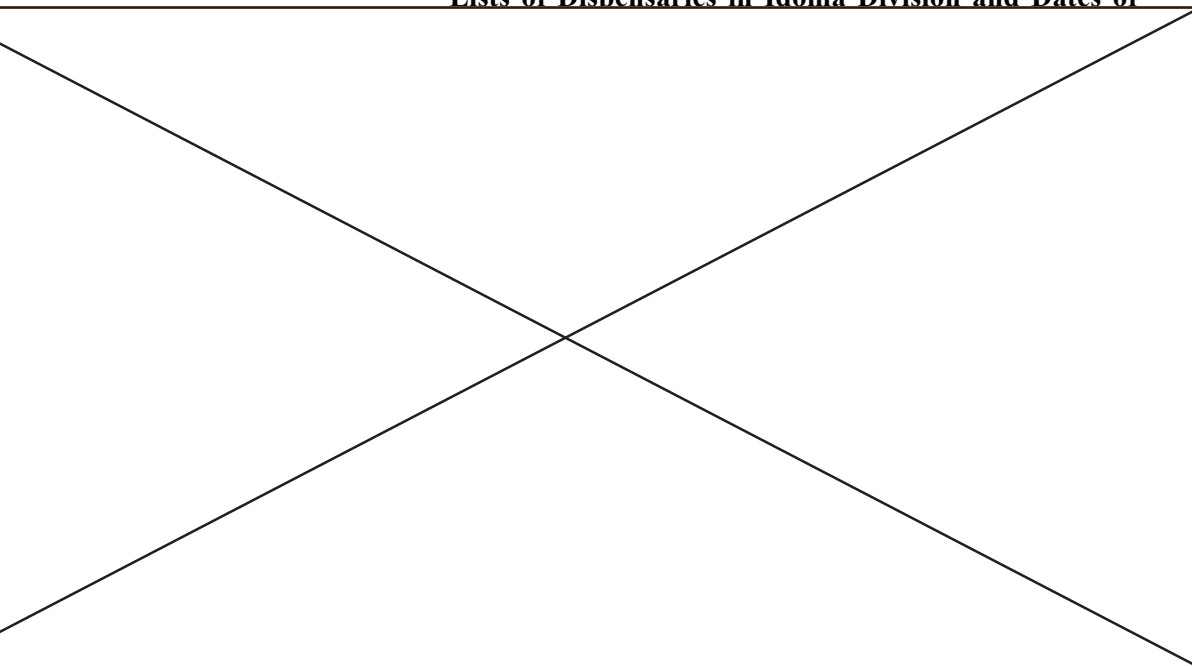
Categorically, colonial health management in Idoma Division can be seen explicitly from two broad perspectives: the preventive and the curative measures. Preventive measures were the sanitary, precautionary measures brought about through health sensitization programmes and campaigns embarked upon by the British colonialists to ensure good health conditions. While the curative measures were basically the administering of treatment to a sick person through the use of drugs and other curative measures. In this regard, health structures, such as dispensaries, hospitals, and other stations or medical outposts were established by the British colonialists for treating those suffering from one ailment or the other. These two categorization of colonial health policy were closely interwoven such that both worked together to ascertain the health status of the people.

The origin and development of dispensaries in Idoma Division stemmed from the colonial efforts to manage and control the health challenges prevalent in our area of study. With the presence of the British colonialists in the area, part of the health management measures was the establishment of dispensaries to cater primarily for their health needs, this was part of the British colonial agenda in managing the health challenges before them. Ralph Schram posited that during the 1930's, dispensary network was developed and by 1949, there were five hundred (500) dispensaries, by independence, it had reached one thousand (1000) in Nigeria.²⁷

The above fact shows the importance of dispensaries in meeting the health needs of the people in Nigeria at large. With the presence of the British colonialists in Nigeria and Idoma Division, the numbers of dispensaries increased because they must safeguard their health, the people and the environment for conducive environment to meet the voracious appetite of their emerging industries.

It was also mandatory for the British colonialists to maintain a healthy labour force for the production of agricultural and other economic valuables in order to meet their economic interest. It was also an attempt to safeguard their health against the tropical diseases prevalent in Africa and Idoma Division. From our findings, the following dispensaries were established by the British colonialists in Idoma Division.

Lists of Dispensaries in Idoma Division and Dates of



These dispensaries were established to eradicate diseases such as Sleeping Sickness, Small Pox, and Cholera amongst others. There was a sleeping Sickness dispensary which was established primarily for the diagnosis and treatment of Sleeping Sickness. This type of dispensary was specifically equipped with the facilities for diagnoses and treatment of sleeping sickness and at the same time, health workers specialized on treating sleeping Sickness were employed to handle the sicknesses. A good example was the Okpoga dispensary.

The medical officer in Makurdi was in charge of health issues in the area. He was assisted by the medical superintendent who moved from district to district attending to health related problems. The medical

officer took direction from the Director of Medical and Health Services, who resided in the Northern province. It is necessary to state that the dispensaries were under the management of the Native Authority and there were dispensary attendants that were charged with the day to day running of the dispensaries.²⁸

The location of a dispensary in some cases is determined by the size of the community. The location of Okpoga dispensary on the main road to Utonkon, 20 miles from Utonkon dispensary and 10 miles from Ugbokolo dispensary was planned such that it could serve Ichama district, Owukpa district and some parts of Edumoga district.

Source of water was another critical factor in locating a dispensary as a result of its essentiality in running the day to day activities of the dispensaries. In the absence of this, other alternative source of water was sought for. For example, the colonial wells built by the British colonialists in the Division facilitated the operation of a dispensary. When the proposal of building Utonkon dispensary was brought forward before the medical officer by the district officer, among the requirements before approving the proposal, the district officer demanded to know whether there was a source of water and if there was, what was its nature?²⁹

The British colonialists believed that personal hygiene and environmental sanitation were also contributory factors to the health challenges faced in Idoma Division. Therefore, sensitization on personal hygiene, the need for ventilation in their houses and method of waste disposal were parts of the health sensitization programmes carried out in the Division.

Despite the giant strides taken by the colonialists in managing the prevalent health challenges, much had not be accomplished because the primary interest of the British colonialists was their economic drive and if this must be achieved, their health, the environment and the labour force needed for agricultural and other economic activities must be considered.

Secondly, the British colonialists were not willing to channel enough resources towards the development of health structures in the Division, nor were there enough staff to manage the few health facilities available in the area and this constituted a great challenge to the colonial health policy in the Division.

Furthermore, there was no much cooperation from the local people of the Division because the nature of the British conquest and domination was brutal and inhuman, this, therefore brought a high level of resentments against the British. For this reason, the health facilities, like dispensaries, were not really patronized as expected. On the issue of immunization against the outbreak of diseases, like Small pox and cholera, it was only few that welcomed such an idea. There was also the challenge of the local medical practitioners, some of the people believed in patronizing the local health practitioners more than the orthodox medicine.

Conclusion

This paper has attempted to examine colonial health management in Idoma Division in the period 1908-1960. From our analysis, there were prevalent health challenges in our area of study before colonial conquest and domination of the area and to a large extent, the people were able to harness the resources in their environment to grapple with health challenges. The introduction of orthodox medicine by the British colonialists brought about alternative means of handling health challenges.

It was argued that colonial health management in Idoma Division was primarily hinged on the fact that it became necessary for the British colonialists to safeguard their health, the environment and also a healthy labour force for agricultural and other economic activities to cope with the voracious appetite of their emerging industries, hence the need to manage the health challenges prevalent in our area of study.

Finally, the British colonialists embarked on several health programmes to grapple with the prevailing health challenges, such as building of dispensaries, sensitization programmes, sleeping sickness ordinance, establishment of leper segregation area amongst other health programmes which their effectiveness were hampered by the very factors of colonial economic interests and lack of cooperation from the people. Conclusively, this paper discusses colonial health management in the Division and how it affected and aided colonial interest of colonialism.

Endnotes

- 1 Farm House Dialogue Health for Development, African Leadership Forum, Dialogue, 1st September, 1989.
- 2 Mr. Edache Ogebe, Age 57years, farmer, interviewed at Eke, Edumoga, on 2/4/2018.
- 3 Ode, G., "The Impact of British Colonialism on the People of Idoma Division, 1908-1950", M.A Thesis, Dept. of History, Ahmadu Bello University, Zaria, p.1
- 4 Udoh, R.K, *Geographical Regions of Nigeria*, Heinemann, London, 1970, Pp.138-140.
- 5 Ode, G., "The Impact of British Colonialism on the People of Idoma Division, 1908-1950", M.A Thesis, Dept. of History, Ahmadu Bello University, Zaria, p.1
- 6 Okpeh O.O. (Jnr.), "Colonialism and the Changing Nature of Idoma Relations with their Neighbours" in *Intergroup Relations in Nigeria During the 19th and 20th Centuries* ed., O. Akinwunmi, O.O. Okpeh, Jnr. And Je'adayibe, D. Gwamna, Aboki Publishers, Makurdi, 2006, p.303.
- 7 The Idoma National Forum, Request to create Apa State out of the present Benue state. A memo presented to the national constitutional conference, 30th July, 1994. Also, the Apa State Movement: The Economic Blue print of the proposed Apa State; a memo submitted to the Committee for the Creation of State, Local government and Boundary Adjustment, Makurdi, 26th March, 1996.
- 8 Ode G.E., "The Impact of British Colonialism on the People of Idoma Division, 1908-1950", M.A Thesis, Dept. of History, Ahmadu Bello University, Zaria, p.1-2, p.5. for details check R.K Udoh, *Geographical Regions of Nigeria*, pp.138-147.
- 9 Sally, W. (ed.) *Oxford Advanced Learners Dictionary*, Sixth Edition, Oxford University Press, 2000.
- 10 Report on Sleeping Sickness "Spot" Survey of Idoma Division, Benue Province, Nigerian Branch of the British Empire Leprosy Relief Association (minutes of the 21st Meeting of the executive committee held in the library of the Medical Department, Lagos, on Saturday 19th March, 1940), Correspondence from the Resident, Benue Province, Makurdi 1932, Vaccination Ordinance, Chapter 53; The Oturkpo Native Authority Ordinance Order, 1945. Makprof. National Archives, Kaduna, (NAK).
- 11 Mr. Onyilo Abah, a retired civil servant at Oturkpo on March 3rd 2019, age, 62years.
- 12 Schram, R., *A History of the Nigerian Health Services*, Ibadan University Press, Ibadan, 1971, pp.129-230.

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- 13 Elder Solomon Enenche, a retired teacher at Orokam on 4/3/2019, age, 76 years.
- 14 Hon. Ubah Obande, a health practitioner at Otukpo on 2/4/2013, age:68years.The worship and respect for ancestral spirits was highly upheld in the Division, when a disease is perceived as caused by the anger of the gods, the people try as much as possible to interact with the person believing that such attempts will also attract the anger of the gods against them, this explained the reasons why such persons were highly discriminated in the society.
- 15 Mr. Ogboji Adei, a retired Nurse residing at Adoka, 22/4/2013, age:72 years.
- 16 Sofowara A., *Medicinal Plant and Traditional Medicine in Africa*, John Wiley and Sons Ltd., New York,1982, P.9
- 17 Mr. Agbaji Enokela, a local Medical Practitioner in Otukpa, interviewed on 12/2/2013, Age:58 years.
- 18 Mr. Ochigbo Adole, a local medical practitioner in Adoka interviewed on 3/3/2013.
- 19 Mr. Ochigbo Adole, Op.Cit.
- 20 Ayodele, S. J: *African Culture and Health*, a revised and Enlarged Edition, Book Wright Publishers, Ibadan 2010, p.2.
- 21 Makprof/1976/Nigerian Health Service has this Message for you/NAK
- 22 Makprof/1106H/Sleeping Sickness Ordinance
- 23 Makprof/1106H/Vaccination Ordinance/1945/NAK
- 24 Makprof/1938/S.4/Egedde Leper Segregation Area/NAK
- 25 Makprof/1106D/Report on Sleeping Sickness “Spot” Survey of Idoma Division, Benue Province/NAK
- 26 Makprof/2176/Sanitation General Notes and Correspondence/NAK
- 27 Schram, R., *A History of the Nigerian Health Services*, Ibadan University Press, Ibadan, 1971, p.349.
- 28 Oral Interview with Mr. Ubah Obande, Retired Medical Practitioner Residing at G.R.A Otukpo, on the 14/5/2013, age:72 years.
- 29 Makprof/382c/Utonkon dispensary, Idoma Division/NAK