

THE GENESIS OF THE CHURCH MISSIONARY SOCIETY (C.M.S) MEDICAL MISSION IN IGBOLAND 1893-1911: A HISTORICAL ANALYSIS

INTRODUCTION

Founded in 1799,¹ the Church Missionary Society (C.M.S) of the Anglican Mission commenced missionary enterprise in the first half of the 19th century when in 1804, it sent out two German missionaries, the Revs. Melchoir Renner and Peter Hartwig to Christianize the Susu of Sierra Leone.² It drew a distinction between the physical and the spiritual sides of man and instructed the missionaries to give sufficient attention to the spiritual well-being of the converts. The harbingers of the Gospel were charged to appreciate the fact that the mystical body of Christ, the Church, both in Africa and in any other country, was primarily concerned with the eternal salvation of souls and that her other activities were strictly subordinate to that glorious end.

But the C.M.S. did recognize also that medicine for many years to come must play an indispensable role in mission fields regardless of whether those amongst whom the Christian message was being preached were within the fold or without. It was keenly aware that for the newly converted Christians whose faith was not yet strong and for "pagans" in general, the ravages wrought by disease in the missions frequently proved to be either overpowering temptations or inseparable barriers against acceptance and practice of the Christian way of life. It was to express the material and deep concern in a practical way for the needs of the indigenous population in foreign lands that it embarked on medical missions abroad three decades after it was founded.

Commencement of Medical Missions Abroad

The first person sent out by the C.M.S. as a medical man with the title M.D. was the Rev. C.I. Cork who arrived Greece early in 1827.³ He held a Doctorate Degree in Medicine. But there is nothing on record to suggest that in his missionary career, he made use of his medical knowledge.

The first person sent out definitely to put to use his medical skill while diffusing the Christian message was Mr. S.H. Ford. He sailed to

Newzealand early in 1836. Before he left for the mission field, the Missionary Committee during the valedictory meeting in which it wished him and other out-going missionaries AD MULTOS ANNOS, addressed him:

There is one matter connected with your professional pursuits on which the committee would dwell for a moment. They are aware that as to the time and manner in which a medical man may speak on the subject of religion to his patients in this country, there is some question. But considering your situation as a member of a mission and the altogether unrefined, deplorable, ignorant state of the Native of Newzealand, they can have little hesitation in recommending you to speak plainly to the sick and dying concerning the state of their souls⁴.

But one wonders if Ford ever used his medical knowledge for the temporal welfare of the indigenous population. His Bishop always referred to him in his reports to Salisbury Square (the Headquarters of the C.M.S.) as the Mission's surgeon, that is, the Doctor incharge of the health of the Mission's personnel. It is baffling to think that even in 1836 there was nothing like medical etiquette among the Maoris amongst whom Ford found himself.

Four years later (1840), the third person was sent out, this time to Sierra Leone in West Africa. He was Dr. C. Illot. Records described him as a surgeon. But Illot was neither an ordained nor a lay missionary. His job was not to combine medical work with the diffusion of the gospel even though the Committee expected that while discharging his medical functions, he would "make known the Name of Our Lord Jesus Christ and the Power of His Grace".⁵ Thus, he cannot strictly peaking be described as a medical missionary.

On the completion of his theological studies at IsLington College in 1843, Dr. W.T. Storrs placed himself at the disposal of the Missionary Committee and was sent to Newzealand. The elaborate instructions given to him by the Committee and to two non-medical missionaries who went out with him occupied as many as seventeen foolscap pages. But it is curious that only one line made reference to him as a trained and qualified medical man. The statement went like this: "One of you has gone through regular medical training."⁶

In 1861, Dr. T. Harrison was sent to Yorubland. The Missionary Committee in its instruction charged him to devote his energies to

the health of the European missionaries, the training of a few promising native youth or young men in medical or surgical science, the investigation of the natural products of the country such as indigo, gum, etc., and with a view to increasing the number of native articles of commerce and cherishing confidential relations with the chiefs of important towns, with the object of advising them as to the measure of social improvement.⁷

To another Doctor who in the same year offered his services to the Society, the Missionary secretary wrote simply, "No post at present is open for the services of medical men."

From the foregoing discussion, one observes that in the early days of the C.M.S., several medical men were sent out mainly as medical advisers to such missions or purposely to meet to the health needs of the harbingers of the Gospel. Among the forces behind the sending out of most of these men was the Secretary of the Society, the Rev. Henry Venn, a dynamic man who exercised powers greater than those wielded by a Bishop. But Venn was bereft of a right vision of what a medical missionary should do. In telling a medical doctor not to preach the Gospel, he was making that fundamental mistake of drawing a clear distinction between preaching and healing.

In 1862, the C.M.S. extended the frontiers of its Punjab Mission to include Kashmir Province. The Pioneer missionaries to the new field included Robert Clark and T. Philips. They reported of the difficulties confronting them. They went further to inform Salisbury Square that "the work of medical men will do more than anything else to conciliate prejudice, disarm opposition and obtain a permanent entrance into Kashmir for the Gospel."⁸

Salisbury Square reacted favourably but only two years later (1864). The man sent out was the Rev. (Dr.) Elmslie of Edinburgh. Elmslie gave a good account of himself. He was an indefatigable worker, discharging very admirably the dual function of a medical doctor and a missionary. He worked in Kashmir for eight years during which he used his medical skill to win many souls for Christ. He died in 1892. He is today regarded as the founder of the first C.M.S. medical mission abroad. The splendid work he started has since grown astronomically, reaching Igboland two decades later.

III The C.M.S. Commences Medical Mission in Igboland

The C.M.S. entered Igboland on 26th July, 1857.⁹ The leader of the

pioneer missionaries was the Rev. Samuel Adjai Crowther, a liberated slave of Yoruba stock. Right from the start, he saw western education as a handmaid of the Bible. Thus, just a little over a year later (15th November 1858), he founded at Onitsha, the Headquarters of the new Mission, the C.M.S. Niger Mission, a primary school both to bless the natives with western education and to win souls for Christ. But three decades came and passed before he and his confreres began to conceive the giving of material gifts and the dispensation of orthodox medicines to the native as a vestibule to the Christian Church. The fact is that the missionaries of the Holy Ghost Congregation of the Roman Catholic Mission that entered Iboland in 1885¹⁰ were using the giving of material gifts and drugs as an evangelistic strategy.

It was on 28th August 1890 that the Roman Catholic Mission opened a dispensary at Onitsha to meet some of the physical needs of the indigenous population and to attract converts.¹¹ Even before 1890, the Mission had begun to show great concern for running medical services in the Igbo country. To quote the rev. Fr. Francis Akukwe:

By July 1890, the care for the sick in Onitsha was far exceeding the use of a corner in the mission house.¹²

The strategy devised by the Catholic priests to win converts through the corporal works of mercy, yielded rich dividend. Many of the C.M.S. convert, to the disappointment of their ministers, defected to Roman Catholicism in order to receive such material assistance. Complained the Rev. A. Strong, one of Crowther's confreres about the evangelistic methods being adopted by the Catholic Missionaries:

Their teaching and influence though it savours of charity, devotions and self-abasements, are yet pernicious. They have taken from our school about a dozen children over whose parents they have exercised some influence. Medicines and presents of various kinds were benevolently and liberally given and by these, they are hoping to become strong. Five infants, whose parents are full members of our church, were baptized by one of the priests. The parents did not take their children to them for baptism but for medical aid and the priest seized the opportunity of administering holy baptism first and then medicines afterwards.¹³

It became obvious to Crowther and his men that a change of policy was inevitable. The time was crucial and time is always a critical factor.

What were urgently needed were drugs for the commencement of corporal works of mercy not only to accelerate the rate at which souls were won but also to halt further defection of converts already won to Roman Catholicism. In his report from Onitsha on 5th May, 1890 on the losses suffered by his Mission owing to the use being made of medicines by the Roman Catholics as a bait to lure souls into their dragnet, the Secretary of the C.M.S. Niger Mission was in fact implicitly calling on Salisbury Square to supply his Mission with drugs for the natives. He declared:

Here at Onica (Onitsha) one great difficulty we have already felt is this. We are daily coming across cases of persons who used to belong to our church, but who now are Roman Catholics. In almost each case, the means used to draw our people has been medicines. Father Lutz (the Head of the Roman Catholic Mission) is the doctor of the whole town. From 7-9 daily, he receives sick folk and of course everyone goes whoever they may be... our converts have gone over after receiving attention and kindness from the Roman Fathers and Sisters.¹⁴

Meanwhile, the C.M.S. had in 1890 embarked on sending white missionaries to the Niger at regular intervals in order to raise both the moral and spiritual tone of the mission. Hitherto, the mission was manned entirely by Blacks most of whom were poorly educated missionaries from Sierra Leone and morally lax.¹⁵ But the sending of white missionaries to the Niger at regular intervals which commenced in 1890 was also in pursuance of the C.M.S. policy of Europeanization on the Niger which began in the 1870s. In the first group of these whites to join the Niger Mission in 1890 was the Rev. Henry Hughes Dobinson.

Dobinson was born at Stanwix Carlisle, England. He was educated at both Repton School and the University of Oxford where in 1886 and 1889 he obtained the B.A. and M.A. degrees respectively. Ordained a deacon in 1887 and a priest in 1888, he held office as the Curate of St. James' West Hartlepool before joining his Vicar, the Rev., Frederick Nugent Eden in offering for mission work in the Niger Mission. The offer was accepted by the C.M.S. on 17th December, 1889 and on 8th February, 1890, he sailed to the Niger at the age of 26 years.¹⁶

Dobinson reached Onitsha, the headquarters of the Mission in June 1890. He soon discovered that apart from medicine for relieving very common diseases like headache and malaria which individual missionaries were occasionally dispensing to the natives, there was no means of

relieving the suffering of the sick. Although he had neither the drugs nor the wherewithal to purchase them, he was determined that something must be done to deal with at least the simplest cases. Perhaps it did not need great medical knowledge to see what suffering was being caused by neglect of the most elementary surgical principles.

But it was three years later (1893) that Dobinson went into the humanitarian business which marked the humble beginnings of the C.M.S. Christian medical mission in Igboland. In June, that year, he converted the verandah of the two-roomed mission-house at Onitsha into a dispensary.¹⁷ He was neither a nurse nor a trained medical man. His letter of 5th September 1890 to his sister in London is an eloquent testimony of this fact. He deposed:

I have a good many patients coming to me everyday to have their sores bound up. They have terrible ulcers. I see them between 7 and 10a.m. and refuse to see them any later, quite professional eh! They are very grateful for attention. I give most tremendous doses of Epsom salt, doses, which would almost slay a white man. But our friends, the Onitsha people come up the next day smiling and ask for more.¹⁸

Dobinson began with the washing of ulcers and wounds and the application of some simple antiseptic dressings. He was supported in his medical mission mainly by his friends at home including his sisters who in England organized the Onitsha Medical Fund in order to raise money for his medical work. The good work he commenced continued to grow steadily. It soon became urgently necessary to provide him with a helping hand. Thus in November 1893, Miss Louise Maria Maxwell was sent out to assist him.

Born at Whatcroft Hall, Norwich, Maxwell was trained as a nurse at St. Thomas Hospital. She was working as Superintendent of Memorial Hospital, Mildmay when on 6th June 1893 she was accepted by the C.M.S. as Honorary Missionary at the age of 42. She sailed to the Niger on 22nd November 1893.¹⁹ Her arrival at Onitsha gave a great impetus to the medical work and in spite of difficulties, she and Dobinson and their Igbo assistants were able to soldier on in their arduous task of healing the sick.

The dispensary was opened twice a week, on Monday and Thursday from 7am and everyone was free to attend.²⁰ All that Dobinson and his little band of dedicated workers demanded was that before receiving medicines, or having a sore dressed, the patient should be able to produce

a small card on which a verse of the Bible or a hymn was written. There was no ringing of bell nor was invitation extended to anyone to attend and yet the number of patients increased to such an extent as to be almost unimaginable with the limited number of hands and amount of medical knowledge available.

The care of the sick is indeed weary work particularly where there is a paucity of workers to encompass the work to be done as was really the case at the Onitsha dispensary where one had to overtax one's energies. Hence, before concluding her report on the dispensary in December 1897, Maxwell called on Salisbury Square to send out more personnel especially a medical doctor for the Onitsha medical mission. She declared:

One chief came many times wanting medicines for his eyes and was so very persistent that at last I gave him some lotion, telling him at the same time I was not a big enough doctor to understand his trouble, but he went away satisfied to return again another day and go through the same performance, till at last, poor fellow, he was wearied of it. He is not the only one to whom such sad words have to be said and my oft-repeated promise to such has been "when I go to my country, I will try to persuade some big doctor to come here who will be able to do the things that are too hard for me." They could not believe that the white woman was not able to help and on this occasion, one felt it would only confuse them further to give them medicines which must so soon prove its uselessness.²¹

Meanwhile, Salisbury Square was more and more being drawn to the health needs of Igboland which was observed to be teeming with population. The Igbo by 1890 numbered at least three million and had proved very receptive to European medication. Salisbury Square had come to appreciate the vital role being played by orthodox medicine in modern evangelization and had realized that to take fuller advantage offered by giving sufficient attention to works of mercy, something more than a dispensary was urgently needed. Miss Maxwell had on 5th December 1895 urged it to consider the sending of a medical man to Onitsha as a matter of dire necessity,²² assuring anyone interested in coming out that the prevailing climatic conditions of Igboland would not constitute a danger to his health.

Besides, in June 1897, Dr. Barford Batterby of the C.M.S. Lokoja Hospital visited Onitsha where he stayed for two months during which he rendered humanly possible assistance to the dispensary. Both the temporal and spiritual results of his services demonstrated most vividly

how much was being thrown over-board in not having a medical missionary at Onitsha.²³ Accordingly, in April 1898, Dr. Arthur Edward Clayton was sent out to establish more regular medical work in Igboland.²⁴

Born at South Shield, London, Dr. Arthur Edward Clayton was educated at South Shield Grammar School and at the Universities of Durham, Edinburgh and Glasgow. He had worked as medical missionary at Old Ford in London before being accepted as C.M.S. medical missionary on 2nd November, 1897. On 4th January 1897, he entered into an understanding with the C.M.S. to go out for medical work at Onitsha for two years.

The arrival of Dr. Clayton was very clearly welcomed by the CMS workers in the Niger District. The doctor could not have come at a more opportuned time for in the Mission there were obvious "symptoms of lack of vitality."²⁵ He himself observed very easily the necessity of stationing a qualified medical missionary at Onitsha. The work to be done was definitely great. Hence, shortly after his arrival, he appealed to Salisbury Square to supply him with more female nurses to tackle more effectively the gigantic work before him. He argued:

It may be interesting to point out that all this is a work specifically suitable for lady workers, and indeed a work which during the past has been and even at present is carried on chiefly by lady missionaries. The comparative simplicity of the ordinary out-patient dispensary work with the absence (except occasionally) of emergency cases, the free scope for work among women and children, are all conditions which render work of this kind specifically suitable as a sphere for ladies, and particularly rich in opportunities for the fully trained English nurse.²⁶

A year later, he made another appeal for more workers for the medical mission in the Igbo country.²⁷ But all the same, there was marked progress in the hospital Clayton went on:

Over 7,358, visits have been paid in our dispensary during the year, with an average attendance of between 20 and 30 patients at our two classes. It would be impossible to refer here to individual cases of interest or even to describe the direct personal work, which we have been privileged to effect in connection with these classes.²⁸

Just at the time Dr. Clayton was appointed the first medical missionary to Igboland, an appeal was sent forth for the erection of a new dispensary to be known as the Archdeacon Dobinson Memorial

Dispensary to immortalize the name and humanitarian works of Dobinson in the Igbo country. Dobinson passed away at Onitsha on 13th April 1897.²⁹ He had been serving as Secretary of the Niger Mission since 1893. His death occurred a year after the Head of the Mission, Bishop Herbert Tugwlel appointed him Archdeacon of the Niger Mission. It was later decided however to take no steps towards erecting a dispensary in memory of Dobinson until Dr. Clayton had been able to see the work himself and to submit plans for the erection of new buildings which might be required. Dr. Clayton decided instead to modify an unused school building for the purpose of dealing with a few in-patients. The building was a commodious structure in the old church compound. It measured 70 feet by 30 feet. About two-thirds of it was used as a waiting room where religious services were conducted every dispensary morning. The rest of the building was divided off into a consulting-room, a dispensary, and a surgery. The surgery was used for minor operations as well as for the general hospital work of the dispensary.

The work of modifying the building commenced in the last week of 1898 and was completed in the middle of July 1899. Situated about midway between Onitsha town and the waterside, the building was within easy distance of Ozala where the missionaries were living.

The dispensary was open to patients only on two days in the week - on Monday to those living at the waterside and on Thursday to those living in and around Onitsha town. As in the days of Dobinson, no patient was admitted without a ticket which must be obtained before hand from the mission agents at the water-side or at Onitsha town, who also conducted the services in the dispensary and spoke individually to the people while they waited for their turn to see the doctor. In other words, as J.N. Cheetam succinctly put it,

It is compulsory on all natives who wish for medical help that they should attend a kind of class the day before the dispensary day and receive a ticket.³⁰

Thus no patient hoped to be given an opportunity to see the doctor without hearing something of the Gospel.

The doctor adopted the procedure of seeing medical cases first and dressing surgical cases after. Ulcers and wounds were dressed by nurses every morning between 8 and 9 o'clock. Besides giving attention to patients in the hospital, Dr. Clayton paid visits to patients in their own homes on every Thursday and Friday at the waterside and Wednesdays and

Saturdays at Onitsha town. As one would expect, the arrival of Dr. Clayton at Onitsha, brought together a number of cases which could not be dealt with as out-patients.

Upgrading to a Hospital

At the later part of 1898, the head of the Niger Mission, Bishop Herbert Tugwell, Miss Maxwell, the Rev. P.A. Bennett and Dr. Clayton all of whom were prominently connected with the medical work at Onitsha carefully considered the medical mission in the Igbo country. Their discussions were immediately followed by a meeting of the Mission's executive committee with the bishop presiding. The Committee took a decision to ask for the erection of a big hospital. Fortunately, the Church Missionary Committee endorsed the decision subject to certain enquiries which were to be made as regards the site of the proposed hospital. A number of considerations prompted the Committee to endorse the decision. First, the Committee believed strongly that the establishment of a hospital at Onitsha would very greatly add to the efficiency of the medical work. In the past, it noted, with the large number of patients attending the dispensary, some of whom merely came for a single visit, very little opportunity was offered for following up the spiritual work. One of the chief advantages of the hospital would then be that it would give far greater opportunities for spiritual work amongst the patients of the medical mission. It hoped that there might be in connection with the hospital, small dispensaries from which the more serious cases would be drafted to Onitsha, so as to make the fullest possible use of the services of the medical missionary.

The second reason was that provision might be made for the treatment of sick missionaries for, although it was not the primary duty of the medical missionary to care for the health of his fellow workers, yet in such a mission as the Niger, it was considered essential that adequate provision should be made for dealing with cases of illness among missionaries, and no better place could be found for this than Onitsha.

The plans for the erection of a hospital at Onitsha naturally affected the decision as to the method of appropriating the money already collected for Archdeacon Dodinson's memorial. The matter was very carefully considered by the missionaries in the field, by the C.M.S. Committee and by the Committee of the Bishop Tugwell Diocesan Fund. It was decided that in the absence of any objection from those who contributed to the fund, the money should be used in erecting a wing of the hospital to be

known as the Dobinson Memorial Wing. An addendum to the decision was that the other wing of the hospital should be erected as a memorial to Bishop and Mrs. Hill.

It should be recalled that on 22nd November 1893, Bishop J. Sidney Hill and his wife Lucilla left England for Nigeria to succeed Samuel Adjai Crowther as the new Bishop of the Diocese of Western Equatorial Africa.³¹ To give full vent to the bishop's policy of aggressive evangelism, Salisbury Square recruited to accompany him thirteen missionaries - 2 lay men and five women for the Yoruba Mission and three ministers and three women for the Niger Mission. With the greatest enthusiasm this party and its leader sailed from Liverpool. They reached Lagos on 13th December. Hopes were shattered when intelligence report reached London that Bishop Hill and his wife had died on 5th and 6th January 1894. But that was only the beginning of a tale of sorrow. Information was soon received again that four more had died and that one was being invalided home. The rest with the exception of the Rev. C.E. Watney died within the next one week. All the deceased died before embarking on any apostolic ministry in Nigeria. Indeed Watney, the survivor was the only member of the party to get to the Niger.³² These sad losses were a sad reminder of the early days of the Sierra Leone Mission when many of the European missionaries were crushed to death by the gaping jaws of yellow fever for which West Africa was then notorious,³³ and when it had not been discovered that mosquito was the carrier of the deadly disease.

The medical work developed very considerably under Dr. Clayton's able supervision. In all his labours, he had the unwearied and invaluable assistance of Miss Hickmott whose death from fever on 9th December 1899, inflicted very severe loss on this branch of work in Igboland. Help in the numerous surgical operations and in the care of the in-patients of the hospital was also rendered by the Rev. S.R. Smith until he went on furlough in July 1899. Another lady missionary, Miss Mackett, assisted Miss Hickmott as opportunity occurred in the class formed for the instruction of such in-patients and out-patients as from time to time became inquirers. Some eight adult candidates were baptized in 1899 at Onitsha as a result of the hospital and dispensary work.

Late in 1900, Dr. Clayton returned to England. No one was available to replace him. The medical work was for that year placed in charge of Miss Maxwell assisted by Miss E. Warner and an Igbo trained by Dr. Clayton as a dresser. The number of in-patients which stood at 100 in 1899³⁴, was substantially reduced during the absence of Dr. Clayton, but

attendance at the dispensary was quite large - 15,000 that year (1900).

On Dr. Clayton's return to England, the men's hospital department had to be closed down, but Miss Maxwell was able to carry on in the out-patient department and to attend to female in-patients. She was assisted by Miss Edith Warner. The later was compelled to leave the Niger on health grounds, but the missionary committee was not able to send out another nurse until November (1901) when it secured the services of Miss E. Elms.

Born at Attercliffs in Sheffield, Elms was a highly trained and qualified nurse. She was accepted as a C.M.S. missionary on 18th June, 1901. On 18th September, at the age of 33 years, she left Britain for the Niger.³⁵ In January 1901, Miss Maxwell left Onitsha for England on furlough. Her letter to Salisbury Square shortly before she sailed is self-explanatory. She wrote:

The medical work at Onitsha is very interesting just now, especially in the hospital and there are several cases requiring a great deal of care and attention. Our usual number of in-patients is 12 or 13 and all these have almost daily Bible reading. One woman who has been with us for many months, was baptized last March. She had lived the life of so many of the heathen women round here, and she was ill and cared for by none, she came to the dispensary and afterwards to the hospital. Light dawned very slowly, but at last, her heart opened to her Saviour.³⁶

It was in the same month (January 1902) that Elms began work in the face of difficulties. But she soon overcame most of them. Her industry, cheerfulness, devotion to duty and most humane nature endeared her to the natives. From all parts of Onitsha and beyond. Many came with their troubles to take advantages of the medical services being provided free. Wrote Elms:

"The patients in the hospital represent many different towns: the very limited number of beds only allow of accommodation for bad cases from a long distance and those in need of operation. In this way, a great number have been relieved in body, have heard the Gospel and carried it back into heathen homes."³⁷

The hospital then, consisted of two wards, one near the dispensary, with eleven beds for women and the other at some distance with nine beds for men. The floor and walls were made of red mud and the roof was thatched

with palm leaves. The beds covered with blanket mats were of wood, but each was supplied with a blanket and a pillow. The operating theatre, a small white-washed room at the end of the women's ward, contained wooden tables, cupboards and stools. A hole was cut in the palm roof to give good light for the work, but not very pleasant when the rains came down in torrents or when the sun shone down with fierce strength.

The dispensary was equally small. Of the number of workers, four were Igbo boys who were assisting in the work and were being taught to do dressing and help in dispensary and hospital work generally. There were two Igbo women whose function it was to clean the hospital, market, cook and wash for the patients. In addition, there were two labourers who were doing all the sweeping and most of the repairing. As the hospital had lost its doctor, the Mission was obtaining the services of the government doctor who was coming from Asaba once a week to perform operations, visit the patients in the hospital and examine those whom the nurses had referred to him for special attention.

But the absence of a medical man soon began to tell heavily on the work. The ugly situation was worsened when in 1904, Miss Elms who almost single-handedly kept the hospital going, left Onitsha for England on health reason. Wrote T.E. Alvarez, Secretary of the Mission:

The training institution at Oka and the girls' school at Iyi Enu had had much encouragement during the past 12 months. I only wish the same could be said of the medical and dispensary work at Onitsha. But the last two months of the year saw the compulsory closing of a large section of this work owing to dangerous illness of Miss Elm who had since been invalided home. It is our earnest hope that she may be able to return and that in the meantime the place so shortly to be vacant when Miss Robinson goes on furlough may be filled by another nurse from England.³⁸

Transfer to Iyi Enu

At the beginning of 1907, Salisbury Square took a number of decisions as regards medical work in the Igbo country. The first was to transfer Dr. A.E. Druitt from Zaria in Northern Nigeria to Igboland to succeed Dr. Clayton. The second was to transfer the headquarters of the medical mission in the Igbo country from Onitsha to Ogidi, some five miles east of Onitsha.³⁹ The decision to transfer the headquarters to another location was contingent upon the growing number of Mohammedans coming down from northern Nigeria to Onitsha to take advantage of the

ever-increasing commercial enterprise in the town and the neighbourhood. The Rev. G.T. Basden described the presence of the Mohammedans at Onitsha and the increasing importation of a variety of foreign goods into it as a symbol of a dumped civilization.⁴⁰ Thus Salisbury Square argued:

Under these circumstances it would appear that the chief bulwark against the Mohammedan invasion from the north must be the line formed by the Ibo (Igbo) country itself, and that therefore the evangelization of the Ibo (Igbo) pagans should be taken in hand as quickly as possible from onitsha eastward and westward and so far as we can judge this rapid evangelization can best be effected by a properly equipped medical mission.⁴¹

Besides, the policy of Samuel Okosi Okolo enthroned on 8th November 1900 the new king of Onitsha should be mentioned as another reason for the transfer. King Samuel was a Roman Catholic. He adopted measures calculated to give Roman Catholicism an edge over Protestantism and to frustrate the efforts of the C.M.S. in Onitsha. Thus dissatisfied with the king's policy, the C.M.S. decided to transfer its training institutions for men and women to Awka and Ogbunike respectively in 1903 and its hospital to Ogidi in 1907.⁴²

The transfer to Ogidi was effected in June 1907 and in November Dr. and Mrs. Druitt commenced work there. The particular part of the town where the hospital was sited was named by the missionaries Iyi Enu after the sparkling spring in the town that was

issuing out from between farm-clad rocks and rots of the trees and falling splashingly into a pool some feet below.⁴³

The hospital had then the following statistics: 43 beds; 137 in-patients; 3,912 out-patients.

In his maiden letter from Iyi Enu, Dr. Druitt drew an important distinction between the Igbo and the Hausa in terms of availing of the unique opportunity offered by the Christian medical services for physical well-being. He deposed:

Having been in the field since the later end of July, I have only three months to report upon. They have been three very happy and very busy months. Unlike in Zaria, my wife and I feel that we are wanted here, and I cannot tell you what a relief this is. Not in reality that we were not wanted in Zaria, but it is the human element, the being able to set to work among those for whom one has left all other things behind, which now contributes so largely to the feeling of contentment.⁴⁴

The coming of Dr. Druitt was highly cherished by the Mission. Having a doctor of its own gave the hospital the much needed impetus to the medical work. It was no longer a case of sending away patients relieved only partially because there was no one to perform the necessary operations. Every case was dealt with and when possible, cured. On the spiritual side of things, this branch of the work began telling tremendously on the surrounding towns, resulting in a power for good. Lying before the Mission through the healing mission were wonderful opportunities of reaching many souls with the Gospel message. This story of progress is told by the following statistics which cover the period from 1st November 1908 to 30th October 1909:⁴⁵ No of beds = 1,143; No. of in-patients = 352; visits to out-patients = 11,499; major operations = 114; minor operations = 434; itineration days = 46; villages = 30.

In 1911, the hospital was given a face lift to meet the ever-growing needs of the native population. New buildings were set up to replace the old structures that had become too small to cope with the amount of work to be done. One of these measured 100 feet in length and consisted, among other things, of a dispensary department, male and female out-patient departments, drug store, darkroom, research laboratory, operating theatre, anaesthetic and sterilizing room, six-foot verandah all round it to give extra shade for the building and for the purpose of holding services for the out-patients. The second building of 60 feet long for the in-patients (hospital wards) had two sections, one for women and the other for men. Each section containing 30 beds consisted of two rooms of equal size separated by an open-air passage. The structures were put up at a cost of #2,000. The material used were mainly stones reinforced with concrete blocks while the roofs were of corrugated iron sheets and neatly ceiled with asbestos.⁴⁶

The face-lift enabled the hospital to give greater response to the corporal and spiritual needs of the people. It made Iyi Enu the biggest hospital in Igboland - an enviable position it enjoyed for many decades.

Summary and Conclusion

Christian missionary enterprise certainly commenced in Igboland thirty-three years before the era of medical missions as now conceived. It was not until the late Archdeacon Dobinson went forth that any attempt was made by the C.M.S. to combine the work of healing and preaching the gospel. Since 1893, medical work carried on by the Society has gone gradually forward. Its phenomenal success and great results are a pellucid

indication of what a power a medical mission may be in breaking down prejudice and in reaching great numbers of people with the Christian message.

The enterprise at Iyi Enu hospital indicates clearly that religion and health are fundamentally related. There is but little wonder that the ministry of healing finds a vital place in the organization of a Christian world order. Man requires the salvation of both body and soul. Indeed, there can be no support for any plan which ministers to part of man's needs and neglects the rest. There is no excuse for any church which shies at the full implication of such a mission and fears to trespass on political or sociological or medical soil. The rallying cry for all who love Christ must be the saving of the common man and his restoration to a full and enriched life whatever be the cost.

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