Colonial Public Health Service in Ilorin Province, 1900 to 1960

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The paper examines the measures put in place by the British colonial government towards safeguarding the health and wellbeing of people, and thereby guaranteeing an enabling environment for surplus human and natural resources maximization. The study explores oral testimonies, extant literature, and colonial archival documents to juxtapose the extent of the impact of the colonial health programmes on Ilorin province between 1900 and 1960. The traditional medical and religion practices of the natives were discerned as impediments to good health and smooth transmission of colonial ideologies. Campaigns and instrument of the law were promulgated to frustrate African traditional values and unhealthy lifestyles perceived as obstruction to the colonial public health programmes. The traditional rulers and sanitary inspectors were engaged and empowered to prosecute erring violators of public health ordinances promulgated to cinch the wellbeing of Europeans, the colonial civil servants, and the natives. Shortage of personnel and the quest for efficient resource management prompted the British colonial masters to administer hospital care extensively through the Christian missionary medical facilities. The few British health officials with some trained natives directly served as sanitary supervisors and medical field units and administered the colonial public health programmes. Their efforts, activities, and control measures such as health campaign and education, medical examination, mass vaccination, sanitary and hygiene supervision and monitoring, and provision of public works and amenities promoted the good health of the people and curtailed the extent of epidemic diseases.

[Epidemics; Diseases; Sanitation; Ilorin Province; Colonialism]

Introduction

Since the 1960s decolonization of African history in Nigeria, there have been flurry of historical scholarship on the colonial history of Ilorin

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Province. Several Afrocentric scholars have contributed to the waves of scholarship on the impact of colonialism on the vicissitudes that transpired in the colonial period and beyond. Historians as well as scholars in other fields of studies have written on the economic, political, social, religious, cultural and inter – group history of Ilorin, with scarcely and barely mention of health and medical history. Some of these studies are H. O. Danmole's *The Spread of Islam in Ilorin Emirate in the Nineteenth Century*, H. O. Danmole's Ph.D. thesis titled *The Frontier Emirate: A History of Islam in Ilorin*, S. Y. Omoiya's, work titled *The Origin of British Colonial Impact on the Cosmopolitan Community of Ilorin in the Twentieth Century*, A. L. Olumoh's *Managing Ethno – Political Relations in Nigeria: The Ilorin Example (1823–2003)*, L. A. K. Jimoh's *Ilorin, The Journey So Far*, Samuel Johnson's *History of the Yorubas*, H. Hodge's *Gazetteer of Ilorin Province*, Elphinston's *Gazetteer of Ilorin Province,* Banwo's *The Colonial State and Ilorin Economy: 1900–1960*, Danmole's *The Spread of Islam in Ilorin Emirate in the 19th Century*, O. Hear's *British intervention and the Slaves Peasant Farmers of Ilorin, c. 1890–c. 1906* and a couple of others.[3]

In all of these research studies, much attention has been concentrated on the socio-economic and political aspect of Ilorin's pre-colonial and colonial history, with scarcely or barely mention of aspect colonial medical history, being the first kind of western health care in Ilorin Province. The trend in historical scholarship enumerated above portrayed the pre-colonial and colonial Ilorin history as one that survived without recourse to the ways diseases were prevented and cured. In view of this, exploration of the historical development and impact of the colonial public health on

[3] Historians and scholars in other fields have done research on several studies on Ilorin Emirate with barely or scarcely mention of traditional orthopedics. Some of these studies are: H. O. DANMOLE, The Spread of Islam in Ilorin Emirate in the Nineteenth Century, in: *Journal of the Nigerian Association of Teachers of Arabic and Islamic Studies (NATAIS)*, II, 2, 1981, pp. 1–13. S. Y. OMOIYA, *The Origin of British Colonial Impact on the Cosmopolitan Community of Ilorin in the Twentieth Century*, München 2009; A. L. OLUMOH, *Managing Ethno-Political Relations in Nigeria: The Ilorin Example (1823–2003)*, Lagos 2015; L. A. K. JIMOH, *Ilorin, the Journey So Far*, Ilorin 1994; S. JOHNSON, *The History of the Yorubas*, Lagos 1921; H. HODGE, *Gazetteer of Ilorin Province*, London 1929; K. V. ELPHINSTONE, *Northern Province. Gazetteer of Ilorin Province*, Waterloo 1921; A. O. BANWO, *The Colonial State and Ilorin Economy: 1900–1960*, unpublished Ph.D. Thesis, Department of History, University of Ilorin 1998; R. J. GARVIN, *The Impact of Colonial Rule on the Ilorin Economy, 1897–1930*, Centre Point 1977; ANN. O. HEAR, *British Intervention and the Slave and Peasant Farmers of Ilorin, c. 1890–c. 1906*, https://www.jstor.org/stable/40341680 (visited 2021–07–17).

Ilorin province became imperative. The thrust of the study is an analysis of the impact and significance of the direct colonial health programmes in engendering good health, preventing and curtailing the prevalence of endemic and epidemic diseases in the colonial Ilorin province. The paper exhibits the extent through which proper health care impacted on the political and economic sustainability of the colonial Ilorin province.

The first section of the article highlights the earliest European missionaries and colonial medical works in Nigeria and Ilorin province in particular. The factors that motivated the early prioritization of modern health care among the European and colonial civil servants' segregated areas and the natives were also enumerated. Due to shortage of manpower and the quest for efficient resource management and profit maximization, the bulk of colonial clinical medicare was conceded to the Christian missionaries (indirect colonial public health intervention), which was empirically analysed in another yet to be published studies of the researchers. It was stated that, the colonial government extended the tentacles of modern healthcare to the natives majorly and indirectly, through the medical missionaries that had been familiar with the rural terrain as early as possible. The second section examined the early colonial government health facilities and their impacts on Ilorin province. The third and last segment explored the colonial public health programmes handled directly by the native authorities to prevent and curtail endemic and epidemic diseases. The activities of the Sanitary Inspectors and Medical Field Units (MFU) were the direct colonial operational mechanism employed in controlling and preventing diseases in the nook and crannies of Ilorin province. Instruments of the law such as ordinances and medical related policies were promulgated to empower the traditional rulers, Native Authority's Health Committees and sanitary inspectors to impel the natives to adhere to health protocols meant to prevent and curtail the spread of epidemic diseases.

An Overview of Colonial Medical Work in Colonial Nigeria

Since antiquity, traditional medicine was the system of healthcare delivery in places later known as Nigeria and other parts of the world. Traditional healing and medical practices included herbalists, soothsayers, midwives, spiritualists, bone-setters, mental health therapists and surgeons.[4] In spite

[4] A. SCOTT, The Evolution of Health Care Systems in Nigeria: Which Way Forward in the Twenty First Century, in: *Nigeria Medical Journal*, 51, 2, 2010, pp. 53–65.

of more than 150 years of the introduction of western style of medicine to Nigeria, traditional healing system and medical practices remain a viable part of the complex health care system in contemporary Nigeria.[5] The earliest known record of western medical services in Nigeria was during the various European exploration and missionary migration of the 19th century. Exploration and missionary teams were accompanied by army medical corps and missionary medical laymen and nursing sisters responsible for the health care of their co-migrants. In some instances, the wives of the missionaries were found frequently nursing their husbands back to health.[6] On-the-field medical experience of the wives of missionaries like as Mrs. Gollmer and Mrs. Townsend of Church Missionary Society (C.M.S), and Mrs Annear of the Methodist Mission, Mrs. Hinderer, Mrs. Hope Waddel and Miss Mary Slessor transmuted them to health care providers of their missions.[7]

Higher and steadily increasing death rate of European migrants had triggered the development of Western health care services in Nigeria. It was documented that the Europeans recorded high death rate to the tune of one thousand two hundred and ninety-eight (1298) out of one thousand six hundred and fifty eight troops between 1822 and 1830.[8] At that point in time, European health service was restricted to cater for needs of the naval squadrons, the army, slavers and their slaves, missionaries, administrators among others. The earlier exploration of Mungo Park and Richard Lander were seriously hampered by diseases.[9] In the expedition of 1854, Dr. Bakie introduced the use of quinine, which greatly decreased mortality and morbidity among the expeditioners. The use of quinine both as prophylaxis against and as therapy for malaria fever expanded exploration and trade.[10]

The first hospital in Nigeria, the African Hospital in Lagos Island was established in 1893 as a military hospital in order to cater for the health

5 Ibid.

6 R. SCHRAM, *A History of Nigeria Health Services*, Ibadan 1971, p. 67.

7 Ibid.

8 Ibid., p. 29.

9 SCOTT, pp. 53–65.

10 Ibid. Quinine was said to have been extracted from the local herbs of the tribes inhabiting the Niger. It was mentioned that the herbs were recommended by the local *Nupe* medicine men when Dr. Baikie and his crew on the Niger expedition experienced severe morbidity and mortality perpetrated by fever.

needs of members of the British armed forces.[11] However, the name of the African Hospital was later changed General Hospital when the incidents of racial discrimination sprung up in the early years of colonial rule.[12] The word 'General' implies that its service was no longer restricted to Europeans alone. Formal imperialism paved the way for the British to respond and neutralize the old conservative attitude of the people towards strange cultural ideologies like colonial social service such as western education and health services among others. In view of this, the new colonial government extended the tentacles of their health services to Nigerians. The colonial authority also decided to spin out its public health and hygiene to Nigerians to address the outbreaks of epidemic diseases like malaria, smallpox, and yellow fever among others, so as to maintain a healthy living.

Extension of the colonial health services commenced in the urban settlements and administrative headquarters. Among wide-ranging justifications for this early colonial public health metropolitan focus is the fact that the colonial expedition into Nigeria and early attempts to do missionary work in Nigeria since the 1860s had been disastrous as many colonial officials struggled to adapt to what they labelled 'the extremely harsh diseased environment'.[13] The colonial public health programs were designed to combat and prevent the spread of epidemic diseases capable to endangering the lives of the few Europeans, civil servants and the natives. Maintaining a clean, healthy and hygienic environment in the cities would restrict anopheles mosquitoes and prevent malaria fever, one of the ardent killers of the Europeans. In addition, the spread of killer epidemic and endemic diseases such as smallpox, yellow fever, black water fever, typhoid, guinea worm and others that wreaked havoc were because of filthy environment and barbaric traditional practices. Most urban settlements with high population concentration were not properly planned, which turned them to slums, badly sited locations and breeders of harmful pathogens. Thus, the colonial public health program was fashioned and designed to address, control, prevent and curb these

11 http://the234project.com (visited 2022–08–26).

12 Ibid.

13 R. DUMETT, The Campaign against Malaria and the Expansion of Scientific Medical and Sanitary Services in British West Africa, 1898–1990, in: *African Historical Studies*, 1, 1968, pp. 153–197; A. ADETIBA – E. MSINDE, Chiefs and Rural Health Services in South – Western Nigeria, c. 1920–c. 1950, in: *Social History of Medicine*, 35, 2, 2022, pp. 589–611.

health challenges. The authorities put in place some initiative such as environmental sanitation, land reclamation, construction of drainages, drug distribution and vaccination.[14] As early as possible, these initiatives were initiated in urban settlements, towns and divisional headquarters that accommodated few white settlers and indigenous civil servants such as telegram and railway workers and labourers. Essentiality of the indigenous labour expedited the extension of public health services to the indigenous people.

As part of the direct colonial government's public health intervention, few health centres such as hospitals, clinics, dispensaries, and other categories were constructed in the city centres, towns and administrative headquarters. In Ibadan Province before 1930s for example, apart from few dispensaries, there were only two government hospitals, Jericho and Adeoyo Hospitals established in 1900 and 1927 respectively. Similarly, aside from the few government dispensaries in Ilorin Province, Government Hospital Ilorin was the only hospital in the province before the 1930s. Scarcity of health centres at the time the people are aware of the benefit of colonial health and medical services obliged a constant flow of patients from towns and rural areas to the few government hospitals situated in the administrative headquarters. Government was hopelessly disconnected from rural areas so much that they did not even have ways of getting accurate birth and death records should the chiefs not report these to the district officials.[15] Lack of support for Africans in rural areas was conspicuous in the northern and southern parts of the country. Cameroon Blair, a sanitary officer lamented the state of the African health crises saying: *"I seldom enter a native town particularly a native town near any considerable township or station to which a medical officer is posted without thinking of how little we do for the indigenous natives. It is exceedingly sad to see the services of the medical officer almost completely monopolized by employees of the government and by African and other non-Europeans, as well as Europeans, aliens: the indigenous natives being well-nigh entirely left out in the cold."*[16]

Outside these areas, government had left the health of Africans to missionaries who had long established mission stations, most of which

14 ADETIBA – MSINDE, p. 593.

15 Ibid., p. 595.

16 National Archives Ibadan (hereinafter N.A.I.), CSO 26/2/15216. Scheme for Preventive Medicine and hygiene in Nigeria, Cameron Blair to the Principal Medical Officer, January 26, 1919; ADETIBA – MSINDE, pp. 589–611.

had rudimentary medical services.[17] Many rural dwellers travelled long distances to access health facilities in town and at these mission stations.[18] Although medical missionary work had commenced in Nigeria by the 1890s, they were however limited by financial, ideological, and environmental challenges. Their services were inadequate to cater for Africans outside the mission's sphere of Influence.[19]

The height of epidemic diseases outbreak in Nigeria was the 1920s. A devastating epidemic of influenza visited Nigeria in 1918. In 1924, there were epidemics of relapsing fever and yellow fever. In 1925, an epidemic of cerebro-spinal meninges killed scores of people in Nigeria, most especially in the northern part of the country.[20] In 1926, smallpox epidemic killed scores of people in Nigeria. These unpropitious circumstances triggered the colonial government more proactive response in controlling and extending the tentacle of healthcare, most especially to the rural areas in the 1930s and beyond.[21] Having realized the huge financial implication of dispensing and extending medical care to the rural areas, they collaborated with the missionaries, whose influences had been deeply entrenched in the interiors. The colonial authority intervened and supported the missions' medical work reinforce the public health program in the rural areas. Indirectly, the public health program was extended to the rural areas through the Christian missionaries. The move to control rural health was premised on the assumption that epidemic diseases from the rural areas would potentially undermine the colonial economy and European settlements.[22] Rural Africans were viewed as disease bodies that could endanger towns due to frequent migration across divide.[23]

Increased patronage heightened the responsibilities of the missionary health care services. Consistent patronage passed the bulk of the colonial clinical services to the missionaries. Increased and expanded services required increased expenditure. Therefore, the needs and services of the

17 ADETIBA – MSINDE, p. 597.
18 Ibid.
19 Ibid., p. 598.
20 HODGE, p. 260.
21 Ibid., p. 261.
22 A. N. GLEN, Askins and Health Care Reforms in Inter War Zimbabwe: The Influence of British and Trans – Territorial Colonial Models, in: *Historica*, 63, 2018, pp. 62–92; ADETIBA – MSINDE, p. 593.
23 N.A.I., 26/2/15216, Cameron Blair to the PMO, January 26, 1919; ADETIBA – MSINDE, p. 594.

missionary clinics, dispensaries and maternities grew beyond the inputs and little allocations sent to it by their regional and overall headquarters in Europe and other parts of the world. Having realized this, the colonial government mandated the native authorities to make available, grants-in-aid and other development funds, to enhance these rural health services of the missions.[24] These grants-in-aids were meant to cover either capital or recurrent expenditures of the mission's rural medical services. Award of this grants-in-aid varies from the south to the northern parts of the country. In the northern Nigeria, protection of the natives' Islamic religion was one of the strongest conditions before grants were approved for the Christian missions. Before grants were approved, each mission must pledge and promise to discharge medical services without regards to the religion of the people. In the Muslim dominated northern Nigeria such as the Ilorin Province, the colonial government stipulated that for a mission to be qualified for a grant, evangelism must not be a consideration for the mission's medical work.[25]

Early missionary activities such as western education, evangelism, and medicine in the south, prompted the higher patronage and acceptance recorded. The southern people's level of patronage and acceptance earned the missionaries operating in their domains higher grants-in-aid allocations and approvals. For instance, as of 1930 and 1940s, the medical missionaries in the south were granted 150 and 250 pounds for recurrent, and 950 pounds and above for capital expenditure annually, while as at 1950s in the north, they were awarded 100 pounds for recurrent and 450 pounds for capital expenditure.[26]

In the south however, the missions believed evangelism would flourish by transfiguring the natives' psyche in term of their use of medicine. They are aware that African religion and medicine are interwoven and inseparable, medical work was thereby made an essential part of Christianity in

24 National Archives, Kaduna (hereinafter N.A.K.), Ilor. Prof. 5682/Med/41, Grant Aided Requirement for Provincial Voluntary Health Providers, September 2, 1951.

25 N.A.K., Ilor. Prof. 5682/Med/41, Grant Aided Requirement for Provincial Voluntary Health Providers, September 2, 1951. Oral testimony from Alh. Mohammed Olanrewaju, a retired Health Superintendent in the Old Northern Region, Kaduna, Nigeria, aged 84. October 5, 2020.

26 N.A.K., Ilor. Prof. 5682/Med/41, Grant Aided Requirement for Provincial Voluntary Health Providers, September 2, 1951. N.A.I., MLG (W) 1/18245, The Acting Resident, Ondo Province to the Honorable Secretary, Southern Province, March 4, 1940; ADETIBA – MSINDE, p. 602.

southern Nigeria. In fact, the southern Christian missions dispensed medical service through evangelism freely with the supports of the traditional rulers. In the south, the natives freely embraced Christianity and mission medical services. Therefore, colonial authorities never laid much emphasis on the natives' religion for aid-in-grant approval in southern Nigeria.

Award of these grants increased the colonial government's control of the medical activities of the districts making each province. Controlling and regulating the activities of the rural medical missions was categorized as the colonial government's indirect medical and health intervention in Nigeria. Instruments of the law such as ordinances, constitutional provisions and development plans were promulgated and executed to safeguard and regulate the affairs of the medical missions. These missions' medical work was placed under the control of Colonial Medical Officers or Assistant Colonial Medical Officers in their divisions. Qualifying for the grants must have been certified by the supervision and inspection of a divisional Medical Officer or Assistant Medical Officer in charge.

History and Impact of the Colonial Clinical Health Service to Ilorin Province

Ilorin had maintained cordial relation with the colonial administration in Lagos before the last quarter of the nineteenth century. Such relations facilitated easy communication between the colonial administration in Lagos and their agent on the Niger.[27] The first white men Ilorin had contact with were Christian missionaries whose interest was the conversion of the people to Christianity, which the Emirs resisted not only because it was seen as a threat to Islam as a religion, but also to Islam as the basis of the State.[28] Ilorin emirate and other parts of northern Nigeria feared that these Europeans might infiltrate their political, Islamic and cultural supremacy, hence their hostilities towards the earliest efforts at the British colonization of the people. The desperate quest of the Royal Niger Company of adding Ilorin to its area of influence on the Niger Coast Protectorate, and the boundary dispute between the leadership of Ilorin

27 S. CROWTHER J. C. TAYLOR, *The Gospel on the Banks of the Niger: Niger Expeditures of 1857–1859*, London 1959, pp. 97–98; H. O. DANMOLE, The Abortive Peace Missions: Intervention of Lagos Muslims in Anglo-Ilorin Boundary Dispute 1894–1896, in: *Journal of Historical Society of Nigeria*, XII, 1–2, 1995–1996, pp. 67–81.

28 H. O. DANMOLE, The Crescent and the Cross in the Frontier Emirate: Ilorin in the 19th Century, in: *Ibadan Journal of Religion Studies*, XVII, 1, 1985, pp. 22–36; DANMOLE, The Abortive Peace Missions, p. 72.

and Lagos colonial authority in 1891 and 1896 led to resentment between the two parties. Arguments and disagreements over the stationing of the demarcation lines between Ikirun and Awere river, triggered diplomatic negotiations, persuasions and hostilities, which eventually impelled the downfall of the traditional hegemonic power of Ilorin in 1897.[29] Thenceforth, Ilorin emirate received instructions from the Royal Niger Company before its formal incorporation into the formal British colonial government in 1900.

It is obvious that the colonial powers in Africa and other parts of the world expanded the tentacle of prosperous trade for the interest of their metropolitan countries. To ensure a successful, profitable and prosperous trade in the colonies, effective social infrastructure is inimical. Therefore, the colonial governments put in place these modern transportation infrastructures such as rail, road and telegram, to guarantee the consistent link between the local trade and agricultural production, and colonial economy. Moreover, the need to ensure the good health and wellbeing of the people and amass optimal human and natural resources impelled the colonialists to put in place health and educational infrastructures and programs.

Railway construction and services represented one of the first symbols of colonial presence in Ilorin. The rail line that traversed Ilorin was part of the planed Lagos-Kano-Baro rail line initiated in 1896, amalgamated and commissioned in 1912.[30] The earliest colonial administrators and civil servants established the first set of social amenities such as official residences, offices, trade stations, schools, roads, pharmacy and hospital around the Ilorin rail station. No wonder the first health centre in Ilorin, established in 1908 was named "Railway Hospital".[31] The railway medical officer catered for the health needs of the Europeans and natives engaged in laying the railway.[32] Infrastructural and social amenities were provided for the colonies to justify colonial taxes and other obligations expected of the natives. The High Commissioner Lord Lugard relied on duties

29 DANMOLE, The Abortive Peace Missions, p. 74.

30 J. A. OLUYITAN, Evolution of Colonial Medical Service in Ibadan, 1900–1927, in: O. B. OSOBA (ed.), *Yoruba History and Historians. A Festschrift for Professor Gabriel Olorundare Oguntomisin*, Ibadan 2010, pp. 72–81.

31 Oral interview with Alh. Mohammed Olanrewaju, a retired Health Superintendent in the Old Northern Region, Kaduna, Nigeria, October 5, 2020.

32 HODGE, p. 259.

on exports and imports for its revenue from the Northern Province.[33] Other taxes such as Cattle tax *Jangali*, poll tax *Owo Opa* and others were charged by the Ilorin Native Authority. These taxes were charged based on the understanding that the government needed to fulfil some welfare responsibilities like security, health care, education and transportation among others. Similarly, these social amenities such as health and transport services and others served as catalysts for the colonial economy.

The two earliest dispensaries in Ilorin town were closed down owing to the absence of medical officers.[34] Most medical officers in Ilorin and other parts of the northern region were medical corps. The transfer and migration of medical officers to serve in the first world war of 1918 prompted the closure of these dispensaries.[35] After the war, the Ilorin Native Authority decided to change the status of the hospital to Government Hospital (GH) in 1923, and extended its services to the local people of the Ilorin Emirate cite-centre and other parts of the province. Apart from the in-patient chores rendered by the Government Hospital (GH), an efficient out-patient service was provided for the people on ailments such as Ulcer, Rheumatism, Malaria, and venereal diseases.[36] A separate Maternity and Infant Welfare Centre was built along the Princess road in 1936.[37] It was not until 1948 that a Government Hospital was established in Offa town, which made it the third orthodox health centre throughout the province.[38] The Ilorin natives were exposed to an alternative mode of health care, which for the first time competed with their age traditional medicine. Apart from these three health facilities, government dispensaries were stationed in few districts of the Province, while the bulk of urban and rural clinical work was bequeathed to the Christian medical missions.

33 M. F. ADAMU, *The Political and Economic Reorientation of Kano Emirate, Northern Nigeria, 1882–1940*, ProQuest LLC 2018, p. 114.

34 HODGE, p. 259.

35 Alhaji Musa Kareem is a retired Army Staff Sergeant and Medical Corp who served in the Nigerian Armed Forces in Nigeria Civil War of 1967; he is an indigene of Ilorin, aged 86. Apart from the few medical doctors that served in the rural missions' medical work, those that accepted to work in the metropolitan city of Ilorin were army surgeons. Their redeployment during the First World War dealt a big blow to the clinical aspect of the colonial public health program in Ilorin city, as there was no single medical doctor to attend to patients. November 4, 2011.

36 HODGE, p. 260.

37 JIMOH, p. 491.

38 Ibid., p. 494.

Government Hospital Ilorin (GHI), now an Annex of the University of Ilorin Teaching Hospital

Source: Picture taken by the researcher on 23/8/2022.

Maternity and Infant Welfare Center, renamed, Children Specialist Hospital, Ilorin

Source: Picture taken by the researcher on 23/8/2022.

Attendance at the Doctors clinic by the local people was, therefore, frustratingly poor in the early years of colonial period.[39] Ilorin Peoples' apathy towards the newly established health care facilities kept them away from them. Firstly, they found it difficult to disengage from their age-long, community and cultural based, affordable and accessible traditional health care. Secondly, the Ilorin natives became detached from the newly introduced health care and other colonial social and infrastructural facilities due to their early colonial catastrophic experience with the non-natives telegram workers. While laying the telegraph lines, they were alleged to have impregnated scores of Ilorin maidens and married women, an atrocity which was still fresh in Ilorin people's memories.[40] This unfortunate historical antecedent resulted to Ilorin peoples' apathy toward subsequent colonial social infrastructure. For instance, the Ilorin people rejected the idea of constructing the railway headquarters and station in Ilorin because the people thought Europeans and their workers would fornicate freely with their wives and daughters.[41] Therefore, Ilorin Province's railway headquarters was taken to Offa Division in 1907, due to protests and the fear that the local people might destroy the facilities. It took the intervention of the traditional political authorities to quench the peoples' apathy towards health and other social infrastructures.[42]

The traditional chiefs provided medical intelligence about the nature of and patterns of endemic and epidemic diseases, which European colonialists could not easily obtain.[43] The Emir of Ilorin and other native

39 Ibid., p. 486.

40 Late Dr. S. Y. Omoiya was a mentor to the researcher, a Senior Lecturer and an expert in the political history of Ilorin Emirate before his death in August 2016. Those impregnated were sent on exile because they were elements of shame to their respective families.

41 Late Alhaji Baba Bello Alege, a traditional title holder and the first Daudu Fufu of Ilorin Emirate. He is one of the descendants of Sheu Saliu Alimi, the founder of Fulani dynasty in the Ilorin Emirate system that reigned till date June 19, 2018. The apathy persisted despite the intervention of the Ilorin wards heads namely: *Balogun Alanamu, Balogun Ajikobi, Balogun Gambari and Magaji Aare*.

42 Late Dr. Amuda Aluko is the first known qualified professional medical doctor among Ilorin Emirate indigenes, who became qualified in 1963. He was also the founder of Gari Alimi Hospital, Ilorin. After several persuasions, sensitization and awareness campaign by the four ward heads powered by the emir, the instrument of the law was thereby sought. The emir and his cabinet were thereby empowered by the colonial authority to employ colonial law instruments to ensure compliance. December 23, 2019.

43 M. WEBEL, Medical Auxiliaries and the Negotiation of Public Health in Colonial North-Western Tanzania, in: *The Journal of African History*, 54, 3, 2013, pp. 393–416.

rulers were prominent members of the Native Authorities that played a considerable role in the development of colonial public health in Ilorin Province. The British indirect rule gave the native authorities the power to collect taxes from villagers and town dwellers. These taxes were used for everyday rural administrations such as medical services, education, infrastructure development and other purposes.[44] Involvement of the indigenous rulers as supervisors of health stimulated the growth and development of colonial health services in no small measure. It increased the patronage of the people in these general hospitals, dispensaries, maternities and clinics. The intervention of the traditional rulers stimulated some marked progress, owing to the fact that, few natives of Ilorin willingly presented themselves for treatment.[45] Having seen the marked benefits, both surgical and medical, which have been received so far, the Government Hospital became eminent in the province and outside it. There was constant flow of patients from Borgu in one direction, and Agunjin, Oro, and Egbe in the other. There was a steady stream of outpatients which grew to 2423 in 1927.[46] The new pregnant women and infant care and vaccination, pregnant women labour and caesarian section in the Maternity and Infant Welfare Centre at Princess Road (Centre Igboro) contributed tremendously to obstetrics and gynaecology care.[47] All birth registered in the town were reported to the medical officer, and each month the children who had attained the age of six months were brought to the hospital voluntarily by their parents. They were examined and vaccinated by the medical officer.

44 ADETIBA – MSINDE, p. 606.

45 Oral interview with Dr. Salman Oniyangi, a specialist in women health and the proprietor of Hassanat Memorial Hospital, Ibrahim Taiwo road, Ilorin. With the collaboration of the traditional ward heads, family and compound head were invited to health talks and sensitization at the each *Balogun* compound after *Ashr* prayers on Fridays, June 4, 2017.

46 HODGE, p. 259. During the period of the First World War and dearth of medical doctors in the Ilorin hospitals, missionary doctors as far as Ilesha, Ogbomosho and others volunteered their service to the hospitals. The Ilorin emirate city center recorded higher turnout of patients due to the news of its improved services and success story.

47 For the first time in Ilorin history, the new Maternity and Infant Welfare Centre became a source of threat to the to the local midwives such as *Elewe Omo*, *Iya Abiye, Iya Osun, Iya Alagbo or Iya Oni Lekuleja* in the Ilorin emirate city center. Cases like stillbirth known as *Abiku* were then addressed using the scientific and clinical method.

Sanitation and Hygiene and its Impacts on Ilorin Province

It is a common knowledge that shortage of personnel and the quest for judicious resource management prompted the British colonial indirect political system in Nigeria. In a similar manner, shortage of medical and health personnel emerged as one of the factors that shaped the colonial public health program. Apart from the few hospitals in Ilorin and Offa, and very few dispensaries in the divisions controlled by the native authorities, the bulk of hospital care was left in the custody of the Christian missionaries. The public health programmes that was directly and substantially executed by the provincial and native authorities involved proper monitoring of sanitation and hygiene and the activities of the medical field units, meant to ensure swift prevention and treatment of endemic and epidemic diseases. The rationale behind these responses was the outbreak of epidemic diseases activated by poor sanitation and hygiene. In the early colonial period, scores of European migrants lost their lives to epidemic diseases perpetrated by unkept environment. In 1924, there were epidemic of relapsing fever in Ilorin Province, with many deaths most especially in Ekan and villages in the vicinity.[48] In the year, Ilorin Province experienced fatal cases of yellow fever in Europeans at Jebba and natives in Ilorin Town.[49] In 1925, an epidemic of cerebro-spinal meningitis resulted to death of many natives, but the number affected did not in any approximate to those further North in the Protectorate.[50] In 1926, smallpox epidemics affected seven persons, with the record of two deaths. There were cases of black water fever in Ilorin, Offa and Odara.[51]

The prevailing public health challenges perpetrated by poor sanitation and hygiene and its devastating consequences impelled the colonial government to put in place measures towards its prevention and eradication. Apart from the Sanitary Inspector; traditional rulers, the medical officers, army medical corps and administrative officers also served as sanitary inspectors and supervisors in the slum and districts.[52] In 1915, the Resident expressed that the first test the new Emir of Ilorin emerged successful

48 HODGE, p. 261.

49 Ibid.

50 Epidemic of cerebro-spinal meningitis was a huge threat in those areas of Ilorin Province that shared a common boundary with the northern region. Areas like Jebba, Bode Saadu, Olooru, Mokwa, and several other villages were badly ravaged by epidemic of cerebro-spinal meningitis, even till the post independent period.

51 HODGE, p. 261.

52 N.A.K. Ilor. Prof. SNP/72. Annual Provincial Report. Mai 1, 1915, p. 2.

was that of getting the town clean and sanitized.[53] They embarked on several awareness campaigns towards discouraging the local people from unhealthy practices and patronage of traditional medicine-men, whom they see as threat to the colonial public health and hygiene programme.[54] These campaigns and awareness were meant to suppress the pressure of the peoples' apathy towards the newly introduced "white men" medicine. Director of Medical and Sanitary Services issued and proclaimed that: *"More harm was done by unskilled native midwives, herbalists and medicine-men, and their activities were significantly responsible for the high mortality rate, a general death rate and low health standard as a result of poor sanitation habit of these people. There were incidences of debilitating diseases such as malaria, helminthes infections and schistosomiasis."*[55]

Poor sanitation habit of the people and health consequences of it prodded the colonial authority to put in place stringent sanitary measures towards ensuring safe environment, and controlling, minimizing and eradicating the spate of epidemics diseases. Thus, colonial authority strengthened the powers of the traditional rulers. Hence, they were obliged to cooperate with sanitary inspectors to ensure the people's observance of antimalarial programmes, bush clearing and filling of disuse pits.[56] They were empowered to use draconian laws to enforce public health protocols. As far back as 1920s, the Collective Punishment Ordinance ascribed responsibilities of social order to traditional rulers.[57] The law empowered the chiefs to mete out punishments to people who float any health or other colonial protocols. The rationale was that African chiefs would, through their native treasuries fund the construction of rural dispensaries and hospitals, disseminate public health propaganda, and sanction sanitary offenders.[58] This and several other ordinances were promulgated to frown and discourage unhygienic environment capable of sparking epidemic diseases.

These laws were meant to eliminate traditional medical and cultural practices believed to have prompted the spread of epidemic disease.

53 Ibid.

54 Ibid.

55 N.A.I. COMCOL/ICC/994/VOL. 12. Abortion of Customs which are Detrimental to Native Welfare and Prosperity, August 5, 1919.

56 ADETIBA – MSINDE, p. 600. N.A.I. MN/C2, The Principles of Native Administration and their Application in Lagos, 1943.

57 ADETIBA – MSINDE, p. 604.

58 Ibid., p. 605.

Thus, these practices were perceived to have hindered wider acceptance of colonial public health programs. For instance, the Witchcraft and Juju Ordinance stipulated sanction and punishments for the priests and worshippers of deities such as *Sanponna* otherwise known as god of smallpox. It reduced the possibility of future catastrophic Smallpox outbreaks in Ilorin Province and several other parts of Nigeria.[59] However, the legal prohibition of the traditional medical practice was incapable of eliminating the cultural based convention of the natives. It is worth noting that, although, the punishment and execution of culprits by these laws had promoted the patronage of the colonial health services, the people continued to fraternize with their age long practices.

The colonial government handled hygiene and sanitation with iron boot to ensure and sustain the health and wellbeing of Europeans and the natives. The motive was to ensure maximization of human and material resources of the colony. Morbidity and mortality recorded from filthy and unkept environment that perpetrated diseases such as hookworm, malaria, yellow fever and scores of others was obvious. In towns and villages in Ilorin Province, there existed few salgas or pit latrine where people defecate. Condition of the few salgas was worse, most of which were two feet deep and breeding flies in thousands.[60] The most common scenario was that, human excreta littered outside most compounds, the adjoining bush and sometimes even the roads, hence, the prevalence of hookworm.[61] More so, concern over unkept residential houses, slaughter's slabs, native wells, streams and others prompted the commissioning and empowerment of sanitary inspectors to ensure siren environment and prevent epidemic diseases. Sanitary labourers were meant to clean public latrines. Sanitary representatives were also assigned and stationed in villages.[62] They engaged in series of campaign to sensitize and warn erring sanitation offenders. Their thorough compounds inspection compelled householders to adhere strictly to sanitation routine meant to prevent the

59 The colonial Authority employed the *Juju* and Witchcraft Ordinance was theoretically drafted to outlaw barbaric cultural practices such as smallpox *Sanponna*. Practically, the colonial authority attempted using this and other ordinances were to dislodge the traditional customs, norms and value, which eventually failed. Sentiments and profound attachment helped in preserving the native customs.

60 N.A.K., Ilor. Prof./5865/MED/41, No. 4 Medical Field Unit Progress Report for 06/7/1955, p. 33.

61 Ibid., p. 34.

62 Ibid., p. 35.

outbreak of epidemic diseases. They apprehended and referred offenders to district courts where they were prosecuted and sentenced.[63] For instance, for the fear of been taken to face the wrath of the Etsu of Pategi, digging of latrine gained momentum among the people of the division.[64]

Colonial Sanitary Inspector and a Sanitary Laborer inspecting and disinfecting a Compound Well

Source: oldnaija.com, Retrieved on 22/6/2022.

Medical Field Unit (M.F.U.) and its Impact on Ilorin Province

The Medical Field Unit comprised of health specialists that engaged in tour of divisions, districts and villages to conduct inquiries, prevention and treatment of epidemic diseases. The M.F.U. embarked on series of sensitization campaign, clinical examination of villagers and school pupils, and mass vaccination and treatments in prevention and cure of epidemic and endemic diseases. After their seasonal tours, progress

63 Ibid., p. 42.

64 N.A.K., Ilor. Prof./5865/MED/41, No. 4. Medical Field Unit Progress Report for 2/2/1956, p. 86.

reports and recommendations were forwarded to the Resident of Ilorin Province. These reports provided the data and the extent of work done. The recommendations furnished the native authorities with the accurate information on the genesis of each epidemic disease, and the best ways to tackle them.

The M.F.U. embarked on several tours to conduct survey and treatments towards addressing the endemic helminthic disease ravaging several parts of the Ilorin Province. Health officers of the medical field units undertook series of surveys, extensive treatment and vaccinations in communities where incidences of endemic helminthic diseases such as schistosomiasis haemabotobium, schistosomiasis mansoni, ankylostomiasis and ascariasis were observed to be above the average.[65] Areas of concentration of these diseases were villages in Pategi and Borgu Native Authorities, where rice farming and other forms of dry land farming were common occupation amongst the peasantry.[66]

Such surveys and treatments were also accomplished on epidemic diseases like yaws and sleeping sickness commonly prevalent in several villages of Ilorin Province. Due to their devastating morbidity and mortality effects on several herders' communities, the M.F.U. and N.A. dispensaries on numerous occasions embarked on surveys and medical intervention. Villages in Shonga, Lafiaji, Lade, Gada, Pategi, Rogun, Kusogi and Kpada where yaw was prevalent were visited on monthly basis since the 1930s.[67] Persistent reports of sleeping sickness in Shonga emirate prompted the efficacious intervention of the unit, which brought its future occurrence to the barest minimum by 1955.[68] The M.F.U examined the total population of Shonga, and gland puncture were made on all seen with enlarged neck glands.[69] Anemia, blood, malaria in adult and children, stool, urine, hookworm, ascaris, trichuris, schistosomiasis and a number of skin tests

65 N.A.K., Ilor. Prof./5684/S.7, An Inquiry into the Clinical and Economic Effects of Schistomomiasis and Intestinal Worms, 2/11/1954, p. 2. The local people of Ilorin Province referred to these worms as *Kokoro Jiga*, which were removed and by local herb and methods, hence the common saying "*tapotapo la n yo jiga*". This *Kokoro Jiga* was so rampant to the extent that the people ignorantly believed it must be encountered by every normal human being once in a life time.

66 N.A.K., Ilor. Prof./5684/S.7, p. 3.

67 Ibid., Ilor. Prof./ ./5865/MED/41, No. 4 Medical Field Unit Progress Report, 29/4/1955, p. 7.

68 N.A.K, Ilor. Prof./5865/MED/41, p. 7.

69 Ibid.

were also conducted on timely basis throughout the nook and crannies of Ilorin province.

In the colonial period, medical microscopic examination in some villages proved cumbersome sometimes. Ignorantly, most villagers thought their urine and stools requested for were meant for diabolical purposes. Even political elites like councillors and ward heads in Boriya, Ilesha Baruba and other villages at different times in 1955 proved difficult by expressing opposition to the idea of providing samples of urine and stools for examination.[70] The opposition was overcome not until they were invited to view the few collected samples through the microscope themselves.[71] Therefore by August 1956, out of the 1534 population of Okuta district, 1186 willingly submitted themselves for medical examination. More so, 44 out of the 119 people in Bero village, 94 out of 201 people in Kabo and 112 out of the 245 people in Bankubu village were examined.[72] Results of these medical tests proved the rampancy of hookworm, round worm, ascaris and other intestinal parasites in several villages of Ilorin Province. The M.F.U. responded through mass and dynamic treatment and vaccination scheme.

Having realized that these intestinal parasites were hosted by indiscriminate disposal of feces, urine, animal intestine and other debris, the M.F.U. inconjuction with the concerned native authority ensured save disposal of these detritus. In several towns and villages, most especially in the interior parts of the province, sufficient concrete latrines and slabs were constructed in public places such as schools, markets places and strategic areas of each community.[73] In some towns and villages, the dwellers were enforced to dig and erect a latrine in their compounds, and latrine slabs were thereby provided free of charge to householders. Through the recommendation of the Field Unit, Health Assistants consistently engaged in mass hookworm treatments in compounds in Ilorin town and villages.

70 N.A.K., Ilor. Prof./ ./5684/MED/S.3, No. 4 Medical Field Unit Progress Report, 3/11/1955, p. 55.

71 Ibid.

72 N.A.K, Ilor. Prof./5865/MED/41, Microscopic Examination of Okuta District – Appendix B, July 1, 1955, p. 37.

73 Oral interview with Mallam Abdullahi Qudu Gana, a retired Senior Sanitary Officer at Baruten Local Government Area, and a grandchild to Mallam Yisa Gana, the first sanitary representative that served Okuta District meritoriously in the colonial period, aged 64. April 15, 2022.

Moreover, productive steps were taken towards the total eradication of incidences of guinea worm in the Ilorin province. The status of most streams as local drinking and bathing places transformed them to haven of guinea worm and other intestinal parasites such as schistosomiasis. An investigation into the water supplies and incidences of guinea worm in the Koro and Rogun areas was conducted, and one in every three and one in every eight persons seen at Koro and Rogun respectively, were suffering from guinea worm.[74] Efforts of the M.F.U. and sanitary inspectors, such as timely application of disinfectant like santobrite to kill snails, and clearing of the sides of streams like Amule, Daraku and Bosuganye streams in Ilorin and Okuta respectively, prevented and subsided guinea worm and other waterborne diseases in Ilorin Province.[75] Furthermore, in order to avoid water borne diseases earlier enumerated, the M.F.U. dug several wells in Ilorin town and several other villages. Some age-long local wells in Ilorin, Otte, Budo Egba, Erin-Ile and other parts of the province were reconstructed, while some were converted to suit the modern colonial standards. In other instances, new wells were sited in many water borne diseases ravaged communities.[76] More so, the prevalence of hookworm, guinea worm and others perpetrated by dirty environment prompted the unit to recommend the relocation of Okuta from the dirty and badly sited location to a new township site.[77]

One of the critical aspects of the colonial public health program was mass vaccination executed to prevent and control the prevalent endemic and epidemic diseases capable of the distorting the health and wellbeing of the colonies. Native vaccinators were employed and posted to each divisions of Ilorin Province to wipe out Smallpox (*Sanponna*), Black Water fever, Cerebro-spinal Meningitis, Polio encephalitis and others. In the interior areas of Ilorin Province, district heads were the boosters of the vaccination program. Whenever the district heads of villages were on assignment at the divisional or provincial headquarter, vaccination and other public health program either received low turnout, or remained standstill. The M.F.U. engaged in series of health propaganda, campaigns and tours in connection with vaccination against epidemic diseases.

74 N.A.K, Ilor. Prof./5865/MED/41, p. 7.

75 N.A.K, Ilor. Prof./5684/MED/41, Report on Survey of Okuta District, Borgu Division of Ilorin Province, July 11, 1955, p. 2.

76 Ibid., p. 4. In other instance, many local streams were converted to colonial modern wells in Ilorin city and several other villages in the province.

77 Ibid.

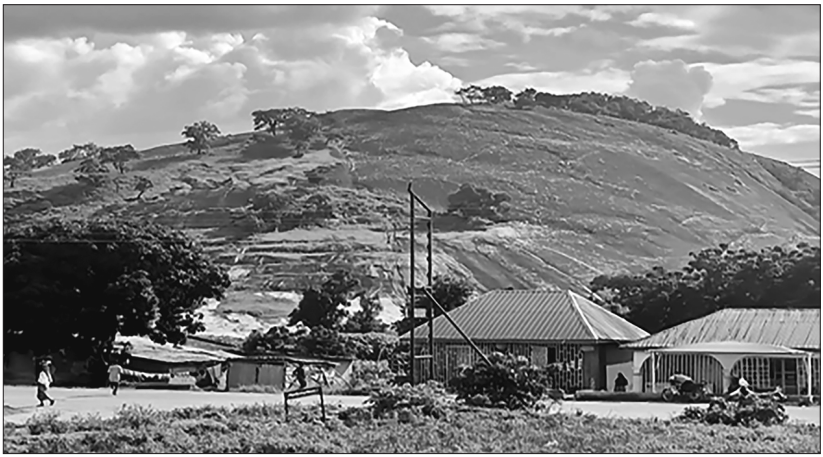
A Local Well in Otte Oja named Odo Baba Arasi, reconstructed by Ilorin Native Authority

Source: Picture taken by Researcher on 3/8/2022.

Old Site of Okuta Town Situated behind the Rock

Source: Pictures taken by the Researcher on 6/7/2022.

New Site of Okuta Town Facilitated by the Recommendation of the M.F.U



Source: Pictures taken by the Researcher on 6/7/2022.

Often times, the M.F.U. collaborated with dispensaries to conduct vaccination to combat prevalent endemic and epidemic diseases like yellow fever, leprosy, yaw, sleeping sickness, hookworm and smallpox among others.[78] Fertility data and information, i.e. birth and death rate were gathered to ascertain the impact of the preventive and curative aspects of the mass vaccination program.

Moreover, fertility rate were also determined to divulge the extent of the impact of the maternal and infant care aspects of the colonial public health program on villages and districts. Data gathered from the native authorities and Missions' dispensaries were presented in the monthly progress reports of the M.F.U. In such reports, reasons for increase or decrease and recommendations were offered. The efforts and recommendations of the M.F.U. had a profound effect on swift responses and sanctions from appropriate quarters. For instance, such effort and recommendation inveigled the eradication of barbaric customs of the people, most especially, the *Borgawas* in Kaiama and Borgu Divisions. In these places, triplets and twins were referred to as vampires and abnormal children.[79] The mother

78 N.A.K. Ilor. Prof. Med/41/Vol. 1. Monthly Progress Report – April. Mai 4, 1955, p. 4.
79 Ibid., Ilor. Prof./5684/MED/41, Report on Survey of Okuta District, p. 58.

of the purported abnormal children must migrate to another village, and not to return until impregnated by another man, and the children must be eliminated or migrated to another settlement.

Such an incident occurred in 1955 when a woman in Ilesha Baruba gave birth to triplet and offered them as gift to the officer in charge of the M.F.U. The triplet were moved and kept at Baptist Mission Okuta and later at Shaki Mission Hospital, where they were catered for by the wife of the officer in charge, through improvised feeding bottles. The approval and granting of the queen's bounty to the woman and her husband eventually broke the custom. The woman, the triplet and her husband were reunited and lived happily. As from then, such custom was completely annihilated.[80] Extermination of twins and triplets then became illegal and punishable under the colonial government.

A substantial part of the activities of the M.F.U. was the school health visitation programs. Schools in Ilorin town and other divisional headquarters such as Pategi and Lafiaji and other areas of population concentration were visited, and health, welfare and wellbeing of students and staff were addressed. Students were medically examined for possible diseases such as smallpox, yellow fever, enlarged spleen, malaria parasites, and intestinal parasites like round worm, hookworm and schistosomiasis mansoni, urinary bilharzia, microfilaria in skin, leprosy, skin diseases and eye diseases.[81] Anaemia was a very common disease in most junior and senior primary schools. Worm infestation and prevailing clinical signs of gross iron and vitamin B complex deficiency such as follicular dermatitis, angular stomatitis, cheilosis, glossitis etc. found among school pupils exposed most of them to severe anaemia.[82] Several M.F.U. reports of 1956 indicated poor school hygiene as the perpetrator of lower haemoglobin level and high rate of anaemia in school pupils. Its recommendation propelled more vigilance on school hygiene, and hence forth, bucket

80 Ibid., Ilor. Prof./5896/MED/41, Report on Survey of Ilesha District, Borgu Division of Ilorin Province, March 2, 1956 – March 22, 1956, pp. 69 and 70. Twins and triplets were believed to have possessed the supernatural powers to transform to vampire, which served as threat to other normal human beings in the community. In the pre – colonial and early colonial period, these abnormal children were usually given as gift and brought up by the Fulani cattle herders, who settled in the neighboring villages in the Borgu Native Authority.

81 Ibid., Ilor. Prof./5684/MED/41, Medical Field Unit Morbidity Survey – Ilorin Secondary Schools, June 18, 1955, p. 13.

82 Ibid., Ilor. Prof./5684/MED/41, Medical Field Unit Morbidity Survey, Baboko Senior Primary School, Ilorin, June 25, 1955, p. 16.

latrines provided for the pupils and teachers were emptied on daily basis by prison labourers.

With the cooperation of the Provincial Education Officer (P.E.O), the colonial authority through the M.F.U. ensured routine hygiene and sanitation arrangements of the schools in the Ilorin Province. Dormitory accommodations of boarding students, latrines, sources of water supply, and nutritional components of the Ilorin township schools such as Ilorin Secondary School, Baboko Senior Primary School, Okesuna Senior Primary School, St. Barnabas School and others were inspected on timely basis. At the end of monthly timely sanitation exercises, recommendations were presented and reported to the Resident, Ilorin Province, Senior Medical Officer, Zaria and the Medical Officer, Ilorin for possible execution and adoption. These reports were meant to put the Native Authority Council and the Medical and Health Committee to task on intense monitoring of the health and welfare of schools. Occasionally, whenever hygiene and sanitation arrangements of schools was unsatisfactory due to deficiencies such as horrible, filthy and appalling condition of school latrine and water source, and serving of non-nutritious meals to boarding pupils, complaints were sent to the Resident by the M.F.U., and concerned authorities were held accountable.[83] On receiving negative reports of such, the Resident usually mandate the concerned native authority to execute disciplinary action against such school authority. In such an instance in 1957, the Ilorin Native Authority's Health Committee headed by the Balogun Ajikobi and other members such as District head of Ballah, Mallam Ibraheem Laaro, Balogun Gambari, Salihu Alabi, Elekan of Ekan and others ensured that inconsistencies observed in schools hygiene and sanitation arrangement were addressed. Sanitary inspectors were tasked on prompt inspection, visits, clearing of streams to the proper standard, and headmasters charged to monitor the worksmaster and prisoners on proper hygiene of the dormitories and latrines.[84] The latrine in Baboko School was found inadequate, and the proposed four more toilets were erected to withstand the huge population of 323 pupil, 10 school masters and 7 staff.[85]

[83] Ibid., p. 17.

[84] Ibid., Ilor. Prof./5896/MED/41, The Minutes of Medical and Health Committee Meeting Held at the Balogun Ajikobi's Office on the Report of the Officer in Charge of No. 4. Medical Field Unit on Baboko School, July 23–26, 1957.

[85] Ibid.

Conclusion

The paper demonstrates the way through which western health and medical services served as part of colonial social and welfare services that ensured the survival and sustainability of Ilorin people in the colonial period and beyond. The concept 'health is wealth' prompted the extension, execution and strategic monitoring of western health facilities and public health programmes provided by the British colonial government in several parts of Nigeria. The rationale behind such notion is economical. The colonial government realized that, in order to maximize profits from human, natural and agricultural resource, and ensure a safe market haven for European imported products, the natives had to be in their best state of health. In view of this, instrument of the law were enforced to empower the medical missionaries, sanitary inspectors, Native Authority medical and health administrators and committees, traditional rulers, and the Medical Field Unit, towards dispiriting old, barbaric, unhealthy and unhygienic practices capable of instigating the outbreak of endemic and epidemic diseases.

Apathy was recorded at the initial stage. The positive impact of the colonial public health programmes such as dispensaries, clinical services, sanitation and hygiene, health education, vaccination and treatments prompted high and voluntary patronage and acceptance of the modern health services. In the course of time, natives' adherence to health protocols, higher patronage and huge volume of vaccination and treatments accelerated the good health of the people, prevented and suppressed the upsurge of epidemic and endemic diseases in Ilorin Province till 1960 and beyond.