

The Contributions of the Presbyterian Church to the Improvement of Lepers in Nigeria 1920-2006

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Abstract

Leprosy is a chronic disease and insidious in nature. The viruses (bacillus) lie latent in tissues and engulf the whole man, mentally, physically and spiritually. People attacked by leprosy were isolated and believed to have violated the laws of the land, gods, as such attracted the wraths of dead ancestors for which they were left to die in the past. At the death of such leper, victims were thrown into evil forests and people were forbidden to mourn their demise. Advanced nodular cases maimed patients and demanded holistic (sanatorium) treatments that include planning the patient's day and keeping him under supervision all the time. The research report informed that treatment of leprosy last long. The impact assessment of Presbyterian Church on lepers revealed the education of lepers, skill acquisition, employments and improved social life. The contributions of the Presbyterian Church produced freed lepers that became pioneers of Nigeria missionary nurses that took part in the great missionary enterprise among lepers in Northern Nigeria when Sudan Interior Mission instituted leper settlement in 1943.

Introduction

The Presbyterian Church came to our society on April 10, 1846 under the auspices of the Free Church of Scotland otherwise known as Church of Scotland Mission (C.S.M) the mission arrived at Calabar when various ethnic groups in our society were not formed into a nation. At the formation of the Nation of Nigeria in 1914, Calabar became the capital which was later

transferred to Lagos and Abuja. The Mission of the Presbyterian Church started at the capital city of Nigeria.

Missionaries were agents of several typologies of social, political and economic changes in our society (Uka, 1989: 33). The introduction of Christian mission's health care scheme was resisted but resistance gave quickly with scourge of dreaded diseases of chicken pox, small pox, tuberculosis and leprosy.

The victims of leprosy were men and women "broken down", partially blind, cripples lacking parts of their fingers, toes or having stumps instead of hands burnt by prolonged disease. The attack engulfed little ones as youths, children and babies coupled with phobia that gripped pregnant mothers under the affliction of leprosy that their children would be affected. The society stigmatized lepers as outcasts, driven out of their villages to a plot allotted to them at the outskirts of their communities or banks of rivers left to fend for themselves and die out. Squads of lepers existed, identified in Calabar, Kano, Kaduna, Onitsha, Enugu, Owerri, Uburu, Abakaliki, Ogoja, just to mention but a few (Njoku, 2008).

Leprosy is called "Nkpa Afia" in Efik or white death, "Oria Ocha" or "Ekpenta" in Igboland or white skin disease with implication that the term "white" has been applied to patches on the skin. Within Igboland Eze people calls leprosy "Njokiri ehu", Unwara know it as "Uhu ocha", Ekpenta" Izzi people call it "ehu njo" while Edda know it as "Ekpenta" while Ikwo people refer to it as "ehu labu mobu ehu ocha yele ekpenta". The efforts of the Church revealed the creation of leper colonies, provision of accommodations, feeding, treatments, education, acquisition of skills, employments, feeding, re-establishing of lepers back into their towns, and products of leper colonies became pioneers of Nigeria missionary enterprises to lepers in Nigeria and Africa as well as adoption of treatment of lepers by Queen of England.

Leper Colonies in Nigeria 1920-1950

Before 1926, there was no leper colony in our society. The Presbyterian Church pioneered the establishment of leper colony in Nigeria. Itu Leper Colony became the first of its kind in 1926 and was followed by Garkida, Uzuakoli, Oji River, and Sudan Interior Mission Leper Settlements in 1943 in the towns of Sokoto, Katsina and Kano (Macdonald, 1957:72).

The Presbyterian Church started leper colony at Uburu in 1926 under Hastings that grew rapidly and developed along lines apart from

Uburu hospital into the then Southern Ogoja Leprosy Service as Logan succeeded Hastings (Obini, 1988:14). Consequently, the Presbyterian Church established Obubra Leper colony as offshoot of Itu Leper Colony.

The Roman Catholic Mission established Obudu Leper colony at Ogoja and Mile 4 Leper settlement at Abakaliki. The effective take off of the Roman Catholic leper settlement was when Mother Mary Martins (M.M.M) granted the arrival of the three sisters namely Delourdes Gogan (Nurse), Teresa Connolly (Secretary) and Philomena Doyle an occupational Therapist in April 12, 1946 at Ogoja (Njoku 2008:221).

The establishments of leper settlements in our society were associated with the existence of hospital within such axis, in that the Presbyterian Church has hospitals at Itu and Uburu before anti-leprosy work was initiated. Yet the opening of Obubra leper colony was direct offshoot of Itu leper colony. McGettrick under studied the leper work at Itu and Sudan Interior Mission sent deputation to Itu colony to enable her undertake leper treatment in Northern Nigeria.

The establishment of leper colonies in Nigeria was further influenced by the regulatory policy of the colonial masters that partitioned the then Ogoja Province into Northern and Southern Districts. Peter Rilley the then Residence of Ogoja province assigned Northern district that comprised Abakaliki, Ogoja and Obudu to Roman Catholic Mission while the Southern district that consisted of Afikpo, Obubra and Ikom went to the Presbyterian Church in 1946 in the administration of leprosy relief services (Njoku, 2008:229). The relief from the women of the Presbyterian Church persuaded the head chief of Itu and he granted a small piece of land for the establishment of Itu leper colony. The local chiefs had refused the release of land for the project until the women besieged the homestead of the head chief all night before release was secured and patients built temporary huts and took up residence there.

Gate to Itu Colony and Pioneer Missionary Development of the Presbyterian Church Leper Colonies in Nigeria 1951-1980

Itu Leper Colony

Itu Leper Colony is situated in the present day Akwa Ibom State, a mile from the road terminus and on the bank of a river such that the colony was easily approached. The location of the leper colony was in the heart of then tropical forest and men cleared their passage through with their knives. The

land of the colony consists of tumble of small hills and swamps, originally covered with forest giants and dense undergrowth interspersed with palms. Three main streams run through the residential area.

The development rate of Itu Leper colony necessitated fast acquisition of land. In 1928, the Itu chiefs released 168 acres of land and in 1934 another 250 acres of land was obtained. By 1936 more land was acquired and total area of the colony land was approximated to four square miles. Structural development had humble beginning of huts built by patients for their residence and the hut that overlooked the Cross was the residence of the pioneer medical doctor and his wife all with thatched roofs of palm leaves that leaked during rainy season. Those were replaced in 1928 when permanent structures were erected for leprosy. The number increased to 800 patients. The buildings each accommodated two patients with verandah and flower pot in front. Road were built after the apostles and the premises drained.

The leper colony hospital was built that contained twelve beds, two wards, a dispensary and store as well, treatment shed. The pioneer residence had kitchens in-between. By 1934, the leper colony had grown into towns with 1000 houses, each accommodated two persons in addition to a child. The colony was like Jerusalem, a city set on a hill with walls along the top and two roofed gates that gave entrance while Guide house and Nurses' quarters stood in front.

Bishop Thomas McGettrick was the first Bishop of Ogoja and Abakaliki Dioceses and regular visitor to Itu Leper colony from 1930s to 1940s. McGettrick said:

It was then that I saw the centre as a self supporting, independent town, with its own market, out door cinema, football and tennis pitches- a veritable medical fortress of charity, hope, and love, and a blessing to the inmates who without treatment would be left to walk alone, live alone, and die alone. In 1934 when I visited Itu, there were 3,200 lepers in the settlement. About one third of them were Catholics. A large number of them came from the Igbo country, as the Itu settlement kept contact with places as far a field as Onitsha, sending a small lorry each week to Onitsha market returning patients who were cured and bringing others to the

settlement for treatment. So in October 1934 when I passed through the gate-way of cement block wall at the entrance to the Itu leper colony and read the inscription over the arch. In His Name- I saw the great charitable work done behind that wall and I was much edified.

(McGettrick, 1988:194-195).

The Itu leper colony was electrified in 1934 and electrical wiring covered the colony church, hospital, school, Scout and Guide houses. part credited to Divinity students of New College Edinburgh that adopted the colony in their project scheme for that year.

Industrial developments in Itu leper settlement led to mechanized farming that replaced wild palms with mat palms, and cultivation of yams, cocoa yams, cassava, rice as well, sugarcane were increased. Indian corn was grown all round the year. In 1936 list of farm crops include groundnuts, pumpkins, red pepper, and small nuts for flavouring soups along and workshops built for palm oil press (mill), Derelict steam engine for hulling the rice and sawyers workshop for carpentry. The colony embarked on animal husbandry, introduced sheep and goats in 1935 while cows came during Nigeria civil war from 1966 to 1970. Donkeys were introduced from Northern Nigeria by the courtesy of Sudan Interior Mission Leprosy settlements that fostered the transport system of the colony.

Itu leper colony also developed its own institutions that include the church, school, library, laboratory, sports and markets along with musical band as well as Guides and Brownies along with Court and Court of Honour (Macdonald, 1957:63). The babies' home was built to cater for leper children and twins were admitted into the home. The completion of Communal Kitchen in the colony replaced staff individual kitchens and shared kitchens of patients. Centralized feeding enriched their menu with increased social interaction and buffet system provided for individual interest.

The anti-leprosy service to babies was started in 1927 with six children of leper parents. At babies homes children of lepers were cared for to protect them from being infected. when their mothers were cured, discharged free from the symptom of leprosy their children were returned to them. The babies' home had section for infants and toddlers. All were fed with the fresh milk of goats and cows reared in the colony.

The colony admitted 70 soldiers of West African Forces who were

sacked for being leprosy in 1944. The ex-soldiers have served in India, Burma, Cairo, Alexandria, Jerusalem and Sicily (Macdonald, 1957:8). Some of them were mechanics and drivers, all of them were wealthy and generous and helped to widen the horizons of other patients and as such fostered the education of the colony.

In the treatment of patients, few days were spent in laboratory tests after admission to determine the typology, extent, virulence of the attack. Mucous membrane of the nose were microscopically examined. Leprosy patients were grouped into three according to Macdonald:

C.1: semi-able bodied men and women who were physically fit for work of any kind on the farms, oil plantations, or in the workshop or in one of the services of nursing, police, or the kitchen and their children go to school. C.2: Patients who were able to undertake light work and could go about but were not expected to walk long distances. C.3 Patients that were debilitated, old or crippled were known as the "sit down company". They sorted them palm kernels, soya beans and various kinds of seeds with sundry light duties as they could not move about (Macdonald 1957:82).

Operation was done once a week, drugs for treatment of general diseases were given to patients at the dispensary while dressing of wounds were done on daily basis or twice or thrice weekly at the dressing station. There were 10 female nurses who were patients but the sister in-charge was ex-patient. Sister became a staff and worked under the supervision of the matron (Macdonald). The colony enjoyed the services of 17 male nurses that worked at the dispensary and dressing station of the colony hospital.

Donald Miller (1957:14) as General Secretary, the mission to leprosy said that numerous other large leprosy centers of today found the challenge and the inspiration for their beginnings at Itu such as "Garikida" "Uzuakol" and "Oji River" in Nigeria. Government of other territories sent Doctors to study Itu and bring back their knowledge to bear on local situation and staff of Itu moved to pioneer leprosy work in various parts of East Africa.

First set of Patients at First Communion at Itu Colony: Treatment of Leprosy at Itu Colony:

Uburu and Obubra Leper Colonies:

The Uburu chiefs donated a parcel of land outside the town and Leper camp was opened in 1928. Hastings, the medical director started with 70 lepers, adopted small scale leper settlement similar to isolated leper practices existing among the villages. The simple scale approach to anti-leprosy Relief Scheme easily adopted scattered leper squads as units. The establishment of several leper settlements in place of large colony removed the problem of distance between colony and environment of patients, cost implication of feeding large crowd and provision of accommodations (Njoku, 2008).

Hastings established dispensary and regular clinic programme in which patients were treated either by him or his assistants. The development of the anti-leprosy work at Uburu started with treatment of lepers as out-patients in Uburu hospital on special arrangement. Operations were carried out until Uburu leper camp grew into a colony.

In 1947 doctor Hastings handed over leper services to doctor Logan due to increased growth of leper work as Hastings was the medical superintendent. Logan established out-station clinics of leper camps at Onicha, Isu, Osiri, Okposi, Amasiri, Edda, Afikpo, Unwara and Agbo Ekumono guided by colonial regulatory policy of leper services in Ogoja province 1946.

Doctor Hastings died in 1949. Doctor Macdonald of Itu leper colony arrived and took over from Doctor Logan in 1952. He injected his principles of Itu leper colony into anti-leprosy services at Uburu and leper colony, Uburu was instituted. In keeping with 1946 leprosy treatment regulatory policy, he extended the frontier of anti-leprosy services to Ikom, Obubra and beyond. He spent 12 successful years in Southern Ogoja. Leprosy services, attracted support from Government-the British Leprosy Relief Association and built Uburu Leprosy hospital laboratory and offices as well, the settlement at Sick Bay in Apiapum. He also set up the Yakurr Leprosy settlement before Doctor Clyne Shepherd took over from him (Njoku, 2008:229).

Before Doctor Murdoch left Uburu in 1981 for Scotland, he merged Rural Health Services with Uburu Hospital Management in September 1975 shortly after his arrival in June 1, 1975. He revived the mobile clinic that was abandoned during Nigeria civil war. He went out with the mobile

clinic team, treated cases in communities and serious ones were rushed to the hospital. His efforts attracted the attention of then Imo State Government as rural medical services were no more leprosy based.

Leprosy Patients at Rural Centre in Uburu Settlement Lepers treated, Cured and Discharged

The Presbyterian Church Leper Colonies in Contemporary So (1981-2006)

From Uburu axis of the Presbyterian Church, anti-leprosy services reached the zenith as lepers are no longer treated as outcasts, discharged lepers are accepted by the society and cases of infections are reported to leprosy hospital while severe cases are confined in the colony and serious ones are easily controlled.

The General Assembly of the Presbyterian Church of Nigeria in its biannual meeting held at Hope Waddell Calabar in 2006 congratulated the Board and management of Uburu Hospital for progress made, the Chairman of the Board of Governors Aluu Akanu Otu past Moderator and Trustee of the Church and Medical Director, Doctor Okoro received Moderator's Handshake on behalf of Board and Management of Uburu Hospital (Manuel, 2006:85-86).

The Nigeria civil war affected Itu leper colonies as expatriates were left in consideration of the after match when Biafra might have been defeated. The takeover of the colony by Akwa-Ibom State Government brought the colony under non-residential status and cases of leprosy were treated as out-patients in the leper hospital. The takeover created a vacuum that enabled the former owners of the land to agitate for return of the land to former owners or review of multiple agreements.

The Akwa-Ibom State Government returned the colony back to the Presbyterian Church in 2004 and the former owners of the land determined to reclaim their land and the matter was taken to court. At the General Assembly of the Presbyterian Church of Nigeria in her biannual meeting held at Hope Waddell, Calabar received a devastating judgment in the Itu land case. The Principal Clerk of the church said:

The case at Itu was decided against Itu people, and therefore, against the church, since the church bought the land from the Itu people. The chief legal

Adviser reported that an appeal has been fled in the court although the very Rev. Dr; A.A. Otu's Committee is still pursuing the peace efforts with the aggrieved communities. On several occasions, however, Rev. Dr. Eno Afia has lodged complaints about the insecurity of the lives of workers in the school and farm. In the June 2005 meeting, comments were on the floor of the house regarding the excess of the communities involved which border on the security of the lives and property of our EUPTC staff on the Itu and property. On this, the house agreed that the chief Legal Adviser and Chief Barrister K. Uko should draft a suitably worded petition to the Assistant Inspector-General of Police in Calabar for the Protection of the lives of our EUPTC staff. A delegation of the two Legal Advisers and the General Assembly Officer were directed to seek audience with the Assistant Inspector-General to present the petition. In spite of all this, peaceful efforts at resolving the Itu land matter are still the priority of the GAEC.
(Mannuel, 2006: 53-54).

The Presbyterian Church pursued the Peace process further through setting aside the week reserved for universal prayers for Christian unity to pray that peace returns to Itu project in 2005. The sheep, goats, cows and donkeys as well as residence have become extinct and lepers now visit the hospital for out-patient treatment. The Essen Ukpabio Presbyterian Theological College Itu, that has grown to degree awarding institution as an affiliate of the University of Uyo, Akwa-Ibom State. The institution has continued to plant more mat palms and harvest the yield.

Medical Staff at the Leper Colony
Guides and Brownies at Itu Leper Colony
The Sheep at Itu Colony
Discharged Leper Patient at Laboratory
Ex-Leper Addressing the Queen of England

The Contributions of the Presbyterian Church to Improvement of Lepers in Nigeria

The impact assessment of the activities of the Presbyterian Church has established that leprosy is curable and those discharged symptoms are accepted by the society. Missionary impact shows that infections at all stages are easily controlled while serious cases are confined in the colonies for treatment today. The contributions revealed that the numbers of leprosy patients have drastically reduced.

The anti-leprosy services of the Presbyterian Church were laid on the ground early enough to reshape the peoples' world-view and outlook on lepers in Nigeria. The concept that leprosy was dreaded and that emanated from the wrath of dead ancestors on victims as evil doom was changed through anti-leprosy public education programme that leprosy is a viral disease caused by bacillus that lie latent in the tissues, and with the appearance of the symptoms the treatment will be problematic due to its long duration. Through the anti-leprosy public education, the conceptual barrier that stigmatized lepers as outcasts was removed.

The establishment of leper colonies laid foundation for the development of towns, building of roads, naming of streets, drainage system and installation of electricity in Nigeria. The colonies provided comforts, security and cultured lepers. Status in the colonies was based on one's character, law and orders were maintained through social discipline, colony police, court, and court of Honour along with counselling that tailored the colonies to reformatory homes.

Itu stands for something much more than battle ground for leprosy. It displays in its local setting the fundamentals of Christian fellowship, service of the sick, enlightenment of the mind and organized work for the benefit of all. At the colonies there are equality of citizenship, unity in worship, communal feeding, joy in giving and each laboured according to his strength and ability and received according to his need.

The staff of the colonies came from various nationalities, denominations and represented various organizations, shared fellowship and performed a great task. The infection of shared fellowship of the staff worked as an emancipating transformation on the patients. The colonies became training grounds for Christian communities in Nigeria, living in the light they found in the light of the world. Character transformation fostered the acceptance of ex-lepers discharged symptoms free by the wider society. As the colonies developed they became the rallying points for wider advance in Africa.

The formation of social groups in the colonies provided social services, developed honesty, trustworthiness, leadership roles and spirit of selfless services in the patients. The "Guides" as social group has creed, "we are the Guides who guide and lead, service our aim and love our creed".

Queen Elizabeth adopted two girls of social group of the Guides at Itu who were discharged symptoms free in 1952. And her husband Duke of Edinburgh adopted a boy also from Brownies. The number of adopted children at Itu reached six in 1956 when the Queen and Duke of Edinburgh visited Oji River settlement and the six went to salute their majesties. Special trip was arranged for 28 children of the uniformed groups of Guides, Brownies, Scouts and Cubs (discharged symptoms free) to travel in on the road to Mary Slessor's grave where the Queen laid wreath in 1956. The then acting Governor, Sir Hugo Marchall opened double-storied hospital with two wards, each for men and women, cement wall, and corrugated aluminium roof on July 12, 1954 after the ugly incident of February 12, 1949 when the Itu colony hospital and part of patients residence were burnt by fire. The dispensary, treatment centre, waiting room, sterilizing room and store were accommodated in single storied building. Another double storied building comprised of operation theatre, staff room, X-ray unit and store. The last storied building had two bed ward, convenience sector, laundries, bookshop, stores, maternity and sisters' accommodation. There was an enabling environment created in the colonies for the lepers.

The introduction of new drugs such as sulphone, hydrocarpus oil, balanced diet, enabling environment, records of discharged symptoms free increased rapidly from 1927 to 1961 persons in 1951 and 1952 respectively, between 1953 to 1954 discharged symptom free fluctuated 739 and 1,012 persons and reduced drastically between 1955 and 1956 from 601 to 353 persons symptom free respectively, that signified depopulation of leprosy patients. They were totally healed physically, mentally and spiritually well, academically better informed, able to look the world in the face.

The products of the colonies went out as pioneers of Nigeria missionary enterprise to lepers in other mission's leper settlement in Nigeria and East Africa. Others became staff in the employment of the colonies where they were once patients. The Presbyterian Church's efforts in anti-leprosy services cut across denominations, organizations, nations and repositioned discharged symptoms free in the society.

In conclusion, people who were left to live alone, die alone have seen great light, having something that the world cannot give, cultured,

enlightened acquired skills that enabled them to put their heads high face life with certainty. The pictures serve to authenticate the impact assessment of the Presbyterian efforts to the improvement of lepers in our society.

References

Clayton, P.B. (1946). Before the Curtain Rises on the Heroic Drama of I
Can Ghosts Arise? The Answer of Itu. Great Britain:
Presbyterian Church of Nigeria by the Saint Andrew Printing Press
Edinburgh.

Macdonald, A.B. (1957). *Can Ghosts Arise? The Answer of Itu*. C
Britain: The Presbyterian Church of Nigeria by the Saint Andrew Press
Edinburgh.

Manuel, B.F.F. (2006). Two Presbyterian Colleges of Theology in
*Presbyterian Church of Nigeria 17th General Assembly Minutes (160th
year of Existence)*. Calabar: Hope Waddell Printing Press.

_____. (2006). The Presbyterian Joint Hospital Uburu in
*Presbyterian Church of Nigeria 17th General Assembly Minutes (160th
year of Existence)*. Calabar: Hope Waddell Printing Press.

_____. (2006). Legal Cases: Itu Land Case in the *Presbyterian Church
Nigeria 17th General Assembly Minutes (160th Year of Existence)*. Calabar:
Hope Waddell Printing Press.

McGettrick, T. (1988). The Leper Problem in *Memories of Bishop
McGettrick*, Enugu: Cecta Ltd.

Miller, A.D. (1957). "A Leper as White as Snow", The second Book of Kings
and they made a colony there, the Book of Acts in *Can Ghosts Arise?
The Answer of Itu*. Great Britain: The Presbyterian Church of Nigeria
by the Saint Andrew Press Edinburgh.

Njoku, D.I. (2008). The Roman Catholic Mission Health Care Scheme in
Socio-Economic and Cultural Impact of the Presbyterian Mission in
Eastern Igboland (1880-2006). Ph.D Thesis presented to the Department

Religion, Faculty of the Social Sciences, University of Nigeria, Nsukka, unpublished.

(2008). The Presbyterian Missions Hospital Uburu in the Socio-Economic and Cultural Impact of the Presbyterian Mission in North Eastern Igboland (1880-2006). Ph.D Thesis Presented to the Department of Religion, Faculty of the Social Sciences, University of Nigeria Nsukka, unpublished.

(2008). Other Health Care Services of the Presbyterian Mission in the Socio-Economic and Cultural Impact of the Presbyterian Mission in North Eastern Igboland, (1880-2006). Ph . D Thesis presented to the Department of Religion, Faculty of the Social Sciences, University of Nigeria, Nsukka, unpublished.

Obini, N. (1988). *Presbyterian Joint Hospital Uburu 1913-1988*. Uburu: The Presbyterian Joint Hospital Uburu.

Uka, E.M. (1989). *Missionaries Go Home*. New York: Paris Peter Lang.

Participatory Oral Interview

Eteng, A. A. (2008). Oral Interview; Minister who served at Obubra Leper Settlement, Obubra, March 15.

Eworo, E. (2008). Oral Interview; Principal in charge of Obubra leper Settlement, Obubra, March 20.

Abam, E. (2008). Oral Interview Supervisor of Tuberculoses section Obubra Leper settlement, Obubra, April 2.

Offutete, E. (2008). Oral Interview Medical Director or Obubra leper Settlement, Obubra, April 20.

Christian Religion

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Introduction

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