

## **The Contribution of Dr. Oguntola Odunbaku Sapara Williams to Colonial Medical Service in Lagos**

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**Abstract:** *The onset of the colonial medical service in Lagos in 1862 was accompanied by natives' indifference to modern medicine, inadequate medical facilities, poor funding and discrimination against African Europe-trained medical practitioners. Even when the colonial regime threw its medical service open to African medical practitioners, it was also criticised roundly for propagating a system that promoted the interest and well being of European medical personnel at the expense of their African counterparts. Notwithstanding, the involvement of African medical practitioners such as Dr. Oguntola Odunbaku Sapara Williams in the colonial health service helped in enthroning an effective healthcare system in Lagos and its surrounding areas. This work, therefore, seeks to examine the contribution of Dr. Oguntola Odunbaku Sapara Williams to the growth and development of healthcare in colonial Lagos. In it, the various ways used by Dr. Oguntola to achieve his medical aspirations for the people of Lagos will receive attention. The work, however, focuses on the impact of Dr. Oguntola Odunbaku Sapara Williams on the colonial medical service in Lagos.*

**Keywords:** *Oguntola Sapara Williams, Colonial Medical Service, Lagos*

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### **I. Introduction**

The advent of colonialism in Lagos and by extension Nigeria in 1861 was marked by discrimination in all facets of the people's life including the medical service. Up till 1896 when Oguntola Sapara Williams joined the colonial medical service, there was no African Europe trained medical practitioner in the colonial medical service.<sup>1</sup> The absence of Africans in the colonial medical service was in line with the colonial policy which banned the appointment of African medical practitioners, irrespective of experience and eligibility from the colonial medical service.

The racial attitude against African medical doctors was also replicated in all the departments of the colonial administration. In some cases where Africans were appointed, they were made to serve under Europeans, who ordinarily should be subordinated to the Africans in terms of qualification, experience, intelligence and knowledge. Besides, many qualified Africans were employed to do menial jobs as cleaners, clerks, etc despite their rich academic credentials.

With specific reference to the colonial medical service, many Africans who trained in Europe and the United States of America were hardly noticed or employed in the colonial medical service. Some qualified African medical practitioners like Dr. Nathaniel King died without gaining a permanent appointment in the colonial medical service. In the 1880s, Dr. King acted as a relief to European medical practitioners either on annual or sick leave.<sup>2</sup> Indeed, Dr. King's record in the colonial medical service underscored the phlegmatic attitude of the colonial regime in Lagos to engage the services of qualified African medical practitioners in its medical service. The racial attitude of the colonial administration towards African medical practitioners like Dr. King became intolerable given the inadequate manpower resources that affected the successful implementation of its health and sanitation programmes in Lagos. More so at a time qualified European medical doctors were afraid of coming to work in Africa due to adverse weather conditions.

Nevertheless, the celebrated Adeola scandal and the demand of Lagos inhabitants for Europe-trained African medical doctors at the colonial hospital and dispensary played a significant role in stemming the discriminatory attitude of the colonial regime against Africans. Indeed, the Adeola scandal was one of the many health challenges that confronted the colonial medical service in Lagos. The death of Adeola and other Africans at the colonial hospital allegedly due to poor professional conduct of European medical doctors at the colonial hospital and the public outcry that trailed it helped in reversing colonial employment policy towards Africans with regard to the colonial medical service.<sup>3</sup> Consequently, Europe-trained African medical practitioners like Isaac Oluwole, Lumpkin, Randle etc began to be employed at the colonial medical service. Apart from opening a leeway for the employment of Africans, the Adeola incident also led to the enactment of Ordinance 1899<sup>4</sup> which among others laid the basis for the management and treatment of patients at the colonial hospital.

Unlike African medical practitioners whose appointment in the colonial medical service was masterminded by the Adeola affair, the medical career of Dr. Oguntola Sapara Williams in the colonial medical

service began shortly after his family returned to Lagos from Sierra-Leone in 1876.<sup>5</sup> He started as an apprentice to a Lagos printer in 1878 and subsequently an unpaid assistant dispenser under Dr. J.N.Rowland, the then Medical Officer of Health in Lagos in 1882.<sup>6</sup> Two years later, Sapara resigned his appointment at the colonial hospital and proceeded to study medicine at St.Thomas Medical School where he obtained an honours degree in midwifery in 1895. After his medical study in London,Sapara also moved to Scotland where he obtained L.R.C.P. and L.R.S.C. of Edinburgh and Glasgow and was subsequently elected a Fellow of the Royal Institute of Health.<sup>7</sup>

Dr.Oguntola returned to Lagos after his studies and was appointed Assistant Colonial Surgeon in 1896.<sup>8</sup> Between 1896 and 1928, Dr.Oguntola devoted his time, energy and wealth to the growth and development of public health in Lagos and its environs. His exemplary leadership, managerial skills cum philosophy and African consciousness are Sapara's impressive legacies in the medical profession in Lagos. Indeed, his concerns about his African and ancestral roots influenced Dr.Oguntola's medical outlook generally. For example, a couple of years after arriving Lagos from London, he dropped his original name Alexander Williams for Oguntola Odunbaku Sapara in a clear demonstration of his love and concern for Africa.<sup>9</sup>

Apart from his concern for Africa, OguntolaSapara Williams may have also been lured to medical profession accidentally. The death of his sister, ClementiaForesythein 1877 during child delivery may have also influenced Sapara to study medicine, particularly midwifery.<sup>10</sup>

## **II. The Contribution Of Dr.Oguntola Sapara Williams To Healthcare In Colonial Lagos**

During his sojourn in the colonial medical service which spanned over 20 years, Dr. Oguntola Odunbaku Sapara Williams embarked on various programmes in an attempt to provide adequate healthcare for the people. Although his medical activities were limited to the colony of Lagos for a reasonable part of his career, Dr.Oguntola Odunbaku's presence was also felt in some towns in south-west Nigeria. His medical activities covered various aspects of health care such as slum clearance, disease prevention, diagnosis and treatment, establishment of healthcare facilities or agencies, fight against infant and maternal mortality.

On slum clearance, Dr.Oguntola fought against the filth and jungle of Ebute-Metta in the 1900s.<sup>11</sup> His struggles to rid Lagos and Ebute-Metta in particular of slums was in consonance with his understanding of good and effective hygiene, good housing and ventilation as prerequisites for a sound and good health. Indeed, Dr.Oguntola's commitment to the provision of a decent housing with ventilation facility was evident in a paper he co-authored with one Dr. J.M. Dalziel, the European doctor in charge of sanitary services in Lagos. The paper was presented at a conference held on the causes of tuberculosis and its prevention in the colony in 1918.<sup>12</sup> In the work, Sapara and Dalziel attributed the incidence of tuberculosis to over-crowding, poor ventilation and public ignorance of hygiene. Consequently, Sapara threw his weight behind any colonial policy geared towards making the environment conducive for living.

Another important area where Dr.Oguntola made tremendous contribution is in the control of smallpox. It should be noted that smallpox was one of the deadliest diseases in Lagos. Until he joined the colonial service in 1896, the arm to arm method of smallpox vaccination by European medical practitioners did not go down well with the native inhabitants of Lagos allegedly because the treated subjects "smeared the wounds with palm oil and other unguents" which rendered the secreted lymph useless.<sup>13</sup> Many saw it as a means of eliminating the productive class of the Lagos colony. Apart from that, many were also discouraged from smallpox vaccination because of the after effects of the exercise. Indeed, many inhabitants developed diseases such as sores, headache, fever among others after each vaccination.<sup>14</sup>

However, Dr.Oguntola's major encounter with smallpox came with his appointment to the Epe Division in 1897.<sup>15</sup> Prior to the arrival of Dr.Oguntola in Epe, the area was reputed for rampant outbreaks of smallpox. The spread of the disease was worsened by the activities of some self-acclaimed smallpox priests with claims to the healing of the disease. Since the activities of the smallpox priests were most times carried out in the dark, some of the priests were alleged to have wilfully infected some inhabitants of Epe, who could not meet their financial demands with smallpox. This was done by applying the scrapings of the skin rash of a smallpox patient to a yet to be infected person.<sup>16</sup> Apart from that,natives of Epe and even Lagos were also said to have infected their enemies with smallpox simply by pouring the dust from the grave of a smallpox victim to either the doors or windows of their adversaries.<sup>17</sup> Nonetheless, in their bid to retain their control of the smallpox disease, members of the smallpox or *sapona* cult resisted every attempt to vaccinate the people of Epe by public health officers.

The secrecy that surrounded the *sapona* cult and death of the inhabitants of Epe from smallpox informed Dr.Oguntola's decision to join the cult, primarily to study and understand the *modus operandi* of the society. His findings were not only illuminating but also formed the basis for government's subsequent clampdown on the *sapona* cult. Among his findings, ,Dr.Oguntola discovered that the so-called *sapona* cult was made up of people with little or no knowledge of the diagnosis and treatment of the disease. Determined to save the inhabitants of Epe from the scourge of illegal cult, Dr.Oguntola presented an unbiased report on the

activities of the *sapona* cult to the then colonial governor of Lagos, Henry McCullum. The governor did not only embrace the report of Dr.Oguntola but also modified the existing Witchcraft and Juju Ordinance and made the worship of smallpox an offense punishable by law.<sup>18</sup>

Nonetheless, health institutions and agencies in colonial Lagos also witnessed remarkable improvements from Dr.Oguntola. In 1903 specifically, Dr.Oguntola established the Massey Street Dispensary.<sup>19</sup> Although the dispensary was ancillary to the Ereko Dispensary, and owing to the pressure from Dr.Oguntola, the Massey Street Dispensary was transformed into Massey Street Hospital and declared open by Governor, Graeme Thompson in 1926.<sup>20</sup> The new Massey Street Hospital was a two-storey building with the ground floor consisting of two waiting rooms, two consulting rooms, two examination rooms, two vaccination rooms, two dressing rooms a dispensary. The first floor hosted the obstetrics ward, a labour room and obstetric examination room, a duty room for the nursing sister, an out-patient theatre and a store. There were also lavatories and washing-up rooms at the annex of the building.<sup>21</sup> The Massey Street Hospital catered for the inhabitants of Lagos and came barely two years after Sapara had established the first public dispensary at Saki, Oyo State in 1901.<sup>22</sup>

Although Dr.Oguntola retired from colonial service in 1928, he continued his campaign for a comprehensive and effective healthcare system for the people. Throughout his life, Dr.Oguntola pursued and promoted the cause of nursing and midwifery. He also founded a society for the scientific training of African midwives. Apart from that, Sapara engaged many health organisations in discussions on ways and means of improving the nursing and midwifery profession in Nigeria. For example, Dr.Oguntola held a meeting with the Ijebu Union in Lagos where he pressed his fellow Nigerians to contribute to the development of nursing and midwifery in the country.<sup>23</sup>

Dr.Oguntola's contribution to healthcare in colonial Lagos and its environs is also visible in his romance with herbs or traditional medicine. Despite his orthodox medical background, Dr.Oguntola took deep interest in traditional medicine and spent much of his time and wealth investigating herbs and their impacts on human health.

### **III. Assessment Of Dr.Oguntola Sapara Williams' Contribution To Healthcare In Colonial Lagos**

Dr.Oguntola Odunbaku Sapara Williams' romance with the medical profession was influenced largely by the need to reduce infant and maternal mortality as well as to advance the healthcare system of colonial Lagos and its hinterlands. Partly as a result of his penchant for effective and affordable health services for the inhabitants of the colony, Dr.Oguntola devoted his time during and after his medical stint at the colonial medical service to the development of both modern and traditional medicines. He did not only establish medical institutions but also used his enormous wealth to encourage and train many Nigerians in the nursing and midwifery profession. He was the brain behind the funding and training of the first generation of Nigerian nurses and midwives including his daughter, Moremi in England.<sup>24</sup>

Another area where Dr.Oguntola left an indelible mark in his medical career was in designing the curriculum for the training of professional nurses and midwives at the Massey Street Hospital. It is perhaps in recognition of his role in the promotion of the nursing and midwifery profession in Nigeria that the Department of Nursing at the University of Ibadan was named after Dr.Oguntola Odunbaku Sapara Williams.<sup>25</sup> Nonetheless, the successful conversion of the Massey Street Dispensary into a full-fledged hospital is also one of the achievements of Dr.Oguntola in the medical field. During his tenure as the MOH in Lagos, Dr.Oguntola did not only subsidise hospital bills but also offered free medical service to the poor in the colony. Besides, Dr.Oguntola demonstrated tremendous competence and expertise in the implementation of the colonial administration's programme to reduce infant and maternal mortality which was launched at the beginning of the 20<sup>th</sup> century.

Dr.Oguntola's doggedness and masterly display of knowledge of diseases and more importantly his determination to find a solution to the smallpox scourge in Epe Division forced him to take actions that were detrimental to him. Barely a few years after his appointment in the colonial medical service, Dr.Oguntola joined the smallpox or *sapona* cult in his bid to check the spread of the disease. As noted earlier, his report on the activities of the *sapona* society or cult helped in no small way in reducing the incidence of smallpox in Epe. On his reminiscences of his membership of the *sapona* cult, Dr.Oguntola observed that:

In 1897 when I took over Epe Division or District, the town of Epe was known as the hotbed of smallpox epidemic. Finding that vaccination and other precautionary measures seemed to have failed, I joined the cult and having got into the mysteries I summoned the smallpox priests together and threatened them with prosecution for disseminating the disease and use of perchloride of mercury solutions. They left the town in disgust and since then up till the time I left Epe, vaccination had stopped and then the town of Epe enjoyed immunity from smallpox hitherto unknown (sic).<sup>26</sup>

This is a feat many of Dr.Oguntola's contemporary would have avoided given the wave of infections and deaths from smallpox in the Epe District.

Earlier at the colonial medical service, Dr.Oguntola had achieved a medical feat that further underlined his determination to rid the Lagos colony of smallpox with the introduction of nymph vaccination.<sup>27</sup>The nymph vaccination replaced the vaccination by needle and helped a great deal in convincing many native inhabitants of the colony to embrace vaccination as a panacea to smallpox infection. Nonetheless, the outbreak of World War I affected the progress of nymph vaccination since nymph was imported from overseas.

Dr.Oguntola's love for a society devoid of communicable diseases such as smallpox and tuberculosis among others was also demonstrated in his many works on health and sanitation. Some of these works formed part of the colonial policies on health and sanitation not only in Lagos but Nigeria generally. Dr.Oguntola's incursion into traditional medicine was also a huge success. Some of his propositions on traditional medicine were later patented and still patronised by some pharmaceutical companies in Nigeria.<sup>28</sup>

Interestingly, Dr.Oguntola's immense contribution to the development of health in Lagos has won him awards and accolades from many communities and even individuals. For example, in June 1923, Dr.Oguntola was awarded the Imperial Service Order by King George for his contribution to the control of smallpox and other communicable diseases.<sup>29</sup>Similarly, Dr.Oguntola was appointed Honorary Consulting Physician to the Egbe Native Administration by the Alake of Egbeland. In his native home of Ijesha, Dr.Sapara was bestowed with the traditional title of Bashami in recognition of his role in the promotion of modern medicine in Yorubaland.<sup>30</sup>

Despite the successes, feats and accolades that attended his medical career, Dr.Oguntola has also been vilified by some people for some of his decisions which directly or indirectly affected the successful implementation of colonial government's health policy for the colony. Among others, Dr.Oguntola was accused of granting long leave periods to his subordinates and administrative assistants (clerks) under him, a practice that further worsened the manpower resources at the colonial medical service. While this argument might be true, it should be noted that Dr.Oguntola was not the sole culprit. Indeed, the problem of inadequate medical professionals at the colonial hospital can be attributed largely to the inability of the few European medical practitioners to stay in Nigeria due to harsh climatic conditions and malaria attacks.<sup>31</sup>This is buttressed by the long leave periods taken by European medical doctors in the colonial service in Lagos. Some European medical doctors were known to have taken between six and eighteen months leave periods without replacements. Besides, it is absurd for a public servant to render services throughout a year without rest. Thus, rather than criticise Dr.Oguntola for the period of rest granted the staff of the colonial medical service, the colonial administration should be blamed for the lapses in its medical personnel as evident in the non-appointment of qualified African medical practitioners in the early years of the colonial medical service. The involvement of African medical practitioners would have helped in no small measure in cushioning the effects of long leave periods enjoyed by European medical practitioners in the colonial medical service in Lagos. Thus while African qualified medical practitioners like Dr. King were found suitable on ad-hoc basis, they were found incompetent for permanent appointment because of the colour of their skin.

Apart from inadequate staff, the determination of Dr.Oguntola to improve the healthcare system of Lagos colony was also hampered by inadequate funds. Although the colonial administration stopped nymph vaccination because of World War I since nymph had to be imported, we argue here that the poor financial status of the Lagos colony also contributed to the colonial policy to drop the use of nymph in vaccination in Lagos. Indeed, many years before the outbreak of World War I, the colonial administration's policy on sanitation and health had suffered immeasurably due to the colonial policy of "using the financial resources in a colony to develop the colony. Thus in a colony like Lagos with inadequate financial resources, the administration's health and sanitation policy were either cancelled or abandoned outright.

#### **IV. Conclusion**

The achievements of Dr.Oguntola Odunbaku Sapara Williams in the growth and development of health in colonial Lagos are evident in the establishment of health institutions such as the Massey Street Dispensary and his battle against the spread of smallpox in Lagos and its environs. His role in the control of child and maternal mortality among others is just few of the achievements of Dr.Oguntola in the colonial medical service in Lagos. Dr.Oguntola's early involvement in the colonial medical service and later as an Assistant Colonial Surgeon paved the way for the attainment of his desires for health in colonial Lagos.

Unfortunately for Sapara, his introduction of nymph vaccination to the Lagos colony did not last long for the reasons mentioned in the preceding segment of this work. Regardless of all these, Sapara's contribution to the promotion of adequate and affordable health in the Lagos colony and its hinterlands makes him one of the best and most industrious African medical practitioners of his time.

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