Chapter 4

Between Colonialism and Cultural Authenticity

Isaac Ladipo Oluwole, Oladele Adebayo Ajose, Public Health Services in Nigeria, and the Glasgow Connection

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Introduction

A significant component of the ideas and doctrine that incubated Nigeria's public health strategies in the twentieth century derived from two medical doctors who received their medical trainings at the University of Glasgow, Scotland. To a remarkable extent the course of Nigeria's public health services would be set by Isaac Ladipo Oluwole, who was educated at the University of Glasgow and graduated with Bachelor of Medicine, Bachelor of Surgery [M.B. Ch.B] degree in 1918. Following closely on his heels was Oladele Adebayo Ajose, who obtained his Bachelor of Medicine and Bachelor of Surgery, from the University of Glasgow in 1932 and capped it with a Diploma in Public Health in 1935. These two gentlemen, living in an alien culture in Glasgow, came to cherish their Scottish experiences, with Oladele Ajose ending up marrying a Scottish woman. In this chapter, I have used a historico-biographical approach to highlight their contributions to the revolutionary and patriotic underpinnings of public health services in Nigeria and ultimately, to nation building there. It emphasises the intensity of their thoughts, actions, and practices, which would dominate Nigeria's public health services for more than four decades and into the future.

Modern public health service in Nigeria, broadly defined as the strategy and design for controlling environmental and health matters in the interest of the society, was the hand-maiden of British colonialism. From 1861, when Lagos became a Crown colony, up to 1914, when the Northern and Southern Protectorates of Nigeria were amalgamated into one country, the indigenous people had been subjected to various levels and layers of colonial incorporation, as well as structural and cultural alienation. Public health problems and issues as major concomitants of colonialism, among other things, also came to the front burner of British colonial social and environmental policies. Even though several indigenous communities had existed as urban formations in the pre-colonial period, and had their own strategies for attending to matters relating to public health, with colonialism, the social, economic and political
structures of the society became redefined as the pace of social change quickened across the country. The dramatic increase in urban migration and the clear exhibition of population diversity became the hallmarks of these new colonial cities. Two areas in which such changes were keenly felt involved the environment and sanitation. Health and sanitation issues had become problematic in the early days of colonial rule. By the 1890s the demand for wage labourers in the Lagos Colony had grown significantly (Mann, 2007:234). The robust influx of people into Lagos—workers, wives, and dependents—further expanded the population of the city and its environs. The result of colonialism was an increased form of pluralism, which brought in its wake overpopulation and environmental issues (Gale, 1981:497). Thus, in the process of colonization, the issue of residential segregation in Nigeria become important (Paden, 1970:244). Since most tropical diseases are endemic in Nigeria, the level of complexity this generated in twentieth century Nigeria ultimately provided the colonial masters with the raison d’être, in environmental and health matters, for separating Africans from Europeans living there. This became a determinant of group relations and formed the baseline for restratification and the classification of status and neighbourhoods—both in human terms and residential segregation.

The policy of residential segregation in twentieth century Lagos began with sanitary and town planning schemes. This contrasted sharply with the position of the colonial Governor of Lagos, Governor William Macgregor (1899–1904) who had earlier opposed the idea of segregation due to the racial animosity it would generate. But by 1910, British officials began to accord a top priority to residential segregation. According to Olukoju (2003:265):

The turning point in the adoption of racial residential segregation as official policy came in 1910 following the outbreak of a yellow fever epidemic on the Gold Coast. This high mortality of Europeans in this outbreak persuaded colonial administrators to embrace residential segregation long espoused by medical officers in the colonies. A Conference of Principal Medical Officers and Senior Sanitary Officers in Lagos in 1912 decided that residential quarters of Europeans should be completely separated from the nearest indigenous settlement by at least a quarter of a mile. No African, except domestic servants, would be permitted to reside in European Reservation.

With this new policy, indigenous Nigerians that had no reason for living within the township were encouraged to relocate to indigenous settlements beyond the pale of European settlements.