

THE ROLE OF QUA IBOE MISSION IN THE DEVELOPMENT OF HOLLEY MEMORIAL HOSPITAL, OCHADAMU, KOGI STATE, NIGERIA 1947-1967

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ABSTRACT

The main thrust of this paper is to examine the role played by the Qua Iboe mission in the development of Holley Memorial hospital from 1947 to 1967. Most of the available literatures on the Qua Iboe Mission in Igalaland delved into the advent of Qua Iboe Mission in Igalaland, its method of evangelism and the social cohesion of the Qua Iboe Mission in Igalaland. No systematic work on the Qua Iboe mission medical service in Ochadamu area of Igalaland has been carried out. The paper employs both Primary and secondary sources as methodology for this study. This paper argues that Igalaland between 1940 and 1947, was faced with the spread of epidemic diseases such as leprosy, small pox, measles and tuberculosis ravaging Igalaland leading to high mortality rate at the time. The study finds that there was cooperation between the Qua Iboe Missionaries in Igalaland and the colonial government as well as the Nigeria government which led to the growth of the Ochadamu Hospital. The study reveals that the Qua Iboe Mission contributed to the health care system in Ochadamu and also contributed to the educational development in Ochadamu area of Igalaland. The paper concludes that the Qua Iboe Mission has contributed to the development of health care system in Igalaland. Qua Iboe Mission Medical personnel were able to curtailed the spread of leprosy, small pox and measles in Igalaland. Both the government and individual should give their support to the Holley Memorial Hospital such constant power supply, good road network so that the hospital to be able to render a quality services to the people

1.0 INTRODUCTION

Christian Missionaries served as the providers of social services particularly education and medical care in Nigeria for evangelization motive. Sacred Heart Hospital was established in 1895 by the Roman Catholic Mission in Abeokuta as the first Mission Hospital in Nigeria. Medical centers established by Christian Missions were largely concentrated in the rural areas as part of evangelism. The centers were merely mobile clinics and at most community dispensary out posts to treat primary health problems such as malaria, leprosy, snake bites and some minor injuries (M.U.Bunza and L. Abdullahi). The first Qua Iboe Mission Hospital in Nigeria was established at Etinan LGA, Akwa Ibom State in 1927ua Iboe Mission Medical Centre, Ochadamu

now known as Holley Memorial Hospital was established in 1947 at a time the spread of epidemic diseases and other deadly diseases such as Leprosy, small pox, Measles and tuberculosis were ravaging Igalaland leading to high Mortality rate at the time.

The Menace of rampaging epidemic diseases in Igalaland in the 1940s and 1950s was heightened and compounded by the near total absence of basic health institution in Igalaland. .(Daniel Ameh, 2024). It is against this backdrop of a compelling spiritual and pastoral necessity to save the lives of Igala people from the attack of deadly diseases, that the Qua Iboe Mission now known as United Evangelical Church (UEC) heeded to the Biblical Clarion call to heal the sick and save the dying” and consequently took a noble and historical course to establish hospital in ochadamu with outreaches at Ugwolawo, Odomomo Ikem in 1947, then the Onu Ojokogbe, late His Royal Highness Okeme Omachi following the directive of late Attah Igala Ameh Oboni allocated to the white Missionaries, the two miles square plot of land as the permanent site for Ochadamu Medical Centre (Daniel Ameh, 2024).

The Qua Iboe Mission Hospital Ochadamu, started initially as leprosy rehabilitation and settlement centre (Leprosy colony in Ochadamu) the first Medical Director of the Medical Centre was Dr. Kenny Dickson, who was a visiting white Missionary Medical Doctor, was resident at Ankpa between 1947 and 1950. The centre developed rapidly and became widely known in 1948, one year after its establishment, the leprosy colony Metamorphosed into a full-blown Holley Memorial Hospital rendering services in maternity, general outpatient department, medical ward, Surgical ward, Eye department, Tuberculosis unit (TB) with standard Laboratory Unit.

Many works have been written on Christian missions and the missionaries involved in Nigeria. The subject of Christian missions is broad, with various authors and scholars attempting to dissect the topic from their unique perspectives, particularly between 1841 and 1891. Notable scholars like J.F. Ade Ajayi, C.C. Ifemesia, N.S. Iwe, and S.E. Akwu, have examined the impact of missions on Nigerian society, focusing on areas such as education, political and social changes, and the emergence of a new elite. However, there is a notable gap in research regarding Christian missions in Ochadamu. Despite the significant missions that took place in this area, including the Qua Iboe Mission, scholarly work specifically addressing these contributions is scarce. This study aims to fill that gap by looking into how the Qua Iboe Mission contributed to the healthcare system and educational development in the Ochadamu area of Igalaland. By focusing on the specific impacts of the Qua Iboe Mission, this research will provide insights into its role in enhancing health services and educational

opportunities during the period under review, thereby contributing to the broader understanding of Christian missions in Nigeria.

2.0 LITERATURE REVIEW

2.1 Advent of Qua Iboe Mission in Ochadamu

Qua Iboe Mission (QIM) now known as United Evangelical Church (UEC) is one of the major handworks of Rev. Edgevly, Calabar, being a very important administrative and commercial centre in Southern Nigeria had attracted so Many people to come and settled in Calabar including the Ibeno people, in 1886, Ibeno people came into contact with the Presbyterian missionaries in Calabar. The Ibeno people requested for a missionary to come and teach them the word of God. The Ibeno people letter was received by Mr Foster who was a principal of Harley Bible College in London, which was a centre for the training of Missionaries (Ebune, 2011).

In 1887, at Belfast, DrGuinnes read the letter from Ibeno to the students of the Harley Bible college and it was as a result of this, a man called Samuel Alexander Bill took up a challenge to come down to Calabar in Nigeria in the same year, Samuel Alexander Bill began his Missionary work by planting Churches along the shores of Qua Iboe river. In the following year (1888), AchieBaithe Together with other Missionaries joined Samuel Alexander Bill for the Missionary work in Ibeno to expand the Church to Igbo land and Igalaland, with the effort of Samuel Alexander Bill and other Missionaries such as B. Wilox, Edward Heaney, John Kirk, David O. Neil and Willie Waugh, the Missionary work in the areas that is, Ibeno, Igbo Land and Igala Land became intensified

(Ebune, 2011). In 1931, Mr David O. Neil, was sent as the first Qua Ibone Missionary to Igalaland in order to start Mission work in Igala land as earlier said, the first Qua Iboe Missionary to settle in Igalaland was Rev David O. Neil in August, 1931. Rev David O. Neil settled at Ugwolawo District of Ofu LGA which is about 17 miles from Idah, the headquarters of the Igala people. He wanted to see the AttahIgala (Ocheje, 2024) but he could not see him, because he was not permitted to reside in Idah on the basis that foreigners were not allowed to reside in Idah as at then. David O. Neil with his followers (missionaries) continued their meager work, they were joined by the Dickson's who came to start the Qua Iboe Mission in Odolu town in the present Igalamela/Odolu LGA. There was a tremendous progress of the missionary work in Ugwolawo. The people in Ugwolawo were happy to have a white man in their land who was ready to teach them the word of God.

Within a year, Mr Philip Okolo was converted and he became the first interpreter to Mr ‘David O. Neil (Ebune, 2024). The early missionary activities of the Qua Iboe Mission (now United Evangelical Church) in Ochadamu town dates back to 1952. The first leprosy site in Ochadamu was used as a prayer house, which later became Qua Iboe Church. Today, the Church has become a very big place of worship, they are two Qua Iboe Churches in Ochadamu which are the Holley Memorial Hospital Chapel and the Main Qua Iboe Church which was built in 1952. A beautiful Mud Church was erected, its high-pitched thatched roof blending perfectly with the trees that gave welcome shade in the developing compound. One of the first services in the new church was described by Dr. Bill Holley: Saturday, 19th April 1952, will always be remembered as a very special day here at Ochadamu, when we had the great joy of handing out symptom free certificates to seven of their patients (Corbelt, 1991).

2.2 The Role of Qua Iboe Mission in the Development of Holley Memorial Hospital Ochadamu

Holley Memorial Hospital Ochadamu was established in 1947, as a clinic meant for leprosy patients and some other minor diseases. Before 1947, the Igala people who were affected with leprosy usually go as far as Itu leprosy colony in Enugu state for treatment (Ayegba, 2024).

As a result of this, Hon Peter Simon Achimugu went to Itu Leprosy colony in Enugu state, to assess the situation on ground, he found out that the food which were given to the Igala people were abomination to them. When he arrived from Itu hospital Peter Simon Achimugu and other people in Igala native authority (N.A) applied to the Northern Government of Nigeria for the establishment of leprosy colony in Igalaland. Then the Northern Government approved the application but the Igala Native Authority lacked personnel to manage the leprosy clinic, hence, the Northern Government directed that the leprosy clinic in Ochadamu could be established in the name of any existing Christian Missionary who had such personnel abroad (Corbelt, 1991).

Hon Peter Simon Achimugu who was one of the Qua Iboe Mission Leader consulted the Qua Iboe mission to establish a leprosy clinic in Igalaland, However, a site to establish the leprosy clinic became an issue, eventually, Hon Peter Simon Achimugu, Mathew Agbonika and other leaders of the Qua Mission decided on how and where to establish the leprosy colony in Igalaland, after much survey, they decided to build the leprosy clinic in Ochadamu (Mameh, 2024).

Mr. Apeh Ajeka who was then the community leader of Ogbabo led the Qua Ibone Mission leaders to Onu-jokogbe (Okeme Omachi) then the chief of Ochadamu for allocation of land. A temporal hospital and a home

for babies whose mothers were patients were mud building (Corbelt, 1991). As time progressed, lepers began to come from all over Igala land and neighboring states such as Enugu, Benin, Benue and Kwara for treatment and within a year, the leprosy patients increased as a result of the large population. Due to the large population, the clinic could no longer cope with the large number of leprosy patients. Therefore, the management of the hospital decided to build two colonies: one for male while the other is for the female. The roles of Qua Iboe Mission in the development of Ochadamu Hospital are as follows:

2.3 Provision of Manpower: one of the major roles of the Qua Ibo Mission in the development of Ochadamu hospital, is the provision of manpower, that is the medical personnel which include doctors and nurses who were working in Holley Memorial hospital were missionaries under the Qua Iboe mission in Igalaland, for example, Doctor Herbert Dickson, Bill Holley and his wife Marion, Doctor and Mrs Kearney etc.

The first Medical Director of Holley Memorial hospital was Dr. Kearney, a visiting white Missionary Medical doctor who was resident at Ankpa. Between 1947 and 1950, Holley Memorial hospital developed rapidly and became widely known (Akpa, 2024).[\] In 1948, one year after the establishment of the Holley Memorial hospital, the leprosy colony metamorphosed into a full-blown hospital rendering services in maternity, general out-patient department, medical ward, surgical ward, eye department, Tuberculosis Unit with standard laboratory unit.

Leprosy wards Holley Memorial Hospital.

Table 1: Holley Memorial Hospital, Ochadamu: Statistic From 1947-1967

Year	No. of beds	Out Patients	In-Patients	Operations	Ante-Natal	Deliveries	Injections
1947	157	4079	111	177	285	131	197
1948	157	3794	97	162	236	127	187
1949	152	4888	89	139	271	116	1431
1950	152	4923	107	150	239	117	1268
1951	152	4035	111	173	362	112	2166
1952	152	3972	113	167	243	118	2774
1953	152	4023	97	154	367	121	2776
1954	151	3492	88	138	281	119	3693
1955	149	4331	120	140	284	111	3583
1956	143	5573	122	152	223	123	2648
1957	150	6123	97	161	188	132	2436
1958	151	5114	91	172	279	112	2344
1959	149	4978	102	153	293	117	1467
1960	139	7002	100	165	388	107	2371
1961	140	6029	98	169	367	130	2482
1962	141	5499	79	163	277	127	5623
1963	141	5674	87	149	267	123	6214
1964	150	4885	93	138	374	126	7312
1965	139	4968	87	152	383	122	7312
1966	139	5523	111	152	275	133	6241
1967	139	5294	92	169	366	117	6122

Source: Annual Reports Holley Memorial Hospital Ochadamu 1947-1967

The significant of the table above to this study is that, it explained the health care challenges in Igala land within the period under study 1947 – 1967.

Medical Surgeon Who was a Qua Iboe Missionary by the name Dr. Bill Holley after whom the mission hospital is named. By 1951, when Dr. Bill Holley arrived at Ochadamu mission hospital, the challenges of health care services was so chronic that many people were dying from ailments on daily basis. The medical wizardry and expertise of Dr. Holley made the mission hospital in the entire Igalaland popular and famous; as it became a referral centre for complicated medical cases for the many years that Dr. Holley served as the medical director in Ochadamu hospital the name and fame of Ochadamu mission hospital went far and wide

with patients being referred from neighbouring states. In the 50s and 60s, that Dr. Holley held sway as the medical director, Ochadamu Qua Iboe Mission Hospital as it was then known and Called was a flourishing centre of excellent medical services in the entire Igalaland (Apka, 2024).

2.4 Provision of Infrastructure: Another important role of the Qua Iboe Mission in the development of Ochadamu hospital, is infrastructure. The Qua Iboe Mission Hospital buildings at Ochadamu were built with the Quai Iboe Mission fund. Dr. Holley made this known to his fellow Qua Iboe Missionaries in one of their Sunday services in Ochadamu he said as numbers increased so did the need for a church where all could meet together, a dispensary was also needed for general patients. But even the simplest of buildings would cost €600. Where the money could be found? As usual Dr. Holley rallied the Christians to pray before long an anonymous gift of €500 was received. Then far away in Scotland, Mr. Dickson was given an envelope containing a cheque. It was from the trustees of shore street hall in part Glasgow, founded by his father many years ago with the request that it should be used for specific project in Nigeria (Corbelt, 1991), also Nursery and Primary Schools in ochadamu were established by the Qua Iboe Mission.

This is a Picture of Holley Memorial Hospital Ochadamu Nursery and Primary School



Sources: Field Work at Holley Memorial Hospital Ochadamu February 23, 2024

Manpower Training: Another vital role of the Qua Iboe Mission in the development of Ochadamu hospital is training of the medical personnel. For example some of the indigenes were trained on how to dispense drugs to the lepers in Ochadamu (Uman, 2024). The Qua Iboe Mission Medical Staff also taught the people informal medical knowledge. For example the people who worked with the Qua Iboe Mission Medical personnel, Knew some signs and symptoms of diseases and could give injections to the sick people for example, Omattah Akwu worked as a drug vendor and he later became a Dentist

2.5 Qua Iboe Mission and Leprosy Control in Ochadamu

Before 1947, the rising cases of leprosy in Igala division made the establishment of leprosarium in Igalaland indispensable, inadequate health care Infrastructure for the treatment of leprosy and other diseases in Igalaland since the beginning of colonial government worsened during the economic depression of 1929 and 1939 due to the world wars. Earlier efforts by the CMML and QIM in Igala division for the establishment of leprosarium could not come to fruition as nothing reasonable was achieved. The failure of the government to provide adequate health care in the 1930s and 1940s accounted for the rise of the number of leprosy cases in Igala division which made it to hit an epidemic proportion in 1940s (Animoku, 2024). Therefore, the only option for the Qua Iboe Mission, the mission that had been tackling leprosy and tuberculosis since 1931 was to intervene and curb the health challenges among the Igala people and other indigenes within the area and beyond with all necessary measure.

The first step that was made by Dr. Herbert Dickson, the QIM chief Missioner, was to reach out to his country the United Kingdom, for aid to establish a leprosarium in Igala division for lepers and tuberculosis sufferers (IyorwuesesUkage & Ichaba, 2024). He cried to the British Government on how the Igala people were dying of leprosy in Igala division. However, the aid for the leprosarium could not reach him in the 1930s due to the adverse effects of the economic depression on the British economy. Hence, the cases of leprosy became a source of worry to Herbert Dickson. Dr. Dickson explained to the British Government how critical the Plight of leprosy cases in isolation huts around his house was his words

The Isolations centre were deplorable and inhabitable for humans, let alone the sickly, twenty leprosy infected persons have now been sent to Itu-Enugu State (three hundred miles away) but there is a great need for leprosarium in order to treat the patients in Igala division. That is the only way the death from the killer ailment can be averted²⁹

Dr. Dickson's explanation regarding the effect of leprosy on Igala division reportedly touched many people in England, Scotland and Wales. This made the British citizens to volunteered to assist accordingly but could not do anything due to the outbreak of the second world war (1939-1945) (IyorwuesesUkage & Ichaba, 2024). Dr. Dickson request for support for the establishment of a leprosarium centre in Igalaland eventually yielded positive result as support came from the overseas. The British high commission built a TB ward in Ochadamu to improve health conditions and care of patients. Also, the German Christ to bell Blinden mission supported the hospital for leprosy patients and for eye orthopedic services in Ochadamu (United Evangelical Church, 2020).

2.6 Government Policy towards the Ochadamu Hospital

Apart from the Qua Iboe Mission efforts towards the establishment of the leprosarium centre and the eradication leprosy disease in Igalaland, the Colonial Government, the Northern Government of Nigeria, have played a significant role in the establishment of ochadamu hospital. One of the government policies on health matter in Igalaland was that, there should be a leprosy settlement in the whole country in Nigeria, one of those leprosy settlements or colonies in Nigeria is Itu Leprosy Colony. Some of the Igala lepers were moved to the Itu leprosy hospital for treatment and the government was responsible for their transportation from Igala division to Itu hospital.

Secondly, when the Qua Iboe Mission applied for certificate of occupancy for over fifty 50) Hectares of land for leper colony at Ochadamu, under Ugwolawo district in Igala division in 1947, the government did not hesitate to approved the Qua Iboe Mission requests (NAK LOKO, 2024). the Northern government of Nigeria also contributed to the health care system in Igalaland by providing capital grants to the Qua Iboe Mission in order to build the new hospital block to be erected in Ochadamu leprosy centre, the new hospital block consisted of operating theatre, 16 Beds ward and sanitary annexes. Furthermore, it is proposed to erect the buildings with solid mud walls, cement plastered, the foundation to be concrete as ahom, with block walling of stone and cement to floor level: the estimated total cost of two thousand, three hundred and eighty pounds and fifteen shillings (€2, 380,15.0).

Another area in which the Government has contributed to the growth of leprosarium centre in Ochadamu is that the Native Authority (NA) Igala division fed the sick such as lepers three times daily (2024). When the population of the lepers increased the Native Authority Igala division gave the vast land between Umomi and Ochadamu communities to the lepers for farming purpose (Usman, 2024).

3.0 METHODOLOGY

3.1 An Overview of the Study Area

The seeds from which the Qua Iboe church has grown were sown at Ibeno in the valley of the Akwa Ibom state, Nigeria by Samuel Alexander Bill. The name Qua Iboe came from a river in the south eastern Nigeria, now Akwa Ibom State (Ameh, 2024). The river is so named because it enters the sea at a place in Ibuno called Akwa Obio which means big town but it was wrongly spelt and pronounced Qua Iboe by the early Europeans who came to Nigeria. The river had already been named Akwa Obio before the arrival of Samuel Alexander Bill who was the first missionary at the mouth of this river in order to locate the area of his activities which were concentrated along the basin of Akwa-Obio river, Samuel Alexander Bill chose to call the mission field Qua Iboe Mission, that is the mission operating along the basin of Akwa-Obio river, Just as the first Presbyterian Missionaries called their Mission Calabar Mission.

Ochadamu is a town in Ofu Local Government Area in Igalaland of Kogi State, Nigeria. It is a ward in Ugwolawo district of Ofu Local Government Area in Kogi State. The traditional ruler of Ochadamu people is known as Onu-Ojokogbe and he is being greeted as Aidu-Ojokogbe (Peter, 2024).

The major occupations of the people include farming, hunting and trading. Ochadamu has a market located at the centre of the town, which is held every five days, involving the indigenes, neighboring villages such as Ogbabo, Ofakaga, Ajedime, Emewe, Agidigba, Owowolo, Ofelikpa, Ikpokejo to mention but a few. In Ochadamu there are Nursery, Primary and Secondary Schools which were established by the Holley Memorial Hospital in Ochadamu, there are several denominations of churches, such as United Evangelical Church (UEC) living faith, Deeper Life, Catholic Church. Ochadamu is strategically located in the heart of Igalaland, as earlier said, Ochadamu is surrounded by several villages such as Ogbabo, Ofakaga, Ejule, Olofu, Mamerebo, Ogbakpedo, Ajedime, Emewe, Agidigba, Owowolo, Ofelikpa, Agbeji, Ikpokejo to mention but a few. It was as a result of its strategic location in Igalaland that led to the establishment of leprosy centre in Ochadamu in 1947 (Peter, 2024).

the main providers of treatment. While these indigenous practices played an important cultural role, they were often limited in their ability to address complex or infectious diseases. The general health conditions in Igalaland during this period were extremely poor, compounded by a lack of formal medical infrastructure, inadequate sanitation, and limited public health awareness. Epidemic diseases such as leprosy, measles, smallpox, and tuberculosis were widespread and had devastating effects on the population. These diseases frequently spread unchecked, leading to high mortality rates, particularly among children and vulnerable groups. The absence of vaccination programs and proper medical interventions made outbreaks both frequent and deadly (Rachael, 2024).

Also, before the establishment of the leprosarium centre in Ochadamu, leprosy patients from Igalaland had to travel long distances to Itu Hospital in the present-day Enugu State to receive medical treatment. This journey was often difficult, expensive, and inaccessible to many, resulting in delayed care or total neglect of those suffering from the disease. As a result, lepers in Igalaland were often isolated, stigmatized, and left to depend on traditional healing methods, which offered little relief and were deeply rooted in cultural beliefs that associated such diseases with spiritual causes or ancestral punishment. The founding of the leprosy colony in Ochadamu by the Qua Iboe Mission marked a major transformation in the local approach to healthcare for leprosy sufferers (Rachael, 2024). For the first time, Igala lepers had access to specialized care within their region, which not only reduced the burden of long-distance travel but also encouraged early detection and treatment. The medical personnel at Holley Memorial Hospital played a key role in challenging and gradually changing the deeply entrenched belief systems surrounding diseases like leprosy, smallpox, and tuberculosis. They educated patients and their families about the biological causes of these illnesses, emphasizing that they were natural infections rather than the result of curses, witchcraft, or evil spirits. In place of traditional herbal remedies, the Qua Iboe Mission doctors introduced modern medical treatment using dapsone tablets and injections, which were among the most effective anti-leprosy drugs available at the time. This modern pharmacological approach significantly improved treatment outcomes and helped in reducing the transmission and progression of the disease. The success of the leprosy treatment programme at Ochadamu not only improved the lives of patients but also began to reduce the stigma associated with the disease in the wider Igala community (Samuel, 2024).

The establishment of Holley Memorial Hospital in Ochadamu marked a turning point in the health landscape of Igalaland. As a mission-founded medical institution, the hospital introduced modern healthcare services, including diagnosis, treatment, immunization, and health education. The presence of trained medical

personnel, the introduction of Western medicine, and improved hygiene practices significantly curbed the spread of infectious diseases. Over time, the hospital played a central role in reducing the region's high mortality rate by providing consistent medical care and initiating preventive health programs. The medical centre in Ochadamu which initially took off as a leprosy rehabilitation and settlement centre, between 1947 and 1950, had developed rapidly and became widely known. In 1948, one year after its establishment, the medical centre metamorphosed into a full-blown hospital rendering services in maternity, general outpatient department, medical ward, surgical ward, eye department, tuberculosis unit with standard laboratory unit (Samuel, 2024).

The medical centre in Ochadamu which initially took off as a leprosy rehabilitation and settlement centre, between 1947 and 1950, had developed rapidly and became widely known. In 1948, one year after its establishment, the medical centre metamorphosed into a full-blown hospital rendering services in maternity, general outpatient department, medical ward, surgical ward, eye department, tuberculosis unit with standard laboratory unit. The medical expertise of Dr. Holley in Ochadamu hospital made the hospital famous as it became a referral centre for complicated medical cases (IdakwoEga, 2020). Also, Holley Memorial Hospital Ochadamu established Primary School in order to teach the children how to read and write in both in Igala and English Languages, before the establishment of Holley Memorial Hospital in Ochadamu there was no primary school in that area, the children in Ochadamu went to primary school in Native Authority Primary School at Idah but Holley Memorial Hospital brought School closer to the people of Ochadamu. Furthermore, the establishment of Holley Memorial Hospital in Ochadamu, made the area to be a commercial centre in Igalaland as at then, because market women in Ochadamu and neighboring communities sold their goods in Ochadamu market (IdakwoEga, 2020).

4.2 Challenges of Holley Memorial Hospital Ochadamu

One of the major challenges faced by Holley Memorial Hospital in Ochadamu was the persistent lack of adequate funding. The Qua Iboe Missionaries, who pioneered the leprosarium and later expanded it into a general medical facility, were limited in their financial capacity to sustain and upgrade the hospital's infrastructure and services. At its inception, the hospital's first structure was no more than a modest mud building, reflecting the austere conditions under which the missionaries operated. Recognizing the dire need for better healthcare infrastructure, the Native Authority in the Igala Division provided vital capital grants to support the construction of a more permanent hospital block (Samuel, 2024). This collaboration was critical to

the hospital's early survival and modest expansion. In addition to local support, the British colonial government contributed to the development of the hospital by constructing a dedicated tuberculosis ward—an intervention that underscored the growing public health concerns around infectious diseases at the time. The mission's international support base also played a crucial role. The Qua Iboe Mission headquarters in Belfast, Ireland, regularly sent financial aid to sustain mission work in Ochadamu, though these remittances were often limited and inconsistent (Ajayi, 2024).

Despite these sources of support, the hospital's operations remained severely underfunded. One notable project that could not be executed due to financial shortages was the establishment of a maternal and child health centre. This proposed facility was intended to provide antenatal care, safe delivery services, nutritional education, and child immunization for women in the surrounding rural communities. Plans had been drawn up, and initial community sensitization efforts had begun, but the required funds to procure equipment, train staff, and construct a suitable maternity block were never realized. Consequently, for several years, expectant mothers were often referred to distant health facilities, many of which were not easily accessible due to poor road networks and transportation costs (Ajayi, 2024). This unfulfilled project reflects the broader pattern of unrealized health interventions across rural Nigeria, where mission hospitals, though critical in bridging the gap in medical service delivery, often operated under the constraints of inadequate funding, limited government support, and over-reliance on foreign aid (1991).

Another significant challenge faced by Holley Memorial Hospital in Ochadamu was the acute shortage of qualified medical personnel during its early years of operation. Between 1947 and 1950, the hospital did not have a resident doctor on site (Corbelt, 2024). Instead, the only medical practitioner available to serve the hospital was Dr. Herbert Dickson, who was based in Ankpa and made periodic visits to Ochadamu (Melaye, 2024). This arrangement severely limited the scope and consistency of medical services that could be offered, as emergency care, surgical procedures, and specialized treatments were often delayed or unavailable. The absence of a full-time physician not only constrained the hospital's capacity to respond to the growing health needs of the community but also placed immense pressure on the few nurses and support staff who managed day-to-day operations. Patients with serious conditions were either forced to travel long distances for proper medical care or received limited attention due to the lack of skilled personnel (Melaye, 2024).

It was not until 1950 that the situation began to improve, with the arrival of Dr. J.C. Holley and his wife, Nurse Marion Holley, who came to Ochadamu as resident medical missionaries (Melaye, 2024). Their presence marked a turning point in the hospital's history. Dr. Holley's medical expertise and Nurse Marion's

professional training significantly enhanced the quality and consistency of healthcare services. They introduced new treatment procedures, improved record-keeping, and helped to stabilize patient care systems within the hospital. However, even with their arrival, the staffing gap remained a persistent problem, as there were still very few trained nurses, laboratory technicians, or midwives available to support the growing number of patients. Holley Memorial Hospital, like many other rural mission health institutions, was dependent on the commitment of a small number of missionaries and volunteers, and struggled to recruit and retain local health workers due to limited resources and difficult working conditions (Vincent, 2024).

Also, a major challenge that significantly affected the development of Holley Memorial Hospital in Ochadamu was the outbreak of the Nigerian Civil War between 1966 and 1970. This period of national crisis brought widespread instability and fear, and its effects were deeply felt even in remote mission stations like Ochadamu (Ahmed, 2024). As tensions escalated and violence spread across various regions, some of the white missionaries serving at the hospital, fearing for their safety, were compelled to return to their home countries. Their abrupt departure created a serious vacuum in leadership, technical expertise, and continuity of care. The war also fostered a general atmosphere of insecurity that affected not only foreign missionaries but also indigenous staff members. Many local health workers were either displaced, too fearful to continue working in potentially volatile areas, or conscripted into military service. The resulting disruption led to a reduction in staff strength, erratic healthcare delivery, and the suspension of several outreach programs that had previously extended medical care to surrounding rural communities (Ayegba, 2024).

Moreover, the war years placed an immense strain on the already limited resources of the hospital. Supply chains were disrupted, making it difficult to access essential drugs, medical equipment, and food (Ayegba, 2024). Funding from foreign mission partners also declined during this period, as global attention shifted to the political crisis and relief efforts were redirected to war-affected zones. Patient attendance dropped as communities became increasingly fragmented and displaced by conflict. This era, therefore, marked a period of stagnation and even regression in the growth of Holley Memorial Hospital. Projects that had been proposed, such as expanding the outpatient department or establishing a permanent surgical unit—were put on hold indefinitely (Abraham, 2024). The civil war not only halted progress but also exposed the vulnerability of faith-based medical institutions in conflict settings, underscoring the need for greater resilience, local capacity-building, and contingency planning in healthcare missions (United Evangelical Church, 2020).

NAME	AGE	OCCUPATION	LOCATION	DATE OF INTERVIEW
Eld. Daniel Ameh	62	Secretary of Holley Memorial Hospital	Holley Memorial Hospital, Ochadamu	22 February 2024
HRH. Umame Oseni	70	OnuOjokogbe of Ochadamu (traditional ruler)	In his house at Ochadamu	7 February 2025
Mr. Friday Peter	50	Pastor	Ochadamu	22 February 2024
Mr. Dominic Akpa	60	A staff of holley memorial Hospital	Ochadamu	23 February 2024
Mr. Francis Animoku	72	Deputy provost of UEC College of Nursing	Ochadamu	23 February 2024
Prof. SS Usman	70	Lecturer	Anyigba	34 March 2024
Mr. Simon Alhasan	70	Cleaner in holley memorial Hospital	Ochadamu	7 February 2025
Mrs. Rachael ElejoIkoyi	60	Provost, UEC college of Nursing	Ochadamu	23 February 2024
Elder Adaji Samuel	60	HOD record office holley Memorial hospital	Ochadamu	30 September 2024
Elder IdakwoEga	50	Lecturer UEC college of Nursing	Ochadamu	22 February 2024
Mary Ajayi	55	Senior Nurse at Holley Memorial Hopital	Ochadamu	30, September, 2024
Samuel Melaye	56	Traditional Leader	Ochadamu	30, September, 2024
Maina Vincent	52	Columnist	Ochadamu	25, September, 2024
Bala Ahmed	49	Police Officer	Ochadamu	25, September, 2024
Samson Ayegba	47	Journalist	Ochadamu	25, September, 2024
Christiana Abraham	50	Nurse	Ochadamu	25, September, 2024
HRH. Shaibu Oguche	70	Traditional Ruler	Emagaba No II Ogugu	07, Feburary, 2025
Mr. Daniel Abah	60	Civil Servant	Anyigba	06, Feburary, 2025
Dr. Ben Omede	50	Doctor	Anyigba	06, Feburary, 2025
Mr. Danjuma Sunday	65	Security Officer	Anyigba	06, Feburary 2025

5.0 Conclusion and Recommendations

5.1 Conclusion

Before the advent of the Qua Iboe Mission (QIM) in Ochadamu in Ugwolawo district of Igala division, there were dangerous and contagious diseases such as leprosy, small pox, yaw and measles. All these diseases were wide spread in Igalaland the Igala people were using herbal medicine to treat their sick ones. In some cases, these herbal medicines were effective for the treatment of some diseases (Apoo), snake bite, fever, while in some cases such as leprosy, small pox, yaw, measles and tuberculosis, were not effective to cure those who were infected with at these diseases that were mentioned above. However, through the efforts of the Qua Iboe Mission, Medical services were provided at Ochadamu. As a result of the effective treatment that was available at Ochadamu, infact, the medical wizardry and expertise of Dr. Holley made the Mission Hospital in the entire Igala land popular and famous; as it became a referral centre for complicated medical cases. The name and fame of Ochadamu mission hospital went far and wide with patients being referred from neighboring states. The study established that there has not been a detailed and systematic study of the role of Qua Iboe Mission in the development of Ochadamu hospital, Ofu LGA, Kogi State 1947-1967

5.2 Recommendations

Both the government and individual should give their support to the Holley Memorial Hospital such as constant power supply, good road network and financial support to the Holley Memorial hospital Ochadamu to be able to render a quality services to the people.

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