THE FIRST DECADE OF PRIMITIVE METHODIST MEDICAL MISSION IN IGBOLAND, 1921 - 1932

by
Francis Anyika
University of Nigeria, Nsukka

I Introduction

Christian medical services had begun in Igboland long before Primitive Methodism entered Bende where in 1910 it established its first mission station in Igboland.] For instance, on 28th August 1890, the Rev. Fr. Joseph Lutz of the Holy Ghost Congregation of the Roman Catholic Mission opened a dispensary at Onitsha. Even before 1890, the Catholic Mission had begun to demonstrate great concern for running medical services in the Igbo country. To quote the Rev. Fr. Francis Akukwe:[2]

> By July 1890, the care for the sick in Onitsha was far exceeding the use of a corner in the mission house.

In 1893, the Rev. Henry Hughes Dobinson of the Church Missionary Society (C.M.S.) of the Anglican Mission, opened another dispensary also at Onitsha. Like the Rev. Fr. Lutz, Dobinson was not a trained medical man and he bothered very little about the physical disposition of his patients in the dispensation of medicines. He wrote inter alia to a friend in England a couple of years before opening the dispensary:

> I have a good many patients coming to me every day to have their sores bound up. They have terrible ulcers. I see them between 7 a.m. and 10 a.m. and refuse to see them any later: quite professional eh! They are very grateful for attention. I give most tremendous doses of Epsom Salts; doses which would almost slay a white man. But our friends, the Onitsha

people come up the next day smiling and ask for more.

However, it would be wrong to conceive Dobinson as trifling with the precious lives of his converts. What is more important here is to appreciate his conception of a missionary as one sent out not only to respond to the spiritual needs of the indigenous christians but also to minister to their physical wants. Since 1890 and 1893, the work commenced at Onitsha by both Lutz and Dobinson has gone steadily forward. As soon as it pioneered into Bende, Primitive Methodism began to take great interest in the physical well being of the indigenous population. Indeed right from the days of the Rev. William Christie (the Primitive Methodist pioneer missionary to Igboland) in Bende, every Methodist Mission premises in Igboland was a healing centre as it were. With the simplest of drugs, the missionaries did what they could for the physical ills of the people. For one thing, missionaries were Jacks of all trades. The missionary had to concern himself with the health of the people amongst whom he was working eventhough he was neither a Doctor nor a trained nurse. As in the case of Henry Dobinson, it happened that the first two Primitive Methodist ladies who worked as nurses in Igboland - Miss Anne Dodds and Miss R. Elkins came out as teachers and not for medical work except in the usual way. However, every Primitive Methodist missionary before leaving Britain for work abroad was given some rudimentary training on curing and diagnosing very simple tropical diseases. To quote the Rev. C.P. Groves:[4]

Thanks to Livingstone College, each of our men appointed to the field has received a training in elementary medicine and surgery, that has qualified him to treat simple ailments and to recognize more serious cases and send for professional aid.

Livingstone College founded in London was a theological

institution for the training of Primitive Methodist ministers. It ran parallel to the C.M.S. Islington College founded in London in 1825. With the closure of Islington in September 1917, the C.M.S. began sending some of its men to Livingstone College for ministerial training while at the same time turning to British Universities for University trained missionary volunteers. II Primitive Methodist Medical Work is put on a new Footing. But it was not until 1921 that Primitive Methodism put women's work in the Igbo country on a new footing. In October of the preceding year, Holborn Hall (the Headquarters of Primitive Methodism) gave an indication that it would soon send out lady missionaries to Igboland. In a very sharp reaction, the Rev. F.W. Dodds incharge of the Umuahia Primitive Methodist central station advised that the introduction of lady missionaries in the Igbo field should be delayed as no residential building had been provided for such category of Labourers in the Igbo country. He wrote to Barkby the missionary secretary:[5]

If eventually the ladies are designated for my circuit, I must point out that there is no place ready for them to the best of my knowledge, nor even a site selected. The site I have in mind is some 3 miles from my house, but whether the owners will release it. This cannot be well attended to until I get out and a further six months must elapse before premises can be got ready. I am afraid I must ask you to delay the sailing of the ladies until I say things are nearly ready, as it will not be convenient for me to put them up for long.

Umuahia was missioned in 1917. With the end of the First World War of 1914-1918, there came a re-arrangement of the Bende Circuit. The plan approved by the Eastern Nigerian ministerial council and Holborn Hall took effect at the latter part of 1919. First, Ovim effectively occupied in 1915, was carved out of the Bende Circuit and created a separate Circuit (Ovim Circuit) with Ovim as the Headquarters. Secondly, Ihube effectively occupied in 1916, was also detached from Bende Circuit and created a

separate Circuit (Ihube Circuit) with Ihube as its Headquarters. Thirdly the Headquarters of what remained of Bende Circuit was transferred from Bende to Umuahia on the railway line. Although with this transfer the importance of Bende began to decline, the fact still remains that for almost a decade Bende was the centre from where evangelistic trips that led to the occupation of a host of Igbo towns were undertaken. Said Dodds in September 1919 when the transfer was effected:[6]

The glory of Bende's name will grow fainter as generation succeeds generation, but there can never be taken from her the glory of having been for nine years the centre from which light and truth radiated among the central Ibos.

The truth is that Dodds' intention was to provide in Igboland right from the onset a befitting and commodious structure for female European workers. The house in his contention, should be built in such a manner that even when housed under the same roof, each lady would have separate quarters to herself, for, he continued:[7]

It is the experience of this mission, and not merely of ours, but of other missions around us, that ladies are very often unhappy when compelled by the nature of their house to be constantly in one another's company at meals, at recreation and at all other times. The story of the suffering undergone by some of our ladies and some of the ladies of other missions has naturally never been told on platforms and seldom in private. I do not care to give instances here, but they are sufficiently numerous to make me think that these ladies should be treated as we should treat a couple of men. Let them have their own arrangements entirely as regards their domestic life. If they choose to live together, well and good. But on the whole, it is better that they should be able to live in their own rooms,

inviting each other out as guests to meals and so on.

The ladies Holborn Hall had in mind to send out were Miss E. Godfrey and Miss Shepherd both experienced nurses and designated for Igboland. To go out with them was Miss Roberts an experienced nurse designated for the Efik country. But Dodds' advice was treated like a scrap of paper fit only for the dust-bin for the three ladies sailed to Nigeria at the later part of 1920 as planned.[8] The Igbo party was coming out to man a "hospital" soon to be opened at Ama-Achara in Umuahia Circuit.[9] A large town in Umuokpara clan in the present Ikwuano/ Umuahia Local Government Area of Imo State, Ama-Achara in Primitive Methodist Medical Mission Igbo heartland is situated on Umuahia-Omu-Imo road. It is roughly three kilometres east of Umuahia town and seventy kilometres north-west of Port Harcourt. Into this town with a population of ten thousand inhabitants (in 1921),[10] Dodds pioneered from Bende his base in 1918, via Ossa and Umorie which he missioned in 1917.[11] The church he established at Onyeagu village soon after taking possession of the town was designed to serve not only Ama-Achara but also Amankwo and Umuabali communities.[12] Before 1920, Dodds had marked out Ama-Achara as possessing the necessary conditions for the establishment of a medical centre and had opened negotiations with Ama-Achara leaders of thought for a suitable site. The appearance of the two lady nurses compelled him to intensify these negotiations. Early in 1921, the two parties reached agreement. In the presence of seventeen men who were the leaders of the seventeen hamlets in Ama-Achara, a large site in Okpayo Opete was offered to the missionary for medical work for a token rent of one shilling per annum.[13] The erection of necessary infrastructures started almost immediately. All the structures had mud walls and thatched roofs. The few beds and stretchers were of bambo sticks. All the drugs were procured from Britain. The "hospital" was opened on 12th March 1921.[14] The Ama-Achara hospital in fact started as a dispensary/ maternity. Apart from

Miss Emilie Godfrey (matron) and nurse E. Shepherd (vice matron) who were the pioneer medical personnel there was also another Briton, Miss Miriam Brazzier who was in-charge of the welfare and evangelistic section of the enterprise. Completing the staff were a number of indigenes who were employed as drawers of water, hewers of wood for cooking, gardeners and for laundry services. One of them Mrs. Ada Nwa Ogwugwu is still serving in the laundry section. At the inception of the "hospital", she was employed to fetch water.[15] Another was a young industrious convert named Peter aged sixteen years who was employed as an interpreter and assistant dresser. Miss Godfrey and her assistant remained temporarily at Umuahia with Dodds and his family, waiting for their new house at Ama-Achara to be ready. On 5th May 1921, they finally left Umuahia to take up permanent residence at Ama-Achara. Although his advice on when to send the lady missionaries to Igboland was not heeded to, Dodds went ahead to provide commodious residential structures for the ladies. Three separate houses, one for each lady were erected. Each had a bath room and a store and was furnished at a cost of £150. On this expenditure, Holborn Hall definitely disagreed with Dodds and accused him of playing ducks and drakes with mission funds. It went further to caution that:[16]

If ladies going out to the West Coast cannot agree to live together, they must not go out as missionaries at all.

At Ama-Achara, Miss Godfrey and her team commenced work with great zeal and were immensely thrilled by the great response that greeted their ministration. It was not long after its foundation when the hospital began to make its impact felt in and around the town. Dodds who visited the dispensary section from Umuahia on 18th April 1921, sent the following report to Barkby:[17]

You would scarcely credit it that in the first 24 days, there were no fewer than almost 600 attendances at the dispensary. It is an amazing sight

every morning. Today there were no less than 80 people wanting attention. Indeed it has meant that I have had to come to the rescue and spend several whole mornings coping with the rush. One fine feature is that most of the people who come are women and children, though there are fair number of men. And they come from all over the place walking even ten and twelve miles.

Miss L. Leggett an evangelistic worker who visited the hospital from Umuahia a few months after its establishment, spoke in the same vein. She underscored the spiritual successes the mission was reaping through the corporal works of mercy. Here is an excerpt of her testimony:[18]

Invariably, I would have a talk with them (the patients) before leaving and I was inclined to think this ministry will be more effective and lasting than all my preaching to Sunday Masses.

And in his own report to Holborn Hall on Umuahia Circuit for the quarter ending 31st December 1921, Dodds who was in-charge of the Circuit underscored purely for emphasis his earlier report of 18th April 1921 on the hospital. He jotted:[19]

At Ama-Achara, the ladies are doing splendidly and your experiment in sending out lady-workers is already amply justified. Miss Godfrey is winning widening renown as a doctor of all manner of diseases. And indeed even in my eyes some of her cures have been most remarkable. To the native they are almost miraculous.

The phenomenal successes recorded at so short a time, led to the erection of a new block and a series of tiny huts as men came from long distances carrying the sick who in many cases could not return home the

same day. The dispensary was opened daily at 6 a.m. except on Sundays. Within the first sixteen months, it registered well over 10000 attendances, many of the patients coming from towns as far as 40 miles away. Miss Godfrey alone treated 7000 of these cases which excluded the numerous patients whom she treated in their own compounds.20 Indeed during the period under survey, Ama-Achara was the only mission hospital in the whole of Bende and Okigwe Provinces. The wide patronage which the hospital was receiving, meant that opportunity for spreading the Gospel through medical services was great and wonderful, for in the out-patient department those who came for medical attention never went home without hearing something of the Gospel. And many of those who heard, embraced the christian faith. Miss E. Godfrey remarked that:21

There are many avenues of approach through which christian missionaries travel in their search for the soul of the heathen - evangelistic, educational and industrial. Each has an important place in the missionary plan, but for directness and speed, for awakening gratitude and welcome none is more effective than the road opened up by medical work.

In 1923, the dispensary embarked on training young girls in mothercraft. The first intakes who rendered assistance in active medical work and acted as interpreters numbered just two. Miss Stringer a qualified nurse had already on 21st June 1922 sailed to Nigeria to relieve Miss Godfrey who was about to go on leave. Because of her ebullience, she was soon described as a lady of outstanding ability, irrepressibly happy under all possible circumstances, endowed with no small measure of common sense and tactfulness, a nurse of high courage and talent in tackling the most difficult cases, and to the whole staff on the field, a sister beloved.

The hospital was self-supporting almost from the start, allowance having been made for the salary of the white personnel. For instance in the twelve months covering the period from March 1923 to March 1924, an

income of £126 was realized. After all expenses, there was a balance of £12. The register for the same period showed 6670 attendances23

exclusive of the daily average of six patients living in hospital and does not represent any visits paid to patients in their own compounds.

As yet, the nurses were working without a single trained African staff. Worse still, there was not a single medical doctor. More often than not, they were called upon to handle heart-rending cases requiring the attention of a medical man and had to rely completely on friendly Government doctors for expert advice and operations both minor and major. Doctor Savage and Doctor Henshaw described as "doctors of African blood"24 are specially mentioned as among the Government doctors who came to the aid of the nurses. But records are silent on the dates they rendered their services. They are also silent on the hospitals to which they were attached. During the period under survey, there were Government hospitals at Owerri and Okigwe. It would seem that the doctors were attached to the Okigwe General Hospital opened in 1915, Okigwe being much nearer to Ama-Achara than Owerri. But this sort of situation which placed the nurses of Ama-Achara always at the receiving end of things was far from being the best arrangement. It was crystal clear that to put medical services on a firmer footing the mission ought to have its own doctor. The Rev. R. Banham who was the oldest Primitive Methodist missionary in the field, had in 1920 called on his Society to consider as a matter of urgency sending to Nigeria a mission doctor whose services "in this untouched region would be of incalculable benefit and far-reaching."25 But nothing came out of the call. In June 1924, one of the most experienced missionaries in the field, the Rev. A. H. Richardson urged Holborn Hall to establish at once a full fledged hospital in Eastern Nigeria, and to send out without delay a medical man to run it. He deposed:26

Only here and there a Government hospital and doctor and these are

inadequate for native needs. The Government Doctor has much a wide field to cover and the white and black Government staff to care for so large that he has no time to work among the ordinary native. What is needed is a specially mission doctor and mission hospital the first care and concern of which is a healing ministry in the name of Jesus.

But apart from his deep concern for the people's medical and surgical needs, there was another important consideration that motivated the call by Richardson. Mission hospitals and mission doctors were making a christian appeal to both the evangelized and non-evangelized. Holborn Hall treated Richardson's call like a scrap of paper, just as it treated Godfrey's appeal in June 1925 to supply the hospital with a surgeon.27 Miss Godfrey's request was sequel to the visit to the dispensary of a white Government Doctor, perhaps from Okigwe, early in 1925. The fame of the white doctor which had spread beyond the confines of Ama-Achara, had resulted in the rapid expansion of the medical work. The number of cases treated during the first half of that year ran into five figures.

III Medical Work Expands Steadily

Although they were greatly disappointed that Holborn Hall could not see its way to send a medical man to Ama-Achara, the nurses remained undaunted in their efforts to give attention to all the out-patient cases that came to them everyday and to maintain regular visits to compounds to see very bad cases. In the first months of 1926, Miss Godfrey went on leave, leaving Miss J. Stringer to take charge of the medical ministry. The latter was ably assisted by Miss L. V. Mackey. The main hospital building spacious enough to accommodate 20 beds, was completed that year. In-patients averaged 30 and only a token fee was demanded from them. A Government doctor came monthly most probably from Okigwe to perform major operations and more often than not, returned half of the fees paid to him for his services.28 The income realized during the year was £200. But

Miss Mackey's illness which necessitated her return to England during the year, led to serious disorganization of work, which reduced the average attendance from 750 a week at the beginning of the year to 400 a week in September. In 1927, the number of out-patients rose to 2080 while the number of new hospital cases grew to 840. The average daily out-patient treatment was 50 while the average daily hospital cases was 30. A total of 4479 injections were administered and cases treated by nurses while travelling from one town to another totalled 2200. The income realized was £853.29 In 1928, only Miss E. Godfrey who had since returned from leave and Miss J. Stringer were the only expatriate nurses managing the hospital. To the 5th Annual Synod of the Primitive Methodist Mission, Nigeria held at Oron from 14th to 19th February 1929, the former reported:30

We have had a very busy eight months in connection with the medical work. She then went onto give the following statistics for 1928: Cases treated = 4192; Daily average of in-patients = 19; Daily average of out-patients = 64; Total treatments including daily dressings = 17877; Total receipts = £1889 16s 0d.31 These attractive figures are eloquent testimony of the ever increasing influence which the hospital was exercising in Igboland. In May (1928) the hospital received a grant of £100 from the Native Administration Fund in recognition of its humanitarian services. The grant enabled the hospital to modernize its buildings and to purchase more equipments in terms of instruments and furniture. Financial assistance was also received from trading firms at Umuahia. The nurses carried their work as usual well beyond the confines of Ama-Achara. During the year for instance, they paid four visits to the Ovim station, three to Agbani and three to Okigwe. As many as 4346 patients were treated during these visits which rendered inevitable undertaking several journeys to the interior. Many of these trips were very long, not only up the railway line as far as Agbani but also for 12 miles over appalling roads into out-lying populous districts. The point is that the lady nurses were great

travellers and their journeys through swamps, farms and rugged bush-paths could not be counted. The joy which the ladies derived from the great responses of the people to their ministration more than compensated for their physical suffering which these arduous journeys entailed. For instance:32

At Ovim on one occasion people followed to the railway station and the healing art was carried on there until the train was actually about to steam out, which it did to the accompaniment of a great howl of sorrow from scores of disappointed still untreated folk. Successes recorded in 1929 were even greater and were achieved by only three European nurses aided by just a handful of their Igbo assistants. In the telling of Dodds:33

By their skilled efforts, literally thousands of lives have been saved, thousands of homes freed of the dreaded demons of sickness, hundreds of mothers rescued from death in travel, and scores of unwanted children kept alive. Of the depth and power of the spiritual impact who can speak? It is beyond calculation.

The story of wonderful successes the medical work achieved during the year (1929) was partially told statistically to the 1930 Synod as follows:34 New cases treated = 16513; Of these 1535 were in-patients while 6890 were cases treated while the nurses were on long treks or on hurried visits to stations where there were no nurses at all. Amount received both for medicines and treatments = £1559. The marvel was that although Dr. Adam Deputy Director of medical and sanitary services in Eastern Nigeria and two other unnamed European Government Doctors who were within the confines of Umuahia Circuit rendered inestimable assistance, the dispensary had not a resident doctor and was not even sufficiently equipped to handle major operations and to treat very serious

and severe illness which the nurses were not competent to handle. Such phenomenal success representing efforts untold, gratified the minds of the nurses and encouraged them in no small measure to intensify their activities. However, the nurses called for the provision of better buildings and more equipments and for a substantial increase in the number of the medical staff to enable them give greater attention to the spiritual and temporal needs of the people. Above all, they renewed the appeal to the Home Base for the provision of a resident mission doctor to give a boost to the work they were doing, and to handle the numerous complex cases which could only be attended to by a trained medical man. Meanwhile Miss Roberts had in May (1929) been transferred from Ifa to Ama-Achara where she assumed a position lower than that of Miss Stringer who was her junior. She had lost the confidence of Ifa people and had to be removed from their midst. However, when Miss Godfrey left for furlough at the middle of the year, she took full charge of the hospital. At long last at the end of 1929, Holborn Hall sent out a Doctor to man Ama-Achara. He was Doctor T. L. Scott, the first European Doctor to work in the hospital. Ama-Achara continued in 1930 to prove a boon to the people of the District and beyond. Patients came in increasing numbers from great distances. Many journeys were undertaken by the nurses to other towns and Circuits and the nurses were gratified by the huge number of normal maternity cases recorded at the hospital. Several thousands of injections were administered for the treatment of yaws and other tropical diseases. The number of injections given to children alone totalled 5000.35 The Annual Synod of 1932, received a thrilling report that the number of attendances recorded at the entire Primitive Methodist medical centres in Eastern Nigeria in 1931 was 51247. The centres were Ama-Achara, the dispensary established in 1921 at Ifa in the Adadia Circuit and the dispensary founded in 1923 at Ikot Ekpene. The figures for Ama-Achara showed a substantial increase over those of the preceding year. Each attendance furnished the mission a rare opportunity of getting in contact with the people particularly those living in the interior and of spreading the Gospel message. Although there was still

much to be done, the medical staff could not but rejoice as they looked back and saw that a lot had been accomplished and that there were great prospects of greater successes. To use the very words of Miss Emilie 138 Primitive Methodist Medical Mission Godfrey who had been associated with the hospital right from its foundation:36

If at times our hearts are sad because of the sickness and evil which heathenism produce, because of the knowledge of those thousands of miles of thickly populated country where the only medical help the people have is the native medicine-man we regain our hope in the knowledge that our supreme source of strength is never failing. We look back and see what has been accomplished in thirteen years and take courage.

But for the dearth of medical personnel more successes would have been achieved, for Godfrey wondered:37

What can one nurse do in a hospital with up to forty in-patients (many of them major operation cases) and a daily average out-patient attendance of forty, call day and night, weekly and Sunday, for the whole of her tour of eighteen months, with the exception of a fortnight's local leave?

In 1932, there were well over 200 surgical operations in the hospital "all performed voluntarily by a young Government doctor who is stationed eight miles away"38 most probably at the Okigwe Government hospital. Added to these surgical cases were numerous other cases who were helped back to health. Dr. Scott had already resigned and gone back to England, and his successor had not been sent out. Indeed throughout the year, there was the usual type of work -out-patient, midwifery, normal and abnormal, protection of twin children and their mothers, injection work, though this had decreased largely partly owing to lack of money, but more because the health of the people had so greatly improved that there was

then no need in the district at least for the extensive work in this respect. IV Summary and Conclusion Throughout the period under survey, Primitive Methodism did all it could to respond to the health needs of the Igbo country. The establishment of a hospital at Ama-Achara was to give greater response to these needs. The medical and surgical work brought the Mission in touch with all types of townsmen from the poorest outcasts and slaves to the wealthier headmen and chiefs. God graciously blessed humble efforts which were put forth and it is not too much to say that this service touched the very heart of the indigenous population. Indeed medical work is a mighty power in evangelizing the unevangelized. Every bottle of medicine became a christian message and every bandage a christian blessing. Through these the people were brought to recognize a new religion with a new spirit and new benefits. The nurses remained unflagging throughout. There were days and days of toil and broken nights in hospital wards, all of which combined to task their energies. They counted on the moral and financial support from the colonial administration, and had to rely on very friendly doctors like Drs. Savage and Henshaw both of African stock for expert advice, operations and intricate surgical cases until the arrival of Dr. Scott in 1929. Male missionaries also rendered humanly possible assistance. Foremost among them was the Rev. Frederick W. Dodds whose name is inseparable from the foundation and growth of the hospital. In the telling of Miss Godfrey:39

> No account of work at Ama-Achara would be complete without mention of Mr. and Mrs. Dodds.

Their judgement and foresight in the choice of the site, the suitability of the buildings for our purpose, and the unfailing help and guidance we have always received from them, have done very much towards making the mission what we have reason to believe it is, a place

where the natives may come readily for healing both spirit and body.

But more spectacular were the successes recorded in the area of leprosarium, the history of which furnishes a classic instance of what can be achieved through active cooperation between the church and state in the corporal works of mercy in Igboland. However this history is provided in a separate paper.

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