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General Hospital Etinan, 1927-2017: An Assessment

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Abstract

This paper is an assessment of the evolution of the General Hospital, Etinan (formerly Qua Iboe Hospital, Etinan) in Akwa Ibom State, in the last 90 years. At its inception, the medical institution was managed by European medical personnel under the supervision of the Qua Iboe Mission and it enjoyed substantial patronage from the people of Etinan and its environs. The hospital also had one of the most efficient Schools of Nursing and Midwifery in the Eastern Nigeria, and contributed significantly to the development of health personnel in the country. However, the management of the hospital was taken over by the government and managed by the Health Management Board in the 1970s. Since the late 1980s, the fortunes of the hospital began to decline particularly in the areas of infrastructure, medical personnel and adequate drugs. This development posed a great challenge to the health needs of the people who hitherto benefited from the services provided by the hospital. Recently, the Akwa Ibom State Government renovated the decaying buildings in the hospitals and also provided some key medical infrastructure. The paper suggests that the gesture be followed up with the posting of qualified health personnel, especially medical doctors and monitoring of revenue generation by relevant government agencies to achieve sustainability, while the community protect the equipment. The paper adopts a historical narrative method.

Introduction

In most developing countries, the evolution of social services over the years depends on many related factors. Chief among these factors are the history of the country's geographical exploration, colonisation and pacification; the development of its trade, industry, political administration, missionary evangelisation; and, above all, the character, caliber and zeal of the men and women who pioneered these early activities (Schram, 1971). Through their extensive

evangelical activity and long monopoly in the provision of health services, the Christian missionaries played a critical role in the transformation of the Nigerian society. Unlike traders, they did not limit their endeavours to the coastal towns, rail lines or commercial centres, rather, they undertook to penetrate the most remote areas in the interior with the determination to remain there until Christianity was firmly established. Unlike government administrators, they did not seek to preserve traditional society, but rather to transform it. Without the missionary enterprise, it is doubtful if Nigerians would have had a taste of modern health services at the time they received it (Coleman, 1958).

The problem of health has always been a fundamental cultural concern in all societies in the world down through the ages. For this reason, the idea of disease prevention and health promotion certainly dates back to antiquity. There is abundant evidence that diseases of one kind or other have always afflicted man. This has called for an organised purposeful response by every society to such threats. Put differently, every society in the world has always had its own medical system. From the beginning, the Ibibio of Nigeria specialised in different branches or aspects of traditional or indigenous medicine. The specialists included the herbalists, bone-setters, eye-specialists, dentists, surgeons, traditional birth attendants etc. (Ukpong, 1986).

However, as noted by Basden (1921: 66), in traditional sacrifices "doctoring was inextricably bound up with the native religion". Ukpong (2007) submits that sickness was often traceable to some spiritual supernatural influence and adds that, that is one of the greatest weaknesses of traditional medicine. The introduction of Western medical services in Ibibio land therefore marked a revolution in the social history of the people.

In Etinan and its environs, in present-day Akwa Ibom State, the introduction of modern health care services is associated with the activities of Rev. John Kirk, the pioneer Christian missionary to the area. It is discovered that, Rev. Kirk's exploits were not confined to Christian evangelization, medical care was an important aspect of his work (Ekere, 1998: 12). Sick people were frequently brought to him for treatment in his dispensary. He had a fair supply of drugs and even undertook the training of one of his servants in the administration of some of the drugs. As the health challenges of the people increased the missionaries began to tinker with the idea of establishing a hospital to cater for the needs of the people. Consequently, the General Hospital, Etinan (formerly, Qua Iboe Hospital, Etinan), was established in 1927 (Akpan, 2016).

The hospital has evolved in the past 90 years facing series of challenges such as lack of funding, decaying infrastructure, absence of qualified medical personnel, diminishing patronage, etc. For proper assessment of the evolution of the hospital, the paper is divided into seven sections. Section one is the introduction, section two discusses the introduction of Western type of medical services in the Old Calabar Province, section three examines the establishment of Qua Iboe Mission in Etinan and its environs, section four looks at the hospital after the Nigerian Civil War, section five discusses some of the achievements of the hospital, section six looks at the challenges, while section seven is the conclusion.

The Introduction of Western Medical Care in the Old Calabar Province

The history of medical care among the indigenes of Old Calabar, prior to the advent of scientific medical treatment, rested on the indigenous or traditional herbalists, sometimes known as medicine men. This professional was known in the community as *abia ibok* (an adept practitioner of medicine). The Europeans came to label him "witch-doctor", a term of unclear definition which may led one to regard him as a witch or wizard who cures diseases by the power of witchcraft or sorcery, or one of the doctors among the witches, or one who frees someone of spells. Apart from *abiaibok*, as one main source for herbalist treatment in those days, there were other sources, one of which was *abia idiong* (a diviner) and such other superstitious sources, since most of their physical or mental ailments were attributed to enemy charms or witchcraft (Erim and Ndoma-Egba, 1998).

According to Erim and Ndoma-Egba (1998), the earliest known source of scientific medical treatment in the Old Calabar Province came from the Presbyterian Mission in the 19th century. From its inception, it has been the Christian tradition to disseminate the gospel message side by side with curing the sick. Jesus Christ, the purveyor of the Christian faith, while preaching the gospel healed the sick among them at the same time through divine dispensation; but the early missionaries were not endowed with divine mysteries for healing the sick as Christ did, and so medically trained missionaries became part and parcel of the Christian evangelism. This became even more necessary in their new field of endeavour where fatal tropical diseases caused severe hazards to human health, both to the foreigners and indigenes alike.

Some of the early missionaries had combined their study of divinity with medicine before their advent to Africa. Thus, they were

equipped to take care of themselves and their families. Rev. Hugu Goldie of the Presbyterian Mission who came to Calabar in 1847 and Edgerley (Junior) did short courses in medicine in Edinburg. It was however, in 1855 that the first full medical missionary doctor, Dr. Hewen, arrived Old Calabar to join the Presbyterian Mission team. It is believed that early doctors carried out their duties in a room in the mission house and also went about on foot in a canoe to attend to other patients in their houses. Those who needed the services of the doctors were many; they included: the missionaries themselves, a few chiefs and some sections of the civil population, who might have believed in the efficacy of the European medicine.

In 1891, Major Claude Macdonald, the Commissioner and Consul-General, arrived Calabar, the headquarters of the Oil Rivers Protectorate. In 1893, the Oil Rivers Protectorate, after it had extended its domain to incorporate the immediate hinterlands of the rivers and west of the Niger Delta, was renamed "the Niger Coast Protectorate" (Udoma, 1987). The enhanced administrative status led to the increase in the number of European population in Old Calabar area. These included: government officials and traders at the factories and ships. There was also an increase in the staff strength of the expanding factories, because of the relative security to life and property under the new British government.

The sudden increase in European population reflected on the unusually frequent and untimely death toll among the Europeans because of the hazardous Nigerian climatic condition. Thus, by the second half of the 1890s, the death toll among the European population on the coast had attained some alarming proportions. The missionaries and others had to break their periods of stay in Calabar with frequent health holidays at the Canary Isles and some were sent home and never to return. Public health, therefore, became the principal concern of the new government of the Niger Coast protectorate and medical facilities were desperately needed to arrest the devastating trend. Formerly, the government was managing its precarious health situation with dispensaries, now the need for real hospital became both imperative and urgent (Erim and Ndoma-Egba, 1998).

The first government medical doctor was Dr. Mackinson. He was followed by Dr. Allman. The absence of a hospital in Calabar at the time forced the two medical doctors to convert their dwelling abode at one of the factories along the beach, where European population was heavier, to "temporary clinic". There, patients would be examined and treated in a room at the doctor's house. Sometimes, they would

travel in canoes along the river to visit their patients. Finally, in 1897, St. Margaret's Hospital, Calabar, was established and it became a modern, medical outfit, first of its kind in Nigeria (Erim and Ndoma-Egba, 1998).

After the establishment of St. Margaret's Hospital, both the colonial and missionary authorities, particularly the latter, saw the urgent need to extend the frontiers of modern medicine to the inhabitants of the hinterland areas of Calabar. Thus, by 1901, a mission hospital was established at Creek Town; the next hospital took off at Itu in present-day Akwa Ibom State, which was established as "the first real mission hospital", it is generally considered as having been opened in 1905 by Rev. Dr. David Robetson (Aye, 1987).

The Establishment of the Qua Iboe Mission in Etinan and Its Environs

In April 1846, the Presbyterian Mission was established at Calabar led by Rev. Hope Masterton Waddell. Converts were made and the fame of the missionaries spread rapidly to the hinterland including Ibeno, a fishing community in present-day Akwa Ibom State. The Ibeno chiefs requested for a missionary to the area through the Presbyterian missionaries based at Calabar. Rev. Samuel Alexander Bill, born in Belfast, Northern Ireland responded to the call and arrived the area on the 1st of December, 1887.

From Ibeno, the Qua Iboe Mission spread to Etinan area in November 1898. As the Qua Iboe Mission became the dominant missionary body in Etinan and its environs and indeed one of the dominant Christian bodies in Akwa Ibom, its leadership felt the need to respond to the increasing demand of the converts and other members of the public for modern health care facilities. The missionaries vehemently resisted the idea of the converts reverting to treatment by "witch-doctors". This brought about the idea of the establishment of the hospital at Etinan in 1927, about 29 years after the establishment of the Qua Iboe Mission in Etinan. The missionary in-charge of Etinan, Rev. Bennington, was the arrow head of the project. He liaised with the indigenes of Etinan village for a suitable land for the project. Land was donated individually by Udofot Umoh, Akpan Etuknwa, Thomas Eshiet and Idiok Etuk. The families of the donors were permitted to receive free medical treatment, while some of them were employed as workers in the hospital and the sum of two Shillings and Six pence was paid to them yearly as compensation (Etuknwa, 1985).

Dr. Bernard Wheatley, an Irish, was the pioneer medical personnel of the hospital. Since he arrived before the completion of the

construction of the hospital, Dr. Wheatley had to use the ground floor of the Mission House to kick-start the medical venture. One room served as his dispensary, consulting and out-patient room. The other room served as a theatre, ante-natal and maternity. In 1928, the first phase of the hospital building was completed. *The Qua Iboe Mission Quarterly* of February 1928, reported that the Hospital was built on top of the hill close to the River (Doctor Creek), overlooking a broad vista of palm and other tropical trees. "It is one of the finest sites in Qua Iboe. The buildings consisted of four wards (one for male and one for female) and operating theatre, a small dispensary and patients' waiting room. A mud house for lepers was built at an isolated corner of the premises (Etuknwa, 1985; Ekere, 1998).

On the 4th of January, 1928, the hospital was officially dedicated by Rev. Samuel Bill, founder of the Qua Iboe Mission. On the day of this dedication he remarked that, "whenever the gospel is carried, two things are always linked together, preaching and healing. The medical outfit was initially called Qua Iboe Hospital, Etinan. Dr. Wheatley, the first staff of the hospital was joined by Miss Hilda Davis, a trained Irish nurse. With this handful of staff, Dr. Wheatley worked vigorously for one year. In May, 1928, he was forced to retire, owing to ill health. He was succeeded by Dr. Charles Ross.

During the tenure of Dr. Ross, the hospital developed rapidly. The staff situation also improved considerably. Among the new staff were: Miss Wallace, Miss Vear, Miss Casterton and Mrs Molly Ibanga. The hospital became known to people from distant places who had to come for treatment. Dr. Ross served in the hospital for about 10 years and was succeeded by Dr. Munchheimer, German medical personnel. Dr. Munchheimer left the hospital at the outbreak of World War II for security reasons. This was followed by a succession of doctors and nursing sisters who contributed immensely to raising the standard of the hospital to an enviable standard. Among these doctors were: E.M. Davis, W.H. Hollet and O.N.A. Mitchell. The Nursing Sisters included, M. S. Russell, M. J. Cairns, E.D. Wetton, J.E. Peacock and M.D. Pitchard (Ekere, 1998).

In 1948, the old buildings except the female ward and the out-patient department were demolished and new buildings put up as memorial to Rev. Bill and Rev. Mckeoroone, first Secretary to the Home Council in Belfast. Consequently, the hospital was renamed Qua Iboe Mission Memorial Hospital, Etinan. Again, with the registration of the Qua Church in May 1956 as an indigenous church, there was a handing over of the hospital from the Qua Iboe Mission to the Qua

Iboe Church; hence, the name was also changed to Qua Iboe Church Hospital, Etinan.

The colonial government appreciated the efforts of the mission and started to make some financial contributions to the development of the hospital right from the beginning. In 1930, the hospital received a government grant of £250 which was added to construct a new wing of the hospital. The Home Mission provided funds for salaries, drugs and general maintenance. Funds derived from the services provided by the hospital was not much. In the course of time, funds came from Iman, Western Nsit County Councils, Qua Iboe Church Conference, Samaritan Fund and government grant-in-aid (Ekandem, 2016).

In 1948/49, Dr. W. Holley worked very hard to build up the hospital and have it recognised in 1950 by the colonial government as a training school for general nursing and thereafter as midwifery training school. Mr. Maconaghie was the first training tutor while Miss J.E. Peacock was the first midwife tutor. In 1950, classrooms and hostels were added. The building was undertaken by a famous master builder, who built most of the Qua Iboe Church buildings, Elder Thompson Umo-Eboh, popularly known as "Carpenter Thompson". In 1954, a classroom and a hostel were built on a new site across the Etinan Ekot road, for the training of student nurses and pupil midwives. In 1957, the school was further recognised as a grade one midwifery training school (Ekere, 1998; Ikpe, 2016).

The hospital and the training school had high reputation in Eastern Nigeria. In 1956, one of the female students attained the honour of gaining first place in Nigeria in her final examination. This attracted Dr. Michael Okpara, the Eastern Regional Minister of Health, to present prizes to the nurses at the prize-giving day in that year, while Sir Francis Ibiam graced a similar occasion in April 1961, as Governor of the Eastern Region.

At the occasion, Dr. Ibiam observed that:

...delighted to visit the hospital officially...I pay high tribute to this missionary effort and pray that it will continue to give the outstanding service which it has given over the years (Ekere, 1998: 41).

In 1954, water pump installation was made available in the hospital, while electric light was provided in 1956. The use of X-ray film commenced in 1958 while the X-ray and Physiotherapy

Department was opened in 1961. The Pediatric Ward opened in 1963. The Hospital authorities reported that the community gave full support to the hospital in years gone by, but that "the attendance has now thinned down badly". It was noted further that the annual total attendance at all clinics was 20,214 patients in 1960, reduced to 15,837 in 1963 (Ekere, 1998, 43).

Being a Christian mission institution, the hospital emphasised the religious motive that inspired its establishment. In this respect, it would not be inappropriate to conclude the account of the early phase of its journey by citing a report of its religious activities thus:

The hospital has all along kept to its aims of manifesting the love of Christ to those who came within its care, and providing Christian training for those who feel the call to the ministry of healing. In early days, weekly Bible studies were held. All the nurses not on duty on Sunday turned for the morning Sunday worship at Qua Iboe Church, Etinan as a group...Dr. Mitchell felt the need for the hospital to have a chapel and with gifts from overseas, he built one which was opened in July 1960. Thus, all religious activities were held in the chapel. Miss Bunting organised Girls' Life Brigade Company. The Christian Medical Fellowship, now called Hospital Christian Fellowship held a conference in October, 1965. (Cited in Ekere, 1998: 47).

The Hospital After the Nigerian Civil War

The operations of the hospital were greatly hampered during the outbreak of the Nigerian Civil War, (1967-1970). At the outbreak of the war, the expatriate medical personnel had to leave the country thereby creating a very serious gap in service. Moreover, the hospital management had great difficulties in obtaining the necessary drugs for the hospital from overseas. Because of the lack of personnel and drugs, the hospital was unable to cope with the number of patients who seriously yearned for medical treatment. At a point during the war, the general state of insecurity in Etinan and its environs made it impossible for the few Nigerian medical personnel to be regularly present in the hospital, hence skeletal services prevailed. Although the hospital was not destroyed the war, it however operated below capacity (Essien, 2016).

After the Nigerian civil War in 1970, the government took steps to exercise greater control over voluntary agency hospitals. It completely took over the recruitment, posting of doctors and nursing personnel. Most of the doctors posted to Etinan were Africans and so where the nursing sisters (Ekere, 1998).

In 1975, the South Eastern Government gave a grant for the development of critical projects in the hospital. The grants helped in the construction of some buildings such as operating theatre, administrative block, x-ray and maternity blocks. In 1978, the Cross River State Health Services Management Board was established by the government. Hitherto, the hospital was under the management of a Board of Governors, which was purely an advisory body. At the extraordinary meeting of the Qua Iboe Church Standing Committee in 1979, it was unanimously resolved that the hospital should opt into the State Health Management Board. As a result of this decision, the Board of Governors was replaced by a Hospital Management Committee established by Government. This change had some very adverse effects on the function of the hospital. The hospital had to depend on what it could generate and the subvention from Government which could not cover staff emolument. Later on, all voluntary agency hospital staff were absorbed into permanent establishment, which meant that Government was to be responsible for payment of salaries and all allowances and retirement benefits (Ekere, 1998).

Ekere (1998) notes further that the partnership between government and voluntary agencies in the running of hospitals in the 1970s and early 1980, did not work in a way that satisfied either of the party. The voluntary agencies wanted the government to spend more money on hospitals while the government wanted the voluntary agencies to contribute much more than they did. The government carried out disengagement by handing back hospitals and schools of midwifery to voluntary agencies on the 31st of October 1985. The church had to form its own Qua Iboe Church Hospital Management Committee. Subvention was drastically cut and the management committee had to call on the proprietors to step up their financial obligation to the hospital. However, following the creation of Akwa Ibom State out of the old Cross River State in 1987, the government introduced health policy which made it necessary for it to have a General Hospital in each Local Government Area. As a result of the development, the hospital became a totally owned by the government.

Achievements of the Hospital

The hospital has recorded a lot of achievements since its establishment. As mentioned earlier, at its inception, the hospital was the only health facility providing health services for the people of Etinan and its environs, including Eket, Abak and other places. In

1948/1949, Dr. W. Holley worked very hard to transform the hospital and have it recognised in 1950 as a training school for General Nursing and thereafter as Midwifery training school. Mr. Frank Macconaghic was the first midwifery tutor. In 1957, the school was further recognised as Grade 1 Midwifery Training School. By March 1959, 25 trainees qualified as Nigerian Registered Nurses. 30 as Grade II and two as Grade 1 Midwife. Etinan hospital and the training school had high population in the Eastern Nigeria.

Table 1: Q.I.M. Hospital, Etinan, Admission in the Late 1950s to Early 1960s

Year	Children	Men	Women	Maternity	Total
1958	480	567	547	600	2194
1959	611	569	695	680	2555
1960	543	618	627	663	2455
1961	591	639	699	782	2711
1962	585	650	697	667	675

Source: Etuknwa, Jeremiah Jim. (1985). "Qua Iboe Church Hospital, Etinan". *Long Essay, Department of History, College of Education, Uyo*. p. 10.

Table 2: Out Patients Attendance, 1960-1963

Clinic	1960	1961	1962	1963
General Clinic	11,074	6595	9765	3700
Post-Natal Attendance	578	2,495	2898	1,239
Ante-Natal Clinic	4,348	4,866	4,278	3,937
Casualty & Dressings	2,096	3,174	2,466	1,867
T.B. Clinic	256	130	160	126
Total Attendance	18,352	17260	19567	10,869

Source: Etuknwa, Jeremiah Jim. (1985). "Qua Iboe Church Hospital, Etinan". *Long Essay, Department of History, College of Education, Uyo*. p. 10.

Table 3: Available Results of Schools of Nursing and Midwifery Examination, Qua Iboe Church Hospital, Etinan, 1959-1984

Date	Final Exam of Nursing Council		Grade I Midwifery		Grade II Midwifery	
	Entered	Passed	Entered	Passed	Entered	Passed
June, 1959	14	14	3	3 (Dist.)	-	-
Dec., 1959	5	4	3	3	3	3
June, 1961	15	13	14	14		
1963	7	4	16	16		
1964	8	8	5	5		
March, 1984	-	-	27	21		
Sept 1984	-	-	24	22		

Source: Etuknwa, Jeremiah Jim. (1985). "Qua Iboe Church Hospital, Etinan". *Long Essay, Department of History, College of Education, Uyo*. p. 21.

According to Etuknwa (1985), by 1985, the hospital had more than 200 staff in its employ. In the past, many workers were given on-the-job training. This development greatly reduced unemployment rate in the area. The hospital provided the people of Etinan and its environs with skilled and improved medical services. Ailments that were previously attributed to supernatural forces were easily handled. Pregnant women received expert maternity care. In the days of Dr. Wheatly, Ross, Muchrimer and Davies, messengers were sent to the rural communities around Etinan to announce in advance the visit of medical teams who used to embark on free medical tours (Ekandem, 2016).

Some Challenges

Indeed, a lot of challenges have confronted the hospital since its establishment. At its inception, the hospital had no electricity. Firewood was used for sterilization and related purposes. There was a period lanterns were used in each of the wards and the small generator bought by the hospital was used only in the theatre during operation period. This continued for a long time. Because of this, patients started to boycott the hospital. When the condition deteriorated further, the traditional institution in Etinan sought the intervention of the government for the provision of a bigger generator (Ekandem, 2016).

Although the students in the School of Nursing had performed so well in the 1950s and 1960s, it did not continue to develop satisfactorily in every respect. In 1971, when the standard for training hospitals was revised by the Nursing and Midwifery Council, the hospital could not provide the required number of beds, specialist doctors and tutors that were stipulated. Consequently, the School of Nursing was discontinued.

By 1980, the number of patients that attended the hospital had reduced to 7,704, while in 1986, it was 6,720 (Ekere, 1998). From that period, a steady decline in the number of in-patients in the hospital became noticeable. This may not have been due totally to the decline in the standard of the services given to the patients. It was due also to the changes that had taken place in the society. For instance, in the 1960s, there existed only one hospital serving many administrative divisions, and no private hospital. Almost all sick people were taken to the hospital for treatment, but now, there exist health facilities in all nooks and crannies of Etinan and its environs. Consequently, a

greater percentage of people who ought to receive treatment in the hospital now divert to private medical establishments.

Indeed, since the 1990s, the hospital's operation has been at its lowest ebb. However, in 2017, the Akwa Ibom State government, through the Ministry of Health revamped and equipped the hospital. Some of the new equipment delivered to the hospital include: automated beds, ultra-scanners and electrocardiogram machines. Others are: spot vital signs devices, fetal anomaly scanners, endoscopes, hoist lifts and oxygen concentrators among others (Asuquo, 2017).

Some challenges still persist especially in the area of the provision of adequate drugs, even though the challenge might not be peculiar to Etinan hospital, but considering the age of the hospital and the population of the area of coverage, it becomes necessary to request the relevant authorities to look into this perennial problem. Also the hospital does not have sufficient medical personnel to cater for the patients. It has also been discovered that there is no adequate data base in the hospital that reflects the number patients handled in the hospital since the 1990's. This posed a great challenge to this researcher who had to rely on old records.

Conclusion

In the traditional Akwa Ibom society, herbal medicine was one of the best known and best organised professions. Diseases clouded the lives of the people, thus the maintenance and restoration of health was a perennial concern. Indeed, traditional medical practitioners were an important group in the society for nobody could do without their services. There was no Akwa Ibom village that did not have at least one medical practitioner to treat common ailment. The practice was based on intimate knowledge of herbs and their potencies and ability to harness psychic forces through such extrasensory powers as clairvoyance and clairaudience. Traditional medicine practitioners handled various kinds of human and health problems, physical, physiological as well as psychotropic. Stomach problems, fever, headache, snake bites, food poisoning, infertility and impotence were commonly treated. Surgical operations were not uncommon, especially with respect to setting fractures, extracting bullets from the body and incision of boils. Bad blood was extracted from the body by trepanning, while difficult pregnancies were handled with remarkable expertise (Akpan, 2018).

Mental disorders were treated not only with drugs but elaborate rituals of healing and psychic protection. Indeed, rituals and esoteric incantations were used to reinforce the pharmacological potencies of herbal drugs. This practice arose from the belief that ill-health did not come naturally, as a result of poor hygiene, for instance, instead this was interpreted as a sign that the gods or the ancestors were in anger. Indeed, Ukpong (1986) asserts that this is the greatest weakness of indigenous medicare.

The advent of the Christian missionaries profoundly punctuated the prevailing traditional notion of health management. The missionaries were the first group of Europeans to introduce improved Western oriented medical services. As noted, in the old Calabar region, the first of such medical facility was introduced by Rev. Hugh Goldie of the Presbyterian Mission. In 1855, the first full medical missionary doctor, Dr. Hewen, arrived Old Calabar to join the Presbyterian Mission team. In order to arrest the alarming death toll among the Europeans in the 1890s, it became necessary for the colonial government to have its medical officers. In 1897, the St. Margaret Hospital was established in Calabar. In present-day Akwa Ibom State, the establishment of the Mary Slessor Joint Hospital, Itu, by the Presbyterian Mission marked the official phase of such development in the area.

The Qua Iboe Mission, being the pioneer Christian group in present-day Akwa Ibom blazed the trail in Western education and was also one of the earliest missionary bodies to introduce Western oriented health services in the area. After its establishment in Ibeno, a fishing community, the Qua Iboe missionaries advanced further inland to Etinan, where a hospital was built in 1927 to cater for the health needs of the people. The hospital has passed through some phases and underwent series of challenges which the study has enumerated. After being abandoned for a long time, a situation that resulted in decaying infrastructure and absence of capable medical personnel and drugs, the Akwa Ibom State government in 2017, intervened and renovated the hospital, a development that has been applauded by many individuals and groups in the area. This calls for the government to satisfactorily provide relevant equipment to the hospitals and the requisite personnel to perpetuate the vision of the founding fathers and the aspiration of the community. The community should be alert and help in checking infiltration that would result in the damage or loss of property.

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