

**CHRISTIAN MISSIONARY, HEALTH CARE SYSTEM AND SOCIAL COHESION  
IN IGALA LAND: A STUDY ON HOLLEY MEMORIAL HOSPITAL, OCHADAMU**

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**ABSTRACT**

Igala land has been influenced by the activities of four major missionary bodies. They are the Church Missionary Society (CMS), Roman Catholic Mission (RCM), the Qua Iboe Mission (QIM) now United Evangelical Church of Nigeria (UEC) and the Christian Mission in Many Lands (CMML). Expectedly, these missionaries should have impacted on the socio-cultural and economic cohesion of the environment, in addition to spreading the gospel. This study therefore investigates the social cohesion of the Qua Iboe Mission (QIM) now United Evangelical Church of Nigeria (UEC) in Igala land especially in Ochadamu. In sum, Igalaland has been influenced by four major Christian Missionary groups: the Christian Missionary Society, the Roman Catholic Mission (RCM), the Christian Mission in Many Land and the Qua Iboe Mission. They had positive and cohesive influence on the socio-cultural, political, religious and economic impact on the people in the land. The study strongly recommended that religious bodies and other organisations should emulate missionary societies in Igala land and impact positively on their immediate environment.

**KEYWORD:** Church Missionary Society, Christian, Igala, Ochadamu, Qua Iboe Mission, Social Cohesion,

## **INTRODUCTION**

The Qua Iboe Mission came into being as a result of the pioneering work of Samuel Bill, who came from Northern Ireland, and responded to a call for someone to take the gospel to people who had not heard the gospel of Jesus Christ. In 1887, he arrived at Ibeno at the mouth of the Qua Iboe River where the first Church was planted and fellowship commenced immediately. The church moved into Igala land in 1931 when Jim Wesgart and John Nelson were sent to explore the possibility of reaching Igalaland with the gospel of Christ. In 1932, a Church was planted at Ugwolawo by Reverend David H. O'Neil and Dickson with his wife Hilda. When they came, they discovered that despite the presence of the Catholic Mission and the Brethren Mission, over two hundred and fifty thousand (250,000) people still practiced traditional religion (David, 1999).

After due consultation with the traditional ruler (the Attah of Igala), they moved to Idah (the headquarters of Igala kingdom). As a matter of fact, growth was slow but steady in spite of many hardships, illness, hazardous rivers and occasional hostility from the people. Different obstacles came in the cause of spreading the gospel. Fresh land was opened among the Igala and Bassa people and then to the stanching Muslim City of Kano in the extreme North. Today, the Mission had planted Churches in all parts of Igala communities. There are about 52 Qua Iboe Churches in the land, Chief Amana: 2009. It is evangelical in its outlook and holds firmly to the historic truth of the Christian faith. The Mission had succeeded in reaching to other tribes in Nigeria.

Ochadamu is located in the Eastern part of Kogi State. The population is about ten thousand (10,000) inhabitants and has about twelve villages. The major occupations of the people are farming and hunting. They cultivate farm produces like yam, cassava, corn, millet and so on. Ochadamu has a market located at the centre of the town, which is held every five days, involving the indigenes, neighbouring villages and traders from other neighbouring States.

The first Leprosy site was used as a prayer house, which later became Qua Iboe Church about 1952, Simon: 2008. Today, the Church has become a very big place of worship, accommodating about three hundred and fifty (350) worshippers. Apart from the Qua Iboe Church there are five other Churches that came later. These are: The New Testament Mission International, Salem Church, Salvation Gospel Church International, Deeper Life Bible Church and Evangelical Church International (Idoko, 2009).

Holley Memorial Hospital was founded in 1950 in response to the need of those suffering from Leprosy. Holley Memorial Hospital is recognized by the Nigerian government as a place of excellence in the treatment of Leprosy. The Leprosy department is run in partnership with Leprosy Mission International and it is used as a reference centre in Kogi State. Today, the Hospital has grown to a large general hospital, providing specialist services in Surgery, Maternity, Obstetric, Orthopedic, Ophthalmic, Record or Statistic department, theatre and caring for increasing number of patients suffering from Tuberculosis and HIV/AIDS. A large out patients department emerged as a result of large population of the indigenous people.

Most available literatures on Christian Missionary activities seem to focused on Education, Religion and Socio-Cultural aspect as the major activities of the Christian missionaries, neglecting the medical work of the missionaries. The Christian Missions are very important in the history of modern health care system in Igalaland. Despite this general consensus, writers have neglected this rich part of Igalala history. At present, there is no existing work on health care system generally especially in Igalaland. Obviously, the lack of concern to the study of the history of health care system in Igalaland, has equally led to the absence of works on Holley Memorial Hospital Ochadamu. Although, Holley Memorial Hospital has contributed significantly to the development of health care system in Igalaland, by treating dreaded diseases like leprosy and TB. In other to achieve the above, both primary and secondary sources of data will be used. For primary data, interview will be invaluable for this study.

## **Christian Mission and Health Care System in Igalaland**

### **Church Missionary Society (CMS)**

The Church Missionary Society was established at Idah in 1857 by Samuel Ajayi Crowther, Okwoli: 1973. The Attah of Igala and some of his kinsmen felt that, the Western education and religion brought by these missionaries had brought disrespect to their culture and thereby becoming an insult to the Igala kingdom. CMS was closed down in 1872 due to the cultural conflicts between Western civilization and Igala cultural practices (Okwoli: 1973). The CMS was moved to Lokoja where Bishop Crowther resided. In 1890, the CMS activities in Igalaland were concentrated in Bassa, close to Lokoja. While in 1895, Churches were opened at Akabe and Kpata. At this time, there were difficulties in converting the indigenous people of Bassa because they thought that CMS workers came to discredit their traditional beliefs and customs. Therefore, it became very uneasy for the CMS to communicate with the Bassa people since there was no body to teach them Bassa and none to interpret for the missionaries.

In trying to win more souls, the CMS made some efforts in 1920s by establishing Schools and Churches, but the elderly men and women could not cope with them because of their traditional beliefs and practices, except for the young ones. Churches were established at Ankpa and Bassa Nge in 1950. The CMS work spread to areas like Anyigba and Dekina townships (Okwoli, 1973). The medical work began with the coming of two medical missionaries who left Bida Emirate in 1932 for Bassa-Nge. They were Mrs. Mathews and Miss K.E. Ristster. They both stayed at Kpata and Akabe respectively. Miss Ristster of Akabe was a midwife and in 1934 built a health care centre which served all the villages in the Akabe area. Before the opening of this health centre, pregnant women suffered greatly due to lack of medical care. Today the health centre is still serving Akabe community to some extent (Okwoli: 1973).

### **The Roman Catholic Mission and Health Care System in Igala Land**

The Roman Catholic Mission actually came to the confluence area of Rivers Niger and Benue in 1880s when a report reached Rome about the thick populated area, (Okwoli, 1973). The

information was given by some group of Catholic missionaries who came along with the Portuguese Merchants at the middle of the nineteen-century due to the influence of Slave Trade (David, 1999). In 1885, Rev. Father Joseph Luts and Horn accompanied by brother John and Hermas, landed at Onitsha. On July 15th 1889, the Onitsha Mission was officially established into prefecture, had its boundaries at the River Benue in the North, the Atlantic Ocean in the South, the Cameroon to the East and the River Niger in the West (Okwoli, 1973). According to Okwoli, the Rev. Fathers were “Holy Ghost Fathers”. In fact, the Rev. Fathers experienced initial difficulties in making converts in Igala land. Okwoli further said that, from their Station in Onitsha in the Eastern part of Nigeria, their missionaries made way to Dekina at about 1903.

By 1933, three Parishes had been established in Idah, Ankpa and Odoru. Their commitment to social work such as, education, medical and Agriculture including preaching the gospel, contributed to their great service in Igala land. Attention shall be given to the medical service in Igala land. Some of the RCM medical works include: Anyigba Catholic Hospital, Ankpa Medical Mobile Clinic, Egume Catholic Maternity, Odomomo Dispensary, Immaculate Heart Maternity, Awo-Akpali, and Sheria Health Centre.

### **Anyigba Catholic Hospital**

Anyigba Catholic Hospital was opened on 11th Feb., 1964 by the Holy Rosary Sisters for the health and wellbeing of the Igalaland. The pioneering sisters were Sister Ailbe and Riona. At this time the hospital was a mobile clinic until 6<sup>th</sup> may 1978 when it was officially called Grimard Hospital by Leopold Grimard, under the Catholic Diocese of Idah. The Hospital began as a mobile Clinic in 1964 and gradually became a full-fledged Hospital in 1978 (Abdullahi: 2008).

The Hospital was established by the Holy Rosary Sister to assist and care for the sick ones (particularly those who suffer from sicknesses such as Chicken pox, Sore, Fever, Yellow and Fever Snake bites). After listening to the preaching of the gospel, those found with any of these illnesses were treated free of charge. According to Dr. Abdullahi, as the Clinic became

a full-fledged hospital, some departments such as Female Ward, Male Ward, Private Ward, Out Patients Department, Theatre, Laboratory Section, X-ray Department, Scanning Department, Pharmacy Department, Administrative Unit, Laundry Department, Maintenance Unit, Security Unit and Mortuary Unit were added. All these are the various departments that are still in operation today, and are headed by a Matron and closely monitored by the Bishop of Idah Diocese, through the Health Coordinator of the State. While the workers are paid by the little money derived from the Patients. Today, the Hospital has become a full-fledged one as well as a reference centre for all other Hospitals in Kogi East and the entire State. Also, patients come from different States in Nigeria such as, Benue State, Edo State, and Kwara State. The location of the Hospital makes it easy and suitable for quick access for medical attention in the Hospital.

#### **Ankpa Medical Clinic**

The Ankpa Medical Mobile Clinic was opened by the Holy Rosary Sisters, on May 13th 1971. These were Sisters Benedette and Anthanasius. While carrying out the gospel of Christ, they found out that there were some illnesses such as Chicken pox and Fever all over the community. In 1974, the sisters began a Mobile Clinic for the health of the people in Ankpa. According to Okwoli, the Towns and Villages on the programme were: Okura-Olafia, Akpanya, Abejukolo, Awo-Akpali, Ikanekpo, Adumu Agala/Eboyi Olafia and Emere. This programme worked from 1974 to 1979, but in 1981 due to an integrated program, Sister M. De Comfort introduced primary Child care programme which affected some areas like: Ofugo, Imane, Emanyi, Bagana, Okaba, Ogodu and Ibado-Akpacha, (Okwoli: 1973).

#### **Egume Catholic Maternity**

The prefect Apostolic of Idah Monsignor Leopald Grimard, with the co-operation of Egume Community, built a maternity in Egume in 1970. This Centre was of great help to Egume Community at this period. At the time the Centre was handed over to Dekina Local Government by the Catholic Church, with a large contribution and the expertise of Friday

Morenci, a Maternity dispensary was completed in line with recommendation of the State Ministry of Health (Okwoli: 1973).

### **Odomomo Dispensary**

The Odomomo Dispensary was opened in 1960 by Bishop Delisle to serve the various Communities in the area. It was closed down in 1967 due to the Nigerian Civil War. In 1977, the dispensary was handed over to Idah Local Government Council.

### **Immaculate Heart Maternity, Awo-Akpali**

In Awo-Akpali, there was a plan to establish a health care centre since 1970. The plan materialized in 1982 through the efforts of Bishop E.S.Obot, Okwoli: 1973. The first three Sisters to arrive at Awo were nurses posted there on 5th April 1982 and it began operation immediately.

### **Sharia Health Centre**

The Holy Rosary Sisters started a Mobile Health Clinic in Sheria, Odugbo, Koriko and Shintaku in the early 1960s. Hundreds of people flocked to this Clinic which operated twice in a week. In September 1982, the Convent of the Holy Rosary Sisters at Sheria was opened. After this, the Clinic commenced work immediately in nutrition and health talks pertaining to hygiene and sanitation. These are very important components of health care services. This attempt was aimed at eliminating the causes of diseases and malnutrition, the crippling enemies that still held a large number of the population in bondage (Okwoli, 1973).

### **The Christian Mission in Many Land (CMML)**

The history of the Christian Mission in Many Land in Igala land can be traced to the following people: Alfred Arthor Hewstone, Raymond Dibble, James Ramsden and Malcolm L.Gross. They did a serious work in Igala land of the present Kogi State, and Idoma and Agatu in Benue State (David, 1999). According to Ebikwo, Mr. Hewstone was the first CMML Missionary to arrive in Igala land, Ibikwo: 1982. That in 1919, Mr. Hewstone and his wife (Anne) and her sister (Miss. Gillet) left Liverpool, England for Nigeria on the 5th of March 1919. They went to Donga in Benue State and later moved to Bagana in November of the same year and later

settled at Odomukpo in Abejukolo in December 1919. He later moved to Akpacha, having suffered a fire disaster. From Akpacha he moved to Ejoka where he remained and died. But before his death he had labeled his Missionary Ministry, “Ejoka Bible Mission”. Beyond Church planting, he left the town with a viable health Clinic. Mr. James Ramsden (an Englishman later joined Hewstone at Abejukolo in late 1919. Ogane-aji in Anyigba became his first station, thus becoming the first CMML Mission in Anyigba. Thereafter, they opened other stations such as the ones in Ugwolawo in 1931, and Ika-Ankpa in 1949.

### **The CMML Hospital in Anyigba**

The CMML hospital was first opened at Ojuwo-Anyigba at about 1926 (Ibikwo: 1982). The Medical work was extended to nearby and distance Villages up to Alloma, Ogugu and Ete in Anambra State. When he heard of the hardship of the people of Bassa Komo, he went there and even crossed the River Benue to Ogba. The Sobita injection was used to cure yaws. The other prevailing diseases like malaria fever, craw-craw, sore, chicken-pox, small pox were also cured.

The CMML Medical Centre in Anyigba was opened at about 1923. After the death of Hewstone, the medical work continued under the supervision of the late Gross, their son Mr P.D. Gross with a local untrained couples Mr. & Mrs. Omata Rebecca Akwu continued until 1982 when community health assistants came in the persons of Mr. Sunday Oboni, Joseph Musa, Gabriel Amedu and John Eko. The service of Dr. D.A. Iyaji an indigenous Igala son was sought in 1982 who said, it was too late but promised to give his service on part time bases. He kept his religious promises and had worked wholeheartedly. The Clinic grew to twenty-six bed hospital and Mr. P.I. Ibikwo was the Hospital administrator. But the hospital collapsed due to lack of finance to pay workers and staff, (Ibikwo: 2008).

### **The Qua Iboe Mission (QIM), Now United Evangelical Church of Nigeria (UEC)**

The Qua Iboe Mission (now United Evangelical Church), has its Headquarters in Belfast Northern Ireland, which is of the Irish Presbyterian background. By the end of the 19th Century, the Qua Iboe Mission had started work in Nigeria. The Mission’s first bases were in



Calabar, Cross River State of Nigeria. The Qua Iboe Mission came to Idah with a delegate to see the Attah of Igala. After proper consultation, Rev David H. O'Neil, in August 1931, was sent to work among the Igala people. He had worked in Calabar from 1920. When He came to settle at Ugwolawo in February 1932, Mr. Herbert W. Dickson and his wife Hilda joined him, while permission was granted to open another Station at Odoru. In July 1932, Dickson moved to Odoru. Later in 1938, they moved their bases to Idah, the royal Town (Usman, 1999).

O'Neil and Dickson are well known and remembered for their pioneering work under the QIM. Both of them worked on the revision of the Igala Bible version of the New Testament, whose first translation work was done by Mr. R.T Debble. The finished work was printed by the British and Foreign Bible Society in 1848. The QIM legacy includes a Medical Centre at Ochadamu, two Secondary Schools at Ochaja and a Bible School at Ankpa (David, 1999).

### **The QIM Medical Work**

The Medical work is centre on two Church Hospitals at Ekpene Obom and the Holley Memorial Hospital, Ochadamu. Both provide a range of medical services and are recognized for their expertise in treatment of Leprosy. These local Clinic provides opportunities to show love and compassion for needy people in the context of a Christian Hospital where many, over the years had heard, of the Saviour gospel and come to faith in Christ. The Holley Memorial Hospital actually began as a Leprosium Clinic. And gradually became a full-fledged Hospital with the following departments: Laboratory department, QIM Chapel, tuberculosis ward, eye Clinic, HIV and AIDS department, X-ray department, Records department, Maternity ward, New General Ward, Administrative Unit UEC had established a dispensary unit at Enweli in Ibaji area, while other places include, Itobe, Ogbulu, Onicha Igo, Ankpa, Inye, and Ochaja.

### **Historical Background of Leprosy and Holley Memorial Hospital**

Holley Memorial Hospital was established in 1948 as a clinic meant for leprosy patients and some other minor illnesses (Simon: 2008). Before 1948, the Igala people affected with leprosy

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usually go to as far as Itu leprosy Colony in Aqua Iboe State for treatment. For this reason, some delegates of Igala lepers came to Mr. Peter Simon Achimugu who was one of the early Christians as well as a Counselor in the Igala Native Authority (NA). They complained that, the food items given to them at Itu in Aqua Iboe was an abomination to the people of Igala, so they usually refused those foods thereby making them to starve.

P. S. Achimugu went to Itu in Aqua Iboe on a personal note to access the situation himself. He discovered that the meats offered to the Igala people were abominable to them. Arriving from Itu, P.S. Achimugu and other persons in Igala Native Authority applied to the Northern government of Nigeria for the establishment of Leprosy Colony in Igalaland. The Northern government approved the application. But they lacked personnel to manage the leprosy Clinic. Hence, the Northern Government directed that the leprosy clinic could be established in the name of any existing Christian Missionary who had such personnel abroad. P.S. Achimugu being a Qua Iboe Leader now consulted the Mission to establish a leprosy clinic in Igalaland.

Mr. Achimugu equally contacted evangelist Matthew Agbonika who was one of the early Christians at Ogbobo, they both joined other leaders of the Qua Iboe Mission to decide on how and where to establish the leprosy colony. After much survey, they decided to build it at Ochadamu, Apeh Ajeka who was the community leader of Agbabo led the Qua Iboe leaders to Onu Ojokogbe (Okame Omachi), the then Chief of Ochadamu for allocation of land. As soon as the land was acquired a house for leprosy clinic was built. One of the first dispensers of the clinic was Audu Ekele from Idah. At this time, lepers began to come from all over Igalaland and neighbouring states such as Edo, Kwara, and Benue for treatment. Within a year, the leprosy patients increased due to the large population. At this time, the clinic could no longer cope with the large numbers of leprosy patients. Therefore, the management of the clinic decided to build two dormitories; one for male and the other for female.

Then, the Northern government of Nigeria was sending money through the Igala Native Authority for the feeding of the leper. Apeh Ajeka of Ogbobo and Maltew Agbonika

were picked as full contractors. They usually supplied food in basically three times in a day (morning, afternoon and evening) from Ogbobo to feed the lepers. The increasing number of the lepers led to the movement of the clinic to the third and permanent site where it became a full-fledged hospital. In fact, food vendors from Ogbobo were afraid of contacting leprosy directly, it was the fear that made Matthew to build a hut at Ochadamu where the food vendors usually rested after the food had been collected by a leper's prefect. The hut became the prayer house which metamorphosed into the Qua Iboe Church of Ochadamu.

When the population increased, the Native Authority gave the vast land between Umomi and Ochadamu to the lepers for farming purpose. A Primary School was equally built for the large number of the people in the community, i.e., for the lepers and the Children in the Community. This was financially assisted by the Northern Nigerian Government. Alongside the leprosy colony, out patient's clinic meant to service other illnesses was established. Equally, there was Maternity out patients ward for both male and female. Staff quarters for both European and African residents were built in the hospital premises. From the 1960's, the population of the lepers began to decrease or decline, and the Primary School was moved to Ochadamu town. Thereafter, the hospital added more departments such as Laboratory, Qua Iboe Chapel, TB Ward, Eye clinic, and HIV/Aids department, which had helped in the development and growth of the hospital.

At about 1985, the foreign Mission in the Qua Iboe Church handed over the hospital to Africans who took over the management of the hospital. Rev. R. O. Ogbona became the first indigenous manager of the hospital, while Rev. Achor Abraham is the present indigenous manager of the hospital. Dr. William Holley did so much for the hospital, and outside his medical calling; he established a very strong football team of which he was a member. He equally established about ten hectares of palm plantation, piggery and a cattle range that still exist today. All these were inherited by the hospital management. Under the Colonial foreign management, there was an outreach clinic at Onisha Ego Ogbolu, Ogugu, Ugwolawo, Eweli, and Ibaji. Out of all, it is only Eweli Clinic that is offering skeletal services presently.

Also at about 1990, a proposed School of Nursing for the hospital was initiated and for this purpose, there had been fund raising for two times by the Mission. However, this is yet to see the light of the day.

It also has an eye clinic started its activities in the year 1980 under Dr. Jones. The purpose of establishing the department in Holley Memorial Hospital was to give care to the leprosy patients with eye problems. Apart from the leprosy and tuberculosis departments that have been in existence since the era of the white missionaries, others departments now exist in the hospital. This development has earned it a status of a full-fledged hospital, providing specialist service in Surgery, Maternity and Obstetrics, Orthopedic, Ophthalmic and Caring for an increasing number of patients suffering from Tb and HIV/AIDS. Also, an Out-Patients Department to care for the growing local population was established. As a Mission Hospital, HMM has a Chapel in the compound; this provides Pastoral care to meet the needs of both patients and staff.

According to Mr. Simon Agbonika, alongside the leprosy Colony, out Patients Clinic was established to service other illnesses (Simon: 2008). This is the Maternity out patient's ward of both male and female ward. Also, staff quarters for both European and African Doctors, permanent and visiting doctors, were built. The Mission also built primary school around 1960s, but as the population of lepers began to decline, the primary school was moved to Ochadamu town and some other departments such as laboratory, x-ray department, scanning department and so on, were also added.

### **Impacts of Holley Memorial Hospital on Igalaland**

Qua Iboe Mission has contributed immensely in the following areas: education, economic, socio-cultural, religious and other wise, through the establishment of Holley Memorial Hospital at Ochadamu.

#### **Education**

The Qua Iboe Mission while co-coordinating the activities of Holley Memorial Hospital found it necessary to establish a school or a means to educate the people. This they did by

establishing a primary school for the healed lepers who could not afford money to pay their bill after complete treatment, and wished to work in the Hospital in place of the money they ought to pay. This Primary School served as the first means of educating the people on how to read and write and after which a School of Nursing was introduced where those leaving the Primary School will be able to get health education (Simon, 2008).

A new form of education was introduced in Igala-land for both children and adult. The missionaries taught the people a lot of valuable things and English became the major subject taught at that time. This was to enable them have good interpreters for the leprosy patients. At this time the people for the first time learnt a foreign language. With the new form of education, a new set of people emerged in Igala-land. This brought about new Igala elites. Consequently, most of them began to abandon their traditional ways of life, although the traditional ways of life were not totally wiped off. The Primary and Nursing Schools were of great benefit to the people of Ochadamu as a whole, as it brought about the emergence of new elites in the Communities.

### **Economy**

When the population of the lepers and out-patients increased, the Igala Native Authority gave the vast land between Umomi and Ochadamu to the healed lepers for farming purposes, and the Northern government was still sending money for Agricultural purposes (Simon: 2008). There was an introduction of new farming systems such as, fertilizer, chemicals, and Pesticides, which enabled fast growth of Agricultural crops in the area and the entire Communities of Igalaland. These brought about large quantities of farm crops.

More so, there was introduction of new trading system, where the Igala people met to sell their farm produce at the centre of Ochadamu town. This market brought people from various Igala communities together, including neighbouring communities from other State such as Edo, Kwara, and Benue. Those that brought Patients from far place and had no means of income decided to partake in the farming and marketing system. The missionaries also introduced a means of exchange (money) which replaced the informal form of trade and barter

system. Also, many of the Igala people got involved in domestication of goats, sheep, and chicken. They also introduced piggery, which became another needed commodity in the market. This small market soon became a very large Market one for different types of trading activities, attracting different languages and town.

### **Socio-Cultural Impact**

The missionaries did not come only to preach the gospel of Christ and take good care of the health of the people, they also went as far as discouraging every form of human sacrifice, the institution of polygamy, secrete society, killing of twins or any form of human sacrifices as well as other indigenous practices that did not give glory to God. They made them to understand that if they must practice Christianity the must abandon those bad ways of life (Idrisu: 2009).

The Christian missionaries also changed the life style of the Igala people. For instance, most of the dresses worn today were introduced to them by the missionaries who attempted to help the less privileged who put on old cloths. From there, the indigenes became used to foreign wears and found them suitable to put on, thereby neglecting their traditional dressing pattern. Missionaries also brought a new system of building houses in the land, for example the first leprosy colony was built with cement block and roof with zinc which was different from the mud house roofed with grasses known among the Igala people. With this, new system of building houses came up in the land changing the cultural ways of building in Igalaland.

### **Religion**

On the religious sphere, the missionaries went a long way in affecting the lives of the people. Around 1952, Qua Iboe Church was established in Ochadamu, this Church became the first Church in the town and it went a long way in changing the barbaric and ungodly lives of the people such as idol worship and the likes. The hospital was a great avenue for the missionaries to win Souls to Christ as some non-Christians who came to the hospital due to one illness or the other were told, “man cure but Christ heals.” This made most of the patients to accept Christ and today about 80% of the people are Christians (Idrisu: 2009).

### **Health**

On the health care system, the Qua Iboe Mission made remarkable contributions towards the improvement of the health standard of the Ochadamu people. The establishment of Holley Memorial Hospital had helped in reducing the high rate of maternal and infant mortality in Igalaland as a whole and even beyond. The missionaries also made Igala people to believe that certain diseases such as leprosy, chicken pox, small pox, TB were natural and not caused by any evil spirit.

### **Conclusion**

Igalaland has been influenced by four major Christian Missionaries: the Christian Missionary Society, the Roman Catholic Mission (RCM), the Christian Mission in Many Land and the Qua Iboe Mission. These missionaries have influenced the socio-cultural, political, religious and economic lives in the land. The Qua Iboe Mission came to Igalaland in 1931 with the efforts of some Missionaries: Mr. Samuel Alexander Bill, Rev. D.H. O'Neill, Rev. H.W. Dickson, and so on. The Qua Iboe Mission could not advance much into the Ibo country because of the activities of the Anglican and Catholic Missions who already established their base at Onitsha in about 1885.

The Qua Iboe Medical work remains the most outstanding of the lost and carried out many numerous activities of the Christian Missions in Igalaland. The Qua Iboe Mission was the first body that embarked on this medical work in Igalaland. Rev. Dickson toured Igalaland, helping the sick and preaching the word of God. During his tours, he discovered that leprosy was very rampant. In 1940 he built a temporary settlement for lepers near Inachalo stream at Idah. The contributions of Dr. J. Kearney, Bill Holley and Belgreave, especially on leprosy is unparalleled. The disease, which in itself is capable of breaking down whole community and causing people and home to be ostracized was adequately managed, ensuing social cohesion. Holley Memorial Hospital is well known nation-wide for the treatment of leprosy and some other diseases such as tuberculosis and disease of the eyes. Additionally, the hospital has brought development to the people of Ochadamu in health care delivery, growth in population,

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social amenities, education. It also impacted positively on social beliefs system. It is thus strongly recommended that religious bodies and other organisations should emulate missionary societies in Igala land and impact positively on their immediate environment.

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