Psychiatry in Nigeria
(a partly annotated Bibliography)

Boroffka, Alexander (2006): "Psychiatry in Nigeria" (a partly annotated Bibliography of 2444 references) with an introductory chapter “The History of Psychiatry in Nigeria” and a Foreword by Prof. Tolani Asuni and Dr. Folahan Williams. Kiel. Self-published. ISBN 3-00-019167-4. Obtainable (price €19,95) from: Wholesaler/Vertrieb: Brunswiker Universitätsbuchhandlung – Medizin – ;Brunswiker Str. 23-25, D-24103 Kiel; Phone: +49 (0)-431-8059518, e-mail: medizin@brunswiker.de The Book is in the Internet and can be downloaded free: http://psychiatrie.de/data/pdf/7a/03/00/boroffka_nigeria.pdf.

Poster shown at the Annual Meeting of the Royal College of Psychiatrists on 21/6/07

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100 YEARS YABA PSYCHIATRIC CENTRE IN LAGOS/NIGERIA

The Centenary of the YABA MENTAL HOSPITAL, the Institution’s name when the author was in charge of it (1961 - 1966), LUNATIC ASYLUM in 1907 when it was opened, seems a suitable occasion to review the

The Development of Psychiatric Services in NIGERIA

The history of psychiatry in Nigeria is a useful example for how care for the mentally ill has developed in other African countries. To be historically correct, that the opening of the institution in Yaba was preceded by a similar Lunatic Asylum in Calabar. The first patients in Calabar were admitted already in 1903. Few sources are available for Calabar, whereas records are available from Yaba.

The History of the Development of Psychiatric Services in Nigeria as in many other countries did not start with institutions like Yaba and Calabar. Mental disorders did exist as can be proved from all parts of the world where this has been studied. The special field of Trans-cultural Psychiatry developed from those very early studies. Also in the Royal College of Psychiatrists a group is existing to study this field since some years. Leff’s (1978) presentation of Transcultural Psychiatry could be summarized as one reviewer (Cox, 1982) did in the following five questions:

1.) Do psychiatric conditions look the same in different cultures (symptomatology)?
2.) Do psychiatric conditions have the same frequency in different cultures (epidemiology)?
3.) Are psychiatric conditions treated differently in different cultures (therapy)?
4.) Do psychiatric conditions have a different course in different cultures (prognosis)?
5.) What is the influence of migration?

The German philosopher Jaspers’ (1957) suggestion, taken “cum grano salis”, may justify the authors theorem, that in countries like Nigeria all phases of the development of the care of mental patients did and still do today, exist side by side; mental disorders must have existed in the author’s time exactly as in prehistoric ages. The following pictures taken by the author in Lagos around 1962, present examples of the two main groups of psychoses:
Autismus

These first two pictures are included for historical reasons, as patients of such conditions are never seen again nowadays.

Schizophrenic Psychosis

The picture of the schizophrenic patient is a fitting illustration for an early description from Africa, by Vyncke (1958):

"Nous avons entendu de la bouche de nos schizophrènes africains parfois textuellement les mêmes phrases que chez les schizophrènes d'Europe, parfois même nous avons trouvé les mêmes dessins, et parfois aussi ce même sourire guindé de la “Joconde” de la Vinci, sans parler de tant d'autres et comportements typiques schizophrènes et qui se révélaient être étrangement les mêmes ici et en Europe.”
English translation by the author: “We have heard from the mouth of our African schizophrenic patients, sometimes literally, the same expressions as in our patients in Europe, sometimes we even saw the same behaviour and occasionally we saw the affected smile of Leonardo da Vinci’s ‘Mona Lisa’. I could continue to list further with quite a number of similarities of the behaviour of our African patients, which we knew only too well from patients in Europe”.

To portray a manic-depressive patient would require several pictures. A sentence by the German poet Goethe has often been quoted in Germany:

“Himmelhoch jauchzend, zum Tode betrübt”.

A translation into English is not easy. Not having an English version of Goethe’s “Egmont” at hand, the author has to try:

“Sky-high rejoicing, depressed towards death”.

These characteristics, or symptoms, in schizophrenic as well as in manic-depressive patients, it has to be emphasized, are not seen often nowadays, in patients treated early and adequately with neuroloptic respectively antidepressent drugs, as well as with sociotherapy and psychotherapy, either in Europe, or in Africa.

The author has suggested to summarize the HISTORY OF PSYCHIATRY in three phases with some subdivisions: THE TRADITIONAL PHASE, the TRANSITIONAL PHASE and, for alliterative reasons, the THERAPEUTIC PHASE, better phase influenced by Western medicine.

THE TRADITIONAL PHASE

Not very much is known about this phase, going back to prehistorical times. However, looking through the publications collected in preparation for a Bibliography, referred to at the end of this poster, working with the computer, 127 publications were found with the word “traditional” in them; out of 1,600 references available at that time. One observation has been made: in all ethnicities studied: Traditional Healers were found everywhere, many specializing in the treatment of mental disorders. They are using either rituals or different substances, of mineral, vegetable, or animal origin or both. Often they are named differently, regarding their preference either for ritual, especially oracles, or prefer certain substances. To give one example, in Yoruba language the latter are called Onishegun, the former the more highly respected Babalawo.

Many psychiatrists have assumed and written that one of the great advantages of the traditional healer be his being familiar with the respective ethnicity which does not apply always. Especially famous healers are known far beyond the boundaries of their own people and are consulted by patients from far away. Also, reports on rather detrimental results of traditional medicine are found.

An example is often quoted of a medicine against infantile convulsions containing cow’s urine and tobacco brew, which can and does sometimes result in the death of the child. Putting caustic liquid into the ears to “cure” hallucinations has also been reported. Further points of discussion have been the exorbitant fees some healers request; also the cooperation between traditional and Western medicine has been discussed controversially. In addition reports, (Brown, 1938; Moore, 1964) have stated that in each compound, village, or area, the traditional “leader”, Bale or Chief, had to provide a safe room for “violent or aggressive lunatics” do demonstrate, the locked wards of our past, did exist also during times without modern medical treatment.
THE TRANSITIONAL PHASE

This Phase will also be subdivided into five main sections characterizing this transitional stage:

- **Moslems** with their “Alufus”, consulting the Koran; treating patients by writing with e.g. chalk on an adequate board a Sure. The writing medium is washed down ans given to the patient to drink.

- **Missionaries** preceding the development into healing sects with “prophets” e.g. “Seraphim and Cherubin”;

- **Merchants**, e.g. itinerant quacks, medicine sellers and, a recent addition, drug companies importing drugs;

- **Migrant patients**, called “Street Lunatics”, renamed “Vagrant Psychotics”, for alliterative reasons this neutral designation. Everybody living in Nigeria for any length of time becomes familiar with the sight of patients roaming the streets.

- **Mercenaries**; (the Colonies being under the responsibility of the Armed Forces in Great Britain) started the Lunacy Asylums, beginning the history of the modern psychiatry, and thereby

THE THERAPEUTIC PHASE

To present on the available space at least some of the main events of the history of psychiatry in Nigeria, from the establishment of Lunatic Asylums in Calabar (1903) and Yaba/Lagos (1907), until the present time with Psychiatric Hospitals, Departments at Teaching Hospitals, General and even private Hospitals in most of the 36 Federal States and the Capital Territory Abuja, Years, catchwords of events, and personalities active in the development of psychiatric services will be listed in a table:

1903 The administration in Lagos, then the Capital of the British Colony and the three Regions started plans to establish Lunatic Asylums. According to one document seen by the author in Calabar ar his visit in 2001, the first “inmates “ were admitted in the same year. No more documents on the institution in Calabar have been found. The adaption of existing buildings in Lagos took a few years more.

1907-1912 In the Letterbook kept meticulously the following facts were documented: The Asylum was opened, It consisted of two former railway buildings. The first inmates were admitted on 31 Oct. 1907. From 4 Sept.to 6 May 1909: Dr. Curtis Crispin Adeniyi-Jones, M.B., Bac. Surg., Durham 1901 was i/c, a native of Sierra Leone originally. He played an important part in politics in Lagos. He was succeeded by several British physicians.

1927 Dr. Home, the first “Alienist”, was i/c until 1929. No further records. For many years the M.O i/c of Ebute Metta Out-Patient-Clinic was responsible for the Lunacy Asylum and the Leprosy Unit on the same compound.

1923 An extension was built, two buildings one with 2 x 20 cells, the other with 1 x 20 cells.

1952 (?) Dr. Majekodunmi, later Federal Minister of Heath, was i/c for a limited time, before leaving for his specialty training as gynaecologist; and Administrator of the then Western Region.
Mr. Abraham A. Ordia (1916-1997) was i/c as Nursing Superintendent. He left to become Secretary of the Nigerian, later African, Sports Council, leading the Nigerian Team to the Olympic Games in Munich in 1972. The author was working with him from 1961 to 1962.

Single cells were converted into dormitories. Around this time Dr. T.A. Lambo was i/c., this experience probably contributing to his decision to become a psychiatrist.

Aro Hospital was planned and under construction. It was given to the Western Region Government. Dr. Thomas Adeoye Lambo returned from the UK after completing his specialty training and took over charge of Aro, still under construction. Lambo started his world-famous Aro Village System.

Dr. D.I. Cameron, psychiatrist, i/c. He wrote down the remark: "It seems the Dark Ages are still with us." He was transferred from Aro, because he was a Federal appointee.

The name of it was changed: to Yaba Mental Hospital.

1961: The author, Dr. Alexander Boroffka, took over charge in April 1961. In May 1961 he was joined by Dr. Abayomi A. Marinho (1919-1996) returning from the UK after completing his psychiatric training at the Maudsley Hospital. About 13 Psychiatric Nurses and 50 Nursing Auxiliaries trained on the job and 30 workers were working in Yaba in 1961.

Ordia was replaced as Chief Nursing Superintendent by his Deputy, Mr J. Alabi Oyebode. 1966 on the departure of the author Dr. A.A. Marinho succeeded him.

Visit of the author, together with a small crew, to make a documentary film. The crew was able to visit several Prison Asylums, Asylums under Native Authorities and, in Kaduna, Northern Region, and the first hospital departments, the Department of Psychiatry where Dr. Charles O. Oshodi was in charge. The Film crew travelled to the (then) Eastern Region and visited the Psychiatric Hospitals in Enugu, lead by Dr. Godwin E.Z. Izuora and to Aba, Dr. Ariwodo Kalunta in charge, including The Aro mental hospital and the Departments of Psychiatry at the Teaching Hospitals in Ibadan and Benin City with Professors Ayo Binitie and J.C.. Ebie.

In June 1974 Dr Marinho retired, retirement compulsory then at age 55 years. Dr (Mrs) Bertha Johnson took over charge as the first female psychiatrist. In 1964 she had done a short spell at YMH before going to the Maudsley Hospital, London for specialist training, joining it again after obtaining the DPM.

Foundation Stone was laid for the New Mental Hospital.

Number of Patients around 500. Besides the Specialist Psychiatrist and Medical Superintendent i/c, (Dr. (Mrs) Bertha Johnson), 3 MO’s were attached. 1990: Dr. (Mrs) Bertha Johnson was followed by Dr. Orija, later Dr. Molomo took over. He was i/c at the time of visits of the author in 2000 and 2001.

But we have to go back. There is no definite point in time, but gradually, the still colonial (or transitional) phase ended and after the Independence of the Federation of Nigeria on 1 October 1960, the modern phase, based on Western psychiatry, started.
The time, even the date, can be fixed when this transition started. It was in November 1954, when Dr. Thomas A. Lambo (1923-2004) arrived and took over the direction of the Neuropsychiatric Hospital in Aro/Abeokuta, still under construction. Lambo had completed his training in psychiatry at the Maudsley Hospital, London, after also having completed a dissertation, published partly in the Journal of Mental Sciences, the predecessor of the British Journal of Psychiatry (Lambo, 1954). Very soon this was followed by many additional publications after he had started to work in Aro. Thus, Aro became very soon known worldwide.

Lambo himself told the author how it came about that he, a splendid scholar, chose a field without tradition in Nigeria, not only neglected but even despised. Dr., later Sir, Samuel Manuwa, honoured with many awards and prizes, must have been something like a mentor to him. Lambo reported, having finished his medicine and his years of service in General medicine, as it was obligatory for every doctor returning from overseas, having read medicine on a Government grant. According to Lambo, Dr. Samuel Manuwa must have said something to him like this: “If you want to make money, there are possibilities in every field. But if you want to create something new, if you look for a challenge why don’t you choose psychiatry?” The author cannot guarantee to remember the story word for word. In any case, Tom Lambo, as his friends called him, has lived up to the challenge. Therefore it is justified to say: only with his arrival the present phase, the therapeutic phase (according to Western medicine) had really started.

In November 1961 Lambo organized, with his devoted staff, the First Pan African Psychiatric Conference in Abeokuta. The list of the participants (Lambo, 1961) reads like a “Who is Who in World Psychiatry”. An extensive report was given by Lambo (1961). The participants of the conference from all over the world carried the fame of the man and of the place everywhere. Later the famous study by Leighton et al. (1963): “Psychiatric Disorders Among the Yoruba”, the first population study on psychiatry in Africa, was published.

One thing should not be forgotten: Dr. Lambo, and psychiatry in Nigeria as a whole, were very lucky: From the beginning of the development of psychiatry a well trained and fast growing nursing staff was available. With their devoted cooperation, Lambo was able to start the hospital. In 1957 the construction was sufficiently advanced to admit patients. But before, he conceived and realized the idea of Aro Village. He explained its function as a combination of a Day Hospital and Foster Home. Lambo retained it when he was appointed the first Professor of Psychiatry at Ibadan University in 1963. Then only a small number of beds at UCH were allocated to psychiatry; thus he used Aro Village for patients needing in-patient care. Another important factor for the development of therapeutic psychiatric services was the formation of the “Association of Psychiatrists in Nigeria” by the ten Psychiatrists, then working in Nigeria in 1969. In every of the following years, until 2006, except once during the civil war, an Annual and Scientific Meeting took place in different locations of Nigeria. Gradually psychiatric services and are available now in most of the 36 States and the Capital Area Abuja.

The 32nd Meeting, then more than 70 Psychiatrists working in Nigeria, took place in Abeokuta with the International Psychiatric Conference in Nov. 2001. The author took part in it at his last visit to Nigeria and in his Reports he referred also to the meeting of 1961. The Report was giving to the DFG (Deutsche Forschungs-Gemeinschaft - German Foundation for Research) and the DGPPN (Deutsche Gesellschaft für Psychiatrie, Psychotherapie und Nervenheilkunde - German Association of Psychiatry, Psychotherapy and Nervous Diseases) both having sponsored his journey. The author concluded it with an observation with which this Poster will end:
If the whole of Nigeria would have developed in the same way as Psychiatry, Nigeria would be number one in Africa.

The material, collected in 45 years, does not only form the foundation for this short résumé Poster, and quite a large number of publications and lectures in five continents, trying to propagate knowledge on Nigeria and Nigerian psychiatry, but was also published in a bibliography (see above) in which all references in this Poster can be found in:

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