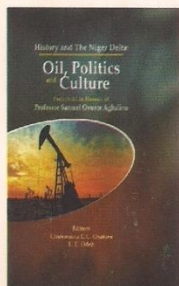


ABOUT THE BOOK

This book entitled History and the Niger Delta: Oil, Politics & Culture is a Festschrift published in Honour of Professor Samuel Ovuete Aghalino for his immeasurable academic and scholarly contribution to the socio-economic, political and educational development of the Niger-Delta region, Nigeria and the world at large. The book discusses the dynamics of Niger Delta history, with particular emphasis on oil, economy and environment. It further discusses the Niger Delta Eco-feminism as well as petro-violence within the region. Some chapters of the work examine the multinationals intervention in the Niger Delta area. Youth restiveness, militancy, popular culture, politics of resource control and peace building initiatives in the Niger Delta area as well as inter and intra-group relations within the Niger Delta area equally received attention. The contributors were meticulous in the choice of topics related to the book title and carried out extensive, thorough and articulated research and analysis of issues on the history of oil, politics and culture of the people of Niger Delta region of Nigeria.



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Festschrift in Honour of Professor Samuel Ovuete Aghalino

Editors
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L. E. Odeh

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Professor Samuel Ovuete Aghalino FHSN

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IMPACT OF COLONIALISM ON THE ACTIVITIES OF TRADITIONAL BONE SETTERS IN ILORIN EMIRATE, 1900 - 1960.

Onagun Rasheed

Introduction

Traditional bone setting is the use of indigenous method in the art of manipulation and manoeuvring of muscle loskeletal injuries. Their craft involves bone setting and control to its normal anatomical position, massaging, vein and blood control, wound treatment, physiotherapy, and treatment of spinal cord injury using several traditional methods. Their activities became a specialty and more popular and famous owing to historical development of the second half of the nineteenth century such as waves of migration and settlement, fratricidal wars and growing economic activities; and Colonialism of the early twentieth century.

Colonial health service was imported initially to cater for the health and wellbeing of Europeans. The need to fully outstretch colonial influence and put several public health challenges under control brought the need for the extension of colonial health services to the natives. Colonial health services in Ilorin Emirate paid attention to several healthcare needs of the people such as malaria, typhoid fever, obstetrics and gynecology, and epidemics namely smallpox, Blackwater fever, and cholera among others. However, attention given to general or orthopedic surgery was inconsequential, which further strengthened as well as sustained the services, popularity and importance of traditional bone setters in Ilorin Emirate.

Proliferation of Traditional Bone Setting Practice in the Early Twentieth Century

The Ilorin Emirate people responded swiftly to the rising orthopedic challenges posed by late nineteenth century waves of migration and settlement, wars of consolidation of hegemonic rule; and colonialism of the early twentieth century, by strengthening, consolidating and solidifying their age-long traditional medical practices. A well-defined system of specialization in the field of traditional orthopedic medicine began to emerge. Thus, general traditional practitioners and people from other works of life became more specialized in traditional bone setting. Ilorin Emirate and her environs, and several parts of Nigeria thereby witnessed an upsurge in the number of specialized traditional bone setters. The increasing fame and prominence of traditional bone setters in Ilorin Emirate in

the late nineteenth and early twentieth century motivated other people of Yoruba origin and other ethnic groups in the Emirate to embrace and specialize in professional bone-setting, and make it the occupation of their family. For instance, Onigobu Aran of the Agboji family in Isale Aluko whose fore fathers were farmers, herbalists and long distance traders since the Pre-colonial period, embraced bone setting as their family craft in the early colonial period simply because of the lucrativeness and fame of the profession.¹ Maijeri's forefather, Aminu, was a traditional medicine man who had migrated alongside Sheu Alimi, and was saddled with the responsibility of taking care of the Sheu's wounded or sick soldiers and followers.² The popularity of traditional bone setting in the early part of the twentieth century stimulated Maijeri, Aminu's grandchild, who was formerly a General Traditional Medical Practitioner, to specialize in bone setting.³ The family of Alhaji Sanusi who was a farmer and weaver in Oke-Moro was also encouraged by his friend Maijeri who was already a bone setter to migrate with his extended family to settle down in Agbaji Quarters and founded Wopa compound, which mean a compound and enclave of bone setters.⁴

Relatedly, Oganla family that migrated from Oyo and founded Yeregi village near Malete were professional hunters, farmers and astute traditional medical practitioners since the nineteenth century.⁵ They were inspired by their Yoruba Kinsmen of the Dada quarters to migrate and practice their bone setting career in the area. Although traditional medical practices have been professionally practiced among the people of Dada quarters since time immemorial, they became widely known, recognized and celebrated with the accommodation of the Oganla family that transformed the area to a hub of traditional bone setting since the early part of the 20th century.⁶ Traditional bone setting got deeply entrenched in their quarters to the extent that Dada became customarily known as the enclave and centre of bone-setting. The outstanding and stupendous role of the bone-setters in the Dada quarters of Ilorin also earned them the appellation *Oganla*, meaning the "big masters in bone-setting", a nickname that was subsequently adopted by many other bonesetters within and in the suburb of Ilorin Emirate.⁷ Their arts was preserved and handed down through family ties and apprenticeship system. Similarly, many Nupe and Kanneke folk that settled at Isale Tapa since early the 19th century, had fared well as professional rope sellers and as merchants and middlemen in the center of the northern trade. Many of them had served as what Ann O'Hear referred to as Urban *Baba Kekere*, who were closely associated with the commercial sector.⁸ They served as intermediaries by which visiting merchants, most of whom were northerners, gained access to trading privileges in Ilorin.⁹ They engaged in Land lord, *Mai angua* or *Akero* business, through which they were vested with the responsibilities of housing, brokering, and paying the transport fare of their merchant clients who were mostly northerners and Yoruba folk.¹⁰ Many were deal brokers (also known as *Sana'a* or *Jawo*), who carried out their operations in several markets in Ilorin Emirate.¹¹ However, Kanneke people had engaged in bone setting on a small scale and part-time family basis, alongside these

forementioned occupations. They did it in a way that a single or nuclear family took it up as a means of livelihood for a year before it is shifted to another family.¹²

The amplifying rate of orthopedic cases triggered by colonial inventions of the early twentieth century did not only boost and enhance their services, but also propelled most Kannike and Nupe people of Isale-Gambari to adopt bone setting as a full time family occupation.¹³ The decline of some elements of Pre-Colonial economy such as urban Baba Kekere, interpreters, traditional brokers known as *Akero*, *Sana'a* or *Jawo*, and the *Mai angua* system impelled many of these people to embrace bone setting as their full time means of livelihood.¹⁴

Furthermore, the Nupe people became astute traditional medicine men out of the need to defend their scattered and dotted communities and territories, and to care for the victims of the incessant raiding, marauding and wars of the nineteenth century.¹⁵ Colonial inventions such as civil service and transport technology compounded orthopedic cases, and stimulated the Nupes to fully specialize in bone setting. Thenceforth, scores of former warlord and general herbal practitioners became fully specialized in bone setting, and it became the tradition and a common practice throughout Nupeland. Apart from farming, orthopedic practice became customary and major occupation of the Nupe people. An average Nupe man or woman had been acquainted with at least a simple technique of bone setting.

Colonial Health Service and the Survival of the Bone Setters

Initially, higher and steadily increasing death rate of European migrants triggered the development of Western health care services in Nigeria. For instance, it was documented that the Europeans recorded high death rate to the tune of one thousand two hundred and ninety eight (1298) out of one thousand six hundred and fifty eight troops between 1822 and 1830.¹⁶ At that point in time, European health services were restricted to cater for needs of the naval squadrons, the army, slavers and their slaves, missionaries, and administrators among others. The first hospital in Nigeria established in 1873 was meant primarily for European colonial masters with the intent to treat "their own".¹⁷ It took another 40 years until Nigerians could actually use that hospital, and even then, only select elite Nigerians were welcomed.¹⁸ Similarly, when the National Orthopedic Hospitals were first established, they were intended solely for Europeans.¹⁹ Subsequently, formal imperialism paved the way for the British imperialists to respond and neutralize the old conservative attitude of the people towards strange cultural and social service such as western education, and health services among others. In view of this, the new Colonial government extended the tentacles of their health services to the local population of Ilorin Emirate. The colonial authority also decided to spin out its Public Health and Hygiene services to Nigerians to address the outbreaks of epidemic diseases like malaria, small pox, yellow fever among others, so as to maintain a healthy living.²⁰

They began in Ilorin Province with the construction of the Native

Hospital also known as Railway Hospital, which was meant to cater for the Europeans and other railway staff.²¹ Subsequently, the Ilorin Native Authority decided to change the status of the hospital to Government Hospital (GH) in 1913 and extended its services to the local people of the Ilorin Province, before a separate Infant Welfare Centre and Maternity was built along the Princess road in 1936.²² It was not until 1948 that a Government Hospital was established in Offa, which made it the third orthodox health centre throughout the province.²³ Apart from these three health facilities, government vaccinators were stationed in every Districts of the Province. These colonial health services, programs and facilities were meant mainly to promote public health and hygiene, and little chore was devoted to general surgery (including orthopedics).²⁴ The main responsibility of the majority of the Colonial Medical Officers and Vaccinators was public health and hygiene campaign, visits and tour schemes to districts of several Provinces of the country.²⁵ Their public health programmes included extensive Anti malaria care, Smallpox, Blackwater Fever, Cerebro-spinal Meningitis, and Polio encephalitis vaccination, and a host of others.²⁶ The consequence of the Colonial Public Health and Hygiene services was that, it in one way or the other partially affected several fields of traditional medicine, and made the services of the Bone Setters to wax stronger. For instance, the new pregnant women and infant welfare vaccination, pregnant women labour and caesarian section in the Infant Welfare and Maternity Centre at Princess Road (Centre Igboro) fairly reduced peoples' patronage of the services of Traditional Obstetricians and Pediatricians (*Elewe Omo*).²⁷

Similarly, the native vaccinators were fully at work in each Division of the Province to wipe out Smallpox (*Sanponna*) and Black Water fever, which in turn undermined the importance of the *Sanponna* oracle, its custodians and followers in Ilorin Metropolis and several other parts of the Western Province.²⁸ The witchcraft and Juju Ordinance of 1909 became law, and made the worship of *Sanponna* (Smallpox) punishable by imprisonment.²⁹ It led to immediate and substantial decrease in Smallpox outbreaks.³⁰ The Native Authority's Vaccinators were also at work in each Division of the Province to prevent and cure Blackwater Fever, Cerebro-spinal Meningitis, and Polio encephalitis.³¹ Moreso, an efficient out-patient service was also provided for the people on ailments such as Ulcer, Rheumatism, Malaria, and venereal diseases, which moderately trimmed down the significance of the traditional herbalists (*Onisegun*) and the herbs sellers (*Iya Alagbo*) in the Ilorin Township, while they continued to thrive in the interior parts of the Emirate.³²

As part of the Colonial health service policies, measures were also designed by the British officials to promote better health and sanitary programmes in the communities. The Medical Officers, Army Medical Corps, Traditional Rulers and Administrative Officers also served as Sanitary Inspectors in the slum and Districts.³³ In 1915, the Resident expressed that the first test the new Emir emerged successful was that of getting the town clean and sanitary.³⁴ They embarked on several awareness campaigns towards discouraging the local

people from unhygienic practices and from patronizing the traditional medicine-men, whom they see as threat to the colonial public health and hygiene programme.³⁵ Attendance at the Doctors clinic by the local people was frustratingly poor in the early years of colonial period.³⁶ They also embarked on these awareness campaign and medical tour of the districts to spring up peoples' patronage of modern health facilities and suppress the pressure of peoples' apathy against the newly introduced "white men" medicine.³⁷ For instance, Director of Medical and Sanitary Services issued and proclaimed in one of those campaigns that:

*More harm was done by unskilled native midwives, herbalists and medicine-men, and their activities were significantly responsible for the high mortality rate, a general death rate and low health standard as a result of poor sanitation habit of these people. There were incidences of debilitating diseases such as malaria, helminthes infections, schistosomiasis, and gangrene from bone setting complications.*³⁸

However, in spite of this temperate impact of the colonial health service on several sphere of traditional medicine, the deeds of traditional bonesetters waxed stronger. The main justification for this was that colonial health service devoted trivial attention to orthopedic medicine.³⁹ Paucity of surgeons and orthopedic paraphernalia accounted for slow pace of orthodox orthopedic treatment in the early years of colonial health services.⁴⁰ On several occasions, Colonial medical officer sought the service of the bone setters whenever he had many orthopedic patients to attend to.⁴¹

It is important to note that major advances in Western orthopedics manifested in early twentieth century, many of which were X-ray (Radiology) invented by W. C. Rontgen in 1895, intramedullary nailing of fractures, replacement of fractured bones and joints with ivory prosthesis, introduction of external fixator in 1915, development of vitamin D and antibacterial drugs notably penicillin and streptomycin in 1929 among others.⁴² Many of these surgical advances were not widely circulated and present in several health facilities in the colonies until the 1960s, when more equipped health centres were constructed, and when orthopaedic surgery became an independent specialty.⁴³ For instance, X-Ray was only exploited in Ogbomosho and other view hospitals in 1928 by Mr. Green and Sister Kersey.⁴⁴ Absence and scarcity of many of these paraphernalia coupled with shortage of Medical Officers to combat the growing orthopedic problems was a reflection of Colonial trivial emphasis on general surgery, most especially, orthopedics.⁴⁵ Therefore, colonial health service remain handicapped, deficient and incapable of defacing the services of the Traditional Bone Setters just like it fairly does to several other specialties of traditional medicine.

Shortage of Medical staff and General Surgeon in Ilorin Province throughout the colonial period might have served as another reason why the

Colonial Health Service found it difficult to neither compete nor mutilate the service of Traditional Bone Setters.⁴⁶ It was particularly in the North in the first decade of the century that even Political Officers had perforce to act as Medical Officers of Health and Physicians since no doctors, missionary or government, were practicing anywhere near.⁴⁷ Infact the Emir himself was a Periodical Inspector to the Hospital, and he delegated his authority to the Magajin Gari at most times.⁴⁸ The number qualified European orthodox medical practitioners were so few to the extent that their activities were popular among the elites, who occupied the reserved and segregated areas.⁴⁹ There was also shortage of indigenous medical staff in Ilorin Emirate as it was only one Abdurahmanu that worked as Warden of the Native Administration Hospital, and worked in close cooperation with the Medical Officer.⁵⁰ In the same way, it was only one Morenike who was an Assistant to the Sister in charge of the Children Welfare Centre at Princess Road.⁵¹

In Ilorin and several parts of the Northern region, the few Army Surgeons and Colonial Medical Service Doctors were more concerned with the outskirts where Civil Servants and Military Officers lived, than with still largely inaccessible city dwellers.⁵² At times, the Ilorin Province and several other parts of Nigeria were left with no medical personnel because many of her Army Surgeons spent a lot of their times in the First and Second World Wars, which recorded a lot of death and relocation of many of them. Some of them, including the Missionary Doctors were also lost at the sea with the sinking of many ships by the war parties.⁵³ Many Hospitals were closed down during the war for lack of staff.⁵⁴ This affected Ilorin Province owing to the fact that large proportion of her European Medical Staff consists of Officers of Regular Army.⁵⁵ In Northern Nigeria, the Political and Administrative Officers at that time had to act as physicians because no doctor (missionary or government) were available in most Districts.⁵⁶ Perhaps, this vacuum necessitated Dr. J.R.C. Stephen's resignation at the Methodist Mission in Ilesha, and his willingness to work at the Government Hospital in Ilorin, which was desperate for a doctor to cater for the people.⁵⁷ In view of this, large casualties recorded in the First and Second World Wars posed a great threat to the colonial health human resources, to extent that they had to resort to the services of the Traditional Bone Setters.⁵⁸

Moreso, many Colonial Medical Officers, at most times, sought the assistance of the Traditional Bone Setters whenever there were scores of patients to cater for in the Government Hospital.⁵⁹ Even after independence, the Nigerian Military Authority continued to unofficially engage the services of Traditional Bone Setters to treat the casualties of major campaigns ranging from the Nigeria Civil War, Sierra lone and Liberia Peace keeping Operation, and the recent Boko Haram Operation in the North East.⁶⁰ On many occasions, the Bone Setters were invited to the Army Barracks to perform a routine checkup and treatment for officers that have just arrived from a major campaign.⁶¹

In addition, one of the factors that strengthened the activities of the Bone setters and other traditional medical practices in Ilorin Emirate and other parts of

the Northern region was unavailability and inaccessibility of sufficient colonial health facilities; whereas traditional medicine is cultural based, cheap and available at the grassroots.⁶² The reverse was the case in the Southern region that had given space for European merchants and missionary activities, which made possible for easy transfer and spread of European philosophy, culture, religion and medicine in their domain. The early attempts at transferring these technologies to Ilorin and several parts of the Northern Province were met with stiff hostilities. For instance, Bowen's attempts in 1855 to extend the Baptist Mission and medical craft to Ilorin from Ogbomosho were unsuccessful, the Emir rather told him to come occasionally.⁶³ In the same vein in 1905, a government Doctor Dr. Stewart was gruesomely murdered in Nguru market.⁶⁴

In the North, a number of hospitals were built at Lokoja, Zungeru, Ilorin, Ibi and Offa, but these were very small and temporary. The dispensaries outside Ilorin suffered from continuous shortage of essential drugs, dressings and equipments.⁶⁵ Most government hospitals after the Second World War and before independence were in the state of despair. The few hospitals in Ilorin were overcrowded, ill-equipped and frequently invaded by chicken, goats, rats, lizards and flies, which usually scared the people away from the centres.⁶⁶ In these hospitals, the orthopedic and tuberculosis beds were always on verandahs.⁶⁷ Even the Igboobi Centre at Yaba that was established to address the orthopedic issues of the Ex-Service men in 1945 lacked human and material resources. According to Omoleke:

*The then young doctor also narrated his experience in the Igboobi Orthopedic Hospital where he worked with Mr. B.S. Jones, an orthopedic Surgeon. He described the condition of work then as strenuous as two people were doing the job of six. He supervised the wards in Igboobi and the creek hospital.*⁶⁸

Colonialism and the Growth of Traditional Bonesetting in the Early Twentieth Century

Colonialism propelled several factors that stimulated injury prone activities and the rising significance of the service of Traditional Bone Setters in Ilorin and several parts of the country. The twentieth century was an age of innovation, transformation and massive industrialization. Peoples' life style was affected by technology, steam engine, railway, motor car and road transport system. Colonial transport technology increased commuters distance and reduced the time spent on tour. It also brought about agricultural and economic development and created new set of economic class in Ilorin Emirate, such as business merchants, lorry owners, drivers and conductors. Many of these indigenous merchant class and people from all walks of life encountered road accidents during many of their business tours, and resorted to the services of the traditional bone setters. Colonial ruthlessness, forced and tasking labour led to injuries and death for several people in Ilorin Emirate and many other parts of the country. Many of the victims of these labour often turned to the service of the Bonesetters and other traditional

healthcare givers, which in turn increased their fame and popularity.

Colonial inventions most especially modern transport systems i.e. rail and road and introduction of motor vehicles have a lasting impact on all sphere of life of the people. Aderamo has shown the significant role colonial transport system has played in the economic and spatial development of Ilorin since 1897.⁶⁹ The former and old pre 1897 pedestrian or foot city where most jobs and residence were located in the same place got transformed to one where longer distances were covered without necessarily consuming more time. A significant feature of the newly introduced colonial transport systems was the ability to travel to increased distances without consuming more time.⁷⁰ It changed the traditional compact Emirate of Ilorin to a more dispersed form and allows a greater separation of residence and workplace.⁷¹ These forces had not only expanded the demographic space, but has also exposed the people to more prosperous ventures that required high risk accomplishments.

Colonial transport technology in one way or the other promoted the outward expansion of the Emirate, while at the same time sustained the accessibility advantage of the Ilorin metropolis. It brought about economic and agricultural development which did not only bequeathed new opportunities, but also posed a great risk threat to the people of Ilorin Emirate. Roads and railways lines were tarred and opened to link and make the people easily accessible to the colonial economy. The establishment of merchandise stations by different foreign companies in Ilorin was therefore expected,⁷² and many of these firms opened shops and ware houses in different districts of the Province.⁷³

For a full participation in the colonial economy, some of these companies sent their agents who were mostly indigenes and non-indigenes on trading expeditions through the trunk and feeder roads to the interior districts of Ilorin Province and other parts of the transition belt of Nigeria. The Niger Company, Paterson Zochonis & Co and G.B. Ollivant covered Lanwa in Bode Saadu, Oke-Odde and Jebba rail axis for the purchase of groundnut, shea butter, hides and skin, native cloth and Bees wax.⁷⁴ Lagos Store and Paterson patronized the road that linked Offa rail station and her neighbors to purchase palm kernels, cotton and hide and skin. Campagnie Francaise, John Holt and John Walkden companies traversed the roads in Ilorin and her adjacent neighbours to purchase cotton, hides and skin, native cloth, shea butter and groundnuts.⁷⁵ After purchasing these bulky goods from the interior parts of the province, the company agents used their vehicles to convey it to their warehouses at the nearest rail station for further evacuation to the sea port.

Apart from merchants that engaged in food and cash crops, the new colonial transport technology also gave birth to indigenous lorry and vehicle owners such as Salimonu Haji Memudu Oniyangi, Bello Lalanga (Ile-Ijesha), Buraimo Parati (Ita-Ajia), Bello Falaya, S.O. Falokun (SCOA Agent), Busari, B.M. (IsaleOja), Bello Kolawole (Omupo), Liasu (Osogbo),⁷⁶ and eminent drivers like Yisa Adisa, Adenipekun Adegbola, Alhaji Kareem Omu and Alhaji Durokudi, Alhaji Yusuf Omoiya, Alhaji Ajao Anuoluwapo Motors, Mr. Jembere

of Oko-Ode, Alhaji S.K. Dan Alhaji, Alhaji Owolagba,⁷⁷ who had formed an important merchant class in the Province since the early colonial period.⁷⁸ Colonial transport system also widened the scope of the traders, as they were made to cover more distant areas. It led to the introduction of market day system to several parts of the Emirate. These market days were held either weekly or bi-weekly. In the 1930s, two trucks were introduced plying village markets such as Alapa, Onire, Malete, Megida, and Arobadi on market days, which were held on bi-weekly basis.⁷⁹ Carnages were recorded in many of their tours to the interior parts of the province. Due to socio-cultural factor, inaccessibility, inadequacy of health centres, surgeons and surgical facilities in the Colonial Health Services, many of the victims of these road crashes found it difficult to seek medical care in the colonial health centres.⁸⁰ They had no other alternative other than the services of the Bonesetters and other traditional care givers. Consequently, many of these lorry owners, drivers, conductors, traders and merchants became close friends and associates of the Bone Setters.⁸¹ Their relationship became deeply entrenched to the extent that they not only encouraged Bone Setters to send their wards to Native Authority School, but also engaged them in inter-marriage affairs, as well as helped their relatives to secure colonial white collar employments.⁸² Many of the Bone Setters were rewarded by these merchants with gifts of houses as well as pilgrimage to Mecca.⁸³

Moreover, the new transport systems and many other circumstances exposed the people to the new changes in orthopedic problem in the twentieth century, which was road accident. Automobile accidents in the Province and several other parts of the country did not only produce a number of orthopedic victims, but also popularized and commercialized the art of traditional bonesetting in the twentieth century. Road accidents became a new epidemic in the colonial period. It has since wreaked havoc on notables and commoners. For instance, automobile accidents resulted in the death and maiming of prominent traditional rulers such as Olukosi of Osi, Eleruku of Eruku, and Joseph Omdahi, Olosi of Osi, Agbana of Osi in an accident along Osi – Eruku road in 9/5/1936 in the Province.⁸⁴ Not only that, Colonial Civil Service exposed the local people that served as messengers and labourers to injury prone activities, and such recorded many injuries, death and physical disabilities. European supervisors and African labour recruiters exploited, extorted, molested and meted out harsh and unjust treatment to the labourers.⁸⁵ Colonial records revealed that many telegraph labourers, railway labourers and shunting Engine Drivers, Mechanics, 3rd Class Station Staff and African domestic servants were at one time or the other involved in fatal accidents while on duty.⁸⁶ It was indicated that some workers were beaten and maltreated by the contractors.⁸⁷ Sometimes they secured injuries through carrying heavy rails through deep mud without a break, and whilst carrying these heavy loads, if a man slacks or slips he is beaten by those who were his overseers.⁸⁸ Many went through the cruelty of employment as unskilled labourers to unload iron rails and iron sleepers and were ill-clad and ill-fed while working for eight hours in tropical condition.⁸⁹

The exploitation of labour under Conditions imposed by Colonial State was systematically ruthless.⁹⁰ Many of these victims were laid off and compensated by the colonial authority. Although many of these victims had been previously managed at the government hospitals, they were later given proper treatment by their local and indigenous professional health care givers such as Bone Setters. On most occasions, serious accidents were not brought to the notice of the Senior Medical Officer.⁹¹ Scores of these Ilorin labourers were treated by traditional healthcare professionals such as bone setters. Additionally, this development propelled the emergence of Traditional Healthcare Givers in the areas such as Sabo-Oke, Sabo-line and other areas inhabited by the many of these non-Ilorites or non-indigenes labourers. They were encouraged to migrate to Ilorin to attend to the healthcare needs of their kinsmen who were colonial labourers, and who were not properly catered for in the colonial health facilities.⁹²

Conclusion

From the fore going, it is obvious that colonial inventions, innovations and technology had impacted immensely on the expansion of the activities of Traditional Bone Setters in the early twentieth century and beyond. Colonial development like transportation, Civil Service, and others did not only bring about agricultural and economic development, but also but also exposed the Ilorin Emirate people to more prosperous ventures that required high risk accomplishments. These developments resulted to an upsurge in the number of orthopedic problems that requires surgical solution.

However, the Colonial Health Services found it difficult to proffer the required solution to this problem simply because; it focused more on Public health and Hygiene and less on surgical treatments. Similarly, shortage of Colonial Medical Officers and Army Surgeons and medical facilities added more strength to the popularity of the Traditional Bone Setters in the colonial period.

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