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Sweeter with Age: The Enigmatic Miss Jane McCotter in the Colonial Services of the Egba Native Administration in Abeokuta, Nigeria, 1929-1955

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Abstract

In spite of the significant roles European women played in the administration of colonial Nigeria, only a handful of them have been given adequate attention. Against this backdrop, the contributions of Miss Jane McCotter to the development of the Egba Healthcare delivery system, were examined. Relying and critically evaluating extant literature, newspapers, interviews and archival records, the authors demonstrate that she made her marks, not only on the quality work she put into the field of nursing and midwifery, but also, on how she commanded attention as the proprietress of a midwifery school and a proficient Structural Engineer, who supervised the construction of public and maternal health buildings in the colonial Egba Division. Furthermore, the study has established that despite her advanced age, she put her all to the services of the Egba people, education of the girl child, women's welfare, as well as the general development of Egba land in particular, and Nigeria, as a whole. This study, therefore, fulfills knowledge production in biographical studies, gender, colonial empires, and also, demonstrates the resilience, perseverance and dedication of this human enigma, despite the challenges she faced.

Keywords: Infant welfare, Colonial Nigeria, Health-care services, maternal healthcare, Medicine, Women

Introduction

In pre-colonial Africa and other ancient societies, the development, resistance, liberation and social cohesion of such societies were premised on the joint efforts of both sexes; male and female. However, the roles of women have been conspicuously downplayed in history books (UNESCO, 2015:10). Perhaps, empires were traditionally viewed as a masculine endeavor (Adamo 2015: iii). Notably, while men were much more visible in the political, social, and economic aspects, women played significant historical roles. Little wonder, Mire (2001), opined that, while women's participation in African political emancipation existed and is acknowledged, such as in South Africa and Algeria, for instance, their inclusion has been conditional and blurred in the public sphere. Indeed, women played notable roles in governance, economy, military and socio-cultural spheres during the colonial period, and that explains why, Awe (1992:2-11), noted and promoted the idea that some of the women were saviours of their societies.

Mazrui also did not mince words, when he described women as proponents of a triple role; roles as custodians of fire, water and earth. By custodians of fire, he meant that sub-Saharan

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African women found themselves in charge of rural Africa's most important source of domestic energy, firewood, as they trekked long distances to fetch it. As Custodian of water, African women ensured a water-supply for her home and for the extended family. Again, women often walked a mile or two to lakes or rivers in order to ensure its provision. As Custodians of the earth, she was the fertility of the womb (woman as mother) and the fertility of the soil (woman as cultivator) (Mazrui, 2000:1-6). These further shows how important women were in reproduction and food security.

It is important to note that the first set of European adventurers into the interior of what later became Nigeria were the so-called explorers, whose motives and the results of whose activities certainly went beyond mere exploration. They were not only potential imperialists; they also held moral, religious and political ideas, the partial application of which in the future was to undermine the indigenous milieu they were constrained to respect during the early period of intrusion (Ayandele, 1980:367-379; Rotenberg, 1970:368-369). Ideologically, they were the avant-garde of the missionary, the trader and the soldier.[4]

Significantly, the Church Work Magazine of 1868 stated that, by the time traders and the missionaries began to enter the continent with their messages, women were directly involved as missionaries or missioners' wives, who gave detailed accounts of themselves across Africa (Church Work, 1868:49).[5] In fact, the earliest volunteers of the Kiosk, a group saddled with production and distribution of Christian tracts for evangelism, consisted of six Christian men and six ladies of various nations, viz- one Arab, two Swiss, four English and five French (1868, p.49).

During their colonial "adventures" in Africa, both males and females played several roles. These roles, whether in administration, domestic affairs, military, medicine, trade or even social services were impactful in their respective colonies. For example, Tripp (2004) describes how some European women came as teachers, girls' instructors, and fought for women's rights, girls' education, among other roles, which stood them out. In fact, an Egba Intelligence Report, stated how madam Efunroye Tinubu not only aided the Egba army with weaponry to fight against the Dahomey Army, but also, how she was instrumental in making Alake Oyekan mount the Egba throne, through her financial wealth (Blair, 1938).

Despite the contributions of both genders, the activities of men have enjoyed better rapportage. Contrarily for the women, regardless of their huge contributions to the development and growth of their various societies, only a few of them have been investigated as historiographic studies remain alarmingly minimal on them (Allman, Geiger & Musisi, 2002:3-4). Although, there are some studies on roles of indigenous and British women to the socio-political and economic development of the continent (Mba 1978; Johnson 1982; Callaway 1987; Allman 2009), very few studies have examined the roles of Irish women. Such was the case of Miss Jane McCotter, Senior Nursing Sister, who worked meritoriously in Southern Nigeria during British colonial administration.

Against this backdrop, this study explores the life and times of Miss Jane McCotter. The study is divided into four parts. The first part examines McCotter's arrival in Africa. The second part describes her migration from Lagos Colony to Abeokuta. The third part is a critical exposition of her contributions, which continued after the Second World War in Egba land. Finally, the concluding part highlights the importance of her life, and times, and their significance in contemporary studies.

[4] These were the three other precursors, apart from explorers, of British imperialism in Nigeria.

[5] Such women as Mary Slessor, Sarah Tuker, Mrs. Crowther, Mrs. Freeman, and Mrs. Townsend among others contributed to missionary work.

From Europe to Africa

We do not have much information about Miss Jane McCotter's parental background, but available records show that she was of Irish descent and was born around 1870 in Ireland. This was the period when small dispensaries and make-shift healthcare services were springing up to cater to missionaries, naval officers, and European officials in the British colonies, especially, the Niger Area of Africa. Though, it was generally regarded as the 'white man's grave,' Tiryakian (1993), opined that women's involvement could also necessitate it as the 'white woman's grave'. Notably, between 1884 and 1914, approximately 20,000 women emigrated under the auspices of the female emigration societies, with majority headed for Canada and South Africa (Bush 1994: 387). Also, some of them who were nurses formed what later became the Colonial Nursing Association in mid 1890s (Callaway 1987). On getting to colonial Nigeria, some worked in the colony of Lagos, while others worked in Old Calabar.

Old Calabar was a vibrant town, full of activities until there was a disease outbreak in 1890, which led to the death of both Europeans and the indigenes alike (Mildred 2006:114-136). This sad episode clearly manifested the need to plan for the building of a modern hospital that would care for such avarices in the future. As soon as the idea of building a hospital was conceived, the services of nurses were required, and some nurses who arrived from Scotland in 1895, were soon employed to assist the missionaries in hospitals (Hogan 2012).[6] Their services were also needed in the government hospital that was to be established in Calabar (Mildred 2006:114-136).

By 1898 when the first Government Hospital was built in Calabar (Schram, 1971: xvii), Margaret Graham was the only one available to cater for the sick. McCotter, was inducted as a member of the prestigious Queens nurses in 1896 in Britain (Liverpool Mercury 1896)[7], was among the Army Nursing Sisters, who helped the British Forces, during the Second Boer War, 1899-1902 (Adeola 1980), and their services were needed in West Africa. Graham, however, was later joined by Miss Jane McCotter, Miss Scott and Miller (Mildred 2006: 119-136). These nurses blazed the trail in nursing. They were primarily recruited to cater for the health of the colonial officials at the dispensaries and hospitals in the early days of British colonial enterprise. However, by 1911, she was also serving in Warri Province, during the Yellow Fever outbreak (Adeola, 1980: 14). However, government retirement policy was either at the age of 50 years or completing 18-years'of service in West Africa.[8]

Available records of the nursing staff readily show that there were not many nurses in the British colonial service in the early days of British rule in Nigeria. Indeed, the 1919 handbook clearly show that the bulk of nursing staff for the Southern Province were made up of Miss Jane McCotter, Miss M.M Graham, E.K Neville R.R.C., L.M Single, J.Y Mathew and E.M Philips while the Northern Province had Miss E. F Dunne and G. Coupe (Burns 1919: xx). It is significant to note that by 1922, Miss Jane McCotter had contemporaries such as Messrs. L.M Single, J.Y Mathews, Miss E.F Dunne and E. O'Hara while Dunne, G. Coupe, F. A King were now in the services of Northern Nigeria. These young professionals were placed on a meager £40 duty pay per annum (Burns 1922: 278).

[6] This was the same period when the Sacred Heart Hospital was built.

[7] When inducted, they chose wherever they wanted to serve. It must have been during this period that she left for Calabar.

[8] A. Bonar Law to Governor General, Nigeria, 1 Oct. 1916, 3, par 6. File No., CSO, N1709/1916, National Archives Ibadan, [NAI hereafter].

However, for McCotter, it became the starting point of career activities which turned out to be an eloquent testimony of tireless efforts and the brilliance she brought into the services of the British colonial government. In appreciation of her services to the nursing profession and humanity, she was conferred the honour of Member of the British Empire (MBE) by King George V in 1926 (London Gazette Supplement, 1926: 4416). However, due to ideological conflict with higher authorities who were against 'home' births which Jane envisaged were inevitable due to inadequate modern health facilities and indigenous beliefs, she left the Lagos Colonial Service.

From the Services of the Lagos Colony to Abeokuta: The Sunrise Country

The Sacred Heart Hospital had just established ante-natal and post-natal clinical services to cater to maternal and infant welfare in 1926, with Father Coquard as the consultant (Van Tol 2007:110-131). It was during this period that Father Jean-Marie Coquard began to have issues with the leaders of the Catholic Church over his task of undertaking surgeries on women, which flouted the ecumenical and celibacy oath (Hogan 2012: 267-272). Hence, there was a need to employ the services of a woman who could cater for the women. Also, Coquard while not a qualified medical practitioner was able to perform these services. However, since the issue of quack practitioners in dispensary and medicine had reached Lagos colony, the Poisons and Pharmacy Ordinance of 1927 was enacted to checkmate such menace.[9]

According to Section 18, Regulation 47 under the Poisons and Pharmacy Ordinance, any person who wanted to dispense must be certified. Subsequently, Father Coquard obtained the service of a Lady Medical Officer, Dr. Gallagher and a highly qualified nursing sister, Miss McCotter,[10] who was formerly in the services of the Lagos Colonial Administration as a Senior Nursing Sister was then, engaged at the Sacred Heart Hospital, Abeokuta. A town that had been earlier described as not just the gateway through which Christianity came into Yorubaland, but also as a Sunrise in the tropics (Tuker 1855). Although McCotter, was qualified for a Missionary License as a dispenser under the Society of Apothe-caries in England,[11] and the multifaceted task ahead, she had to apply for a Missionary License so as to be able to also dispense drugs. This she did on behalf of the Sacred Heart Hospital where she was granted permission to dispense drugs etc.[12]

By 1928, there were questions about the financial status of Egba Native Administration, especially, with the emerging world economic depression. At that time, the severity of the strain was particularly intense in Nigeria where the newly established administration was still struggling to find its bearing (Osuntokun 1979:1). This was also manifested in the healthcare conditions of the people. To be sure, a report affirmed the state of the deplorable state of medical and health works, thus:

[9] The Poisons and Pharmacy Ordinance, 1927.
[10] Annual report, Abeokuta Province, 1928, par 52. File 11875/ Vol. vi. NAI.
[11] Director of Medical and Sanitary Service Lagos to the Resident, Abeokuta. 5 Dec 1928. NAI File ABP 85
[12] Resident Abeokuta to Director of Medical and Sanitary Service Lagos, 7 December 1928. ABP 85. NAI

> With the cry for medical assistance all over the country, it is clearly unreasonable for two Lady Doctors and two qualified nurses to be engaged in this one small institution. The position is undoubtedly difficult and uncertain, also pathetic and ridiculous at times as anyone acquainted with all the individuals concerned would soon recognise.[13]

At this juncture, the Egba Native Administration also contemplated owning a modern infant and maternal healthcare centre. The administration, however, was also cash-strapped so that it only had in its coffers, the sum of £20,198 in cash, fifteen thousand of which was invested while the rest was kept in a current account at the bank. However, the revenue for that financial year was far below the amount estimated, mainly owing to the small sales from the workshops. This was because the workshops were no longer attracting contracts.[14] This situation was, however, not peculiar to Abeokuta, the western part of the country alone. Evidently, this state of economy was one of the factors that provoked some women, when they heard the rumor that they would be taxed, in the eastern part of Nigeria, leading to the *Ogu Umunwanyi* or Women's War in December 1929[15] (Matera, Bastian, & Kent, 2012; Kies 2013).

Apparently, there was a need for an efficient administrator of the new Egba Maternity and Child Welfare Centre (EMCWC) established in 1929. At that point, McCotter (locally called, Makota), who had joined the Sacred Heart hospital was considered. With her arrival, fear of the indigenous people concerning the health-care delivery service received a major boost. This was because while she worked for the Church, she had also extended her services to the population by offering door-to-door services, an idea which was loathed while she worked in Lagos.[16]

The annual report for 1930 stated that the Infant Welfare Centre (IWC) in the province experienced very remarkable improvement as a result of the appointment of Miss McCotter as Sister-in-Charge. It was further stated that she was a woman of indefatigable character, who was always on her feet in the Centre from 7 a.m., personally attending to as many as two hundred children daily while carrying out maternity works and other duties.[17] McCotter's role was highly appreciated by all and sundry, particularly the government of the day, as most patients then preferred her to any other lady medical officer. This was so because mothers also received free lessons on what pitfalls to avoid in the management of their children after treating the babies.[18]

The services provided were satisfactory and free, although the authority soon began to give considerations to the idea of charging a small fee, and also to look for a temporary replacement for McCotter who was planning to take a short leave in July or August 1929. It was noted that an indigenous relief would not be suitable to fill her shoes.[19] This was because the Egba Native Authority under the British colonial administration regarded such a role as part of the imperial

[13] Annual report, Abeokuta 1928, par 52. File 11875 /Vol. vi. NAI

[14] Annual Report, Abeokuta Province, 1929. Par 59. See also, Ag. Sec Southern Provinces, Enugu to the Hon. Chief Secretary to the Government, Lagos 12 April 1930. File 11875/vol vii. NAI

[15] This was known as Aba Women's Riot in some quarters. It was a conflict between the women in Eastern Nigeria and the British Colonial Government over plans to tax women.

[16] This may have been one of the ideological reasons, why she left the services of the Lagos Colonial Services for Abeokuta.

[17] It was also narrated that her deeds were based on her personality and energy, as she personally attended to patients and planned to establish a centre which would produce intelligent girls. The women always asked McCotter to attend to them rather than the Lady Medical Officer. Little wonder, between 9 April 1929 and 9 January 1930, attendances was 27,621. See Annual Report, Abeokuta Province, 1929, par 20-26.

[18] Ibid., par 26

[19] Ibid.

public health initiative. Hence, a European was believed to be more positioned to develop the Centre in Western lines.

In 1930, the Midwives Ordinance was promulgated to regulate Midwifery Education and Practice in Nigeria.[20] The reason for this may not be unconnected with the world economic depression or crisis in the 1930s (Olukoju, 2000), which may have increased the number of quacks and other medical sharp practices. This is because, there exists some relationship between economy and health, positively or negatively (Currie, Duque, & Garfinkel, 2013).

Be that as it may, McCotter had some challenges. One of the challenges was that some people felt that her position, as the head of the IWC, could be better handled by a medical doctor. Thus, in December 1931, a petition was received by the Alake, Oba Ladapo Ademola II, on the state of maternal healthcare at the Infant Centre, asserting that the leadership should be occupied by a medical practitioner, rather than a nursing sister. This view was rebuffed by the council as an act of jealousy, while a vote of confidence was passed on McCotter.[21] In addition, when she requested that some market women leave their babies with her due to unfavourable weather—rainfall or sunlight—the women protested in fear of losing sight of their babies.[22] Had this been allowed, and subsequently institutionalized, baby day-care or crèche would potentially have been a success in Abeokuta.

Unperturbed by such allegations or petitions, the (EMCWC) under the able management of Miss McCotter, continued its invaluable work with an average daily attendance of 350 and new attendances of 2, 959 patients for the year 1932. The fees charged amounted to £150.14.2d for that year. In early 1933, the (EMCWC), again received special mention. McCotter was commended because the benefits that were accruing to the populace from the Centre were immense. For instance, the Centre not only provided educational information to mothers, it also offered them basic health care services at very minimal cost. Patients' daily attendance for the year numbered 126,525 with a daily average of 410, almost a quarter of which were ante-natal cases. One woman had this to say: 'my mother told us of the woman who managed the hospital, that, at times, she will feed malnourished and nursing mothers from her purse, especially those, who she felt were not properly taken care of.'[23]

It was also reported that about, 111 mothers were delivered of their babies in their homes by the Centre's midwives. In fact, the greatest achievement of Lady McCotter and her team was the revelation concerning an obnoxious native drug, agbo, which was hitherto regarded by the Yoruba mothers as the needed magical drug, indeed, a sine-qua-non for the treatment of ailing infants. The *agbo* was an excessively toxic herbal purgative from roots and leaves[24] that possessed the capacity to render the infant highly depreciated.[25] However, the *agbo* was an established traditional herb consumed by the indigenous people to treat all sorts of ailments and health challenges before the arrival of western medicine. This *agbo* was also discovered to be popular among Asante mothers in the Gold coast (Allman, 1994). To handle this issue, McCotter set up a

[20] The Midwives Ordinance 1930 regulated the practice which was seen as becoming popular and dangerous in the hands of quacks.
[21] The petitioner was one Dr A Adefolu. See Minutes of 31 December 1931, 1-7, File No ECR 1/1/54 Vol 3 Nos 269-410. National Archives Abeokuta [NAA hereafter]
[22] Interview, mama Bola c76years, at Ijemo. 29 July 2017.
[23] Interview Mrs Adebayo Funmi, 57 years, at Ijemo, 30 July 2017
[24] Annual Report: Abeokuta Province, 1933.par 21. CSO/2 or file 11875/x. NAI.
[25] *Ibid*.

training domiciliary midwifery, in order to educate people, who would then retrain mothers in midwifery.[26]

Unfortunately, Father Coquard died in June 1933 after which Rt. Rev Bishop O' Rouke took charge of the management of the Catholic Hospital, which was then financially constrained for it was indebted at a cost of £400 a year. The hospital sought help from the Egba Native Administration (ENA) through the Alake. The Alake approached the Resident for a grant of £200 from the Nigerian Government and hoped to get the annual grant-in-aid of £50 from the administration, which was augmented by a further £50, thus making £100. Realizing £300, the Authority, through an organized concert and subscription, made up the balance of a £100.[27] To appreciate her former employer, annual plays, scheduled for the Centenary Hall, were, therefore, organised by Miss McCotter to subsidize the amount, which the government provided.[28]

In 1934, the activities of the enigmatic McCotter and the progress made at the Abeokuta Infant Welfare Centre where she worked were resounding. Her contributions at the Centre had surpassed that of the previous years. This reflected in the total attendances during the year, which reached 158,418, an increase of 31,893.[29] There were also growing demands for services provided at the Centre's maternity while requests for help were received from women who desired to, but were not privileged to access the Centre's services.[30] However, Miss McCotter continued with her impactful work, as she presented the statistics in connection with the Infant Welfare Centres in the Province for 1941, thus: New Attendances, 3, 234; Total Attendances, 188, 204 and ante-natal attendances were 31, 713.[31]

Miss McCotter proceeded on leave in 1941 and was temporarily relieved by Mrs. Macleod.[32] Again, in 1944, she took a short but well-earned leave for three months in Lagos and Cameroons, with Mrs. Macleod taking her place as Sister-in-Charge, once again.[33] The EMCWC, which was under the management of Miss McCotter, was still thriving, even at the end of the Second World War in 1945, when the daily average attendances were over 1,000 at Ijemo and Idi-Aba as compared to 993 in the previous year. New Centres were also opened at Otta in the Egba Division and at Ado and Aiyetoro in the Ilaro Division.[34]

Jane McCotter after World War II

The aftermath of the World War II had a huge impact not only on the financial and health sectors, but also influenced the level of criminality and other social vices. Little wonder, some scholars opined that, this period brought recovery from widespread devastation (Manning, 2013:320). Consequently, the period also witnessed the introduction of an aggressive British policy to ameliorate and develop the health sector of its colonies (Utuk, 1975; Uyilawa 2006).

[26] A Short History of Oba Ademola Maternity Centre, Ijemo, Abeokuta.
[27] Minutes of Council meeting held on Thursday, 21 June 1934 Egba Council Records1/1/66 Vol. 2 nos 123-244 Minutes of Council Feb -Dec 1934" NAA.
[28] Ibid, 5-6.
[29] Annual Report, Abeokuta Province, 1934, par 30, file no 11875 xi, NAI.
[30] The report saw this as a good sign of value of trained assistance. More so there was a good record of 27,018 attendances.
[31] Annual Report, Abeokuta Province, 1940, 27 February 1941.
[32] Annual Report, Abeokuta Province, 1941, par 30.
[33] Annual Report, Abeokuta Province, 1944, par 39.
[34] Annual Report, 1945, par 41. The report labelled her regime autocratic. This may have been because of her strict adherence to protocol.

In 1946, the now Native Administration Maternity and Child Welfare Centre remained under the devoted supervision of Miss McCotter. However, periodical inspection was done by the Medical Officer of Health which, had an effect, on the number of deliveries as well as healthcare awareness by mothers. A report revealed that there were 420 domiciliary deliveries during the year and mothers' attendances continued to improve as a total of 137,633, with a daily average attendance of over 1000 marks were recorded, despite the continued cases of shortage of drugs.[35]

Aside from drug shortages, there was also the continued case of illiteracy or semi-illiterates in the health services. This was revealed by the Acting Secretary, who was concerned about how these sets of unqualified maternity attendants were employed by the Egba Native Authority.[36] This predicament led to the development of six-month trainings led by Miss McCotter at the Infant Welfare Centre, for women in the villages that had no sitting dispensaries or welfare centres. This proposal was made public at Ilugun where it was first launched.[37]

Pregnant women also suffered from accessing health facilities. For example, Bale did not mince words when he noted that, "Pregnant women suffer a great deal as well as ourselves and children for lack of medical attention before, and at the time of labour. Infant Mortality continues from year to year at a great speed. We are actually suffering for modern amenities."[38] Despite the willingness on the part of government to provide support, funding remained a cog in the wheel of progress. This was what prompted the Medical Officer to state that a policy that encouraged the building of more facilities without providing adequate funding should be revisited as it was not economical to continue to build more facilities when available structures were either ill-maintained or outrightly neglected.[39]

An infant welfare scheme was proposed for Atan due to its vast landscape and proximity to Otta that had good road network. The service of Miss J. McCotter was again required to look at the cost and maintenance implication per annum.[40] The provincial engineer was also required to give a rough estimate of what the likely cost would be .[41] This was because there were already issues of building collapse, as was the case of the Welfare Sub-centre in the Government Residential Areas, which was then relocated to Ibara.[42] Despite these problems that were commonplace in 1947, McCotter was as indomitable as ever and was undaunted by the challenges that came with her new responsibilities. Her work expanded beyond that of Ilaro Division, which then had seven dispensary and infant welfare centres, including two other centres, which were to be commissioned at Ajilate and Igbessa early in the subsequent year. However, she prevented the building of any other infant welfare centre until a clearer medical policy was put in place. Indeed, such preventive measure by McCotter was simply to guard against a possible proliferation of welfare centres without adequate management and maintenance in her area of operation.

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[35] Annual Report, Abeokuta Province, 1946, par 29-30

[36] Acting Sec, Western Provinces to the Resident Abeokuta Province, Abeokuta. 19 May 1947. File NoABP1647. NAI

[37] Miss McCotter volunteered to do this. After training the woman would charge based on a tariff arrived by the Government. See Resident to The Sec, Wester Provinces, Ibadan. File No ABP 1647. NAI

[38] Bale and Council Ajegunle to the Alake of Abeokuta Ake Palace 2 Nov 1947. NAI ABP 1647, par 6

[39] NAI, Medical Officer to The Resident Abeokuta Province Abeokuta. 15 November 1947. File ABP1647. NAI.

[40] R. G Biddulph, Provincial Office Abeokuta to Miss McCotter. 18 Nov. 1947. No ABP. 1647. NAI

[41] IWC and Dispensary. See District Officer Egba Division to the Provincial Engineer. 19 Nov. 1947. File No. AB.P 1647, NAI. The Engineer later gave an estimate of £650 without the budget of Wasimi, see provincial Engineer to District Officer, Egba division, 24 November 1947. Ibid.

[42] Miss J McCotter volunteered again to supervise to avoid such. See E N. Mylius, Resident Abeokuta Province to the District Officer Egba

Meanwhile, reports of her good works continued to be heralded by all. For instance, the hospital and clinic attendances at the Egba Divisions soared over a thousand marks and fees of £705 a year. Significantly, domiciliary cases were precisely 511 while one of the most important part of her work remained that of assisting in the training of a number of midwives, twelve of whom passed the examination of the Midwives Board, Lagos CMB II;[43] a qualifying examination that was then considered a difficult feat to surmount.

When she proceeded on a short leave after six years of selfless service, a colonial intelligence report noted how a coterie of happy and contented orphans missed the services of Miss McCotter—indicating that maternal and child health-care services were improving in the province.[44] A training centre for Grade II Midwives, Child Welfare Centre and a Domiciliary Midwifery had been established to help produce more midwives that could fill the yearning gap of public and maternal healthcare deficiency in Abeokuta. In fact, in its routine inspection of such institution, the regional matron who visited the centre commended and lauded the structure and environment as tidy, clean and excellently run under McCotter, noting that 20 candidates were being prepared for the subsequent Grade II Midwives examination.[45]

Relatedly, her efforts went a long way in helping to develop and safeguard the health of countless mothers and children. There were, however, difficulties in the building of the proposed two centres owing to shortage of funds. It is significant to note that the contributions of Miss McCotter to the child and maternal health care services in Egbaland, particularly towards the late stage of colonial rule, were so outstanding. The Annual Report of 1948 gave further credence to the debt of gratitude owed Miss McCotter by noting that generations of Egbas and Egbados owe her a debt of incalculable gratitude as the total ante-natal attendances rose unprecedentedly to over $1^{1/3}$ million; 707 of which were domiciliaries for midwifery. More so, it was revealed that, 15 candidates passed the Midwives Board Examination for the Lagos CMB II while 15 certificates for infant Welfare were awarded.[46] And since, McCotter had set a pace, Dr. Feyer, who replaced her during her short leave period, continued to offer devoted service to the people who visited the hospital.[47] McCotter was again commended in 1949 for the tremendous work she was doing in Abeokuta, because infant welfare services continued to grow in leaps and bounds under her indefatigable guidance.[48] The reason for such praises, was that after spending 20 years in the service of the Egba Native Authority, the government realised that McCotter's position might not be easily filled by anyone, should she leave the Egba services.[49]

In 1950, there were insinuations that Miss Jane McCotter was leaving the service and would be replaced by Miss Close. It was suggested that residential quarters be provided for Close's use once Mr. Church, a British colonial officer, vacated his space. However, Miss McCotter had to be temporarily harbored till Church's accommodation was vacated.[50] Emphasis was also placed

[43] Annual Report, Abeokuta Province, 1947, par 27-28, 11.
[44] Annual report, Abeokuta Province 1947, par 16, 38.
[45] (Sgd) MP Steele, Regional Matron. Copy form page 192 of File AB.P 247 Vol II In NAI, ABP 1647
[46] Annual Report, Abeokuta, 1948, par 50, 19.
[47] Ibid.
[48] Deputy Director of Medical Service, Western Provinces to Miss Jane McCotter, c/o The Resident Abeokuta. 22 March 1949. NAI ABP 1647
[49] She had spent 20 year with the Egba Native Administration. See 1949 Annual Report, par 16, 59.
[50] I.F.W Schofield, Resident Abeokuta Province to the Senior D.O Egba Division, 8 May 1950 AB.P 234/141. In File 1647 NAI.

on the needs of the rural dwellers, although not much was done[51] to meet their needs. McCotter eventually took a few months leave after having trained midwives from many parts of Nigeria and spread her well known views on domiciliary midwifery.[52] She was in 1951 instrumental to the provision of two new additional clinics which were commissioned at Owode and Imala, with the hope of many more across the province. Considering the enormity of the services that she helped to provide, the high patronage her centre attracted, and seeing the high level of commitment she was putting into her job, in spite of the crowded patronage, the Egba Native Authority requested the Chief Commissioner to have her salary raised, a request that was unquestionably approved.[53] She was unrelenting in her determination to take child and maternal healthcare to great heights in Egba land. Although the task was daunting, her courage did not wane. For this reason, among others, she received the Order of St. John of Jerusalem, and, Patricia Edwina Victoria Knatchbull, 2nd Countess, Mountbatten of Burma, paid her a visit in February 1951, having heard about her feats (Adeola, 1980:17).

However, there were few challenges that threatened the existence of these centres. Most of which bothered on water, markets, sanitation welfare and health, and in May, 1951, when some infant welfare centres were to be built at Itori and Ishaga area of the Egba Division with mud and cement, McCotter vehemently opposed this proposal, pointing out that such buildings could not stand the test of time.[54] However, the District Officer denied that there was any attempt to use mud to build the clinics, arguing that Miss McCotter may have been misinformed as guttering and water drums were installed at all clinics and dispensaries.

Additionally, there were also no iron water tanks provided.[55] Meanwhile, McCotter wanted standard centres instead of just a proliferation of centres without meeting specified requirements. When the estimates for the construction of two clinics at Itori and Ishaga were provided, McCotter was anxious to proceed with the Itori project. She was, however, unable to supervise the one at Ishaga where she requested that funds should be channeled into the building of a new clinic at Iberekodo to replace the existing clinic, which occupied the ground floor of a private house.[56]

Provision of health services continued to improve at the infant welfare centres, as she kept up her good work by continuing to put in her best in the provision of health services to thousands of women and children. Despite her failing health, the total attendances at all her centres rose to 938,353 patients while revenue rose to a staggering sum of £2,643.[57] She obtained many contributions to augment the official funds available especially through the United Africa Company (UAC) Ltd., which, for many years continued to give annual subscription in support of feeding orphans and other (infants).[58] By April 1952, Miss McCotter was already contemplating retirement in December.

For the government, the need to seek for a replacement to be groomed under her watch and guidance became prominent. Although the District Officer would have accepted provision for a

[51] Deputy Director Medical Service, Western Province to The Resident Abeokuta Province needing the service of Miss Close at Rural Health Centre Auchi. 7 Oct 1950. NAI., File 1647

[52] Annual Report, Abeokuta Province, 1950, par 16, 62. NAI File No. 11875/Vol. XVI.

[53] Annual report Abeokuta Province, 1951, par 46, 23.

[54] Though this was not expatiated, but it may mean cement and rocks. She also demanded that tanks of water be put in at the Ilugun Infant Welfare Centre and done as soon as possible. See Resident to District Officer Egba Division. Abeokuta, 7 May 1951. ABP 1647 NAI

[55] District Officer to Resident Abeokuta Province, 17 May 1951, File ABP 1647. NAI

[56] District Officer to Resident, Abeokuta 5 November 1951, File no ABP1647, NAI

[57] Annual Report, Abeokuta Province 1952, par 45, 17 NAI. File 11875/S.1

[58] As at this period, 35,198 meals were provided. See Annual Rep, 1952, par 45, 18.

nursing sister to work with her, the Native Authority could not meet such expenses. This was because it was already spending as much as £4,703 on services that were only yielding £1,950 as revenue. However, because McCotter's contributions to the community were so highly valued and appreciated, the Infant Welfare Centre, Ijemo was regarded as "a very fine monument to the many years of hard, but devoted work by Miss McCotter."[59] Thus, it was concluded that no matter who replaced her, she should be privileged to offer advice on the choice of suitable recruit into the employment of the centres.[60] For McCotter, she desired that a permanent assistant be appointed when a suitable person was found, but an assistant that was capable of taking over when she went on leave needed to be appointed at the earliest possible opportunity. Although the Egba Native Authority was prepared to continue paying the nursing sister at the Infant Centre's salary, it could, sadly, not afford the services of a senior nursing service assistant.[61]

In early December 1952, the case of cash book check was raised in one of the centres, but McCotter felt it was not ideal and a waste of time to dwell on such a minor issue. However, the District Officer mandated her to maintain this procedure as it was done in all native authority departments.[62] It was not as if McCotter was not meticulous, but she felt this could cause delay in healthcare delivery, hence believed there was no need to delve too much on it.

However, the Acting Permanent Secretary maintained that the Egba Native Authority should be responsible for the payment of the salary of the recruit--or any person recruited whether, local or expatriate, as the ordinary catch-grant could only be paid by the regional government.[63] In addition, a new colonial development scheme was proposed by the United Kingdom, which would allow Nigeria to incur domestic and foreign debt for five years, asserting that such debt would not endanger its fiscal stability. The Egba Native Authority tapped into these monies while Egba searching for a suitable replacement for Miss McCotter. The acting civil secretary approached Sister Consolata of Sacred Heart Hospital (through the Medical Officer, Dr. Stobbs) for support. Miss McCotter needed to be informed about this arrangement and her consent had to be sought, which she graciously granted.[64]

Not done with her project evaluation and supervisory role, Miss McCotter petitioned the Resident on some public and maternal health issues such as the Welfare Center at Itori, Ifo main road to the Welfare Centre and Dispensary, Wasimi Welfare Centre and the Imala Midwives Quarters.[65] She raised issues with the District Officer concerning the inability to open up the Itori Centre as a result of the bushy area, shocking state of the road to the Ifo Welfare centre and Dispensary; the Revenue books at Wasimi Welfare Centre, which had not been handed down for about two months, and the dilapidated midwives quarter roof at Imala.[66]

For these supervisory, administrative and watch-dog roles, among others, McCotter continued to receive resounding accolades and appreciation from the government over her work at the Egba Divisions as her presence had brought about high patronage and popularization of the centres.[67] To disseminate the knowledge of midwifery across the country, she accepted Native Administration sponsorship of private students from all over Nigeria for training at the Ijemo

[59] District Officer to the Resident 18 April 1952.File No ABP1647. NAI.
[60] Ibid.
[61] District Officer to Resident 20 June 1952. ABP 1647, NAI.
[62] District Officer to Resident 11 Dec 1952. E.D 157/68. File ABP 1647 NAI.
[63] See Ag Permanent Secretary to The Resident Abeokuta Province 8 Dec. 1953. 9713/95
[64] Ag civil sec to the resident Abeokuta province, 21 Feb. 1953. Par 3 and 4. F.9713/86. File 1647 NAI
[65] Personal letter from McCotter to the Resident, No Date. File No ABP 1647. NAI
[66] Resident to D.O Egba Undated letter. File ABP 1647 NAI
[67] Annual Report, Abeokuta Province 1953, par 42-42, 13. NAI File 11875/S.2

Centre, after which the new Midwives naturally returned to their own areas to work. In fact, the quality of the training met international standards given the period under review. To buttress this, the Acting Senior Medical Officer, Ibadan, affirmed that, "…of all the Ninety-six at present there, some of them are bound to look for employment abroad."[68] Little wonder, Adams (2006) stated that such British educational legacy, despite its complexities, provided the women opportunities to travel abroad. Having spent most of her life in the services of the Abeokuta people, offering nursing, midwifery, and building supervisory services, she was invested with the Most Excellent Order of the British Empire by Queen Elizabeth II in appreciation of her services to public services in Western Nigeria, 1955 (The London Gazette, 1955:24-25).[69] Unfortunately, in the second half of the year, precisely on 22 November, 1955, in Ibadan, her death was announced, having spent majority of her life in active service.

Her demise, sadly, brought, in its wake some challenges; the infant welfare centres were confronted by some challenges mainly in the area of staffing. The Local Government Inspector succinctly put the nature of the challenge in the following words, "I am now informed that the Catholic Mission cannot continue to supply a Sister to supervise the Infant Welfare Service in Egba Division, as all its Sisters are required for its own work"[70] He further advised that the District Councils should either appoint a representatives to hold meeting with the Council or empower their representatives to bring the matter before the Divisional Council for similar discussion with the medical officer.[71] However, the Mission resolved to continue to provide assistance until a permanent solution was found.[72] Significantly, this emergency arrangement was as a result of the illness and eventual death of Miss McCotter.[73] It was this lacuna that forced the Director of Medical Services to recognize the need for the Divisions to take drastic measures concerning the midwives' training establishment at Abeokuta, which was scheduled to be closed down. Had this happened, a Nursing Sister would still have been required to supervise the maternity and infant welfare centres in the Divisions.[74]

Conclusion

The contributions of Miss Jane McCotter to the child and maternal health-care services for people in Egba land, indicates the extent to which some colonial women were prepared to commit their lives to the services of British or European colonies in Africa. Women such as Miss Jane McCotter are hardly mentioned today by scholars and the memories of their immeasurable contributions remain locked in the dim recesses of the repositories of archival institutions. It is important to note that although Miss McCotter was likely 85 years at the time of her death in 1955, this work cannot, and does not even attempt to fully explore the inexhaustible data on her humanitarian contributions in Egba land in particular and Nigeria as a whole.

Unarguably, McCotter's zeal to plant child and maternal healthcare on strong footing in Western Nigeria was unparalleled. It was, indeed, this zeal that caused her and others like her, to

[68] Ag Senior Medical Officer, Divisional Medical Headquarter, Ibadan to The Divisional Adviser, Egba Division Abeokuta. 22 June 1956. NAI ABE Prof 2 ABP 1647 vol II 2nd Acc.
[69] She was invested along the then Minister of Transport, Alhaji Tafawa Balewa.
[70] LG Inspector, Abeokuta Province to all sec of District Councils, 18 February 1956, par 1, ABP 1647, NAI
[71] Ibid, par 3
[72] Ibid, par 5
[73] Sen Provincial Adviser to the Rev Mother Convent, 18 Feb 1956. ABP 1647, NAI
[74] Dir Med Services, Ministry of Public health, Western Region to the Med. Officer Abeokuta 1 March 1956. File ABP1647. NAI

sacrifice themselves by staying in the colony even after they should have retired. We hope that this article will be the beginning of the exploration of the inestimable contributions of 'Lady Jane' to nursing, midwifery, maternal and infant welfare in, not just Egba land, but Nigeria as a whole. In fact, her demise left in the Egba healthcare services, a huge lacuna that was almost impossible to fill for a long time. For example, the Nursing school was closed down for some time, because the regional government could not get a capable hand that would manage the school, which was McCotter's idea.

This article noted that, while Miss McCotter contributed much in old Calabar in her youthful age; to Lagos colony, in her mid-career, most of the later part of her life, when she ought to have retired, was still dedicated to the course of humanity in Abeokuta. It can be concluded, and rightly too, that this enigma, who got 'sweeter' as she aged her major contributions to Abeokuta's health history and human services, were in the twilight of her life. This is a period which many others would have preferred to spend in the comfort of their home country, with friends and relations.

An endowment fund, known as 'Jane McCotter Memorial Fund' was created through public subscription to honour her life work. As a memento, her bronze bust is seated at the entrance of the Clinic and an award to the best student in midwifery in the State's school of nursing was made in her name. However, the name of the Centre was changed to Oba Ademola II Maternity Hospital to honour the Alake, who died on 26 December 1962, for his contribution to the establishment of the clinic.

Unfortunately, an interview conducted at the hospital by one of the authors between June and August 2017, indicates that the majority of the people, including patients, workers, the gatemen, cleaners, among others, who pass-by her bust on daily basis, do not know her by her name. They only know the 'bust' as the doyen of the Centre. Rather, it is the name of the hospital, Oba Ademola II, which resonates on tongues of the populace. This fact reaffirms the claims of feminist scholars' position, while women have made important historical contributions, these are often neglected—or their contributions historically revised (Allman 2009; Lidddle and Joshi 1985). There is an ongoing need for historians and other scholars to refocus their lenses on the lives and times of those enigmatic women, who gave their all in the service of humanity.

The moral import from this brief critical exposition of the life and times of Miss Jane McCotter, is that commitment to duty and society as well as compassion to fellow humans ought to be the guiding principle of all professionals and citizens. Also, that service to humanity which may manifest in the form of care, justice, or fairness to all, takes precedence over creed or colour, that is, nationality or ethnicity. Another insight from the life of Miss McCotter is that greatness is not by size, position, power or wealth, but by excelling in one's duty or responsibility to the well-being of humanity.

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