

## **The Interface between Crime and Disease: A History of Lunacy Management in Colonial Lagos, 1907–1954**

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### **Abstract**

*Lunacy management in colonial Lagos was largely situated within the contexts of crime and disease. This was in spite of the enactment of the Lunacy Ordinance of 1916 which stipulated the processes and legal framework for the management of lunacy, whether in the aspect of crime or as a disease. However, a major challenge during the period, which apparently became a controversial issue, in the management of the lunatic vagrants, was the question as to whether these lunatics were “criminals” or merely “sick people.” The theory of social inclusion is adopted in this paper to illuminate the extent to which services were provided for the mentally ill. Using the qualitative historical methodology, which involves the evaluation and presentation of data derived from both primary and secondary sources, this study examines the early colonial developments, legal enactments and implementation, patients and confinement in Lunatic Asylum, and the nature of the management of “criminals” or “lunatics.” It shows that most lunatics who have been tagged civil or criminals were mainly kept in the prisons. It further notes that the nature of the management of lunatics during the period was that of confinement or custodial care. It concludes that in spite of the enactment of 1916, little was done towards the improvement of services for both criminal and civil lunatics. Inevitably, in 1954, the Aro Mental Hospital, Abeokuta, was established to complement that of Lagos and those already existing in the country to help cater for lunatics with violent and non-violent dispositions.*

*Keywords:* colonial, crime/criminality, disease, lunacy, Lagos

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## Introduction

The menace sufferers of mental disorders posed to the Lagos society since the late nineteenth and early twentieth centuries prompted the colonial intervention in this matter. (Ademilehin, 1972). This situation sparked a controversy, throughout the colonial period, between the Medical and Prisons Departments as to the proper nosology, treatment or confinement of the mentally ill. This was against the backdrop that the colonial government responded to the growing swarm of vagrant lunatics in the urban centres by founding asylums for their confinement. (Sadowsky, 1999, p.2). The question as to whether these lunatics were “criminals” or “sick people” became a controversial issue during the period. Succinctly, the interface between crime and disease should be placed within the context of those who suffered from a disease of mental illness and had been adjudged by the authorities to have committed a crime in the process of irrationally displaying their sickness. The new colonial administration had consequences on the maintenance of law and order in Lagos which had by now become an emerging microcosm of Nigeria and the major administrative centre of the colonialists. Essentially, health institutions in Lagos were important for the welfare of the diverse ethnic populations inhabiting therein. Inevitably, there was an urgent need for an asylum to take care of the lunatics on the streets of Lagos since some of their families could not be traced. Thus, these lunatics became the responsibility of the government.

The Yaba Lunatic Asylum, Lagos Asylum, and Yaba Asylum are used interchangeably to refer to the Lagos institution for the management and care of lunatics. Similarly, the terms, mentally ill, mentally deranged, psychotics, and lunatic vagrants refer to both civil and criminal lunatics of varying degrees. Generally, the mentally ill or lunatics refers to persons suffering from all such health problems like depression, epilepsy, stress, schizophrenia, delusions, hallucinations, dementia and obsession among other behavioural and emotional disturbances. The social inclusion theory (Pocock, 1975), applies in the study as it reveals the dynamics of the support, challenges and interventions involved in the accommodation of the mentally ill in the Lagos society. Few historical works give insights into

some of the developments witnessed in the nature of care and services provided by health practitioners and institutions for the lunatic vagrants in Lagos and Nigeria at large. Sadowsky (1999) has argued however that these mental institutions, which were created in response to the public security threat posed by untreated lunatics on the streets of Lagos and Calabar, actually became the scandal of the colonial administrators themselves. This connotes that the institutions were not well managed by the colonial government. Vaughan (1991) had already noted that in Africa, colonial asylums were primarily places of restraint which were little different from their equivalents in Britain especially in the areas of understaffing, inadequate space for inmates' accommodation, and so on. Thus, Vaughan expressed that in colonial Africa, there was no such "Great Confinement" of the mentally-deranged. In essence, the establishment of lunatic asylum at the time could not be regarded as a major instrument employed by the colonial administration for social or political control. (Sadowsky, 1991). Vaughan was of the opinion that since the criminally insane were difficult to deal with and that their peculiarities were different from the other non-violent lunatics, then, a lunatic asylum became inevitable in Lagos (Vaughan, 1991).

### Early Colonial Developments

Aside from the infamous "Adeola Scandal" in 1888 which involved a case of a suspected female lunatic vagrant who was denied treatment in the colonial hospital, arrested by the colonial authorities, and subsequently died as a result (Akinfemiwa, 1964). Madness was not particularly regarded as a threat to the society as there were only few cases of the menacing effects of lunatic vagrants in Lagos prior to the 1890s. However, there was an apparent increase from the last decade of the nineteenth century. Although it has been argued that there was no epidemiological evidence to show that there was an increase in the prevalence or incidence of mental illness in the region as at the period, the perceived increase was, according to Sadowsky (1999), caused by the growing influx of migrants from the hinterland. He contends that as a result of the influx of migrants, the mentally ill among them consequently stretched the limits of the

effectiveness of available traditional health care methods. As a result of the menacing condition of the mentally deranged on the streets of Lagos during the 1890s, as well the concomitant social problems, the emerging press in Lagos at the time began a strident campaign against the inadequacies of colonial facilities in the improvement of psychiatric services. A notable newspaper in this crusade was the *Lagos Weekly Record* (1907, April 6). The paper lamented the inadequate efforts of the police in quelling the violence sometimes perpetrated by violent lunatic vagrants in Lagos. Similarly, events that happened especially during the 1890s were such that the issue of confinement of these lunatics became a debate in the press as there were calls for and against their confinement, and the practice of traditional healers in their treatment. (Sadowsky, 1999).

Particularly, in the area of the menacing social problems associated with the mentally ill, the *Lagos Weekly Record* (1907) was of the notion that although the police could not be blamed for the existence of vagrant or criminal lunatics in the society, it was their duty to ensure that they did not cause havoc in society. Similarly, an excerpt from another newspaper reporting the menace posed by lunatics on the streets of Lagos during this period stressed the urgent need for a lunatic asylum since the condition of the lunatics in the town was most disgraceful and deplorable. (Ademilehin, 1972). It needs noting that during this period, the mentally ill were given derogatory names such as invalids, sufferers of mental affection, and mentally ill persons. By the end of the nineteenth century and the first decade of the twentieth century, the colonial press, as pointed out above, lamented the problem of mad Nigerians roaming the streets of Lagos, and called upon the authorities to preserve the public order and to take pity on deranged Africans. A lunatic ward at the Lagos prison became quickly overcrowded, and public madness became more visible by the early twentieth century. It then became inevitable for the government to establish more specialised mental institutions. (Keller, 2001).

### Legal Enactments and Implementation

The first medical legislation in Lagos was the Lagos Hospital Ordinance of 1881. This was followed by a more comprehensive legislation, the

Hospitals and Dispensaries Ordinance in 1889 (Akinfemiwa, 1964, p. 100). Under the Hospitals and Dispensaries Ordinance, the colonial surgeon, as the Chief Medical Officer was designated with the responsibility of the control and efficient working of the hospitals and dispensaries of the Lagos Colony. This enactment emphasised that the primary objective of every hospital was to provide medical and surgical aid for such persons belonging to the poorer classes as shall be unable from want of means to procure themselves proper professional assistance at their homes. From 1906, when Lagos became an administrative capital for the newly amalgamated Colony and the Protectorate of Southern Nigeria, lunacy management in Nigeria was faced with series of difficulties for the rest of the colonial period. These problems ranged from the lack of specialist psychiatric personnel, insufficient accommodation for patients, to general lack of welfare facilities. In 1907 the Lunacy Ordinance which provided for the establishment of the Yaba Asylum or mental institution in Lagos was enacted. This Ordinance which was titled “An Ordinance to Make Provisions for the Care and Custody of Lunatics in the Colony and Protectorate” was published by the then governor of Southern Nigeria, Sir Walter Egerton. This resulted in the opening of the Yaba Asylum in 1907 for the confinement of the mentally ill in and around Lagos (Egerton, 1907). Originally, the buildings assigned for this purpose were those from the former headquarters of the Nigerian Railways. The first 14 lunatics were admitted on Oct. 31 1907 (Boroffka, 1985).

Another major colonial legislation in respect to lunacy management was the Lunacy Ordinance of 1916, titled, “An Ordinance to Provide for the Custody and Removal of Lunatics” (Laws of the Lagos State of Nigeria, 1974). Up till this time (and even afterwards), mental patients in Nigerian asylums were muddled-up and detained in deplorable and grotesque conditions. In most cases, violent lunatics were tried and confined by the colonial court of law in Lagos prisons if found guilty. Coupled with this arrangement was that the prisons, as well as asylums became overcrowded. This invariably led to the general inadequacies witnessed in the accommodation and welfare of lunatics during the colonial period. It could be said that the provisions of the Lunacy Ordinance of 1916 was more

of welfare consideration through detention than confinement of lunatics. For instance, Section 10 of the Lunacy Ordinance of 1916 stipulated laws relating to the temporary detention of a suspected lunatic at the instance of a Medical Officer, who, if “he considers it expedient that such a person should be placed forthwith under observation in an asylum” may grant a “certificate of emergency (Brown, n.d). In the same section, it was provided that no suspected lunatic should be detained for more than seven days without the authority of a magistrate. Section 15 of the Ordinance, stated that “any magistrate before whom suspected person may be brought may detain such a person in safe custody for the purpose of inquiring as to his state of mind for a period not exceeding one month.” (Brown, n.d). However, the implementation of these provisions encouraged the overcrowding and deplorable conditions of the lunatic asylum in Lagos, as well as in other parts of the country during the colonial period.

### **Patients and Confinement in Yaba Lunatic Asylum**

Aside detention, through the use of mechanical restraints, little was particularly done regarding the actual care and treatment of lunatics in colonial Lagos. And since it was an “acute embarrassment” (Vaughan, 1999, p. 122) on the part of the colonial government to harbour cases of European insanity, special arrangements were made for European lunatics. It was the duty of the Yaba Lunatic Asylum and the selected prison wards to admit lunatics of varying degrees. It was apparent that most patients confined were those who had suicidal or homicidal tendencies. During the colonial period most patients who were placed under confinement were not brought in voluntarily by themselves or their families, but involuntarily by police or other relatives or strangers (Sadowsky, 1999). Meanwhile, family members of the mentally ill sometimes wrote letters to administrators or government requesting the release or confinement of their mentally ill wards. Thus, during the early 1930s, the asylum recorded a decrease in the number of inmates as many Nigerians preferred to care for insane relatives at home or with traditional healers (Sadowsky, 2004). Nevertheless, the in-patients in the Yaba Lunatic Asylum since its inception ranged from those suffering from chronic

schizophrenia, organic psychotics, to the mentally retarded (Esema, 1987). Welfare services like infrastructure, food, drugs and clothing for inmates were significantly inadequate. By 1954, single cells were converted into dormitories or rooms for lunatic habitation. These rooms were left for very excited and aggressive patients. There were also twelve cages for the violent psychotic patients. (Boroffka, 1985).

Sadowsky (1999) was of the view that letters by family members requesting for the release of mentally ill patients to traditional healers were more than those requesting the government to confine them. Harmless lunatics were however mostly favoured to be released from confinement. Moreover, if someone took charge of a lunatic who was not considered a criminal or constituted public danger, the release of such a patient was granted even when the symptomatic manifestations and behaviour were still present. Whatever the case of confinement and release of mental patients, it could as well be said that the issue rested generally on the inadequacies of the colonial government to adequately treat the mentally ill successfully. Furthermore, there were other cases in which criminal lunatics were released to their relatives for no clear-cut reason. Other categories of lunatics, especially the civil lunatics, were arrested and detained by the police or other authorities for being vagrants or public nuisances. These included people who walked naked in public, urinated or defecated in the open, or threatened people for no reason. (Sadowsky, 1999).

### **The Management of “Criminals or Lunatics”**

As soon as the Yaba Lunatic Asylum was established in Lagos in 1907, psychiatric service was simultaneously faced with the problem of management and the inability of the colonial officials to fund this branch of medicine. Meanwhile, apart from the perceived huge estimate on the extension of the asylum, the Senior Sanitary Officer, the Medical Officer in charge of Lagos Prisons, as well as the Director of Prisons, Southern Provinces, discarded the idea of detaining criminal lunatics. In fact, the Medical Officer and the Director of Prisons alerted the government about the medical contradictions inherent in the incarceration of the mentally

deranged. He condemned the practice whereas lunatics were kept within prison walls and be treated on a par with felons and criminals. In addition, the prisons were overcrowded and very little was achieved in depopulating it. This was in spite of the constant co-operation between Lagos and Calabar asylums in a bid to ease the problem of overcrowding (Ikpe & Ekpo, 2004). Generally, welfare conditions in both institutions were inadequate. Asuni's assessment of conditions existing at Yaba during the 1930s showed that little was generally done towards the development of the psychiatric sector. He observed that since there were no wall-fences around the Yaba Asylum, inmates were exposed to the ridicule of passers-by. The inmates could not be regarded as patients because there was no active treatment for their mental diseases. Perhaps, this reflected the general perception that there were no internationally recommended, absolute efficacious medications for the treatment of mental disorders before the mid-twentieth century.

The observation by Asuni confirms the fact that lunacy management in Lagos as at the 1950s was inadequate. Meanwhile, the Yaba Lunatic Asylum established a link with the emerging Aro Mental Hospital after the Second World War as it admitted some repatriated Nigerian soldiers from the war with mental illness. This transfer was mainly due to the overcrowding experienced in the Yaba Asylum. (Sadowsky, 1999). This problem had reached a disturbing proportion such that efforts and plans to expand the Yaba Asylum, a criminal lunatic ward was proposed for either the Asylum or Lagos Prison compound. Hence, twelve cells for criminal lunatics were built within the prison yard. The extent of diagnosis was however not clear since patients showed essential characteristics of mental disorders such as schizophrenia, which included hallucination and delusion. (Sadowsky, 2004). Similarly, other lunatics who were uncared for by their relatives or due to the overcrowding of the asylums, alongside other vagrant lunatics roamed the streets as violent criminals, beggars, and imbeciles. According to the *Nigeria Annual Medical and Sanitary Reports for The Year 1927, (1929)*, it was as a result of the need to address the menace and inertia experienced in the provision of adequate psychiatric care that the Director of Medical and Sanitary Services, Dr. Alexander, notified the colonial government in



1926 on the need to appoint an expert otherwise called an Alienist. Such an expert was expected to understudy the inadequacies of psychiatric services and thereby make some recommendations where necessary.

Hence, with the appointment of Dr. Bruce Home as the first Alienist for Nigeria in 1927, psychiatric services received a little more attention from what it used to be. He was however not called a “psychiatrist” but rather an alienist. This was because the title reflected the climate of opinion towards lunatics who were considered to be alienated from the rest of the community. (Asuni, 1967). Apart from the ubiquitous sight presented by the lunatic vagrants in Lagos and Calabar, Dr. Home also observed that facilities in cells where lunatics were detained were inadequate. (Lunacy in Nigeria, n.d). He also carried out a study to ascertain the number of lunatics and traditional healers who specialised in psychiatric services in the country. Talking with P. Esegale and F. Kehinde (personal communication, May 4, 2019) it was learnt that the mentally ill were taken care of within their families. Vagrancy among the mentally ill on the streets was also reported in Lagos. Perhaps the inability to immediately address the problem of the rising number of vagrant lunatics on the streets of Lagos was the fallout of the Indirect Rule system which supported the administration of issues concerning indigenous peoples by the Native Authority. Keller (2001) discovered that it was a crucial aspect of British policy to be concerned more with the economic benefits of the colony with minimal intervention in local traditions. However, by the mid-1950s, the Governor-General, Sir John Stuart Macpherson was of the opinion that the only action required in mental health care was to improve the facilities in the Yaba asylum. (Lunacy in Nigeria, n.d).

Imperatively, on his assumption of duty as Medical Officer in charge of the administration of psychiatric services in Nigeria, he discovered that, insane persons in the country were approximately 20 per 100,000 at a ratio of three males to one female. He identified that no ethnic group or race was exempted from suffering mental illness. He expressed that mania, (a form of mental disorder) was most common among Nigerians, and that sufferers could easily fall into the hands of the police, instead of seeking medical attention. Perhaps, Dr. Home’s most startling discovery

was that there were more lunatics wherever there were interactions or contact between Europeans and Africans. (Lunacy in Nigeria, n.d). Going by Dr. Home's discovery, one could suggest that perhaps, the complex and pressure on the Africans in conforming to the new or emerging socio-political and economic structures of Lagos, established by the colonial administration, could have precipitated a form of mental imbalance (on Africans) in the form of anxiety, frustration and depression. The resultant effect therefore was a rise in the number of mentally disturbed male and female Africans during the period. Home however argued that it was to forestall the menace of mental destabilization of non-Europeans who come in contact with whites that the British introduced the Indirect Rule system. Meanwhile, Home made some recommendations to the government on the improvement of psychiatric services in the country at large. These recommendations included, among others, the appointment of trained personnel such as matrons, attendants and occupational therapist, as well as the call for a new Lunacy Ordinance which would emphasize care and treatment of the mentally ill, among others. However, to what extent Dr. Home's discoveries were accurate remain to be scientifically or socially probed and explored further. Interestingly, his recommendations, which were based on his observations and study on lunacy management, were unimplemented. Various reasons could have contributed to the non-implementation of Dr. Home's recommendations. Perhaps, these included colonial government's inactivity, the principles and practice of colonial administrative system, for instance, the lack of financial commitment, financial constraints, and the Economic Depression of the late 1920s and early 1930s among others.

In 1930, the colonial government sought the services of Cunyngham Brown to see to the issue of lunacy in the country, as well as all British West African colonies. Thus, in 1936 when Sir Walter Johnson became the Director of Medical Services in Nigeria, Brown made some revelations pertaining to the care for, and treatment of the mentally ill. Here, Brown discovered that culture, beliefs, and habits, among others were crucial in the causes and treatment of the mentally ill. He also observed that the traditional healers recognised insanity as a disease of the brain. In 1935, 290

persons (247 males and 43 females) were brought under official colonial notice as suspected lunatics by Brown. While some were detained, others were discharged. (Brown, n.d). Brown observed that many cases of insanity were not officially recorded or brought to the notice of the government except criminal cases. Also, he observed through personal examination that most cases of early lunacy were not reported on time. Objecting to low official figures presented, Brown maintained that it did not reflect the true picture. He disproves the colonial ideology as propounded by Dr. Home which basically connotes the psychological effects of “clash of cultures” between Africans and Europeans as responsible for most of the insanity in Lagos, Nigeria. Brown lamented that since the main aim of admitting lunatics in Nigeria was for detention and not treatment, psychiatric services in the country could not be compared to international standards which had gone far beyond mere custodial care to therapeutic and medicinal treatment. He noted that the situation in Nigerian societies was that chronic cases of lunacy or mental disorders were taken to the asylums and subtle and emerging cases were kept at home for family treatment and care. Thus, unlike his predecessor, Home, Brown also advocated for more humane and expanding services treatment for the mentally ill. (Brown, n.d; Sadowsky, 1999). He observed also that most affected members of society were males, putting the ratio at five males to one female. However, he insisted that men were no more prone to lunacy than women. Perhaps the difference in the margin was due to the fact that many of the men lived and worked in areas accessible to the colonial administrators in the city than women. In essence, since there were more men than women, there was bound to be more of the former suffering from the disease than the latter.

Brown discovered a wide range of mental disorders during his visits to asylums, hospitals and prisons. He also inspected the services of traditional healers in mental disorders in Nigeria with the assistance of indigenous residents, traditional chiefs and rulers as well as other officials. It was discovered that imbecility, epilepsy, acute mania, chronic mania, chronic delusional insanity, paranoia, acute and chronic melancholia, secondary dementia, schizophrenia, manic depression were common in the country

at large. (Brown, n.d). Furthermore, he discovered that reported cases of patients with schizophrenia, paranoia, and chronic delusional insanity all together formed about 69.8% of asylum inmates. But Brown in his report lamented that these were serious cases which would be hard to treat since they had actually gone out of hand. Hence, he called for the establishment of special wards or institutions for criminal lunatics. It should be mentioned at this juncture that the Director of Medical Services was antagonistic to the idea that a separate institution or ward be given to criminal lunatics, noting that the prison was the appropriate place for them. Brown was against the application of the anachronistic mechanical restraints on patients. This method which had been abandoned in England since the nineteenth century was the use of leg irons to restrain the movement of patients. (Brown, n.d).

After a thorough assessment the management of the mentally ill in the country, Brown advocated a new asylum which should be built within Lagos or a place with easy access and communication to Lagos, such as Ibadan or Abeokuta. The idea behind this was to enable majority of the citizenry benefit from all kinds of medical specialists available in Lagos. It will be recalled that this recommendation was quite similar to that of Dr. Home. An important aspect of Brown's recommendation was his advocacy for adequate infrastructure and the employment of recovered patients. Perhaps, these were to serve as occupational therapies for the recovering patient. Brown acknowledged the significance of traditional medical healers and cultural inclination. Thus, he stated that Nigerian communities should exploit the family system in the care and treatment of the insane. This was a system which would involve the treatment of a lunatic with the participation of his family members and relatives. Also, he recommended the opening of outpatient departments and clinics in asylums and general hospitals. On the aforementioned controversial issue of the detention of criminal or violent lunatics in prisons or medical institutions, the Colonial Advisory Committee on Penal Administration in 1939, had cause to look into the question of the retention of civil or criminal lunatics in colonial prisons. During the period also, the situation in asylums was such that reflected inadequacies in the management

of psychiatric services as there were no nosological classification of in-patients. Coupled with the aforementioned was the controversy between the Medical Department and the Prisons over whose responsibility it was to take care of criminal or violent lunatics. It must be noted that the problematic issue about whose responsibility it was for the care of criminal lunatics lingered up to the post-independence period.

Meanwhile, colonial officials during the period vilified Brown's report pertaining to the care and treatment of the mentally disordered in the country. His recommendations for institutional care were regarded as not very extensive and lacked adequate or necessary criticisms of the existing domiciliary care of the majority of lunatics. However, officials acknowledged Brown's report, noting that it could be adopted. On this same issue, the Alienist, Dr. D. Cameron, who was transferred briefly to Lagos in 1946 argued that mental health care in Nigeria was at its infancy stage and cannot be compared with that of the United Kingdom since it had taken the latter over a hundred years to achieve relative success. He however acknowledged the fact that other branches of medical care had been developed far more than that of lunacy. (Cameron, 1946). Cameron further suggested a "Broadmoor" type institution for criminal lunatics. This type of institution was a high security hospital in Berkshire, England for criminal lunatics. It should be noted however that the idea of "Broadmoor" had been objected to during the same period by the Prisons Department and the attempt at establishing it had also been lackadaisical. This became clear as the Secretary of State for Colonies maintained that whether or not they had committed a criminal offence, lunatics should be treated as mental patients who needed medical care in suitable institution and never a prison. (Cameron, 1946). He further argued that under existing laws in Nigeria, a criminal lunatic was meant to be detained and the period of detention was based not on medical consideration but on security grounds. He explained the term "asylum" as a prison or any other suitable place of safe custody. By this, he saw no justification for these persons to be under the Medical Department. According to him, even when criminal lunatics were accommodated in Medical Department

Asylums, the Director of Prisons continued to correspond about them. (Cameron, 1946).

Thus, with the inception of the regional system of administration, as well as the political and constitutional re-organisation of Nigeria, the Macpherson Constitution of 1951, on the one hand, gave responsibility to the regional government in the handling of health services. On the other hand, prison services remained the responsibility of the federal government. Thus, the debate arose between the regional and federal governments since most of the lunatics (civil and criminal) were in the prisons. Central to this acrimony between the Medical Department and that of the Prisons was the issue of who to finance the care and management of lunatics during the period. It was in the wake of the acrimony that the Inspector General of Medical Services, Dr. Samuel Manuwa, solicited for another expert (from the Colonial Office) in lunacy. The problem of implementation was the major cause for this, as Brown's comprehensive inquiries and recommendations were not implemented. It has been observed that perhaps the lack of funds and inadequate officers on the spot were the major constraints to the efficiency expected in the management of lunatics during this period. By 1955, the colonial government made fresh efforts to revisit the problems associated with this branch of health care service.

### Conclusion

Apart from the enactment of the Lunacy Ordinance of 1916, there was little or no other major government developmental policy towards the improvement of services for violent or criminal lunatic vagrants. Moreover, the Ordinance was at the time expedient since the Nigerian press alongside the general public was dissatisfied with the colonial neglect of lunatic vagrants who presented a ubiquitous and menacing sight in colonial Lagos. Hence, in a bid to save itself from embarrassment, the colonial government had to embark on the establishment of confinement centres in prison wards and the Yaba Lunatic Asylum where only custodial and not curative management of the mentally ill could be practised. It has been shown earlier that most civil and criminal lunatics

were kept in prisons. Lunacy management also involved the certification of the suspected mentally ill persons by the medical supervisor. Whether the patient was to be certified a lunatic and suitable for detention depended on the extent or disposition of his ailment. Ironically, both civil and criminal lunatics were still not given adequate custodial care, since the mental institutions were improperly managed. Overcrowding and inadequate infrastructural facilities became the order of the day as the colonial government complained about inadequate financing of psychiatric services. However, by the late 1950s and the post-independence period, more humane, therapeutic and medication-oriented psychiatric treatments evolved. Thus, the British colonial government endeavoured to extensively improve mental health delivery in the country as a whole. This nevertheless led to the establishment of the Aro Mental Hospital in Abeokuta in 1954 to complement that of Lagos and those already existing in the country. (Ayorinde et al., 2004).

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