

### ***The Ebola Virus Disease and Nigerian Health Services***

Nigeria, either by providence or design, or both, was able to stampede the Ebola Virus Disease (EVD) out of the country, after the EVD importation in July by a Liberian diplomat. But, the feat was not without a cost. Nigeria paid with the lives of some of her best healthcare providers; not least, the irreplaceable amazon, Dr Ameyo Stella Adadevoh (Oct 27, 1956 – Aug 19, 2014).

With the WHO price tag of US\$1Billion on EVD control, and death toll standing at almost 4,000 mostly from Liberia, Sierra Leone and Guinea – our West African compatriots, the Nigerian fight against Ebola simulated the patriotic battle of Russia to defend the city of Moscow against the rampaging army of Hitler. Not even the June 12, 1993 election of Moshood Abiola as Nigeria's President, could unite Nigerians as much as EVD did. Everything within reach was thrown at it, including salt, olive oil, bleach, infra-red thermometers, masks, helmets, prayers, etc. Two months after, Nigeria's government boldly declared the country, Ebola-free.

Ebola even became the final escape route for both the Federal Government and Nigerian Medical Association (NMA) to resolve the issues that led to the 55-day nationwide industrial action, starting July 1<sup>st</sup>, 2014. Before this era, the NMA leaderships variously rationalized about the right action to take. Patriotism, compassion, public perception, the Hippocratic Oath, and sometimes, ulterior political interests, all doused the flames of a radical reaction to the endless erosion of the status and ranks of NMA members. But, on July 1<sup>st</sup>, the NMA leadership chose to confront the menace head-on, in a nationwide industrial action that could have lasted much longer if not for the Ebola bedlam, which finally, brought all gladiators under one roof.

The 26<sup>th</sup> Volume (Issues 3-4) of the Orient Journal of Medicine is a health bumper harvest. The Jehovah's Witnesses' challenge for surgeons carrying out major surgeries is our gripping review article written by Nwadinigwe, *et al*. The morbidity and mortality pattern in emergency paediatrics which is discussed by Edelu and co; prevalence of anaemia in rural primary school children by the Chukwukas; school based mental health services by Ndukuba and team, and then, haematological and clinical profile in Nigerian sickle cell disease patients by Aneke, *et al*, all come close to a paediatric revolution in the original articles of this publication.

The practice of self-medication among undergraduates, authored by Eke and group, easily complements the work on the use of traditional medication among eye clinic clients written by the Achigbus. Nnebue's group evaluates the constraints to the utilization of maternal health services, while Ufelle, *et al*, write on the activity of glucose-6-phosphate dehydrogenase (G6PD) in stored blood. Bello and group assess the prevalence of urinary schistosomiasis in Wurno Rural Area of Sokoto State, while very importantly, Onyekwulu and co-workers do an audit of Nigeria's anaesthesia manpower need. This volume of the Journal is a good resource for all.



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