

Literature And Medicine As Prism For A Neofeminist Reading Of Flora Nwapa's Efuru

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Abstract

At the height of their study, science and technology students tend to simplify their thought processes. The end product of such thinking comes in the form of simple, useful, and user-friendly devices such as handbrakes, seat belts, and remote control devices, among others. A comparative study of literature at similar levels, however, indicates a predilection for esotericism, abstraction, and complex theorizations – hegemony, deconstruction, post-modernism: studies of alienation that alienate. By interrogating a directly relatable subject such as literature and medicine, this paper will attempt to reinvest literature with a utilitarian essence, making it offer something of a practical value that the reader can relate to in their day-to-day lives. There is no better place to undertake such a study than Efuru, a novel with down-to-earth language, whose characters include physicians from diverse backgrounds. The research adopts Marxist and neofeminist approaches, the latter being both a methodology and an object of inquiry. Therefore, attempts at resolving the nature of feminism in Efuru become part of our inquiry into the whole universe of literature and medicine in the novel. We find that Efuru and, in particular, Ajamupu, are purveyors of a new consciousness of medical service delivery comparable to, if not a notch ahead of, the conventional medical services associated with the likes of Dr. Uzaru.

Keywords: Literature and Medicine, Efuru, Neo-feminism, Flora Nwapa, Medicine and Moral Dilemmas.

Introduction

From antiquity to the era when the body of knowledge began to be separated into distinct spheres, the disciplines of medicine and the humanities had always intermingled and cross-pollinated. The Graeco-Roman god Apollo, for instance, clearly exhibited the duality of poet and physician. While his Grecian heritage mostly associated him with the lyre “which ... through music, poetry, and dance ... proclaimed the joy of communion with Olympus”, he was more easily associated with healing among the ancient Romans (Britannica). Also, the lyre, the source of lyric poetry, was the chief instrument that David employed as therapy whenever King Saul suffered afflictions; “Whenever the spirit from God came upon Saul, David would take up his lyre and play.” (Bible NIV, 1 Sam. 16: 23)

Coming closer in time, From the French novelist François Rabelais [1483-1553], the British Romantic poet John Keats [1795-1821] through the Russian playwright and short story writer Anton Chekhov [1860-1904], the American poet William Carlos

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Williams [1883-1963] and the Egyptian novelist Nawal El Saadawi [1931 -2021], the medical sciences and the humanities have equally enjoyed a robust romance. Among numerous Nigerians in this league of physician-writers include Wale Okediran, James Ene Henshaw, and Anezi Okoro of *One Week One Trouble* fame. But this relationship is not just about physician-writers. Nigerian authors of various professional backgrounds, from Achebe to Lola Shoneyin, exemplify the chequered relationship between literature and medicine, which beneficially reinforce each other. Google characterizes "Literature and Medicine" as "a sub-discipline of literary studies and a part of "medical humanities".[which] focuses on issues such as; the physician, the patient, doctor-patient communication, empathy, ethics, and life perspective" (Google). It was pioneered by Joanne Trautman-Banks, at Pennsylvania State University, in 1972. (NOUN 25) the purpose of which was outlined by its proponents as follows:

The field of literature and medicine contributes methods and texts that help physicians develop skills in the human dimensions of medical practice. Five broad goals are met by including the study of literature in medical education: 1) Literary accounts of illness can teach physicians concrete and powerful lessons about the lives of sick people; 2) great works of fiction about medicine enable physicians to recognize the power and implications of what they do; 3) through the study of narrative, the physician can better understand patients' stories of sickness and his or her stake in medical practice; 4) literary study contributes to physicians' expertise in narrative ethics; and 5) literary theory offers new perspectives on the work and the genres of medicine. (Charon et al)

Another set of medics with interest in the sub-discipline, Hunter KM et al expatiated: "Literary study is intended not only to enrich students' moral education but also to increase their narrative competence, to foster a tolerance for the uncertainties of clinical practice, and to provide a grounding for empathic attention to patients" (Hunter et al 1)

As a field of study, literature, and medicine were introduced to the Nigerian academic landscape by the University of Ibadan in 2001 following the pioneering efforts of scholars including Professor Emmanuel Babatunde Omobowale who obtained his Ph.D. in Literature and Medicine from the institution (Kekeghe). According to Kekeghe, a protégé of Omobowale's, literature and medicine also "explores mental conditions, the ethics of medicine as well as psychotherapy, and explores human health experiences and the reconnection to a healing process..." (Kekeghe: 2018). He notes that with the advancement of its curriculum and the establishment of relevant journals, literature, and medicine has evolved as a discipline aimed at advancing the practice of medicine."

It can be seen that, by this very fact, it is not only the practice of medicine that has been, or, is being, advanced; literary praxis is also a major beneficiary. Not only does this new vision of life offer a new vista in the thematic exploration of literature, but it also, perhaps more importantly, provides a more relatable, utilitarian dimension to literature and the arts as we will posit in this paper. *Efuru* is deemed appropriate for this study first because it contains sections dealing in detail with medical issues, for example, pages 74-81 dwell much with Ogonim's fever and convulsion, and secondly, because it lends itself easily to a neofeminist analysis.

Previous studies of *Efuru* have largely focussed on its narrative voice (Fadare 2), general feminism, Igbo tradition and culture, and Uhamiri goddess impact, among others. This paper, in some form, presents the realities of medical practice as something that traverses cultures, science, and mysticism. The notion of 'herbalist' conjures negativity and 'evil practice' among a section of faith-based organizations especially in Nigeria. How does this weigh on a fact-checking scale? A study of the medical practices of dibias in *Efuru* shows practitioners with a very high level of ethical standards, in contrast with some aspects of conventional 'Western' medical practices often bedeviled by quackery, unethical practices, and unconscionable commercialization. Another question this paper will aim to answer is: how much of a feminist novel is *Efuru*? Nwapa is recognized as one of the writers whose 'strong presence' provides a counterpoise to what Biodun Jeyifo refers to as 'the crisis of the national-masculine tradition in literature and critical discourse' (Jeyifo xvii). This cannot be divorced from the instant impact of *Efuru*, at least among the womenfolk and a section of the critical community.

An aspect of this 'national-masculine tradition' may be seen in the portrayal of women in derogatory terms, as prostitutes in Cyprian Ekwensi's *Jaguar Nana*. Equally, Isaac Ogezi, in characterizing feminism as a protest movement, credits *Efuru* with trailblazing a protest movement to redress "apparent anomalies and wrongs against the disadvantaged woman in society" (Ogezi 233).

Since the pioneering efforts at the Pennsylvania State University, many departments of medicine have included literature in their curricula, especially in the area of post-therapy convalescence. In establishing the Hippocrates Prize for Poetry and Medicine in 2009, its founders, Donald Singer, and Michael Hulse listed some of its benefits as: 'Medicine as inspiration for the writings of poets', 'Effects of poetic creativity on the experience of illness by patients, their families, friends, and carers'; and 'Poetry as therapy'. (Hippocrates).

Omobowale's 2001 thesis, "Literature and Medicine: a Study of Selected Creative Works of Nigerian Physicians" examines the links between literature and medicine in Nigeria (Kekeghe). And explores the social vision in literary works of selected Nigerian physician-writers, highlighting the medical ideas foregrounded in them. But as can be exemplified by Dr. Bero in Soyinka's *Madmen and Specialists* and as explicated in Hunter et al, neither from the medical nor humanities point of view should the study of medicine and literature be restricted to works by Physician-writers. Indeed both global and Nigerian advocates of the institutionalization of literature and medicine make clear the field is broad in terms of genre and authors' backgrounds.

This paper which will focus on *Efuru* will analyze Nwapa's novel from a wide perspective while equally attempting to understand the medical and health issues from a broad prism. 'Medicine', here, is understood to encompass Western, traditional African, and other perspectives to well-being and the medical universe. This is a study of literature, not medicine. The human element in literature with its interrelationship, especially in the various fields of medicine as broadly understood, will be the foci while results from the initial set of investigations will constitute the basis for a neo-feminist reading of *Efuru*.

Literature Review

While not proposing the broad study of the utilitarian value of literature per se, this study offers a limited glimpse of the subject through its assessment of the connexion between literature and medicine, as deducible from Flora Nwapa's *Efuru* a novel now hailed by critics as a major feminist work (Ohale).

Incidentally, *Efuru* was not initially well received in Nigeria perhaps because it was published on the eve of the Nigerian Civil War in 1966 when political tension seemed to foreclose a proper reception of what was a landmark event: the first English language publication, by a woman, of a major work of literature in Africa. That negative augury tended to endure, especially among Eurocentric 'Western' critics, and subsequently – or perhaps, consequently – also among male African critics. For example, Eustace Palmer opines that the novel "leaves the reader with the impression that its author has not yet mastered her craft" and that the bulk of *Efuru* consists of "unnecessary sociological information". Palmer adds that apart from *Efuru*, the other characters are "quite hollow", while O.R. Dathorne derides Nwapa's style as "unimaginably pedestrian". On their part, H. L. B. Moody, Elizabeth Gunner, and Edward Finnegan suggest that the structure of *Efuru* is 'weak' and that it is populated by 'village personalities, women: gossips, debtors, creditors, mothers.' (Okpara).

However, on the positive side, Ernest Emenyonu is among those who find great merit in the work. According to him:

The significance of *Efuru* was more than the historical fact of pioneer work. Flora Nwapa created in it female characters that were at once unique, and unconventional. The typical female characters created by male writers before then were docile, subservient, and mindless women ... They existed only for the services they provide inside their homes for their children and husbands (Emenyonu).

Similarly, Bobo Agava who sees Nwapa as a cultural nationalist suggests that in *Efuru*, Nwapa comes from the angle of a feminist and might have been "dissatisfied with the derogatory image of Nigerian women in some earlier Nigerian novels such as Cyprian Ekwensi's *Jaguar Nana* (Agava 39).

However, women critics have largely embraced their Amazon. Chikwenye Ogunyemitackles Achebe

when she declares that 'things fall apart also because of the misogyny or contempt for the female' a reference to Achebe's alleged 'macho spirit with its disdain for women'. J.O.J. Nwachukwu-Agbada— who does not agree with Ogunyemi— believes that Nwapa tried to correct this 'misogyny' in *Efuru* (Onyerionwu et al 421).

Also, Feminist proponent Chioma Opara extols female bonding as an 'a facet of female power, in *Efuru*, something that unites Efuru with Ajanupu and other female characters at the secular level, and with Uhamiri at the spiritual realm (Opara 34). Similarly, in appraising Nwapa's vision in *Efuru*, Patrick Hogan praises Ajanupu's extensive knowledge of, especially, women's medical traditions, which he contrasts with 'her sister Ossai's emotional dependence, complicity with patriarchy, and ignorance of tradition' (Hogan 54).

It cannot be by narratological accident that Nwapa makes Ajanupu a very likable character, investing her with enormous energy, compassion, and vision. Except for her total embrace of the custom of polygamy, the type that makes a wife willing to spearhead the building of a harem cult around her husband at the slightest hint of the wife's infertility, Ajanupu could have been said to envision Nwapa's African feminist nirvana where cooperation— as opposed to conflict and confrontation— with the men folk creates a harmonious society. That feminist nirvana, in our view, approximates neo-feminism, which celebrates the essence of the woman or in *Nwapaspeak*, the 'woman being'. Neofeminism finds strength worthy of celebration in the very attributes for which the female is seen as the weaker sex, ie, her biology, her body, and her emotional poise. Neofeminism shares siblinghood with African variants of feminism, as it celebrates “the attributes perceived to be conventionally feminine, that is, it glorifies womanly essence over claims to equality with men” (Neofeminism). Apart from its celebration of 'womanness', Neofeminism's appeal lies in its non-confrontational philosophy, much like Nnaemeka Obioma's Nego-feminism and Akachi Adimora-Ezeigbo's Snail Sense feminism.

She might not have expressly worn the ideological garb of Neofeminism by the time she wrote *Efuru*— or even afterward— but Nwapa's practical orientation is one that “opened up women's space for African women and African women writers” with her consistent theme of the elevation of women in African and a heightening of their sense of self-worth in a society of male dominance'(Encyclopedia). With particular reference to *Efuru* and *Idu*, Fadare posits that the women chosen by the writer as narrators or protagonists are always beautiful and hardworking, which he sees as “an attempt to create independent and self-reliant women” whose personalities dwarf and overshadow those of their husbands or men generally” (Fadare 130)

That brand of feminism forms the pillar of our neofeminist reading of *Efuru* as we explore the medical universe of the novel.

Neofeminism and the Medical Universe of Efuru

The case for a hardworking, beautiful woman [in neofeminist tradition] is well made in the character of Efuru sketched by Nwapa [1931–1993]. An aspect of this hard work relates to Efuru helping people in need of medical attention. Most of the characters in the novel are in one form of relationship to medical practice or another, as patients, advisers, or healthcare givers. Thus, we see Efuru acting out the multiple roles of a healer to her daughter Ogonim, adviser to her mother-in-law, and payer of medical bills to both Nwosu, Ogea's father, and Nnona, the elderly woman. In *Efuru*, medical domains and disease types can be categorized using different parameters of differentiation. Childhood versus adult disease categorization would pit childhood diseases such as the fever and convulsion suffered by Ogonim (Nwapa 7-8) against the male adult disease 'below my navel' (114) which could be prostate or hemorrhage, for which Nwosu had to undergo surgery in Onicha. It can equally be seen in terms of men's versus women's health conditions such as infertility which could afflict both genders, but which in *Efuru*, is deftly made to appear on the surface as a female-only medical condition. Here, the underlying, overall message is that of male insincerity.

There is also the dimension of rich versus poor man's disease categorization. Here, Omirima the gossip, and Amede, Gilbert's mum, exhibit their ignorance as they discuss leprosy and yaws (246), a tropical disease that afflicts the poor people of the southern hemisphere. Here, in the rural riverine setting of the novel, there is no comparable rich man's disease such as gout or obesity. The prevalence of poor people's diseases is attributable to poor economic conditions of the people and inadequate health facilities. Despite their closeness to the sea, fish,

the main source of protein, is not easily affordable by the majority of the populace who remain in abject poverty. These are the lumpenproletariat in a society with an underdeveloped working class.

Related to this is the administration of an enema to Ogonim (77). This is a medical procedure handled entirely by women, who try to get a child to release waste from his or her anus. The process is one that physically unites the women in one accord, creating bonding. These 'labors of love' eventually build a strong sorority and sense of solidarity among the women, a 'facet of female power' earlier mentioned, which enables them to comfort one another in times of adversity. This is a localized exemplification of Alice Walker's contention that "feminism is a global thing, meaning one can't care about women from only a certain race" (Cheryl).

Medical issues in *Efuru* traverse the worlds of conventional/western medicine and African/traditional practices, including mysticism. Ferdinand's would-be father-in-law, who was believed to have died of smallpox, is later found to have been killed by Arushi, a heathen god when he foreswore after stealing; in fact, rather than buried, he was thrown into the evil forest (Nwapa 231). Also, rather than the usual association with disease vectors, many disease types in *Efuru* have their origins in the mystical, metaphysical, and psychological realms (195). Efuru is told by the *dibia* that Amede's sickness derives from her son Ferdinand's behavior: "It is the absence of her only child that makes her ill... I will not give her medicine. No medicine will cure her" (199). Also, it is only when Omirima hears that another wife is being sought for Gilbert that she confesses "I can now be truly alive" (230). Notwithstanding their rural setting and their assumed lack of education, *Efuru* women show remarkable conversance with a diverse range of medical situations. A young girl had to be sent back "because yaws were so contagious and so she did not want her children to suffer from it" (246), a fact corroborated by the World Health Organisation:(WHO). This is however to be contrasted with Amede's theory of the inevitability of yaws infection and why, allegedly, it is good for children to experience it in childhood (246).

Another area where rural women exhibit deep knowledge relates to medical catharsis. Ajanupu, the quintessential neofeminist, encourages Efuru who is grieving the 'loss' of her husband Adizua, to weep and shed physical tears rather than bottle up her emotions. "One felt better after shedding tears... Weep! Let your tears flow freely. If you don't weep, your heart will be injured',(67; 88-89). Along with the related method of 'talk therapy' at which the *dibia* is also adept (191), this is akin to Aristotelian catharsis and Freudian psychotherapy, in use in contemporary medicine. Among other medical knowledge exhibited by *Efuru* women are, inevitably, issues relating to obstetrics and gynecology. Here, we see the neofeminist exuberance of Ajanupu and other women. Chiding her sister for being an 'a woman for nothing' for not noticing the early signs of Efuru's pregnancy, Ajanupu declares to Amede that she, ie, Ajanupu, can 'smell' the fact that Efuru had missed her period. "She has missed her period. She may not know herself," (28). When Efuru's baby is due, Ajanupu, the midwife, uses a combination of midwifery skills, native wisdom, and local belief systems to successfully deliver the baby:

Lie down, she commanded Efuru. Yes ... That's the head. Good, thank God. Now, you are to do exactly as I tell you. If you are afraid you will have a weak and sickly baby. If you do exactly as I tell you, you will have a strong and healthy baby ... You are a good child. Don't cry. Don't shout. If you cry or shout, you will continue crying and shouting each time you have a baby (32).

Post-delivery, Ajanupu, the midwife, obstetrician, and gynecologist saw to the well-being of mother and baby from the mother's post-partum meal: "Pounded yam and nsala soup. Put plenty of pepper for her stomach is cold. The soup must be steaming hot" (33), to issues of breast engorgement and breastfeeding (66). It also includes nutrition and dietetics, and its linkage to pregnancy care: soup is excellent for general health, but ogbono, okro soup, and snail are not good for pregnancy (29) for instance. These, in neofeminist tradition, deal with the total well-being of the female person. Well-being as the subject of medicine also includes concerns about aging and the aged. "In 'Aging in Nigerian Literature: James Ene Henshaw's The Jewels of Shrine'"

(Omobowale), the author highlights the gradual physical and mental degeneration that old age engenders. The article suggests humaneness and respect for the aging members of the society, which will have a positive impact on their physical and mental well-being "The question of aging is equally raised in some form by the aged woman Nnona and Efuru's father, Nwashike Ogene (Nwapa 154)

If 'health' is seen in broad terms as 'a person's mental or physical condition', (Google), then Adizua's friend, John, forced by economic circumstances to remain unmarried, could be said to have a health issue, especially as he desires a married life. As Onukaogu and Onyerionwu assert, '... there is greater searchlight on the individual's emotional structures and his or her quest for psychic balance than on him as a member of the society fighting alongside others for social correctness' (Onyerionwu). Although this assertion was made concerning pre-colonial, as against postcolonial Nigerian literature, it nonetheless remains valid for a character like John. The likes of John are, in fact, victims of the anti-people, comprador-bourgeoisie policies of the colonial-oriented economy. The system is particularly harsh on women; on the one hand, government agents hound innocent rural women for seeking a livelihood in the production of local gin, for instance, but encourage the sale of the imported variety, to boost the economy of the metropole at the expense of the well-being of Africans. Women suffer it more, as they produce much of the gin (Nwapa 9). They are also affected when the likes of John are unable to pay the bride price. This is a nightmare scenario for neo-feminism.

Literature and medicine in *Efuru* would be incomplete without reference to divinity. Holding the knife and the yam, as the local saying goes, the gods have the power to both inflict sickness and heal. Thus, the grieving Efuru is comforted thus "God will heal your wounds and our gods will visit Adizua and the ['other'] woman (88). Similarly, Efuru's sickness is attributed to her alleged infidelity, for which Ajanupu comes to her support, breaking Ferdinand's head with a pestle in response to Ferdinand's assault. Although Ajanupu's action might seem antithetical to neo-feminism, it is seen by Opara as part of the battle of the sexes where the pestle becomes an emblem of power (Opara 35).

The pervasiveness of divinity can be tied to another aspect of medical practice in *Efuru*: the use of divine appeasement as therapy. The *dibia*'s prescription for appeasing the water goddess includes an egg-laying white hen and big unripe plantains which should be cooked in a certain way in an earthenware pot (Nwapa 274). Except from a local mysticism point of view, it is hard to see how a sumptuous meal cooked for a goddess can conduce to the good health of an individual by merely providing the money. This is not to denigrate alternative, non-western medical systems like those obtainable in various pre- and post-colonial African societies where authentic African medical systems thrived and continue to thrive. As for the issue of feminism in *Efuru*, the most powerful feminist statement is not a statement at all: it is an actuality: the fact that Uhamiri, a goddess, not a god, rules, and is revered by all. This deconstructed worldview also sees women as no longer the weaker sex but strong and industrious. For instance, Nwosu sleeps away when robbers invade his house, but Ajanupu confronts hers. Indeed Uhamiri herself is so beautiful she could be the neofeminist epitome of female beauty of which mortals are merely the imperfect rendition, even though, like Efuru and Elechi Amadi's Ihuoma, they may be said to be beautiful.

Literature, Medicine, and Moral Dilemmas

One critical element in Literature and medicine is the moral dilemma faced by healthcare givers and also by writers who reflect this reality in their works. One major dilemma is the issue of infidelity, amidst societal pressure for childbearing. In her first marriage to Adizua, Efuru needed to have another child after Ogonim's death – indeed, even if Ogonim were still alive. But Adizua's new-found habit of keeping late nights and playing the truant husband constituted a big obstacle. This causes Efuru to wonder: 'But how can I have another baby when for nearly six months my husband has not slept with me? How then can I be pregnant when I am and always will be a faithful wife?' (63). A desperate child-seeking woman in a child-crazy society like the Igbo might ignore moral principles and adopt a the-end-justifies-the-means logic to engage in what the locals might

call an 'away match', to have a baby. But not Efurū, who is described as faithful to a fault. Beyond the societal pressure, a neofeminist disposition also requires that she get her due conjugal rights.

Another dimension to the moral and medical dilemma facing artists can be found in Omobowale's play *The President's Physician*. Here, the doctor, Warunga, who must be aware of the very first line of his Hippocrates' Oath: 'First, not harm', is stuck between directly harming his patient, the dictator, General Kalunga Ntibantunganyah, thereby flouting the medical principle of non-maleficence, on the one hand, and indirectly acceding to the possible death, through suffering, of the masses of the people ruled by the dictator who, at this instant, is at his mercy as his patient. Here, Omobowale highlights the importance of medical ethics and identifies patient-centered ethical principles like non-maleficence, patient autonomy, beneficence, and justice as the bedrock of medical practice (Kekeghe). Even if one were to adopt a doctrinaire Marxist approach and apply Franz Fanon's doctrine of the necessity of violence in *The Wretched of the Earth*, (Drabinski) – something akin to the 'revolutionary violence' canvassed by Marx, Vladimir Lenin, Che Guevara, among others, there could be no justification for a doctor killing his patient, as that would negate the doctrine of the sanctity of life.

Conclusion

As a subject requiring much wider space than the scope of this paper, literature, and medicine, a relatively new (sub)discipline, has continued to engage the attention of a widening college of scholars from across the humanities, the medical sciences, and beyond.

This paper has tried to appraise this emerging academic trend from the limited scope of feminist discourse. The obvious first impression one gets upon encountering this topic is that scholars historically associated with its emergence as part of the university curriculum such as Joanne Trautman-Banks did less of 'discovering' something new than 'uncovering' what already existed. In 1816, John Keats' poem "Sleep and Poetry", which speaks to the therapeutic power of sleep, already anticipated the enduring relationship between literature and healing[medicine]. In Nigeria, the pioneering efforts of the University of Ibadan and Professor Omobowale have continued to draw the interest of other scholars and universities where Omobowale has been serving severally as a consultant and external examiner.

In *Efurū*, Nwapa presents "brand-new, assertive and individualistic females [who] have helped to salvage the lop-sided image that male writers have created", which is mainly one of passiveness" (Ohale). Ajanupu, for instance, is identified as a 'medicine practitioner' (Agava 60) The fact that these physically attractive characters also possess healing and other skills speaks to Nwapa's perhaps unconscious prefiguring of a neofeminist idyll which, in *Efurū*, shows a harmonious marriage of literature and medicine.

Besides the more combative Ogunyemi, one can see that within the matrix of the endorsements of the trio of Emenyonu, Opara, and Agava alone, we can glimpse in Nwapa's novel not just a neo-feminist approach that emphasizes cultural harmony and female-female empathy, but also harmonization of this empathy into a tool that lends itself easily to empathetic attention to women's health issues. Although such empathies do not seem to penetrate the strong wall of harmful cultural practices such as those that require a woman to undergo female genital mutilation, FGM, through procedures that are "injurious" and "without any health benefits to girls and women", (WHO), they nonetheless help to cement a sense of shared destiny among the fair sex.

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