

The World of African Neurosurgery

THE TENTH E. LATUNDE ODEKU
MEMORIAL LECTURE
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BY

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Introduction

All of those in this Medical School and Teaching Hospital felt a great sense of loss when the news arrived of the death of Tuesday 20th August 1974, at the Hammersmith Hospital in London, of Professor E. Latunde Odeku. He was 47 years old.

Professor Odeku was a much liked personality, who was totally devoted to the practice of medicine, and his particular specialty of Neurosurgery, which he practiced here for 12 years.

Professor Odeku received his basic medical education in the United States of America, where he also had his specialist training in Neurosurgery.

He was appointed a Lecturer/Consultant in Neurosurgery in Ibadan in October 1962, and was promoted to Senior Lecturer in October 1963. In November 1965 he was appointed as Professor in Neurosurgery.

He was Head of the Department of Surgery from January 1969 to September 1971, and was Dean of the then Faculty of Medicine for the period 1968 to 1970.

He was Visiting Professor of Neurosurgery at the University of Michigan in October 1970, and won the prestigious Alumni Award of Howard University, U.S.A. in 1973. By the time Professor Odeku died, he has established a fully functional Neurosurgical Unit at Ibadan, the first in Black Africa, and thus carved for himself a permanent niche in the history of the University of Ibadan, the Ibadan Medical School, and Neurosurgery in Africa.

In appreciation of his contribution to the Neurosciences, his colleagues and friends at home and abroad launched a Memorial Fund with the objectives of endowing a Memorial Lecture and a prize in Neurosurgery in his memory. The Council of the University, apart from contributing to the Endowment Fund, also approved the naming of the Medical Library as the E. Latunde Odeku Library, in

recognition of his outstanding academic contributions to the University.

There have been nine previous Memorial Lectures, given by distinguished scholars from Nigeria and abroad. These previous lecturers included Professor R. C. Schneider, of Michigan University, U.S.A., Professor A. O. Adesola, University of Lagos, Professor Marion Mann of Howard University, Professor F.A.O. Udekwu, of the University of Nigeria, Professor F. D. Martinson, of our own Department of Otorhinolaryngology, Professor Charles Easmon of the University of Ghana, Professor B. O. Osuntokun, presently Chief Medical Director of U.C.H., Ibadan, and former Dean of our Faculty of Medicine, Professor L. F. Levy of the University of Zimbabwe, and, last year, by Professor Ojetunji Aboyade, one-time Head of the Department of Economics in Ibadan, and later Vice-Chancellor of the University of Ife.

Tonight, as our Tenth Memorial Lecturer, we have Professor Adelola Adeloye. Professor Adeloye is so well known to us, that it is almost superfluous to introduce him. Suffice it to say; firstly that Professor Adeloye was one of the closest associates of Professor Odeku in the Department of Surgery, since he joined the Department in 1968 as Lecturer/Consultant. Today, not only is Professor Adeloye himself one of the most distinguished Neurosurgeons in Africa, and a former Head of our Department of Surgery, but is also well known as a medical historian.

I now have great pleasure in calling on Professor Adeloye to deliver the 10th E. Latunde Odeku Memorial Lecture, which he has titled:

“THE WORLD OF AFRICAN NEUROSURGERY”

Professor D.G. Montefiore
*Acting Provost, College of Medicine
University of Ibadan*

29th October 1985
Ibadan

The World of African Neurosurgery

by

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The Acting Provost of the College, Deans of Faculties, Acting Director of the Postgraduate Institute of Medical Research and Training, Head of Surgery, Chairman, Medical Advisory Committee, College Secretary, College Librarians, Visitors from the International College of Surgeons, Distinguished Ladies and Gentlemen.

In January 1985, Dr. Adell Patton Jr, a black American authority of African history from Howard University, Washington, District of Columbia, USA visited me in Ibadan. A Fulbright scholarship awarded to him had brought him to Freetown, Sierra Leone to continue his studies in West African history. During our discussions, Adell Patton asked me if I would like to 're-visit' some of the grounds covered in *An African Neurosurgeon*,¹ the biographical treatise which I wrote in 1976 on the late Professor E. Latunde Odeku, a celebrated alumnus of Howard University, in whose memory this lecture was endowed. We identified one or two areas which can profit from special and new emphasis in addition to some errors and inaccuracies which those who read the book had kindly brought to my attention. I subsequently went ahead to interest Howard University in the project. It was about that time that the invitation came to me to deliver this, the Tenth Odeku Memorial Lecture, first, from the then Head of Surgery, Professor Olajide O. Ajayi, then from my department of surgery and finally from Professor Abiodun Johnson, the Provost of the College of Medicine, University of Ibadan. For me, the invitation to deliver this lecture is a great honour which I accept, and will always cherish with gratitude.

Over eleven years ago, Professor E. Latunde Odeku (fondly called Lat) died at the Hammersmith Hospital, Ducane Road, London, England, at the comparatively early age of 47 years. As a mark of respect for him and in appreciation of his sterling contributions to medicine and medical education, an annual lecture was established in his memory to be devoted to topics and subjects relating to neurosciences or medical education or poetry. The first in the series of these lectures was delivered in November 1976 by Professor Richard Schneider,² a neurosurgeon of Ann Arbor Michigan, USA. Up till now, nine of these lectures have been delivered by six surgeons, a pathologist, a neurophysician and an economist.

Today is the occasion of the Tenth Odeku Lecture. In presenting to you "The World of African Neurosurgery", I intend to share with you, first, some of the less well-known aspects of the life and times of Odeku and later to examine and evaluate the

development and achievements of neurosurgery in Africa since the days of Odeku.

Section 1: Another Look at "An African Neurosurgeon"

On the occasion of the First Lecture in 1976, the then Vice Chancellor of the University of Ibadan, Professor Tekena Tamuno who presided at the lecture, launched Odeku's biography, *An African Neurosurgeon*. The book was very well received. Inevitably, it was found later to contain some flaws and omissions in details for which the author accepts full responsibility. Here is an opportunity today to correct some of the flaws.

On page 4 of the book, the household of the Odekus at Awe in Oyo State is referred to as *Adu-bi-Eiye* (jet black like a bird) erroneously thought to be used to describe the dark complexion of the Odekus.³ The correct appellation is *Adun-bi-Eiye* (which refers to the sound of birds).⁴ The Ninth Odeku Memorial Lecturer, Professor Ojetunji Aboyade, the celebrated Nigerian economist and native of Awe effected this correction for us.

While still on voices and songs, Odeku's favourite operating theatre melody, 'Green Green Grass of Home' as related on page 33 of his biographical treatise, belongs to Tom Jones and not Paul Jones.⁵ We also learnt from Professor Aboyade that long before we knew Odeku as a leading surgeon and medical educator, the late Professor had betrayed singular love for our indigenous *apala* music,⁶ notably the type which was popularized by the late Haruna Ishola of Ijebu-Igbo. No doubt, the muse in Odeku must have been stirred up by the poetry of Haruna Ishola's music.

A product of the same Awe Community as Odeku, Professor Aboyade in the Ninth Memorial Lecture supplied other details of the non-scholastic and non-professional side of Odeku and his vast interest in the problems of his countrymen and women in the backyards of life. These candid revelations and home truths about the early life of "brother Latunde" by Aboyade helped enormously to produce a welcome balance in the assessment of the character of Odeku, portrayed, alas, as "a virtual expatriate" by those who wrote about him from later impressions.⁷

On page 12 of the book reference was made to *Ogun Ologbon* (Ogun, the wise), Odeku's favourite classmate, as David Ogundipe. The surname should be Ogun, not Ogundipe. They spent six delightful years together at Methodist Boys High School (MBHS), Lagos, their final year being 1945. In 1978, David Ogun was the Director of Nigerian Standards Organization division of the Federal Ministry of Industries, at Ladipo Avenue, Ikorodu Road, Lagos. His unit is responsible for the establishment of national standards and it supervised our change over to the metric system.

David Ogun in his letter to me, dated February 19 1978, lamented the premature death of his school mate,

who had blossomed into a “versatile Nigerian medical genius”. Ogun touchingly praised his classmate who had made enormous contributions to medicine in a quite unobstructive manner and without seeking publicity. Hence, Ogun acclaimed the “excellent biography” of Odeku, for without it, Latunde would have been like the desert flower “born to blush unseen and waste its sweetness in the desert air”.

The latter quotation which was contained in Ogun’s letter is from the first of the three poems he sent to me as some of the favourite lines of their class of poets and lovers of poetry. His second poem ran thus:

“Self-reverence, self-knowledge, self-control.
These alone lead life to sovereign power.
Yet not for power,
Power herself will come uncalled for,
But to live by law
Acting the law we live by without fear,
And since Right is right to follow right
Were wisdom in the scorn of consequence”

One of those who witnessed the birth and beginning of neurosurgery at the University College Hospital, Ibadan was Odeku’s first house surgeon, Dr. Paul Okwudili Chuke, who graduated M.B.B.S. (London) from Ibadan in October 1961. This piece of information is missing from *An African Neurosurgeon*. Odeku must have exerted a profound influence on his young houseman, for Paul Chuke who later gained the F.R.C.P. (Fellowship of the Royal College of Physicians) of Canada is today of Professor of Medicine at the University of Nigeria, Nsukka, with special interest in neurology. Chuke was there in Nairobi, Kenya in January 1972 when, with Odeku, his old chief in the vanguard of operations, the Pan African Association of Neurological Sciences (PAANS) was formed. At that time, Chuke presented to the scientific congress the experiences with brain tumours from Zambia, a country where he once functioned as the Director of Medical Services.

On page 35 of the book it was stated that the Clinical Sciences Building on the grounds of the University College Hospital, Ibadan “was Odeku’s creation”.⁸ This is not true. As the Dean of Medicine, Odeku had a lot of achievements, but it must be corrected at this lecture that the Clinical Sciences Building where many of the Consultants of UCH Ibadan have their offices was born out of the efforts of Professor Oladipupo Akinkugbe, Professor of Medicine, and his able assistants during his tenure as Dean. The complex comprising the Clinical Sciences Building, the present Odeku Medical Library, the Paul Hendrickse Lecture Theatre and the Biode building housing the Postgraduate Institute for Medical Research and Training was developed by Professor Akinkugbe during his tenure as Dean of the then Faculty of Medicine, 1970 – 1974. In order to achieve conformity with the existing architectural structure of the old building of the teaching hospital, Mr. Pring was brought

in from the firm of Watkins Gray Woodgate and Partners, the original designers of the University College Hospital, Ibadan.⁹ It needed a lot of energy, persuasion, motivating leadership and delicate diplomacy on the part of Dean Akinkugbe to secure unanimity of consent among all concerned to weld these buildings into the functional complex we have today. It was declared opened, as we already know, by the then Head of State, Yakubu Gowon in May 1975 when Professor Osuntokun was Dean of Medicine and Professor H. Oritshejolomi Thomas was the Vice Chancellor of the University of Ibadan. Any misconceptions presented in the early publication stemmed from the ignorance of the author for which this public apology is tendered.

Section 2. Odeku in North America

Undergraduate Career in Washington

More details about the student career of Odeku in North America have been supplied recently by his colleagues, teachers and some of his Memorial Lecturers who knew him in those days. In 1977, for instance, I got a letter from Dr. D. M. Yilla of Bo, Sierra Leone after he had read *An African Neurosurgeon*.

“I can only congratulate you for both your unselfish attitude and the degree on intellectual honesty shown”, he wrote, “the mistakes I notice in your book are small and inconsequential”

“Latunde Odeku was my contemporary and we shared a room in Washington while both of us pursued our first degree (BSc.) at Howard in 1949-51. I left him in the United States and proceeded to pursue my medical course in Glasgow University while he opted to stay in America to do his M.D. I have lost complete touch with him since 1951.”¹⁰

I wrote back in earnest to Dr. Yilla who in his initial letter asked for appointment to consult us on his own disabling neurological illness. I never heard from him again. The visit of Professor Marion Mann to Ibadan as the Third Odeku Memorial Lecturer in 1978 and subsequent contacts, established in person or by correspondence with Odeku’s American colleagues furnished more information about his undergraduate career in Washington.

Odeku went to Howard University in 1947. After leaving the Methodist Boys High School, Lagos, he applied to Edinburgh University for a place in the medical school: he was accepted there, but he could not begin his studies until 1948. Anxious to start his university education without much delay, he accepted an earlier admission offer from Howard University.¹¹ Odeku entered its College of Liberal Arts in 1947, from where he graduated *summa cum laude* with the Bachelor of Science degree in Zoology in April 1950. We now know that apart from his principal subjects of Chemistry, Physics and Biology, his subsidiaries at the College of Liberal Arts were German, History,

Sociology, Philosophy and a smattering of Survey. In Zoology, his teacher was Dr. L. A. Hansborough, an associate professor; in physics he had Professor Frank Coleman. His friend and guardian, Professor William Lea Hansberry taught him history and Professor Alain L. Locke lectured him in sociology and philosophy.

Odeku's performance in the College of Liberal Arts was quite outstanding making A grades in all his subjects at every examination, except once when he scored B in organic chemistry. In summing him up at this stage of his education, the Professor of philosophy admitted that Odeku was "one of the most outstanding students" known to him in twenty years, and Leo Hansberry of History described him as his "ablest, finest and most promising student in Howard".¹² It was not surprising that at the end of Odeku's course in Liberal Arts, his four lecturers unanimously and enthusiastically endorsed his application for a place in the College of Medicine of Howard University.

On January 16, 1950, as part of the preparation to enter the College of Medicine, Odeku had to take an aptitude test in which his percentile rating was 780 and the professional score was 535 to 595. On Friday, May 26 1950, at the invitation of Crystal E. Malone, admission Clerk of Howard University, Odeku appeared for an interview before the Dean of the College of Medicine, Dr. Joseph L. Johnson.

At the interview which lasted most of the afternoon of that day, Odeku spoke softly, reasoned well, and at that young age of 22 years, demonstrated a good practical philosophy of life. He was interviewed in a group of four candidates: one white boy called Schoen, two West Indians and himself.

Odeku and Schoen were rated to be outstanding candidates; the other two were described as "good but not equal to Mr. Odeku".¹³ The Dean was convinced that Odeku had more than just the ability to make high grades at examinations. In accepting him to study Medicine in Howard, the Dean from the outset recommended that Odeku should be given every "opportunity for a most comprehensive and thorough medical education including Hospital externship during summer, followed by residency, specialty training and board certification before returning to Africa".¹⁴

That was what ultimately happened. Between July and September 1950, we knew that Odeku went to Israel under the auspices of the Foundation for World Government. Odeku never forgot Dean Johnson to whom he sent a complimentary card of thanks from Jerusalem, a place which Odeku then described as the "magnificent, historic and eternal city of peace".¹⁵ He was late in coming back to United States from Israel, due to some visa problems in Ellis Island. With his acceptance in Howard University College of Medicine, Odeku conveniently forgot his application for a place in McGill University, Canada. On September 28, 1950, he started his medical education in Howard University.

From that date until June 6, 1954 when he graduated M.D. from Howard University, Odeku recorded a "superb performance as a student and as an individual".¹⁶ At the end of his Freshman year, he ranked No.1 in a class of 74 students. At the end of his Sophomore year, he was No. 3 in a class of 70; in the Junior year, he was placed 3rd in a class of 71. When he graduated, he was No. 3 in his class of 69 and received an award of Honorable Mention for his work in the department of Obstetrics and Gynaecology. For all these attainments, he was placed on the Dean's List for scholarly achievement.

Odeku's career in the College of Medicine at Howard was successful in every aspect. According to Robert S. Jackson, who was the Dean of Medicine when Odeku qualified,

"He was at all times polite, cooperative, earnest and conscientious in the performance of his assignments. He was of neat appearance and had good rapport with colleagues and patients. His poise was good; he accepted criticisms well, often questioning the reason if he felt it necessary. His mood was consistent, he had an eager to and assertive temperament and made good use of past errors."¹⁷

Throughout his career, he gave the impression of a good but no subservient follower, an independent thinker and a potential leader.

It was hardly surprising that Odeku was extremely popular among his colleagues and co-workers many of who recall his personality of honesty, humility, integrity and dedication to excellence. As a student in Howard, Burke Syphax (now Professor of Surgery at Howard) knew that Odeku was a prodigious worker, even though things seemed to come to him easily.¹⁸ He had a special knack for working all day and reading or writing half the night and getting by with 3 to 4 hours sleep. According to another mate of his, Professor Jessie Barber, a neurosurgeon in Howard, Odeku kept a little black book in which he had entered the names and diagnoses of the patients he had examined and worked up. Hence, Odeku could, at a short notice, present his personal statistics and discuss the problems of patients.¹⁹ Such was the very well organized personality of this man.

Yet, he had a tremendous zest for life and enjoyed all his associations and associates. Even in those early days, he betrayed to those who knew him well that strong sense of priorities that was to run throughout his entire life. His professionalism and concern for health care transcended politics, polemics and all pettiness. He was, however, singularly uninformative when asked about race and tribes in Nigeria. Sometimes too, he paid little or no attention to the racial issues in America. How all these traits affected and influenced his total life is now common knowledge. Marion Mann, the Third Odeku Memorial Lecturer was Odeku's classmate in Howard.

Mann in his lecture here in 1978 complimented Odeku when he confessed that “in our class during almost a quarter century, indeed from the very beginning, the one classmate most liked for his friendliness, most admired for his towering intellect, most esteemed for his extraordinary achievements in medicine and educational leadership was E. Latunde Odeku”.²⁰

Life as a Young Doctor

Odeku's basic medical education in North America was not completed until he had studied and trained in Michigan. In December 1953, before he graduated in Howard, he had applied for his rotating internship to three hospitals, namely Michael Reese Hospital, Chicago; King's County Hospital Center, Brooklyn, New York and the University Hospital, Ann Arbor, Michigan. He ultimately went to Ann Arbor for his rotating internship from July 1954 to June 1955. He needed special permission from the United States Department of Justice, Immigration and Naturalization Service to extend his stay in that country to serve his rotating internship. His mind kept going back to Howard and in a letter written from Michigan University Hospital to Dean Joseph L. Johnson and dated November 1, 1954, Odeku expressed his indebtedness and that of his classmates, to Howard University.²¹

Dear Dean Johnson:

For the past few days I have felt the spontaneous urge to forward a few lines of greetings to my landmark of medicine, Howard University. The inevitable necessity of graduation has torn us away from within the physical and the protective walls of the College of Medicine; but our spirit abides with the school forever. Time will not forbear with me to overburden your invaluable moments with the many striking details of the first few months of this early postgraduate stage of our professional development. However, suffice it to report that my commencement at Howard University has excellently stood me in good stead, practically always. We offer competitions to and take competitions from our various selected colleagues without any uneasy sense of the least inadequacy; and not infrequently we have a few gems in the bag that we brought with us from Howard to share with those around us who so desire. In general, life here has continued as expected. We have no earthshaking spectacular discoveries; no particular complaints; no regrets.

Please extend my warmest and most grateful compliments to all the professors and the many other teachers from whom it has been my priceless privilege to receive that for which no man can ever pay. And

Our pray'rs with thee forever rest
Our gratefulness unexpress'd
Our struggles in the years to come
Shall beamn our deeds and crowns to thee
In hopeful thoughts of gratitude

Kindly permit me the free interchange of the singular and plural pronouns that abound continuously above; for I cannot help but express the sincere feelings that all my classmates wherever they are, share this deep sense of thankful yearning with me. And in the hopeful assurance that the College of Medicine shall ever be a bulwark to all of us, and to the innumerable hosts that will follow in the countless brighter years ahead, we cheerfully continue this life-long struggle to our destinies.

Your pupil as always,

E. Latunde Odeku, M.D.

All these personal attributes and his later success in the field of medicine and of medical education as a scholar, leading African neurosurgeon, author and humanitarian won Emmanuel Latunde Odeku the prestigious Charter Day Alumni Award of Howard University in March 1973. In recommending him for the Award in October 1972, Dean of Medicine specially cited Odeku's outstanding record at Howard and his insistence on returning to his native Nigeria after qualifying as a neurosurgeon. Odeku was the youngest of the four alumni honoured on that occasion.²² William James Moore, one of the recipients was 100 years old (born on August 4, 1872) and then the oldest living alumnus of Howard University from where he graduated in 1892. He was too old to travel to Washington where he was honoured for his contribution in the fields of education and athletics; someone had to receive the award on his behalf. Julian Dugas, aged 55, was honoured for his contribution to law and public service and Mrs. Dorothy Harris, aged 60 years was honoured for her contribution to education and community service.

Before becoming a neurosurgeon, we knew that Odeku came home to Nigeria after his rotating internship in Michigan but not before he had taken the L.M.C.C (Licentiate of Medicine) from Canada. According to Professor Fabian Udekwu, the Fourth Odeku Memorial Lecturer, those of them who graduated from America in the 50s could not practice medicine in Nigeria with their American diplomas only.²³ In those days, American Universities were regarded as something less than cow colleges. Nigerian graduates of American Medical Colleges were sent to Canada for the L.M.C.C.

After obtaining his Canadian Licentiate, Odeku came to Nigerian with Dr. Uzochuna Nwagbo, a Chicago graduate and both of them worked at the Lagos General Hospital as house officers. Their “experiences of disappointments and moments of pride, of frustrating dissatisfactions and hopes” were chronicled in Odeku's *The Things We Suffer*, a paper which he circulated to all the Nigerian students in the United States.²⁴ Around the time of Nigeria's political independence, by which time Odeku had become a trained neurosurgeon, the policy of Nigerian government to American education had changed,

thanks, as we shall see later, to the efforts of Sir Samuel Manuwa.

Residency Training in Michigan

By June 1956, Odeku was back in Michigan for his residency training in neurosurgery. How he came to secure the position in Michigan was described by Schneider, the First Odeku Memorial Lecturer (Fig. 3). As an intern on pathology in 1955, according to Dr. Edgar Kahn, Odeku “came on the Neurosurgery Service for only one month. We were impressed with his intelligence, his kindness to patients and his great dignity that I told him at the end of the month that if he ever wished to make neurosurgery his career, there would always be a place for him” in Ann Arbor.²⁵ Odeku had applied for residency programme in Toronto, Canada. With his acceptance of the sincere and firm offer from Edgar Kahn in Michigan, for the second time in his career, Odeku had to abandon plans to seek medical education in Canada.

During his period of training from 1956 to 1960, he was well-liked by both the permanent and resident staff. He was kind, easy-going most of the time and maintained a position of dignity and responsibility wherever he went. On every available weekend, he went to Washington to see his family.

There was with Odeku at that time an associate resident from South Korea, Dr. Hun-Jae Lee. They shared adjacent rooms in the house officers’ dormitory. In the basement they had facilities to cook and make snacks. Hun-Jae Lee was fond of cooking octopus on the stove in spite of the bad unsatisfactory ventilation of the basement. That habit later generated a lot of arguments between Odeku and Lee; ultimately, in the interest of peace, the Korean had to give up his unusual menu of fried octopus.²⁶

Odeku impressed his mentors so much so that he was given permission to visit various universities in North America during his residency. It was, however, not until his fifth year that he had the opportunity to present a scientific paper in the United State. In that year, he presented the paper on “Cervical Spondylosis with neurologic deficit” which was prepared by himself and Richard Schneider.²⁷ The paper formed a substantial part of the First Odeku Memorial Lecture.²⁸ Schneider, for ever, feels privileged to have given Odeku his first break in the presentation of scientific papers, an exercise in which Odeku later in life became quite prolific and proficient. Odeku attended many neurosurgical conferences during his residency and it was at one of these that he met Laurence Levy, neurosurgeon of Zimbabwe (then Rhodesia) who in 1983 gave the Eighth Odeku Memorial Lecture here in Ibadan.²⁹

Odeku’s residency was such an outstanding that in recognition of his special attributes, he was unanimously selected in 1970 by the Neurosurgery Department of Michigan to deliver the First Edgar Kahn Lecture

established to honour Dr. Kahn after his retirement from active neurosurgical practice in Michigan.³⁰ On October 23, 1970, Odeku delivered the Kahn Lecture on “The Personality of Nigerian Neurology”.³¹ A recent letter from Richard Schneider, dated October 7 1985 carried the sad news of the death of Edgar Kahn on August 29, 1985.

In recognition of his ability as a writer, the Michigan school of Neurosurgery invited Odeku to contribute a chapter to the second edition of “Correlative Neurosurgery” edited by Kahn, Schneider and Crosby. Odeku wrote on “Exotic Lesions of the Brain”.³² By the time the book ran into the third edition, Odeku had died and Schneider had become the senior editor, assisted by Kahn, Crosby and Taren. Odeku was offered two University positions in North America. He turned both down and returned to Nigeria to help his own people. In spite of difficulties, Odeku quickly settled at home in Nigeria; the rest of the story of the beginning of neurosurgery in Ibadan is well known.³³ “I am quite busy”, Odeku wrote to his friend and classmate, Marion Mann in a letter dated May 3 1964, “and neurosurgery is now well established here. Our primary limitation, everyday as with you, is Time”.³⁴ Some ten years later, Odeku died on August 20, 1974, having successfully pioneered neurosurgery in Nigeria and indeed in West Africa.

Section 3: Odeku in Ibadan

Contributions to Neuroscience

What Odeku achieved or initiated during his career at the University of Ibadan and the University College Hospital, Ibadan had been documented by those who wrote on him in various places and at different times and who spoke of him in their capacity as Odeku Memorial Lecturers. These achievements are encapsulated in neurosciences, medical education and poetry. Very little justice has been done in these lectures to the contribution of Odeku to poetic and philosophical literature. While we wait for this to happen, I endorse the position of Professor Martinson, the Fifth Odeku Lecturer, namely, sincere admiration for Odeku’s poetic works.³⁵

On the other hand, considerable attention has been given to his vast contributions to neurosciences in the First and Seventh Lectures delivered by Richard Schneider of Michigan and B. O. Osuntokun of Ibadan, Nigeria.³⁶

It was Odeku’s passionate plea that African scientists should patronize and popularize local journals that led to the appearance of his many early articles in Nigerian and West African medical journals. We know that it was his “cranio-encephalic trauma”³⁷, an extensive review article on head injuries that took up the whole volume 4 of the *Journal of the Nigerian Medical Association* in 1967. Among his many “first case in the African” are the “Rubinstein-Taybi syndrome” which Sinnette co-authored³⁸ and the “Aneurysm of the Great vein of Galen complicated by chronic subdural abscess” which he wrote with Professor O. Ransome-Kuti,³⁹

our present Federal Minister of Health. The diseases for which he and his colleagues in Ibadan found and formulated *patterns* in the African are legion; these include epilepsy, cerebrovascular disorders, head injuries in general and subdural haematoma in particular, tumours of the central nervous system and congenital malformations of the neural axis.⁴⁰ Some of the diseases he described have become classics. Congenital insensitivity to pain associated with auditory imperceptions by Osuntokun, Odeku and Luzzatto⁴¹ has been named eponymously after the first author, Osuntokun.⁴² After Odeku's early case reports of this disease, in 1971, Adeloye and Odeku convinced the medical worlds in a detailed description of 18 cases of the identity of congenital subgaleal cyst of the anterior fontanelle.⁴³ In 1978, the congenital disorder became known as *Adeloye-Odeku disease*.⁴⁴ In that year, similar case reports from Zimbabwe by Glasauer and others; Glasauer later reported a case in a Negro child in North America.⁴⁵ It was then suggested that the disease is probably unique to Africans and those of African descent. Isolated cases were later reported in white Americans, in an Indian and in a Mexican child and later in other non-Africans to challenge the suggestion made that it is an African disease.⁴⁶ And so goes on the story of the congenital dermoid cyst of the anterior fontanelle. Today, isolated cases have been encountered in China and Japan.^{47,48} Even these reports still show that most cases come from African and the Africans in places and amongst peoples where diseases are more likely than in others to be under-documented. Ojikutu and others⁴⁹ and Chaudhari and others⁵⁰ from Lagos recently reported more cases. Indeed, Olumide's 1980 extensive review of congenital CNS malformations in the African included 66 cases of this disease seen in Ibadan in 14 years.⁵¹ Nothing is new under the sun. Odd swelling of the head were known in our folklore, as exemplified by Alade in Odunjo's book.⁵² In old medical literature, in 1824, reference was made to a giant cyst of the anterior part of the head in a man called Lake who kept the house called the Six Bells at Darford, England.⁵³ But by our detailed studies and writings from Ibadan, we have established characteristics of this simple but frightening congenital disorder, such that it has now attained the dignity of a disease entity and an identity of its own.

Odeku and Medical Education

Let us now assess the contribution of Odeku in the realm of medical education. In my opinion, his greatest achievement was his successful intrusion as an American graduate into an established British system to win respect and recognition for American medical graduates.

For a long time, Anglophone West African colonial government did not favour the employment of American medical graduates. At a meeting of West African Directors of Education held in Accra, Ghana in February 1951, it was maintained that a first degree from an American College accredited in Nigerian did not automatically confer graduate status on the holder, since the American qualification was regarded as at best only equivalent to an Intermediate degree of a

British University. By the same token, medical graduates of United States universities were not admitted to the permanent register of the United Kingdom. Such was the medical educational policy existing in Nigeria when Odeku qualified.

At the Third Conference of Directors of West African Medical Services held in Ibadan in March-April 1952, it was made clear that this British culture and attitude must change. Then, because of the urgent need for doctors, medical departments in West Africa were under considerable pressure to employ doctors who were not eligible for admission into United Kingdom Register. Sir Samuel Manuwa explained at great length that Nigeria wanted to admit non-British graduates, if only to a temporary register, for practice under conditions prescribed by the Inspector General of Medical Services.⁵⁴ His proposal was accepted solely as an interim measure until an adequate number of West Africans with local or United Kingdom degrees were available. Even the question of automatic admission to a permanent Register of American graduates who had passed the National Board Examination of the United States was deferred at that meeting.

The success of Odeku as a neurosurgeon was one of the factors which finally helped the efforts of the administration led by Sir Samuel Manuwa, to remove the unwarranted prejudice nursed against American medical graduates. By his personal performance and fine example, Odeku helped in a huge way to pave the way for the unconditional acceptance in Nigeria of non-British medical graduates. That was not all of his contribution. In later years, Odeku became one of the pillars and planners of medical education in Nigeria. Below, in his own words, was what he stated in 1972 in a letter to Professor Michael Bankole on the planning of health services for Nigeria.

Dear Mike,

Thank you for your letter of April 13, 1972. I am sorry for the delay in forwarding these few lines in reply to the letter, with particular reference to the enclosed proposed budget on medical education for national service in Nigeria.

I think the whole idea is highly commendable and I will suggest that the letters to the possible participants be carefully re-worded in a cogent manner as to pinpoint the specific aims and duties involved in about a page so that there be a careful re-thinking, re-wording, re-organisation of the suggested titles so that the complete final list will appear in the order in which they are expected to be seen "developmentally" in the book. The suggested authors could then be placed after each title and this will not prejudice the position in which the names come, since what is important will be the titles themselves.

I would think that a book of this nature cannot be published without having more authors involved in it. I will therefore suggest joint authorship of many of

the titles, namely 2 or 3. Experienced educators such as Professor H. O. Thomas (Lagos), Professor T. A. Lambo, Professor H. C. Kodinlyne, Professor J. O. Mabayoje, Professor I. Audu, Professor F. Dosekun, Professor A. Adesola, Sir Samuel Manuwa, Professor A. O. Lucas, Professor M. Ogbeide, Professor G. Onuaguluchi and Professor Nwokolo, - not to mention a number of others – will have to be included in the list of possible authors to be considered and from which larger list a final selection should be made.

I think it will be a great credit to the objectivity and fundamental reference of the proposed volume if a wider representation of a total experience of health matters throughout the Federation is reflected in the authorship. I hope we will have the opportunity of discussing this work with you when you return to Ibadan before a final list is made for circulation among possible authors.

With best wishes.

As always.

E. Latunde Odeku,
Professor of Surgery

Odeku Memorials

After his death, many suggestions were made as to how best to honour him. In Howard University, the senior student prize in neurosurgery was re-designated the *Green-Odeku prize*. Scholarship funds for his children was considered not only inadequate, but thought of as a cold and rather empty gesture, not in consonance with Odeku's life philosophy. Establishing a permanent chair in his name in the department of surgery was considered more appropriate.⁵⁵

Table 1
WINNERS OF THE E. LATUNDE ODEKU PRIZE IN NEUROSURGERY

1976	A. B. O. ADEGBITE
1977	I. AGBAPUONWU
1978	No Examination
1979	W. C. MEZUE
1980	O. O. KUKOYI
1981	I. L. OKEKE G. U. LEKWAWA
1982	H. C. J. E. ONYIYUKE
1983	O. K. OWOEYE
1984	ALICE B. IKURU
1985	E. T. LAMUREN

Here at home, buildings and roads were to be named after him and prizes and lectures were set up in his name. The *Odeku Memorial Lectures* formed one of these enduring memorials; let us examine a couple of these memorials in some details.

The E. Latunde Odeku Memorial Library

The medical library on the grounds of the University College Hospital, Ibadan was named after Odeku in a

special release issued on November 20, 1975 by the then Acting Medical Librarian, Mr. T.A.B. Seriki. The christening of the library was performed on the recommendation of the then Faculty of Medicine, headed by Dean Osuntokun, and its subsequent approval by the Senate of the University of Ibadan. The re-naming of the library was in appreciation of Odeku's pioneering work in neurosurgery in Ibadan in particular and in Nigerian in general.

In pursuance of the objective of achieving "Health for all by 2000" the World Health Organization (WHO) embarked recently on a policy of developing its Health Literature services throughout the world. Each member state of the Organization is requested to name a library as the *focal point* for the purpose. Such a centre will function by (a) organizing a network of health science libraries within its area of influence (b) developing a health literature service and information network, assisted by WHO, for all categories of health workers in the country, (c) indexing all local health science journals published, and (d) compiling a national bibliography of medicine.

In response to this call, the Federal Ministry of Health of Nigeria, a few years ago, designated the E. Latunde Odeku Medical Library the *National Focal Point* not only for the above purposes, but also to serve as a continuing education centre for medical libraries in Nigeria and West Africa.

What we have at the library today is only part of what it is design to look like ultimately. It is still growing. It is yet to go up by another floor. The further development of the library should be placed high on the priority list of the University of Ibadan and its teaching hospital. If the E. Latunde Odeku Medical Library must attain its full status, it must be remembered at all times that it is more than a Faculty Library; it is the library of the College of Medicine.

Odeku Prize in Neurosurgery

Another important memorial set up to honour Odeku is the *E. Latunde Odeku Prize in Neurosurgery* which was established in 1975. The prize has been awarded yearly since 1976, except in 1978 when as a result of the strike action by the students, the Department of Surgery could not conduct the special examination required.

(Table 1). Students in their final year compete for the prize through a written examination in neurosurgery. It is gratifying that the prize winners have been distinctive students many of whom by their postgraduate achievements, have brought considerable credit to the prize.

Lamuren in 1985 and Miss Alice Ikuru in 1984 were the best overall students in surgery and both were winners of the departmental prize in surgery in 1984 and 1985. Hilary C. Onyiuke, the 1982 winner and presently one of our residents in surgery in Ibadan, as an undergraduate gained distinction in Anatomy in 1979 and this year, he has passed three primary examinations

for the Surgical Fellowship, first of the West African College of Surgeons (April, 1985); next the Nigerian College of Surgeons of England in July. As a student, he won the certificate of Honour from Mellanby Hall, University of Ibadan, for debating.

Okeke, one of the two prize winners of in 1981 is also one of our residents in surgery. He has passed the Primary examination for the Fellowship months ago and should be sitting the Part 1 of the Fellowship of the Nigerian Postgraduate College next month (he passed in November 1985). W.C. Mezue, the prize winner in 1979 has passed the Part 1 of the Fellowship examination resident at the University of Nigeria Teaching Hospital, Enugu.

All these distinguished young doctors should take their cue from the example of the first winner of Odeku prize, Dr. Andrew B. Adegbite, who today is a Consultant Neurosurgeon, practicing in Sudbury, Ontario Canada. It is an interesting coincidence that Odeku himself had spent part of his vacation in that region of Canada in 1972. Indeed, the sabbatical leave which Odeku intended to take in 1973 just before he took ill was to have been spent in Sudbury. With Adegbite flying the neurosurgery flag in Sudbury, it appears that the spirit of the Old Master is living in one of his most distinguished students.

Andrew Adegbite went to Igbobi College, Lagos from 1965 to 1970 and qualified in medicine at the University of Ibadan in 1976. In that year, apart from the Odeku prize, he gained the Adeola Odutola prize in medicine and the departmental prize in Preventive and Social Medicine.

It was Adegbite's choice to go out of the University College Hospital, Ibadan for his pre-registration house jobs which he served in nearby Adeoyo State Hospital, Ibadan. He took care to keep close to us, and it was then he betrayed to me his ambition to train in neurosurgery. Then, we started to make plans. After his national service at Port Harcourt School Health Board, Adegbite immediately went to Regina General Hospital in Saskatchewan, Canada, for one year residency in general surgery. By July 1979, he got on the neurosurgery training programme of the University Hospital of Saskatoon. He successfully completed his training and gained the Fellowship of the Royal College of Surgeons of Canada in December 1983. Before then, in March 1981, he had passed the primary examination of the American Board of Neurological Surgery and completed a short course in micro-neurosurgery in Florida, USA in May 1982.

Section 4. African Neurosurgery

But the world of African neurosurgery is much older than these prize winners. In its slow but steady growth and development, Odeku was the pioneer in his native Nigeria and one of the pacesetters in Africa. In his life time, outside Ibadan here, neurosurgery was established in Lagos by the late Colin da Silva in 1968 and in Enugu by Samuel Ohaegbulam in 1974. Outside Nigeria,

Odeku exercised a far-reaching influence through national and international associations and societies on the growth and development of neurosciences, particularly neurosurgery, in various parts of Africa. His teacher and friend, Dr. Richard Schneider summed this up in the First Odeku Memorial Lecture when he related the comments of a Cairo Surgeon that "Odeku has done a lot for neurosurgery not only in Nigeria but for all of Africa. He has been trying to bring us together into a compact Federation of Association of neurosurgeons such as you have in America or in Europe".⁵⁶

Odeku's pioneering efforts in the formation of the Nigerian Society of Neurological Sciences in 1966 and of the Pan African Association of Neurological Sciences in 1972 have been adequately described by his biographers and his Memorial Lecturers of 1982 and 1983.

What was African neurosurgery like before Odeku came and what is its status today?

When Odeku took up his appointment here in October 1962, neurosurgery was actively practiced in North Africa, notably Egypt, and in Southern Africa. Apart from Zimbabwe, then Rhodesia, there was no neurosurgery in any part of black Africa.

Let us start our excursion into the world of African neurosurgery from *Egypt* where at least a decade before Odeku came to Nigeria, modern neurosurgery had become an established discipline. Parts of the Mediterranean littorals, like Morocco and Algeria were visited occasionally by French neurosurgeons. Although long celebrated in antiquity for the practice of neurosurgery and the treatment of neurological disorders, modern neurosurgery came to Egypt only in 1951. It was started in three centres by three Egyptian pioneers, namely Osman Sorour of Cairo University, Samuel Boctor of Alexandria University and Ibrahim Higazi of Ein Shams University, Cairo. Sorour who trained in Sweden was to become the First President of the Pan African Association of Neurological Sciences in 1972; the Second Vice President of the World Federation of Neurological Societies from 1973 to 1977 and now an Honorary President of the same body, for life.

El Banhawy who succeeded Higazi at Ein Shams was a close friend of Odeku. I recall that Odeku wrote specifically to El Banhawy in 1971 to win his support for the information of an African Neurological Society. A big jump takes us from Cairo in the North to Cape Town in the Republic of South Africa where neurosurgery had flourished for decades and which place has more neurosurgical manpower, materials and sophistication than other parts of the African continent. There are now about 56 neurosurgeons serving the 20 million people on the Republic, with neurosurgical centres in Durban, Cape Town, Johannesburg and Pretoria. The relatively young Durban neurosurgical centre in Natal was pioneered by Erasmus; Joubert is

in now in charge. The older centre at Cape Province which is based at the Groote Schurr Hospital provided materials for the review of brain tumours with brain neoplasms in Africa.⁵⁷ The Professor of neurosurgery at Groote Schurr, J de Villiers, is the current Assistant Treasurer of the World Federation of Neurosurgical Societies.

The centre at Baragwanath Hospital, Johannesburg, in the Transvaal was established in 1956. It serves the Bantu population in the Transvaal.⁵⁸ Colin Froman who practised neurosurgery at this hospital was at the 1972 Nairobi conference. It needed special appeal to the Kenyan government by Odeku and others to bring Colin Froman from South Africa to the Nairobi conference of 1972.

Let us go to Zimbabwe, north of the Republic of South Africa, where neurosurgery was started by Laurence Levy at the Godfrey Huggins Medical School, an institution which he had strong links with the University of Birmingham, England. Levy, who delivered the Eight Odeku Lecture here in 1983 trained in Canada, USA and England and worked in Harare alone until 1972 when he was joined by Auchterlonie, a Glasgow graduate who trained in neurosurgery at Groote Schuur Hospital, Cape Town. For many years, Levy and his team provided neurosurgical coverage for Malawi and Zambia.

Neurosurgery in Odeku's Time

These centres were in existence in Africa before Odeku came to Nigeria in 1962. The attainment of political independence by many countries in Africa positively influenced the development of neurosurgery on the continent. Free from the shackles of foreign domination, the newly independent countries started to extend and modify the scope and style of their medical services. New medical schools were established, old ones were expanded, novel disciplines and bold ideas were introduced into medical curricula as these countries reached out to new frontiers of medicine. It was in such a setting that neurological surgery was born in Sudan, Tunisia, Algeria and in Nigeria and other centres were set up in Egypt. In the latter country, the new neurosurgery centres were set up in the Maadi Military Hospital; at the Religious University of Al Azhar and at Tanta, midway between Alexandria and Cairo. It is not surprising that today, Egypt has about 45 neurosurgeons who belong to the Egyptian Society of Neurological Surgery, an association which together with similar societies in Iran, Lebanon and Turkey constitute the Near East Neurosurgical Society.

The background information on how neurosurgery was introduced to Nigeria was provided by Professor Fabian Udekwu in the Fourth Odeku Memorial Lecture which he gave in 1979. According to him, Kenneth Dike, the Principal of University College, Ibadan saw through the colonial mentality which up till that time discouraged the practice of neurosciences; he went ahead to establish the Unit of Psychiatry, neurology and neurosurgery with the assistance of

Rockefeller Foundation.⁵⁹ Odeku himself later saluted the imagination of the principal officers of the University of Ibadan when he attributed the "Beginnings of Neurosurgery in Ibadan" to "the dynamic programme of the Vice Chancellor Dr. Kenneth Dike and the vigilant outlook of the new Dean of the medical school, Professor J.C. Edozien."⁶⁰

When Odeku died in 1974, neurosurgery had expanded its coverage considerably in Africa.⁶¹ Centres were established in Libya (by Reddy), Sudan (by Abu Salih in 1971), Kenya (by Ruberti in 1967), Uganda (Ian Bailey in 1969), Zaire (by Groenbaek in 1967), Senegal (by Courson in 1967), Ghana (by Mustaffah in 1969) and Zambia (Zohrabian 1971). Other pioneers were Acquaviva (Morocco), Bettaieb (Tunisia) and Abada in Algeria.

Courson who brought neurosurgery to Dakar, Senegal was succeeded by Cournil and later, Alliez. Neurosurgery was formally introduced to Ghana, a country with a population of 14 million, by James Mustaffah in 1969. He was trained in England and started neurosurgery at the Korle Bu Hospital before he came to Accra, all grossly obvious intracranial haematomas, subdural in particular, were subjected to burr hole drainage by general surgeons.

In Kenya, the earliest neurosurgical procedures were carried out at the Kenyatta National Hospital in the 1940s by J. F. Jarvin, the Chief consultant of head and neck surgery.⁶² He operated on some congenital malformations. His successor and chief of the Head and Neck Surgery Unit, Peter Clifford, also operated on cases of hydrocephalus and brain tumours, after spending a few months with Pennybacker of Oxford. The Italian, Renato Ruberti, a graduate of Padua, brought neurosurgery to Kenya in 1967, setting up in private practice in Nairobi. He had visited Kenya before on hunting safaris and became enchanted by the country. Ruberti consulted at the Kenyatta National and the private Aga Khan Hospital. Fellow Italian neurosurgeons came out to assist Ruberti for short spells; Dr. Poppi in 1970 and Dr. Carmaganani in 1971. In 1972, Ruberti set up his private Nairobi Neurological Centre at the Nairobi Hospital.

The Head and Neck Surgery Unit of Kenyatta National Hospital attended to neurosurgical emergencies until in 1972 when a Kenyan who trained in neurosurgery in Canada, J. Nabwangu, joined the staff. He soon became disillusioned and returned to Canada within a year. To the rescue of neurosurgery came Professor Harold Paxton of Portland, Oregon who spent a year's sabbatical leave in Kenya in 1973.

Neurosurgery after Odeku

The growth of neurosurgery on the continent continued after 1974. More centres were founded and in some counties, Africans started to take charge of existing neurosurgical units. The neurosurgical manpower in Egypt and South African has increased. In Kenya, late

in 1974 Dr. Jawahar Dar of India joined the Faculty of Medicine and took charge of the neurosurgery unit there; Dar trained under Tandon at the All-India Institute of Medical Sciences, New Delhi. Dar established a Division of Neurosurgery at the Kenyatta National Hospital with 25 beds for elective neurosurgery while keeping the head injuries in the general surgical wards.⁶³

Africans who trained in neurosurgery appeared on the scene, starting with G.M. Sande who joined the unit in 1976 the year the Kenyatta National Hospital started a five-year training programme in neurosurgery.⁶⁴ Sande was the secretary of the Pan African Association of Neurological Sciences (PAANS) from 1981 to 1983. After 3 years training in Kenya, Sande spent a year in Belfast and Glasgow. Dr. M. Kahwa of Uganda later joined Dar's Unit. Kahwa had started neurosurgical training in Kampala where he wrote a dissertation on compound depressed fractures for his Master of Medicine degree (M.Med) of Makerere University. The politics of Uganda forced him out of his country; he wanted to come to Nigeria but soon settled for neighbouring Kenya. Two young Kenyans, Dr. A. Maingi in 1979 and Dr. J. Mwangombe in 1982 later joined the Kenyatta Neurosurgical Unit for training. Dr. Maingi died in a road traffic accident before completing his training. Professor Dar left Kenya in 1982 and returned to India where he is now a Consultant Neurosurgeon at the G.B. Pan Hospital, New Delhi.

In the private sector in Kenya, Dr. Ruberti was joined in 1977 by Dr. M. Risso, another Italian who 2 years later set up his own private practice in Nairobi, Kenya. The Neurological Society of Kenya was formed in 1972.

In Uganda, the African Jovan Kiryabwire took over the unit left by Ian Bailey of Belfast who now lives at Lisburn, Northern Ireland. Kiryabwire started out as a general surgeon and later trained in neurosurgery under Professor Valentine Logue at the National Hospital for Nervous Diseases at Queens Square, London. Dr. M. Kakwa, after 4 years training in Kenya, went back to Kampala as a Consultant Neurosurgeon. In Zaire, following the earlier suggestion by Dr. R. Wirth, one time Dean of the Faculty of Medicine at the University of Lovanium (now the National University of Zaire) that neurosurgical services be developed in that country, a Neuro-psycho-pathology Centre was established in Kinshasa University in 1973 by Dr. G. Dechef, for the integrated practice of neurosciences. The Centre has modern diagnostic tools in neurology and neurosurgery. Africans training in neurosciences start at this centre; those in neurosurgery complete their tutelage either at the Free University of Brussels under Professor Jean Brihaye with the financial assistance of the Belgian Ministry of Foreign Affairs or in the United States under Professor Joseph Ransohoff of New York University. Such an arrangement produced Dr. Shako Djhnga, MD of Brussels who returned to Kinshasa in 1974 to practice

neurosurgery in his native land. He did not actually "start absolutely from square one" because Groenbaek had tackled some diseases of the craniospinal axis in that country years before. However, Shako's comment is true that "to be able to make the necessary transition to his home environment, it is crucial for the Third World neurosurgeon to be a "jack-of-all-trades", to be a G.P. of neurosurgery, trained not merely in neuropathology, neuro-ophthalmology and neuro-anaesthesiology. The Third World neurosurgeon must make a tremendous intellectual effort compared to his more fortunate colleagues.⁶⁵

Back home here in West Africa, Dr. Kanga, a native of Ivory Coast started off in the University Hospital, Abidjan, in 1974. He even offered services of a peripatetic practitioner to the neighbouring country of Liberia. Kanga soon left to set up in private practice. Dr. Cournil who was once in Dakar is now the only neurosurgeon in the University Hospital in Abidjan.

In 1978, a West African of *Sierra Leone*, Dr. Ulric Jones introduced neurosurgery to Connaught Hospital, Freetown. Jones, a graduate in medicine from Durham, England, trained in neurosciences in Japan at the Nihon Medical School of Tokyo. Jones recently left Sierra Leone to take up a job in Gambia.

In Ghana, the teaching hospital complex in Accra has a neurosurgery ward with about 70 beds, under Dr. James Mustaffah. The Ghanaian, Fredua Agyeman, who trained in Switzerland, came home early in 1980, but soon returned to Europe. In September 1980, Dr. Buenor Puplampu, another Ghanaian and M.D. of Toronto University returned to Accra and set up his little neurosurgery unit at the Military Hospital, Accra.⁶⁶ Puplampu had his neurosurgical training at Wayne State University in Detroit and later went into private practice in San Jose in northern California for years before he returned to Ghana. With him today is Dr. M.I. Iddrissu who trained in Germany and who practices at the Korle By Hospital.

In Dakar, the Senegalese African, Professor Mohammed Gueye took over the neurosurgery department of Fann Hospital after Alliez left. Gueye is assisted by two Africans on the unit, namely, Dr. Seydou Baidane and Dr. Youssoupha Sakho.

More recently in Nigeria, in 1981 Dr. Nnamdi Ibe, a product of European Neurosurgery returned home and set up in private practice in Owerri. Two years ago, Peter O. Binitie, FRCS started neurosurgery in Jos and only this month, Dr. Anthony Ige who trained in neurosurgery with us here in Ibadan, the first neurosurgery product of the Nigerian National Postgraduate Medical College, started his neurosurgery unit at the University of Ife, Ile-Ife. It is also expected that Dr. Ellams who trained in West Germany will soon start his neurosurgery unit at the Ahmadu Bello University Hospital, Zaria. Dr. S. O. Onabanjo, our Senior Registrar at UCH Ibadan in 1978-80, is now

Consultant Neurosurgeon at the Ring Road State Hospital, Ibadan.

Africa in World Neurosurgery

The picture of the present status of neurosurgery in African can be made more complete by reference to the figures contained in World Directory of Neurological Surgeons. In 1985, 11,654, were listed on the register of the World Federation. With an estimated world population of 4,722,000,000 (4.7 billion) there is now one neurosurgeon to 450,000 people. This is still less by about 50 percent than the estimated one neurosurgeon to 200,000 people which is the basic neurosurgical manpower requirements of the world.

In Africa, where the shortage is still more acute, there was in 1985 a surgeon population ratio of one neurosurgeon to 20,950,000. Review of the figures during the last 15 years shows a small but steady improvement in neurosurgical manpower on the continent. In Nigeria, the shortage is even more acute, with one neurosurgeon to 8 million people.⁶⁷ What then is the future of neurological surgery in Africa?

Future of Neurosurgery in Africa

We agonize today about the dwindling professionalism in medicine in general and in specialist surgery in particular. Materials to work with diminish gradually leading to a fall not just in the number of operations performed but also in morale and job satisfaction among surgeons. Academic performance is also affected. As financial constraints limit research activities, the scientific papers meant for publication lack sophistication and those ingredients which characterize the growth frontiers of medical knowledge. These days, attendance at international conferences by many practitioners on the African continent is a punishment and an apology, since many do not appear to understand the language of the current technological advances in medicine.

In Nigeria, the recent call in certain quarters for a de-emphasis of specialist surgery, exemplified by neurosurgery, ostensibly to promote primary or basic health care is another blow to the sinking hope of improvement in specialist surgery in the country.⁶⁸ Clearly, tertiary medicine is already very much part of our health care delivery and the presence of many skilled specialists emphasizes its established position. We know from Aboyade, the Ninth Odeku Lecturer that Odeku himself believed in basic health care for those of us in the backyards of life. Other Odeku Memorial Lecturers harped on the subject. Marion Mann described primary health care programme as the most significant development in health planning during the sixties. Fabian Udekwu devoted a good deal of his lecture to primary health care. "First and foremost", he said, "we must plan for the health of the community and not the individual. Secondly, we must get the community involved in its own health".⁶⁹ During this fortnight in Nigeria, the Nigerian chapter

of the International College of Surgeons is holding a seminar on the role of the surgeon in primary health care delivery.

Neurosurgery in Africa needs a lot of input and assistance from primary health care. Thus, head injuries in children which result from falls from staircases and higher floors at home; injuries to our teenaged pedestrians and to vehicle passengers who travel in cars without safety belts and falls among those climb trees for fun or on duty, can all be prevented. Huge brain tumours which are basically benign are often neglected and allowed to progress to cause blindness or attain unmanageable, inoperable dimensions; such late presentations can also be prevented. These tumours need early detection at the basic health care unit but they also need prompt evaluation and treatment at the secondary and tertiary tiers of our health care delivery if the whole patient must be treated.

Odeku himself predicted in his "Beginnings of Neurosurgery" that the "various difficulties of neurosurgery in Africa are by no means confined to its beginning but will continue and grow into the years ahead". How true. Adesola in the Second Memorial Lecture described the dilemma and paradox of academic surgery in the developing countries where health planners consider subspecialties as too sophisticated, but at the same time reject as "unpatriotic the practice of referring patients with complicated surgical problems to Europe or North America for specialist treatment".⁷⁰

The answer is not confrontation but cooperation with and education of our health planners and of our colleagues inside and outside government. We all need to remember that primary health care needs other systems of medical care vice versa; that our resources should be managed in such a way that the African patient with measles or malabsorption or meningioma get properly treated in his or her own milieu and that what specialized medicine and surgery want are basic tools, not necessarily sophisticated equipments, to justify its existence and to function meaningful and without pretensions. The presence in Africa today of many medical specialists makes the latter need even more compelling. These campaigns are not to be conducted by individuals alone, but by national and international societies of neurosciences throughout the length and breadth of Africa.

In Nigeria, the recent move by government to have specialist hospitals functioning as centres of excellence may well solve some of the dilemmas of specialist surgery in this country. The concept of "centres of excellence" should be given a good chance. It will not, and should not matter what area of excellence is assigned to a centre for development. True excellence cannot evolve in isolation since other disciplines inevitably interrelate to any chosen area of medicine. A well-developed centre of excellence can only promote overall improvement in the total health care delivery in that area.

Neurosurgery in Nigeria

I do not know what the University College Hospital, Ibadan, will get in the allocation of centres of excellence. But what I know, without being immodest, is that the contributions of Ibadan to neurosurgery in Nigeria, in Africa and in the world, begun by Odeku and sustained by his successors, has been quite substantial. In recognition of all these, it is high time for us to have a full-fledge department of neurosurgery here in Ibadan if this surgical specialty must grow and develop. The department can be created by the University of Ibadan and its teaching Hospital or be endowed by philanthropy as is done elsewhere in the world.

African Neurosurgeons Abroad

There is another issue: the problem of African neuroscientists trained abroad and staying away from home. In Africa, the slow improvement in neurosurgical manpower can be quickened if the many Africans trained abroad return home to practice. So far, the number of neurosurgeon produced by local training programmes in West and East Africa are very few. On the other hand, many more have completed their training abroad. The zero-sum, saturated society in the developed countries which trained these Africans does not encourage them to stay.⁷¹ their host countries want them to go back home to Africa.

Their countries of origin, unfortunately, sometimes reject them as expensive super-specialists. Many of them do not want to return home because of the political, economic and professional uncertainties of Africa. Some come home, genuinely desirous to work, but soon, like the proverbial *Andrew* of Nigeria, check out and return before the doors of employment opportunities close behind them in Europe and Africa. A few stayed for years after which, exhausted in commitment or disenchanted or confronted together with their young 'foreign' families, by the harsh pragmatic realities of life quietly return or give up active neurosurgery. All these variations in adjustment and commitment by African neurosurgeons trained abroad put Odeku's pioneering efforts in Nigerian neurosurgery into bolder and better perspective and clearly underlines his unique place in the World of African neurosurgery.

Concluding Remarks

Yet, the neurosurgery practised today in Nigeria is not what Odeku practised in the sixties or dreamt of in the seventies. In the early days of Odeku in Ibadan, in the immediate post-independence years, everybody was infested with the fever of nationalism and the call for participation by all in nation building and in moulding the destiny of our nascent Africa. In that crusade, Odeku was in the vanguard of the development of neurosciences. Then, we were well motivated; then, there was job satisfaction; foreign organizations and foundation came in with generous investment in medical education and research in our new world. There was a lot of movement in those years because

we all believed, and the world thought so too, that we were going somewhere.

Two decades later, these hopes of achievement and the sense of mission are still to be fulfilled. The movements of those early years have either stopped or slowed down, or become wobbly or uncertain, taken us one step forward and sometimes two steps backwards.

In 1974 Odeku planned to go away to Canada; his two or three years leave would have taken him into the beginnings of years of economic slump in Nigeria. At the end of his stay, he would have been faced with some options. He could draw on his old resource of dedicated service and return home to help our ailing medical service. He could argue that having successfully established neurosurgery, he could retire to Canada. There could be other options. The question is, which way would he have turned?

Whatever the answer, by then and as shown in his memorial lectures, Odeku's place in the building of neurosurgery in Africa had been established. What an obituary columnist wrote of Wilfrid Card of Glasgow in the *British Medical Journal* of February 9, 1985 described Odeku very well:

He will be remembered by his friend for his unfailing good nature and sense of fun; his immense integrity and loyalty; by his colleagues for his vision and intellect and his unflagging enthusiasm for the advancement of medicine; by his patients for compassion and unremitting care; by his students for the clarity of his teaching and encouragement; and by the scientific community for his elegant pellucid writings.⁷²

To all these can be added the compliment that Odeku will be remembered by Africa and the world for his towering stature in neurosurgery.

With his many merits, personal attributes and national and international achievements, Odeku embodied modesty, charity and unhurried grace. Above all these, like John Bunyan, he had an inner strength because he was contented with what he had, "be it little or much", sustained by the Christian belief that:

"Little here, and hereafter bliss
Is best from age to age"

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