

PROTOCOL

The Vice Chancellor,
Deputy Vice Chancellor (Development Services),
Deputy Vice Chancellor (Management Services),
Deputy Vice Chancellor (Academic and Research),
The Registrar,
The Provost, College of Medicine
The Bursar,
The University Librarian,
The Dean, Faculty of Clinical Sciences,
Deans of Other Faculties,
Members of the University Senate,
Heads of Departments,
Distinguished Academic and Professional Colleagues,
Distinguished Non-Teaching Colleagues (Administrative and Technical),
Your Lordships (Spiritual and Temporal),
Dear Students,
Gentlemen of the Press (Print and Electoral Media),
Distinguished Guests, Ladies and Gentlemen,

Madam Vice Chancellor, Distinguished guests, Ladies and Gentlemen,
I am standing here this evening to deliver this Inaugural Lecture because I serve a living God who declares a thing and brings it to pass. To Him be all the Glory for all the great people (Giants), too numerous to mention, on whose shoulders He made me ride to see far and develop a "can-do" attitude

PREAMBLE

The Power of Light Genesis 1:1-3

Knowledge is light,
And so the sages say
Forever, it will be the light
To guide humanity
Knowledge is light

As ignorance is darkness and therefore, Mayflowers
Equip yourselves with Amour of Light
For our mission to the world is to bear the Torch aloft
And cry with all your might
That knowledge is light
Just as ignorance is darkness
That knowledge is light
...**Mayflower School Anthem**

Once again, I say it is with a deep sense of gratitude that I thank the Lord God Almighty for making this day come to be. I am indebted to the University of first choice and our Nation's for awarding me the Professorial Chair in Radiology, thus mandating my delivery of this Inaugural Lecture, which is the 399th in the University of Lagos, the 10th in the academic year 2023/2024, the 5th in my Department, the Department of Radiation Biology, Radiotherapy and Radiodiagnosis (RBRR).

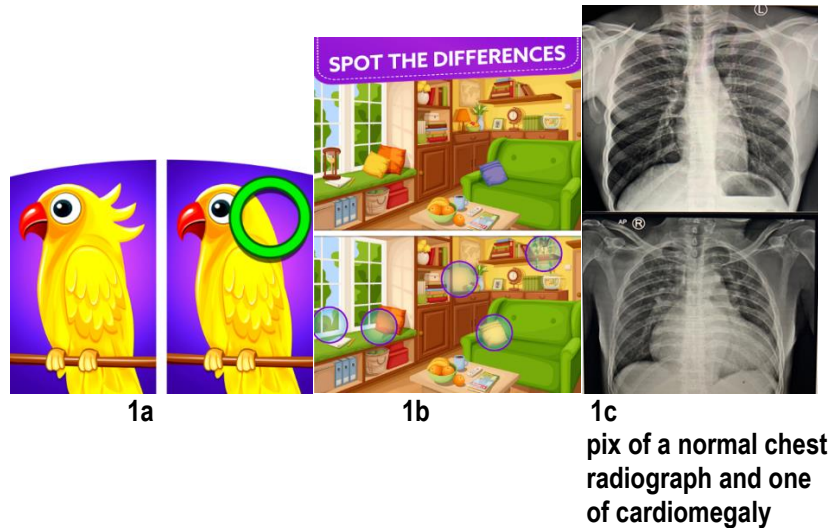
My Inaugural lecture is the first to be delivered by a woman in the Department.

Inaugural Lectures are designed to afford a Professor, a once in a lifetime opportunity to narrate her sojourn through the academic world to an august gathering of family, friends, Timber and Caliber, Town and Gown from different backgrounds and disciplines.

Madam Vice Chancellor, Cardinal Newman once said, "The ordinary object of lectures is to teach", but it would be presumptuous of me to say that I have anything to teach such an august audience as is present here today. Rather, I see this as an opportunity, within the next 45 minutes, to give an exposition of some of my experiences, activities and views as an Academic Diagnostic Radiologist.

Quite early in my academic sojourn, I realized that Diagnostic Radiology is a Game of "SPOTTING THE DIFFERENCE". The Diagnostic Radiologist is however, not a playful, frisky, frolicsome, bouncy, light-

hearted individual with a pencil in hand and papers bearing 2 sets of pictures trying to figure out and mark the differences between the pictures.



Figures 1a, 1b, 1c are pictures featuring two of a kind but with one or more differences(s). The differences have been encircled in figures 1a and 1b. Can anyone spot the difference in Fig. 1c?

Rather, a Diagnostic Radiologist is a medical doctor who specializes in detecting the causes of diseases by using ionizing radiation-generating equipment to take pictures of the internal organs of ill patients and report the changes in them when compared with what he/she knows is normal. The imaging machines are not limited to those using ionizing radiation but others which use high-frequency sound waves, magnetic waves and nuclear materials Fig 2. The decision on which to choose for any patient is dependent on the case at hand.

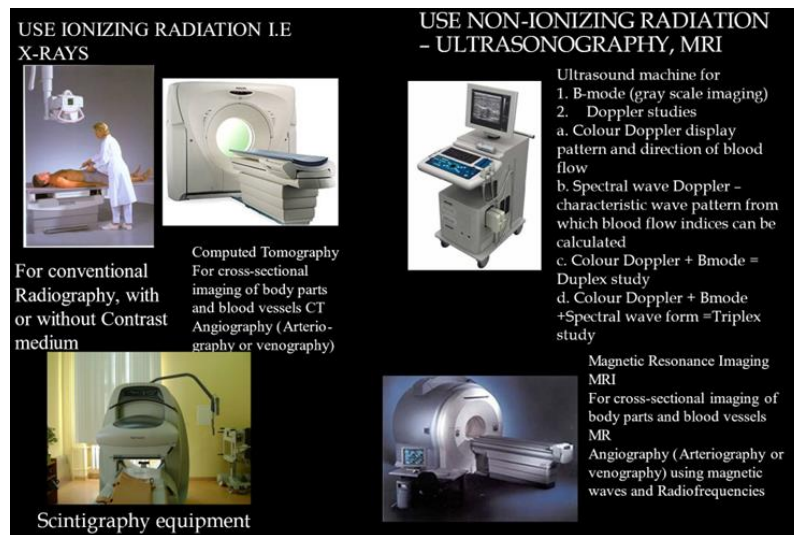


Fig. 2 The various imaging modalities

Understanding the operations of each of these machines, the choice of which machine to use at any particular time, the dangers accruable to using the machine on the patient and the appearance of every structure in the body in their normal state to be able to detect changes that occur in the unwell state, are some of the information a Diagnostic Radiologist equips himself/herself with.

FOUNDATION OF IMAGING:

William Conrad Roentgen Fig. 3a, a supposedly unteachable “ne’er-do-well” and therefore expelled from school, while tinkering with tools in his father’s garage, observed that a strange ray travelled along a path, impressing images of anything along its path, on a receptor (film like material) at the end of the garage. He tested the effects of this ray on several objects, one of which was his wife’s hand. An Image of her hand, with their wedding ring precisely on her fourth finger Fig. 3b, displayed on a Receptor, caught his attention and that of the paparazzi and the unknown ray was labelled X-ray, a name which stuck till today.



Fig 3a and 3b Wilhelm Conrad Röntgen and Radiograph of his wife's hand

Though November 8th, 1895, is annually remembered and celebrated worldwide as the International Day of Radiology, being the day, Wilhelm Conrad Röntgen, discovered X-rays, materials for radiologic imaging are not limited to X-radiation. High-frequency Sound, Magnetic waves and nuclear materials, amongst others, were further discovered in the bid to find the most useful, most affordable and most available imaging materials. These materials were used to produce images of internal organs, not visible to the ordinary eyes and the findings on the images were interpreted into Reports for the Referring Physician's use. This is the relationship between Radiologists and other Doctors – as it were, the Referring Clinician seems to say to the Diagnostic Radiologist: "Please help look into my patient and tell me what has gone or is going wrong". The Obstetricians and Gynecologists, Orthopedic Surgeons, General Surgeons, Neurosurgeons, Paediatricians, Cardiologists, etc.- all 235 subspecialists*) consult the Radiologist, which makes the Radiologists, Consultants of Consultants – a colossal task indeed - the Radiologist's role being to provide Answers to the Questions of the Physicians for the provision of optimum and informed patient care. Some call the Diagnostic Radiologists, the EYE of Medicine.

**** As of 25th May 2022, the American Association of Medical Colleges (AAMC) lists more than 235 medical specialties.

The use of X-rays in Cross-sectional imaging (Computed Tomography) for improved display of images of internal structures was introduced into clinical practice on Oct 1, 1971, by Godfrey Newbold Hounsfield, a Biomedical Engineer and Nobel Prize winner who contributed immensely towards the diagnosis of neurological and other disorders by this machine he designed.

The first medical ultrasound was initiated by Prof. Dussik in Vienna in 1942, using A-mode in early diagnostic ultrasound. Early 2D ultrasound showed images by contact compound scan. Prof. Ian Donald studied his own B-mode device in gynecologic subjects in the 1950s. Mechanical scan real-time ultrasound was Vidson's in the 1960s. LUTH acquired its first Ultrasound machine in 1992/93.

The earliest clinical use of MRI for internal organs, especially the brain, was in Royal Brompton in 1980. LUTH acquired hers, a 0.2 Tesla in 2006 and its current 1.5 Tesla in 2018.

ROLE DEFINITION OF RADIATION MEDICINE WORKERS

It is pertinent at this point to make clear the roles of the three distinct groups of healthcare service providers who use one form of radiation energy or the other to attend to their patients.

- a. The Radiologists are postgraduate Medical Doctors who are trained to use electromagnetic waves (x-rays, Gamma rays), Ultrasound waves, magnetic waves and nuclear energy i.e. radioactive materials to either diagnose the cause(s) of ailments in the patients referred to them (**Diagnostic Radiologist**) or use these forms of radiation to treat ailments in their patients (**Therapeutic Radiologists or Radiotherapists**).
- b. The **Radiographers** are the Technologists who are trained to use any of the various armamentaria listed above, either in isolation or in combination, as agreed upon with the Radiologists to acquire images, findings on which are then interpreted by the Radiologist for the Referring Clinician's use.

This Inaugural Lecture will focus more on Diagnostic Radiology.

THE PLACE OF DIAGNOSTIC RADIOLOGY IN CLINICAL PRACTICE:

The relationship between the Diagnostic Radiologist and other Doctors is that of support in patient management as it were, a question-and-answer relationship.

The Referring Doctor sends the summary of the patient's personal and clinical details on a Request Form to the Radiologist requesting the Radiologist to conduct an imaging study on the patient, using the most appropriate imaging modality(ies) to look into the internal organs of the patient and give a Report summarizing the findings.

The Radiologist advises the Radiographer to use a pre-determined imaging modality to acquire the appropriate image(s) for interpretation. The Radiologist using the principle of spotting the difference, between what he has learnt as normal appearances, to recognize the changes which constitute abnormalities, documents these observations as a Report for the Referring doctor's use. Thus the Diagnostic Radiologist is known as the Eye of Medicine, serving Doctors from 14 to 35 subspecialties in the Nigerian context – a colossal task indeed.

THE MAKING OF A RADIOLOGIST

5-6 years of training to obtain the degrees - Bachelor of Medicine, Bachelor of Surgery, of these 6years, Radiology is Posting is only two (2) weeks long.

One year of Housemanship (similar to apprenticeship)

One year of National Youth Service. Thereafter, the Doctor who opts for Postgraduate Training, sits for the Primary Examination in Radiology, success at which qualifies the Candidate for Application to a Radiology Residency Training programme at any of the approved hospitals/centres nationwide.

5-6 year Radiology Residency Training Programme, at the completion of which, the Doctor is awarded the Fellowship of the Faculty of Radiology of either National Postgraduate Medical College of Nigeria

(FMCR) or West African College of Surgeons (FWACS) and is expected to subspecialize in one of the fourteen subspecialties listed below.

Breast Imaging, Cardiac and Vascular Radiology, Chest Radiology, GIT and Abdominal Radiology, Gynecologic and Obstetric Radiology, Head and Neck Radiology, Musculoskeletal Radiology, Emergency Radiology, Interventional Radiology, Neuroradiology, Urogenital Radiology, Paediatric Radiology, Nuclear Medicine, Forensic Radiology and Medicolegal Radiology.

There were only 12 foreign trained Radiologists practicing in Nigeria between 1960 to 1970, This number increased to 168 by 2011 through the local training efforts of the Postgraduate Colleges (NPMCN and WACS). By the last count in 2023, the number has risen to 407 locally trained Radiologists to cope with the mammoth population of Nigeria's over 200million. An estimated 40-50% of this number has left the shores of Nigeria for United Arab Emirates, United Kingdom, United States of America and several other countries, in search of greener pastures leaving a paltry ratio of 1:1,000,000 for this all-important task.

The Torch therefore needs to be borne aloft continually, considering the dire need of Radiologists in Nigeria. The joy on the faces of patients attended to is a common reward for the sacrifice made to sustain Radiologic practice in Nigeria. The teeming crowd attended to daily, through challenges of working late into the nights and with little remunerations, make one wonder; at who else would have done the work if not us. The mere words, "Thank you" from these patients mean volumes. How encouraging will it be, if the Radiologists can be similarly and appropriately rewarded by those we serve the populace for.

BENEFITS OF INTERNATIONAL EXPOSURE

In 2011, I visited Salt Lake City University Teaching Hospital, Utah, USA, where a Diagnostic Radiologist colleague and friend showed me around her Department. On the wall by the entrance of the Unit's Seminar Room, was the Role of the Neuroradiologist in the Institution.

There were 13 Neuroradiologists in that single unit, far more than the entirety of consultants in LUTH Radiodiagnosis. She was trying to woo me into the subspecialty. I reminded her, that I was more a Radiologist for women and children. I then asked her to take me to the Women's Imaging Units; there I found out that they had the following number of Consultants- Obstetrics (18), Gynaecology (23), Breast Imaging (12). At that point, I gave up on visiting other units of Diagnostic Radiology in the hospital and throughout the rest of that visit, I kept on reflecting on what the scenario was like in Nigeria. Put in a clearer context, -all lecturers of CMUL's RBRR, by virtue of their CMUL appointment, are automatically Honorary Consultants in the Lagos University Teaching Hospital (LUTH). One would think that this amounts to a good number, but it would shock you to know that at that same period in 2011, we were only 9 Consultants, in the entirety of the Radiodiagnosis Department and we double as lecturers and Researchers. This number has dwindled to 7, two (2) of whom are on Study Leave and on Leave of Absence, leaving only 5 functioning Consultants presently in the Department. Only two Consultants covered the entire Department during the last Christmas Holidays, the three others had genuine reasons to be away on their well-deserved Annual Leave. A minimum of 120 cases are attended to in the Department daily, and their Reports are expected to be ready within 4 hours, a situation begging for urgent interventions.

To further drive the points home, I refer again to my Salt Lake City, Utah, Colleague and Friend, Anne G. Osborn, who, focused on her subspecialty- Radiology of the Brain, has hundreds of articles published in peer-reviewed Journals. She has written the following books the number of pages of which range from 78 to 657. I have only contributed 57pages to an Ultrasound Book:

- a. Anne G. Osborn Brain (Imaging, Pathologies and Anatomy)
- b. Anne G. Osborn Essentials of Osborn's Brain: A Fundamental Guide for Residents and Fellows
- c. Anne G. Osborn Diagnostic Cerebral Angiography

- d. Anne C, Osborn, Karen L. Salzman etc Imaging Anatomy: Brain and Spine E-book
- e. Osborne Anne G, Salzman Haren L etc Diagnostic Imaging: Brain
- f. Harnsberger, H. Ric, Osborn, Anne G., et al Diagnostic and Surgical Imaging Anatomy: Brain, Head & Neck, Spine
- g. Anne G. Osborn MD and Anne Osborn Pocket Radiologist: Brain Top 100 Diagnoses

Despite all her achievements she expressed great admiration for Nigerians Radiologists whenever we met at Conferences, still holding our own, presenting scientific papers and even chairing sessions, notwithstanding the challenges we are faced with back home. Her visit to Nigeria as Guest Speaker in 2007 during the Association of Radiologists of West Africa's Conference, further reinforced her admiration for Nigerian Radiologists and so is her commitment to supporting Nigerian Radiologists. It is my firm belief, that Nigerian Radiologists will be more productive under the appropriate conditions. Such are the travails of the Nigerian Radiologists. I describe my colleagues in the department as STOICAL.

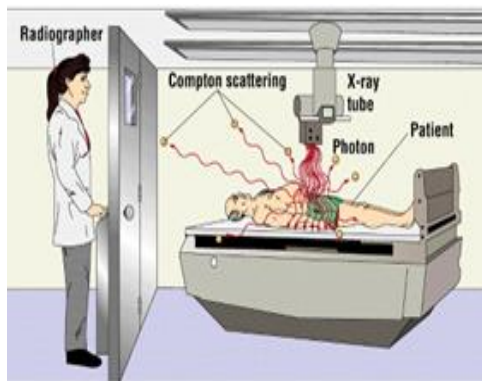
PROVISION OF SAFETY AGAINST RADIATION HAZARDS:

The use of ionizing radiation for diagnostic purposes is relatively safe. For further safety of radiation workers, their patients and the general public, there are protective measures. The for-purpose design built Radiodiagnostic Departments, have their service areas in the centre of the Department Fig 4a while the administrative areas (Staff offices, Frontdesk/Reception, patient waiting areas, and Cashier's office) are in the periphery. A specified distance exists between the centre and the periphery, purposely to ensure the adherence to the Air-Gap principle of radiation protection.

Protective measures are also incorporated in the materials used in building Radiology Departments, such as Barium in the concrete used for the walls, lead in the doors and glass windows carved in the walls separating the Radiation worker from the patient who is in direct contact with the ionizing radiation field Fig 4b.



4a – central service areas



4b Radiation worker



4c Bright light is standing behind lead warning to stay away shield and looking through

Figures 4a-4c: showing measures incorporated into the building and equipment to enhance Radiation protection of Radiation workers and Public

Further protective measures

- A. Limitation of Access Figure 4c: No matter what source of radiation (x-rays, sealed sources or materials), safety is

enhanced by ensuring that only those who need to be in the area have access, Safety Lights, mounted over Xray Rooms automatically come on when the Xray machine is activated for patient use or maintenance works signifying NO ENTRY

- B. In general, alpha, beta, gamma and x-ray radiation can be minimized by:
- Keeping the time of exposure to a minimum,
 - Maintaining distance from the source,
 - When appropriate, place a shield between the radiation worker and the source Fig 4b,
 - Protecting self against radioactive contamination by using proper protective materials – Lead Goggles, Thyroid shields, Gonad shields; Lead gloves, wearing lead jackets

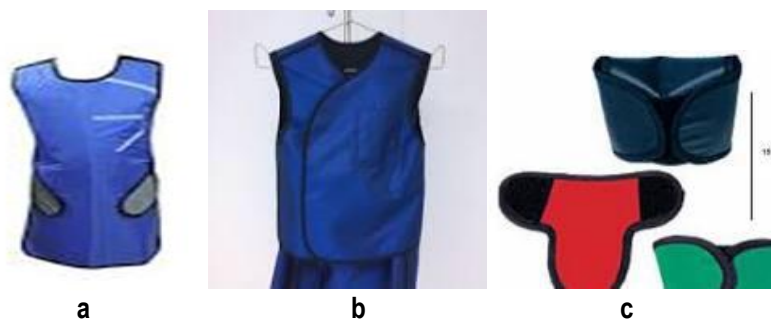


Fig 5 Lead jackets (front and back) and lead shields

- C. To the Radiation worker: additionally, a Radiation worker wears a Dosimeter Fig 6 – a very small gadget for measuring ionizing radiation exposure. This is worn for a period of three months by each radiation worker at the end of which it is submitted for reading in a Medical Physics Laboratory. As the Dosimeter is collected for reading, a replacement is given to the Radiation worker for continuous monitoring. The findings are kept by the Radiation worker, The Departmental Radiation Safety Officer and the Head of the Department. The expected value for every Radiation worker is monitored and must not exceed the expected value. If for any reason it exceeds this value, the

Radiation worker is moved to a non-ionizing radiation area like Ultrasonography, Magnetic Resonance Imaging. So effectively protective are the measures instituted in Radiology Departments, that in my 34 years of working in a Radiology Department there had never been a case of over exposure of radiation to-radiation workers.

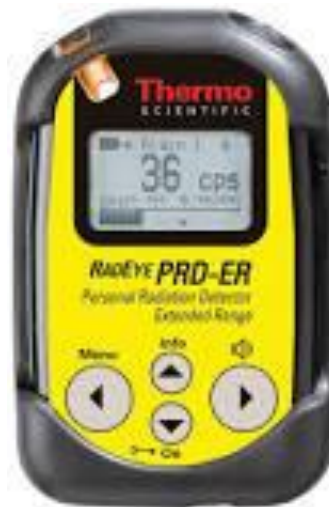


Fig 6 A Dosimeter

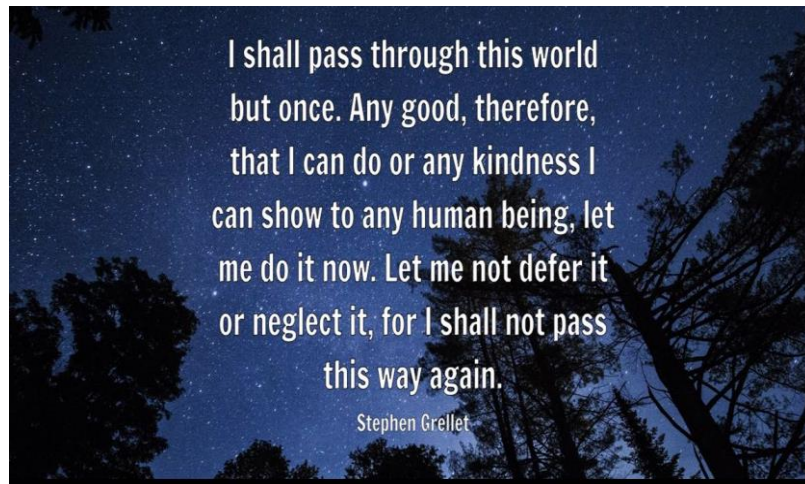
THE MAKING OF THIS DIAGNOSTIC RADIOLOGIST

Three sayings and two distinct Influences resonate clearly in my mind as I narrate my career journey in Radiology.

The first saying: The **BEAUTY PLUS BRAINS** caption of a 1972 Newspaper (Daily Times), being the headline of a documentary on Dr. Tokunbo Awolowo as she returned to Nigeria after completion of her training as a Medical Doctor in the UK, remained very clear in my young mind, having made a strong impression on me. It was about the same time, after the Biafran War that females who thought they were beautiful lined themselves up by the roadside to be picked up by men, for purposes of making easy money.

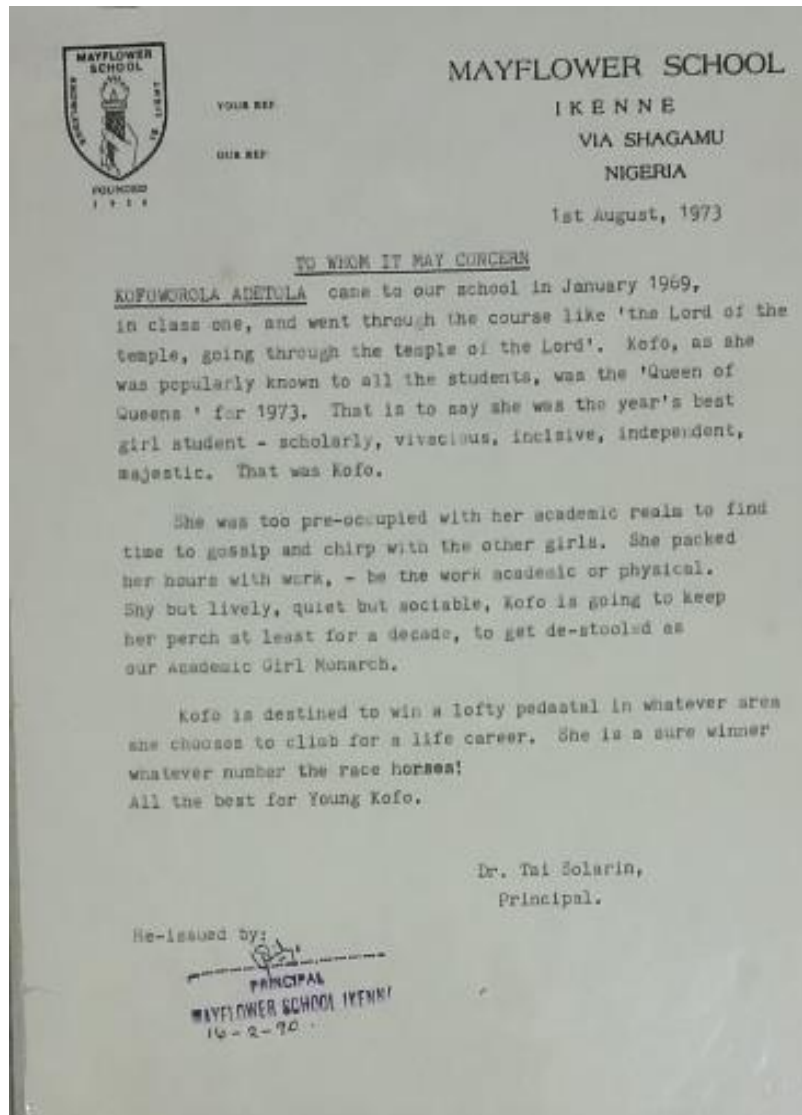
The fact that one particular lady, a Doctor by profession, “Kept her head” enough to make her family and nation proud further impressed me. A few years ago, she further impressed me with her appointment as Board Chairman of LUTH. The success stories and her beauty and her general candor continue to impact my life.

The second were the words of Stephen Grellet – I shall pass through this world but once:



Very impactful. My Mantra

The third are the words on my Secondary School Testimonial. They remain a Charge to me till date.



The first of the two influences: When I started raising a family, I made the decision to pursue a job that would allow me to be with my young

family most of the working hours of the day. I chose to be a Housewife. However, as my children started going to school, I found myself restless with "Housewifery"; so I looked for a job that would span the period when the children were away from home. Dr. Osuntuyi of Osuntuyi Medical Centre, Obanikoro, Lagos, my childhood family Doctor, was the only one who granted such a request with a duty schedule of 4 hours a day, from 9 am to 1 pm, and 4 days a week. It was during my service there that I observed the Hospital Management sending the radiographs of the hospital patients to a consultant radiologist in Surulere, a distance of about 20 kilometres from Obanikoro, for reporting the findings of the Radiographs.

I started the process of daily positioning of the radiographs acquired in the hospital against daylight, looking for abnormalities I could report on before the Radiographs were taken to Surulere for reporting. I compared my findings with the Radiologist's upon return of the radiographs and I observed my growing proficiency in radiograph reporting. I then approached Dr. Osuntuyi the Medical Director, to permit me to report the hospital's radiographs and stop the daily journey to Surulere. He gently informed me that I would need certification to be able to carry out that role. I promptly responded that I could make enquiries from LUTH. On arrival at LUTH, the first thing I learnt was that there was no crash programme, rather, a well-organized 6year Residency Training Programme in Radiology existed. I applied for a placement in LUTH under the Departmental headship of Dr. Olumide Okikiolu. The lectures and mentorship he poured into me resonate within me till today.

The second influence on my journey to subspecialization: While travelling to the UK by sea in 1988 on a Ship manned by my late Marine Engineer husband, I had cramps and low back pain which terrified me that my pregnancy was threatening to abort. The instruction went forth to berth the ship in Holland. On alighting from the ship, an ambulance was waiting to whisk me to an emergency room. There, a doctor met me and walked me down a long corridor of the hospital, talking with me about everything but my current clinical complaints. He spoke about

finding out that I was a Nigerian, travelling by sea, that he had never travelled by sea, he would love to know what the experience was like etc. By the time we got to his Consulting Room, I had almost forgotten my reason for being in that environment – clean, non-smelly, noise-free, orderly corridors. His office was also, impeccable. He supported me to lie on a couch, examined me, placed some gadgets on my abdomen after applying some fluidlike substance on my abdomen. He then turned his gaze to a “television” screen. After a short while, he assured me that my baby was fine, and that my pain was from a degenerating fibroid which he tried to show me; all I saw were black and white dots. I asked him what the equipment was, he simply responded that it was the monitor of an ultrasound machine. I had never seen one before and this left me pondering on the versatility of medicine. It is little wonder then when I ended up as a Radiologist, that time and chance selected my subspecialty in Radiology for me – Ultrasonography.

My sub specialization journey

A second Ultrasound machine was brought into the Department of Radiodiagnosis, LUTH in 1992. It reminded me of the machine I was examined with in Holland in 1988 and took a great fancy to the machine, deciding to understand how that Doctor. in Holland was able to use such a machine to discern what was going on inside me, reassured me, lo and behold, true to his statement, I delivered my baby, normal, as he “predicted”. I started studying Ultrasonography with special interest. My Dissertation, a prerequisite for the Award of Fellowship of the Medical College in Radiology was titled: **The Role of Intravenous Urography and Renal Ultrasonography in the Management of Obstructive Uropathy in Lagos University Teaching Hospital.** It was one of the earliest Dissertations with a Topic on Ultrasonography in Nigeria and it won the Award of Best Dissertation in 1996

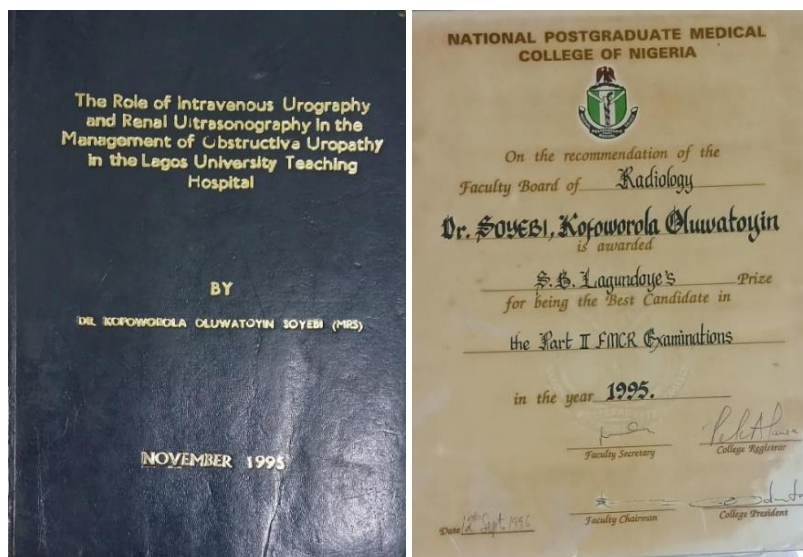


Fig 7: My Dissertation and The Award thereof

The findings that Ultrasonography was as reliable in diagnosing causes of Obstructive Uropathy as the well tested Intravenous Urography was very exciting to me. This, coupled with the fact that it does not have the deleterious side effects of Intravenous Urography, further caught my attention.

THE TRIUMPHS

Armed with my FMCR and FWACS, I applied for a University Appointment under the Deanship of Prof. Yetunde Olumide. My application was successful and I resumed duties in the College of Medicine of the University of Lagos on 27th February 1997 and LUTH appointed me, almost immediately as Honorary Consultant. I joyfully left the private Centre where I was helping out and receiving N30,000.00 a month for CMUL's monthly salary of N2,196.53. For me, the interest was career prospect and the opportunity to carry out my "MISSION TO THE WORLD WHICH IS TO BEAR THE TORCH ALOFT" Ultrasonography was my choice for sub-specialization and LUTH experienced its versatility in my practice. It was used for imaging pathologies of every part of the body except bones and air-containing

structures like the lungs. I was so proud of the work I was doing, that I took pictures of them to share with Colleagues at meetings in different parts of the world. At a particular Meeting in Wills Eye Hospital, Philadelphia, they saw my pictures of eye scans that I proudly displayed. They burst into laughter at the “comical” images. Noting my displeasure at their reactions, they apologized and showed some of the pictures of the eye Ultrasound images from their own system. Theirs were larger and clearer. They explained that it was because they used a higher frequency Transducer, the part of the Ultrasound Equipment used in probing the area of interest. On my return to Nigeria, I shared the experience with my Chief Medical Director (Prof. Tolu Odukoya) and he acquired the appropriate Transducer for the Department and the Ophthalmologists were happier for the images acquired for them thereafter.

Three years after I assumed duties in the College of Medicine and LUTH, providence smiled at me as though to confirm I made the right choice.

Prof. SB Lagundoye (of blessed memory) played a very significant role in my carved niche in Ultrasonography. Though our relationship started on a sour note, the account of which I will give in another section of this write-up, for its significance, my relationship with him into a caring Mentorship.

His wife (Mummy) welcomed Baba’s Mentees wholeheartedly with open arms and doors, with all the goodies (hot amala with drawing Ewedu and large pieces of meat which were more reasons for frequenting her welcoming home whenever we went to Ibadan for our WACS examinations or Update Courses.

It was this mentorship and desire to bring out the best in his mentee that led Prof. to bring back an Application Form for the “Teach-the-Teachers” Initiative for Ultrasound Training in sub-Saharan Africa, from the Scientific Conference of Radiological Society of North America (Radiologists’ Mecca) in Chicago, where he had been.

I clearly remember how he breathed down my neck until I completed and submitted the application form. 12 sub-Saharan Africans were selected; I was one of the two Nigerians selected to participate in the Training programme, Prof. Abdulrahman Tahir, the immediate past Chief Medical Director of the University of Maiduguri Teaching Hospital being the second Nigerian. We arrived in Thomas Jefferson University Hospital, Philadelphia in June 2001 for a 15week training on every aspect of Ultrasonography, returned to Africa to cascade the information gathered to others.

Altogether, eight of the twelve selected Radiologists successfully completed the Programme- two from Nigeria (Prof. Tahir and I), two from Uganda, and one each from Ghana, Sierra Leone, South Africa and Kenya. who were successful; in the Programme, returned to Philadelphia at the end of two years, armed with the Power Point Presentation of "My Experience of the RSNA Grant" . Mine was the one selected among the 8 to be presented to the 39-man Board of Trustees of the Radiological Society of North America (RSNA), the sponsors of the training program. The Board Room where the presentation took place was the most magnificent I have ever seen. The reception was heartwarming, with a resounding ovation following the Presentation. Every member of the Board, including very important personalities, tried to catch our attention, reminding us of earlier contacts and meetings with us Africans.

It was not just academicx but travelled a lot, visited places like the White House and met dignitaries.



Fig 8a



Fig. 8b

Fig 8a & 8b Meetings with Timbers and Calibers

Being the group Representative and Valedictorian, I requested JUREI's approval to site similar training centres as JUREI, back home in Africa for training purposes. The request was granted which in Lagos, resulted in Centre for Ultrasound Research and Education (C.U.R.E) in Medilag Consult, College of Medicine, University of Lagos since 2003, designated JUREI's 56th Affiliate Centre joining the other several similar Affiliate Centres spread all over the world. The other seven did similarly in their locations.

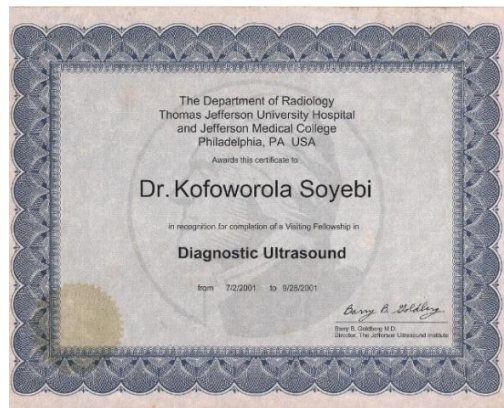


Fig. 9a



9b

Fig. 9. My Certificate (9a) Prof Barry B, Goldberg and his Team with 6 of the 6 Trainees who completed the program

CURE was recognized in 2012 by the World Federation for Ultrasound in Medicine and Biology (WFUMB) as a Centre of Excellence in Ultrasound Training (2012 – 2020). CURE's style of sculpturing works, using either paper or clay as some of our materials, to teach Anatomy, caught the attention of WFUMB resulting in my invitation to participate in Conferences in Japan, China etc.



10a



10b



10c

Figure 10, Some of the art work of the students made during their study of Anatomy of the Pelvis. 11c shows the Presentation made for Prof, Goldberg at a ceremony during his Retirement

CURE trained over 400 Sonographers until MDCN proposed a redesigning of CURE's activities for greater impact of Ultrasound training and use, all over Nigeria.

In recognition of the work I was doing in West Africa and particularly in Nigeria, RSNA awarded me, in 2006 (RSNA's 86th year of existence), the prestigious Honorary membership. 10,000 capacity ARIE CROWN Theatre where such activities take place, saw its largest attendance in the Hall on that beautiful day on Tuesday 28th November 2006. Many came to see who this Black Honoree was and a woman at that!

ANNOUNCEMENTS

Distinguished Honorees and Lecturers

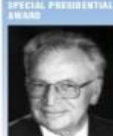
The RSNA Board of Directors has announced this year's list of distinguished honorees and lecturers to whom the Society will pay tribute at the 92nd Scientific Assembly and Annual Meeting. They are:

RSNA 2006
Strengthening
Professionalism

GOLD MEDALISTS

 George R. Leopold, M.D. La Jolla, Calif.	 Anne G. Osborn, M.D. Salt Lake City	 Jerry P. Fetisnick, M.D. Chicago	 In memory of Milton Elkin, M.D.
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HONORARY MEMBERS

 Andy Adam, F.R.C.R., F.R.C.P. London	 Hiroshi Katayama, M.D. Tokyo	 Kofowale Olusoteyin Seyebi, M.B.Ch.B. Lagos, Nigeria	 Josef A. Kissner, M.D. Munich, Germany
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**EUGENE P. PENDERGRASS
NEW HORIZONS LECTURE**
*Image-Guided Cancer
Treatment: The Science
and Vision of an
Emerging Field*

**ANNUAL ORATION IN
DIAGNOSTIC RADIOLOGY**
*Cardiac Imaging—
A Second Chance*

**ANNUAL ORATION IN
RADIATION ONCOLOGY**
*Looking Beyond
Anatomic-Based Treat-
ment in Radiation
Oncology*

 J. William Charboneau, M.D. Rochester, Minn.	 Kerry M. Link, M.D. Winston-Salem, N.C.	 Theodore S. Lawrence, M.D. Ann Arbor, Mich.
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Prof. Robert R. Hattery **RSNA President 2005-2007**

■ Detailed information about each of these honorees and presenters will be available in future editions of RSNA News.

Fig 11. Photo of Prof. Robert R. Hattery (RSNA President 2006) and a page from RSNA News showing Honorees, my humble self on the second row

The National Medical Association of USA held a reception for me and the gifts that came with it were remarkable. I am sure Adetoun Akin-Balogun will by now agree that the sacrifice of choosing a Career over money, way back in 1997, was worth it - career versus money.

Prof. Bose Afolabi of Obstetrics and Gynaecology, a FAIMER (Foundation for Advanced International Medical Education and Research) fellow, on completion of her training in 2005 in Philadelphia was asked to nominate a candidate to hand “the baton over to” Prof. Afolabi, nominated me. I continually thank her for this great opportunity for exposure to Medical Education and Research. My nomination was successful and I was enrolled in the 2006-2008 programme. Today, I am a FAIMER fellow.

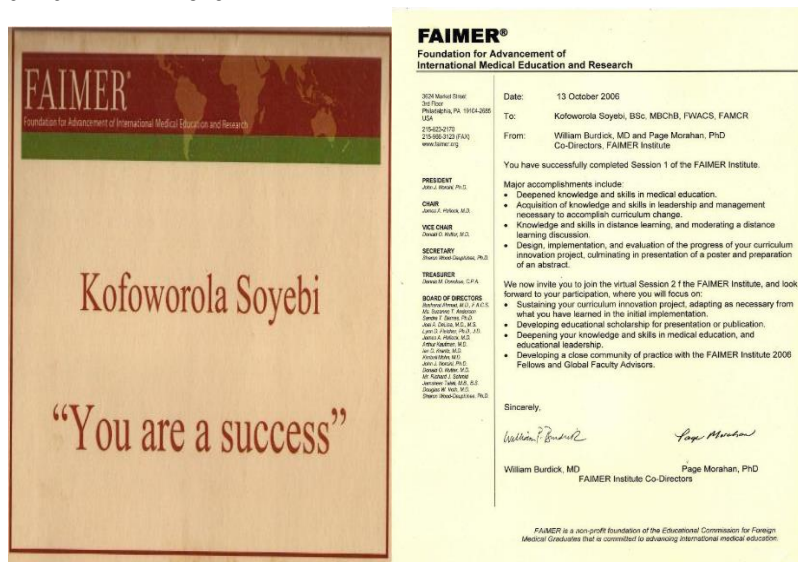


Fig. 12 My FAIMER Certificate and Recognition Document

At the completion of my training, my nominee was the immediate past Director of CMUL MEDU (Medical Education Unit) Prof. Amam Mbakwem. So equipped with Ultrasonography and Medical Education from Philadelphia, the sky wasn't even a limit for me. The FAIMER fellows of CMUL were appointed into CMUL Medical Education Unit (MEDU), to review the Curriculum and advise the

Provost on educational matters. It was an opportunity that afforded me time and space to review the Radiology undergraduate training programme. This resulted in the expansion of the 2 week posting at 400L of the undergraduate Medical and Dental Curriculum. Radiology training now runs through the entire 5 year Medical and Dental Undergraduate training programme as shown below:

- at 200L, during the sessions of systematic teachings on normal Anatomy, Radiology gives 2-4 of hours images-laden lectures on Normal Radiologic Anatomy, concurrently.
- at 300L, during teachings on pathologies, Radiology gives 2-4 hour lectures, systems based concurrently. Remember, Radiology is a game of "SPOT THE DIFFERENCE", so it is pertinent to know normal anatomy in the healthy state, in terms of POSITION, SIZE, SHAPE, OUTLINE and TEXTURE of any structure in the body.
- at 400L, they are now taught the role of the Radiologist in the patient care setting, Professionalism, Ethics and practice of the subspecialty as they will be the EYE of Medicine and Consultants of all other Consultants. They are taught the various concepts of Radiology.
- at 500L, a 2 hour lecture on Paediatric Radiology and 2 hours on Obstetrics and Gynaecology Radiology are delivered to the students while in those Postings.
- at 600L, Radiology posting is a two-week period in which they are taught Radiology as relevant to Internal Medicine and Surgery.

The new curriculum is called the SPICCES (student-centred, problem-based, integrated, community-oriented, competency-based, elective and systematic) curriculum, with the current 600L students, being the Test-runners.

It was a pleasant surprise that 3, 12 and 7 current 400L medical students selected Radiation Biology, Radiotherapy and Radiodiagnosis, respectively as their ELECTIVE posting this year.



Fig, 13 The seven Undergraduates who opted for Radiodiagnosis for their Elective Posting, myself and their Coordinating Radiologist (a Registrar in the Department- Dr. Okonkwo)

Being so well grounded in Radiology, I am confident that as House Officers and Youth Corpers, they will be able to hold their own. On the professional postgraduate platform, I have contributed to the training of 46 Fellows and supervised the Dissertations of 21 of them, 4 of whose Dissertations won Awards for being the best.

Tough as the activities were, the sacrifices of Trainers like Prof. SB Lagundoye, Prof. Funsho Komolafe, Prof. Remi Ogunseyinde, Prof. Mgbor and Prof. Donald Nzeh, made it all worthwhile contributing towards fulfilling my “mission to the world --- **Bearing the Torch aloft**”. The results though slow in coming, are definite and certain, one day, we shall boast of Salt Lake City, Utah’s number of Diagnostic Radiologists even here in Nigeria.

MY CONTRIBUTIONS TO KNOWLEDGE AND SERVICE

Contributions to my Country: At every turn in my life, I reflect on the contributions, my training at JUREI, FAIMER (Academia and Research), Mayflower, Unife (OAU), LUTH and Unilag made. Three of such contributions are described below:

1. The sudden death of a very low birth weight, preterm infant who was born after the mother’s very poor Obstetric history, spurred me on to

research what leads to sudden blanching of the child and eventual death, a common occurrence in Preterm Neonatal Wards. I decided to look into it for the purpose of determining appropriate interventions. A group of collaborators – Profs. Danesi, Egri-Okwaji, Iroha(late), Lesi, Ezeaka, Fajolu, Adeyomoye and Adefalujo (Neurologists, Paediatricians, Neonatologists, Radiologists)) lead by me, prepared a Proposal titled Evaluation of Neurosonography in the Management of Preterm and Term Neonates with Structural Brain Damage in LUTH. The Proposal attracted the largest Grant ever released by the Central Research Committee (CRC) of Unilag. – N1.740.000.00 +\$250.00 as of 2008 purposely to acquire a handheld ultrasound machine, imaging the brain of the neonates for purposes of detecting the cause of death in such preterm neonates- Our findings; too frequent handling of these low birth weight and extreme preterm neonates, could provoke intraventricular bleeding which could be massive, paling them.

With our handheld USS machine, we were able to scan early, while within their cots, with as little movement as possible. This was recommended, trainings on Transfontanelle USS in several Teaching Hospitals (LUTH, OAUTH, Ilesha and along the West African coasts-Togo, Dahomey and Gambia; update courses held in Lagos contributed toward successful amelioration of Intraventricular Bleedings in these neonates. Though a routine study done for preterm and low birth weight infants, the findings of intraventricular bleeds are becoming rare



Fig. 14 The hand-held Ultrasound machine funded by Unilag CRC Grant

(2). USAID-GE-FMoH and NPHCDA Ultrasound Project.

C.U.R.E, CMUL (JUREI's 56th Affiliate Centre) and my role as Director WFUMB's COE led to the invitation by General Electric to lead the Trainers in Basic Ultrasound use.



Fig 15. The Trainers, GE Team, FMoH and NPHCDA representatives at the very first Meeting

Participation as Lead Trainer in Healthy imagination Mother and Child Initiative aimed at tackling maternal and infant mortality- one of Africa's biggest Healthcare challenges, to support the then, ongoing efforts of the Nigerian Federal Ministry of "Health's Saving One Million Lives programme" in line with GE's global commitment to increase access to affordable and quality healthcare, a collaboration that aimed to put portable GE Ultrasound technology (Vscan) in the hands of healthcare providers in Nigeria.



Fig 16 The VScan – Hand held USS machine a Trainer and a Midwife scanning a pregnant woman using rhe VScan

This activity was expected to take me to one or two States per geopolitical zone of the country on the USAID-GE-FMoH Ultrasound Project. The purpose was to reduce preventable deaths by improving access to Ultrasound scanning in pregnancy in rural areas. I coordinated the training of Trainers for WFUMB. These trained Trainers then trained Midwives in the skills of very Basic Obstetric Ultrasonography: to scan pregnant women and identify the following six points answering the questions thereby-

- Is there pregnancy? If yes, how many fetuses?
- Cardiac activity (present or absent)
- Fetal positioning (cephalic or breech or any other)
- Amniotic fluid volume (adequate or not adequate)
- Placental location and distance of its tip from the Internal Cervical Os
- Status of the Internal Cervical Os (closed which is OK or opening when it indicates looming expulsion of womb content).

They were taught what normal findings were and cases of any abnormal findings were to be escalated to secondary level Healthcare providers (General Hospitals) where such arrangements and relationships had been established by my training Team.

Pre- and Post-tests were conducted at each instance; the findings were encouraging signifying either the dexterity of the trainers or brilliance of the Trainees.

We were able to carry these activities out in five States (Kano, Ebonyi, Ondo, Uyo and FCT) before challenges of fund unavailability forced us to stop. I must appreciate Prof. Isyaku Kabiru and Dr. Yewande Ijose who sometimes represented me at these meetings. They deserve to be mentioned.

(3). Capacity building and expansion of screening facilities for stroke prevention in children with Sickle Cell Disease

Understanding that Nigeria is home to the largest number of children with Sickle Cell Disease, Prof. Femi Akinyanju a Haematologist in Lagos, in his desire to support the alleviation of the plights of children with Sickle Cell Disease in Nigeria, had obtained support to build an all-encompassing National Sickle Cell Centre (NSCC). This Centre is located across the road from Lagos University Teaching Hospital. The Centre was equipped with practically every facility any child with Sickle Cell Disease might ever need for curative and prevention of complications.

One of such equipment in NSCC is Transcranial Doppler. The Equipment remained unused till Prof. Akinyanju found out it was one of the skills I acquired at JUREI. I was invited to help out at NSCC. The thought that I would be able to help out on one hand and have the opportunity to practice the skill I had acquired caught my attention. As a full-time Honorary Consultant in LUTH however, I could only go on my scanning days (Tuesdays) with a few of the Residents in my Team in a rotatory fashion, so they could also learn the skill.

In 11 months, under these conditions, we were able to attend to only 93 clients. I then suggested to NSCC Management to advertise and select ten University graduates with a science background, to be trained on the use of TCD in a 5-day Capacity Building workshop after which, the three best candidates could be employed to provide 5 days a week TCD screening services in NSCC. Data from TCD examination collected between March 2011 and September 2013(30 months) were analyzed and reported as having screened 2,331 children with SCA aged 2–16 years, with the conclusion that effective Capacity Building of middle level manpower is feasible and can provide a credible TCD screening service to communities with a high demand and a shortage of trained professionals.

With the knowledge of the availability of this advantageous screening facility in Lagos, clients were brought from all over Nigeria and neighboring countries, to use NSCC for TCD screening. The risks and hazards posed by travelling in Nigeria, made us a source for Grants to increase SCD screening centres, with at least one in each of the six geopolitical zones of Nigeria.



Fig. 17 Transcranial Doppler Capacity Building activities which took place in NSCC, Lagos in 2017/2018

We obtained an RSNA Grant of 102,000 USD to acquire TCD equipment for six Teaching Hospitals spread across the six Geopolitical zones of Nigeria. The Grant also enabled Capacity Building of 42 Trainers and Users from these 6 Geopolitical zones, a highly impactful initiative.

Having achieved this, my team is currently sourcing for Grants to enable development of home grown interventional measures to help these children since the currently available ones developed abroad are rather expensive; bone marrow transplantation, another ameliorative option has a prohibitive cost and repeated blood transfusions have unwelcoming effects.

COUNSELS TO UPCOMING RADIOBIOLOGISTS.

Two stories that I will share verbatim to prove the points below

Choose carrier over money: Decision to leave a N30,000.00 a month job at 7 Ojuelegba Road, Surulere Lagos, where I had helped a physician set up his Ultrasound Center, ran it for seven months and left the Centre for the N2,143.08 per month salary job of my heart desire in the Dept of Radiodiagnosis CMUL. It was like yesterday when Toun Akin-Balogun, my dear friend rushed down to me at 7 Ojuelegba Road from her office on the Island when I called and informed her that I had received my Letter of Appointment to work in CMUL. On arrival she excitedly picked up my Letter of Appointment to read through. I noticed the excitement gradually faded from her face as she turned to me and pointed at the salary. I explained that it was really not the salary that mattered but the desire for fulfillment of purpose and the College of Medicine, University of Lagos had the prospects. Toun responded, though not quite sure she understood my choice with the words: "you seem happy with the appointment, I am happy for you" with this she picked her bag up, celebration lunch that she came to take me to, forgotten and she left.

Mrs. Adetoun Akin-Balogun is here today. Listening to this lecture today, I am sure it is now clearer to her, that my choice of N2,143.08 /month over N30,000.00 per month was superior indeed.

Be Resilient

Prof SB Lagundoye (of blessed memory) played a very significant role to my carved niche in Ultrasonography of today. Though it started on a sour note, my relationship with him, his wife (Mummy) and all the goodies (hot amala with drawing Ewedu and large pieces of meat were reasons for frequenting her welcoming home whenever we went to Ibadan for our WACS examination.

The story goes thus: Prof SB Lagundoye was angry with me in 1995 while I was in UCH, Ibadan preparing for my Part II West African College of Surgeons' Fellowship Examination. He had told me and the UCH Residents that he would give us a tutorial that fateful afternoon at 3pm which he later changed to 12 noon. Unfortunately, there were no means of easy communication as we have today (cell phones), so my UCH Colleagues couldn't reach me to inform me in the UCH Library where I customarily studied. At 2:30pm, I left the Library for Prof Lagundoye's office in the Radiology Dept, UCH. Since it was not 3pm, I waited by the Angiography Suite which was next to his office. Though I heard voices in his Office, I assumed, he had guests. My respect for him prevented me from knocking on his door, but rather chose to wait for him to finish with his "guests" since 3pm was our scheduled meeting time with him. There was a slab on the Corridor that terminated at Prof's Office door, Prof's Office, making the horizontal part of a "T" with the corridor. On this corridor was a high slab on which was a Departmental phone, the number of which I had given to my husband to reach me on if he needed to.

At 2:50pm on this fateful day, the phone started ringing. One of the staff would usually pick it up but on this day, none of them was around. I struggled with myself about not picking it up for fear of giving the impression that phone use was more important to me than my Radiology tutorial, if the other Residents came for our 3pm appointment with Baba (Prof SB Lagundoye) and Baba opened his Office door to let them in, and saw me with the phone. While this struggle went on, the phone kept ringing. I decided to pick it up to end the ringing. It turned out to be my husband. As I was saying in hushed rushed tone, that I

would call him back, Baba's door opened and out filed the UCH residents who had known about the changed meeting time from 3pm to 12 noon. It was Baba who opened the door for them. You can imagine how small I felt. Baba's look spoke volumes: *left home and family on the pretext of coming to UCH to study only to be wasting her time on telephones.*

I tried to explain, but the deed was done. I offered to help him carry the heavy books he was carrying, he refused. I pleaded with him all the way to his car, but he refused to give the books to me. He got into his car. As he drove off, he shot a parting instruction at me – 'Be in my office tomorrow morning at 7:30am'. I was there at 6:45am on that corridor close to his office on that Friday morning in October 1995.

I waited till a staff wondered what I had been doing at Baba's door, since early morning and then it was 11:13am. He then dropped the bombshell. "Didn't I know that Baba was not coming that day as he had travelled to Owo", the Staff asked me, tears streaming down my face.

He added that Baba will be in the office on Monday. On Monday morning, I was back at his door at 6:45am. He arrived at 7:28am and ignored me. I waited still. When he reappeared at 9:20 am, he invited me into his office and taught me about Barium Enema, and other topics in Radiology. We continued till 12:08pm, he didn't ask if I was tired or hungry but he kept drinking tea, water but who was I. It was this mentorship and desire to bring the best out of his mentee that made Prof. bring back from Chicago where he had been for the Scientific Conference of Radiological Society of North America (Radiologists' Mecca) an Application form for the Teach-the-Teachers programme. I clearly remember how he breathed down my neck till I completed and submitted the completed Application Form. Luckily for me, I was selected as one of the two Nigerians to participate in the Training program -Prof. Abdulrahman Tahir, the immediate past Chief Medical Director of University of Maiduguri Teaching Hospital, the other. **Therefore, I sincerely counsel you to choose right and be resilient.**

SERVICES RENDERED TO THE UNIVERSITY

These started as early as 2000 when I was appointed Junior Clinical Sciences. Training Coordinator, a role I played for 8 years, producing a Handbook that addressed, Dress codes, acceptable behaviours that contributed to attitudes that enhanced CMUL undergraduates, maximising their potentials.

About the same time, I was appointed the Faculty Representative in the College of Medicine Academic Board, an assignment I carried out for six years. It afforded me the opportunity of learn and understand the machinery of the organisational structure and function of the College, the University and the Teaching Hospital.

I continue to act on several Committees, Students Affairs, Female Hostel Management, Investigation Panels etc.

More recent roles in the College and University are:

- (1) Senate Representative on the College of Medicine Court of Governors 2023 to date.
- (2) Chairman University Examination Board 2023 to date.
- (3) Reappointed Faculty of Clinical Sciences, representative on University Quality Assurance and Servicom Unit 2020 to date.
- (4) Chairman, University Quality Assurance Unit's Subcommittee on Dress Code 2023
- (5) Chairman Fact Finding committee on a case 2023
- (6) Head of Department 2006- 2008, 2022 to date

Services rendered to LUTH

2 times Head of Department 2009 -2016 and 2021 to date

Some of my Contributions outside the University and the Teaching Hospital

- Examiner to NPMCN and WACS since 2009 to date
- Proposal and Dissertation Reviewer for NPMCN and WACS since 2009 to date

- Chairman and sometimes member of Accreditation Teams to NPMCN and WACS Training Facilities in Nigeria and along West African Coast 2011 to date
- In the Church, several times Women Leader 1998 -2004, 2006 – 2008, 2019 – 2022
- Member Chapel Committee 2022 to date
- Chairman, Board of RCCG Life Centre (Hospital) 2006 – 2011
- I am an active member of several National and International Societies

*** Local**

- Association of Radiologists of West Africa
- Nigeria Society of Interventional Radiologist
- Association of Radiologists of Nigeria (ARIN) etc.

• International

- International Cancer Imaging Society 2000 to date
- Radiological Society of North America 2005 to date.
- International Society of Strategic Studies in Radiology – (by invitation only) 2011 to date
- Neuroradiologist Society of North America 2008 - date
- MASU – Mediterranean and African Society of Ultrasound 2012 to date

And several others

My relationship with these Societies has contributed in significant ways to the growth of Radiology in Nigeria. To them all, we are immensely grateful.

Contributions to my Alma Mata

- IFUHSc 77 (1977 Set of Ife University Health Sciences) in 2019 renovated the entire Cadaver Laboratory in Obafemi Awolowo University. I was the Treasurer for the Project
- Annual preceptorship which the Medical and Dental students look forward to.

- Vibrant health infusing interactions between members, for which I thank every member of the IFUHSc; 77, particularly the President Dr. Onyeabo and the Life-wire, Dr. Modupe Olorunnimbe
- ExMays 14th Generation we are currently building to equip a Library for the School. The youthfulness of this group is very invigorating, I thank God I came to Mayflower School when I did

RECOMMENDATIONS

There is a herculean task before the Ministry of Health to adequately equip our Teaching Hospitals and make Residency Training significantly attractive for the sake of its mammoth population.

Adequate staffing and appropriate remuneration will mitigate JAPA-ISM and burn-out for the rest of Radiologists in the country.

The Government should consider reviving the “One Year Abroad” programme for Resident Doctors. The impact of interacting with more established systems, collaborating with them and generally learning from each other was beneficial. This should be revived.

Adoption of current training programme of undergraduate Medical and Dental students in College of Medicine;- increasing training hours for Radiology Posting from 2 weeks to a cumulative 5 weeks training period and exposure to Radiology in every year of their training.

ACKNOWLEDGEMENTS

At the beginning of this Lecture, I heartily acknowledged God Almighty who made possible, this day and the events that culminated in this lecture delivery. I give Him all praise, all honour and all adoration.

I thank God for the following GIANTS

- **Prof. Yetunde Olumide** Dean – Woman of many firsts, / my cherished Aunt and by posterity, Dean when I was appointed Lecturer 1 in 1997
- **Prof. Akin Adesola** - Who saw in me what I am still trying to see. He went to be with the Lord too soon for me to find out. May his kind, gentle and brilliant soul continue to rest in perfect peace. Amen
- **Prof. Olalekan Abudu** - For creating space for the actualisation of a dream. All who benefitted from CURE and JUREI will forever thank you.
- **Prof. Stephen Elesha** - A father indeed. Very observant and took the bull by the horns, settling me for focus.
- **Prof. S. B. Lagundoye** - whose reprimand and mentorship made me focused and introduced me to the world of ultrasonography and Medical Education
- **Prof. Barry B. Goldberg** whose team obtained the Grant that sponsored me and 11 other selected radiologists from sub-Saharan Africa to a Teach-the-Teachers initiative for ultrasound training in Sub-Saharan Africa (2001-2003). He magnanimously accredited the CMUL's Centre for Ultrasound Training, the 56th JUREI affiliate centre, the beginning of several open doors.
- **Prof. Robert R. Hattery** in whose tenure I received the Honorary membership of RSNA. Mrs. Hattery deserves mentioning for the beauty she lavished on me
- **Anne Osborne, Hedi Hricak**: contributed to experiences that made me receive many recognitions; enabling my membership into by-invitation-only societies like IS3R and Conferences that further opened Academic and professional doors
- **Dr Tokunbo Awolowo – Dosunmu** whose Daily Times caption in 1972, "BEAUTY PLUS BRAINS had a great impact on me, that excelling matters.

- **Mrs. Fola Olumide** (CFAO), whose fondness of her uncle, my father, at every milestone of mine, repeatedly said: “How I wish my uncle were alive to see this.” Her elegance, discipline and palpable contentment are virtues I have always imbibed from her.
- **Aunty Tonn Agbe-Davies’** conscientiousness and organised life are too challenging for me, but I am glad you are my cousin and friend.
- **Aunty ‘Mowo Sofowora and Mummy Fola Onalaja** instilled etiquettes and ethics into me Ranti Sofowora, Lawunmi, Jide, Bosun, Keji and Muyiwa Onalaja; you are successful fruits of the seeds your Mums sowed, into mine and several other successful lives.
- **Brother Bayo Adeola**, and my friend **Debo Adeola** his wife, thank you for believing in me and supporting my journeys in life those early days.
- **Toun Akin-Balogun**, who could not understand how I could leave a ₦30,000 job in 1997 for a N2,143.08 job, I hope this lecture will clarify that I made the right choice.
- **Tomiwa Oyebolu**, for always giving me a piece of your mind regardless of how painful, for the singular purpose of pushing me to score the goal. Ensuring I will never allow you to practice your “brutish” threats has contributed greatly to my standing here today.
- **Prof. Oluwatoyin Ogundipe**, Heavens has recorded the two words THANK YOU that I say to you and your wife, my Son’s mother. Prof. I continue to copy you
- **Prof. Folasade Ogunsola**. We picked the Residency Training Application forms together, sat for the Entrance Examination together and the music goes on
- **Tai Solarin** - for building doggedness, stamina, and stoicism in me. I dared not flaunt the confidence reposed in me
- **General Philip Atere**, my brother-in-the-Lord, who patiently led a novice like me, during NYSC in MRS, Abakaliki, to accept and love the things of God and still ensures till today that I never stray from God’s Presence

APPRECIATION

To all the Giants God brought my way and who allowed me to stand on their shoulders to see very far, I say thank you.

I am yet to understand the purpose of God connecting me with Daddy G.O Adeboye, God used him severally to ensure this day came to be I recollect that the first time I drove past the amazing city called Redemption Camp, I was on my way to Ibadan to hibernate for preparation towards my final Fellowship Examination. A Convention was being prepared for the Camp. The Theme was “Borne on Eagle’s Wings”. Strangely it caught my attention. You can therefore imagine the JOY in my heart when the Theme of this year’s Special Holy Ghost Service, coming up shortly after this Inaugural Lecture is “Borne on Eagle’s Wings”. All I can say Daddy is that you shall surely reap and enjoy the fruits of your labour, Amen. One particular incidence, stands out so clearly in my mind – when a particular day was left unmarked/unassigned, year after year till God gave you an assignment to use the day for. I thank God and I say God bless you Daddy richly and Bless Mummy too, Amen.

My several fathers and mothers of faith whose counsels, interactions and Prayers saw me through the turbulence of life

- Pastor and Pastor Mrs. Funso Odesola
- Pastor and Pastor Mrs. Tunde Bamigboye
- Pastor and Pastor Mrs. David Olanrewaju
- Pastor and Pastor Mrs. Taiwo Olatunbosun
- Mummy Chioma and doting Daddy
- Pastor IG
- Pastor Erica Ogunsanwo
- Pastor David Esosa
- The entire Chaplaincy of Chapel of Christ our Light, Unilag, for the sound words you pour into us moment by moment. Only God can say the appropriate Thank you to you all.

Pastor and Pastor Mrs. Tunde Bakare deserve mention for the unadulterated love they showered on me- components of solid standing

in God; for the impact the song that came to me on a TV programme, “My Lord knows the way through the wilderness” impacted my life and made me an ardent follower of Jesus Christ till today and for the rest of my life.

For the so many ways you both showed me love that made me stand, I say Thank you and ask that I hope I have not disappointed you.

To Engineer and Prof. Otinwa, my great friends in need – friends who invested their time, resources and credibility to help me. Associate Prof. Mbang Owolabi (my God-given Sister), Prof. Bola Aina (my sister in deed, Dr. Abiodun Oladimeji(my brother indeed) and Prof. Kemi Odukoya (ever so present) for coordinating activities successfully.

To my very able colleagues in Radiodiagnosis, Drs. Omotooke Adebayo, Omogbolahan Adenuga, Abimbola Fadeyi and Aletor Amakhain, for reading through, and painstakingly making invaluable contributions during Zoom meetings, for three nights, reading through, word for word, line by line, putting the whole write-up into the current more readable form and working with me till very early hours of the morning, I say only God can say the appropriate “**Thank you!**” to you, RBRR Team led by Associate Prof. Sowunmi, RADIODIAGNOSIS Team- too numerous to be named, I appreciate you.

Oye and Bola Odukale, The Ademola Sogunles, God will arise for you in your times of need, and make things happen for you. Amen.

To Baba Joel Fagbemi, a Centenarian in a few months, single-handedly raised his many children in an atmosphere of love, opulence, unity, respect for one another and several other great virtues. He adopted my family into his. The joy of hearing well done from him is a strong motivator. Thank you Sir.

My teachers – I will not be standing here today without you. You taught me so much, actively and passively. Afore mentioned Dr. Okikiolu, other Trainers in the Department were; Prof. Awosanya, Prof. Arogundade,

Dr. Ibe-Lambert and Drs. Ijeoma and Okufi, both of blessed memory, were very committed, making teaching and learning second nature to us Residents.

Prof. Funsho Komolafe of the University of Ilorin Teaching Hospital and Faculty Secretary, Faculty of Radiology NPMCN in my final year in Residency, supervised my work, graciously suggesting that instead of travelling to Ilorin with my work for his supervision, we could use DHL services for the to-and-fro journeys of my work. He was very strict with the way he expected the work to be done. Then I thought he was unduly stern and overly demanding for perfection. It is worth mentioning that his strict mentorship earned my work the best Dissertation in the Faculty of Radiology NPMCN in 1996 and the Prof. SB Lagundoye Prize award. Thank you so much.

My Undergraduate Medical and Dental students (present and past), teaching you and generally interacting with you have been such a pleasure. Given the opportunity, I will do it again and again and again! My Resident Doctors – I thought I was hated by you all, with my Baba Lagundoye learnt sternness (apparently his good natures as well), till you surprised me on August 1st 2020 when on my birthday in my home, with an Orchestra, food and crates of my favourite drink and this exceptionally beautifully worded Birthday Card. I have kept the Card since then, the words therein, too touching to be thrown away, words which continue to fire and re-fire me in life's journey.



I have felt rewarded since when my saying in the Department “He who must pontificate, must never let his hand be caught in the cookie cupboard” became a watchword adopted by each of you. You conformed and in spite of the challenges of overwork, you continue to excel in the services you render daily, and in your Academics. You made me realise that I have not borne this Torch aloft, in vain.

The only cloud that douses the sunshine in that Department is the sudden and very untimely departures from our midst of four bright minds Dr. Ajayi-Obe, Dr. Obende, Dr. Obikili and Dr. Oseni; brilliant minds, the devil thought it cut short at the prime of life, I dedicate this lecture to their memories as well.

To Mrs. Grace Kolawole who typed the entire Lecture, for her commitment to CURE and I since 2003, for her brilliance, trustworthiness, love and fear of God. I say a big thank you.

To Tola Onipede, your calm demeanor and carefulness ensured contacting everyone on our list

To my family:

- Sister Ronke Osibodu, the Olori Ebi who has magnanimously been holding forth in the family since our parents left us, leading a large crowd of siblings to cater for and have been catering for them graciously.
- Dr. Nike Odumosu, Dayo and Iyabo, Moni, Feyi, Roti, Niyi, Toyin, Adunni and Femi, Thank you all.
- Biola, a sister indeed. Gbenga, you have never been an in-law. You taught me FAITH and showed me God actually used a twig to bring out a sinking Axe-head. Thank you both for adorable Joshua, David and Faithful
- Baba Joel Fagbemi.

The Soyebis have been family indeed, the demise of your brother, my husband, has not changed anything rather it continues to strengthen the relationship between us. The burden has been easy to bear because of you all. Thank you all.

The three glorious children and adorable grandchild I see in his stead have made his ABSENCE very bearable. The joy you daily infuse into my life makes me pray that Eyin na a jeun omo o, Amin.

To this glorious audience, you left all you were doing and considered me worthy enough to share my special day with me, I say may God say a special THANK YOU to you all.

IRE NA A KAARI O! Amin

I conclude with the saying of Dr. Nnamdi Azikwe, My life has been a joy to me, no matter where I go, I have learnt to live in harmony with kindly friend or foe

TO GOD BE THE GLORY! GREAT THINGS HE HAS DONE

Madam Vice Chancellor, Distinguished Colleagues, Students, Precious Family, Friends, Ladies and Gentleman, this is my Inaugural Lecture. Thank you all for listening so patiently.

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