



**MEDICAL RECORDS**  
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Dear All,

Compliments of the season to you all. The last issue of MEDRACE for this year will contain the lecture I delivered at the 2014 Annual General Meeting and Scientific Conference of the Association of Resident Doctors of the Federal Medical Centre, Abeokuta which took place at the hospital on 9th December 2014.

The theme of the conference was CUTTING EDGE MEDICINE IN NIGERIA: POTENTIALS, PARTNERSHIP AND PRAGMATIC PERSPECTIVES. The chairman of the occasion was the highly respected Papa (Dr) O Ade-Onojobi, an obstetrician and gynaecologist.

During the interactive session that followed my lecture, one the resident doctors described me as the Fela Anikulapo-Kuti of medicine in Nigeria!! He was referring to the maverick younger brother of our late minister of health Prof O Ransome-Kuti, who was a music genius and a social critic par excellence.

Here is the lecture.

Yombo.

## **MEDICAL PROFESSION AT THE CROSSROADS IN NIGERIA – WHICH WAY TO GO?**

by

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### **INTRODUCTION**

My senior colleagues here present, Mr Chairman of this occasion, my close friend and classmate, Dr Tayo Apampa, medical colleagues and colleagues in the health team, ladies and gentlemen.

I have accepted the invitation to present this discourse for a few reasons:

1. As a guest lecturer, I am not likely to be heckled or abused as is the practice in most medical meetings in our nation today. That is why you will not find RESPONSIBLE senior physicians at the meetings of doctors in recent times. Examples abound of very senior teachers shouted down at meetings of the professional colleges.

2. It is an opportunity to put before you my thoughts about how to improve medical profession and practice in our country. I hope the Federal Medical Centre, Abeokuta branch of the National Association of Resident Doctors, NARD, will be capable of presenting my view points at the next national meeting of NARD.

In agreement with the organizers of this lecture, there will be no reading of my citation as it will amount to a repetition of major aspects of my discourse. Also, there will be no presentation of the usual plaque to lecturers. At a meeting during which our senior colleague, Dr Tony Marinho, delivered a lecture, he described the country as suffering from PLAQUITIS!! I have so many of them they have become a nuisance in the house. I will make my lecture as brief as possible to allow for a lively interactive session that would be beneficial to all.

In attendance today are my classmate, Dr Tayo Apampa, Dr Bayo Windapo, a classmate of the former minister of health, Prof Onyebuchi Chukwu, and the second medical officer to work with me at Awojobi Clinic Eruwa, ACE, in July 1987 and Dr S Ogunsina also an alumnus of ACE and this institution. Some of you may know him. They are here today because they are my friends and to bear witness to all I will depose here. I have come with Dr K Bankole, one of the six resident doctors at ACE.

The trend of my lecture will be to relate my experiences in the past, the situation as of today and my preferred solutions to the challenges. Therefore, while I have been requested to speak on CUTTING EDGE MEDICINE IN NIGERIA – A PRAGMATIC PERSPECTIVE, I have decided to title my lecture MEDICAL PROFESSION AT THE CROSSROADS IN NIGERIA – WHICH WAY TO GO? This is because medical practice has degenerated so badly in this country I cannot take my sick dog to the only institution I know - the University College Hospital, Ibadan. So, there is really no edge with which to cut or sharpen!! We need to return to basics.

Please, pardon me if I use some harsh words provided I have spoken the truth.

### **MEDICAL TRAINING 1970 – 75**

I started medical training at the University of Ibadan in September 1970 crossing over to the UCH in March 1972. I was on double scholarship from the federal government and the Lagos State government. I became a university scholar after the final preclinical exams in March 1972 being one of the top five in the class. Tayo and I were classmates. In those days, we were the best in our secondary schools and for direct entry; we needed a unit aggregate in physics, chemistry and zoology. Tayo went to the King's College and I at the oldest secondary school in Nigeria, the CMS Grammar School, Bariga finishing in 1967 with eight distinctions at the O level and four distinctions at the A level including fine art. At the O level, I erased the 12 year old record of my late brother, Prof Ayodele Awojobi.

As clinical students in UCH, we assisted in at least 20 operations and took 30 normal deliveries. Where the required deliveries were not possible, we went to Adeoyo State Hospital in Ibadan to get the outstanding under the supervision of consultants who were associate lecturers to the university.

I was the best student in the graduating class of 1975 receiving the prestigious Adeola Odutola prize and my only distinction in surgery.

The training we had was such that the BS of the MB, BS was meaningful as most of us could perform inguinal hernia repair and Caesarean section during the national service year after housemanship.

Today, although those requirements are still in the curriculum, they have been corrupted by the lecturers who sign up the students for MERELY OBSERVING the procedures. They introduced OBJECTIVE STRUCTURED CLINICAL EXAMINATIONS otherwise called ALTERNATIVE TO PRACTICALS. The result is that fresh medical graduates are called BABY DOCTORS by their patients.

Because the teaching hospitals cannot offer the necessary clinical exposures for the medical students, more non-governmental hospitals manned by consultants should be accredited. Do you know that I have been an associate lecturer/visiting consultant to UCH since 1984 but from 2007 medical students and surgical residents have NOT been posted to ACE for undisclosed reasons? Yet, I am still paid a monthly honorarium of N200 000.00 which I collect because I was not paid between 1984 and 2005 when my teachers were in charge. One of them described my position as PAY BACK TIME!!

## **HOUSEMANSHIP**

I did my housemanship at the UCH rotating through surgery, internal medicine, paediatrics, obstetrics and gynaecology. I was taking charge of at least 30 patients at any given moment and it was HARD work all the time.

House job was for the picking and most of us wanted to work in the general hospitals where we could quickly acquire hands-on skill from the very willing consultants.

Today, corruption has crept into the employment of house officers with many jobless for several months because the government has fixed unrealistic monthly salary of N170 000.00 which many of the non-governmental hospitals could not afford.

My son, Ayodele, graduated from Obafemi Awolowo University, Ile-Ife in 2012. He was not appointed as a house officer despite the fact he was one of the first ten in the written exams. He had his internship at Sacred Heart's Hospital, Abeokuta on a monthly salary of N67 500.00 and was better trained than all his colleagues who stayed in the tertiary institutions. There are no more consultants in the state hospitals.

The solution is to subsidize the non-governmental hospitals in the training of house officers and accredit more credible private hospitals.

## **RESIDENCY TRAINING**

After national service at St Vincent's Hospital, Aliade in Benue State where I successfully performed my first small bowel resection, I returned to UCH for residency training in general surgery in 1977 starting in cardiothoracic surgery where I assisted the pump technician in the sixth successful open heart surgery.

During residency, I was the only resident that did not travel abroad for one year. And, for this, I was failed twice in the final exams in May and November 1982. I rotated through ALL the surgical specialties and morbid anatomy. I spent my terminal leave in anaesthesia without pay.

I obtained my fellowship in May 1983 having published 21 papers in peer reviewed national and international journals and two chapters in the second edition of the well-known surgical textbook, DAVEY'S COMPANION TO SURGERY IN AFRICA edited by my revered teacher, Emeritus Prof A Adeloje.<sup>1</sup> - 21 The subject of my dissertation for the final fellowship exams was published in the American journal Diseases of Colon and Rectum.<sup>15</sup>

These publications were enough to make me an Associate Professor at the University of Ibadan but I decided to go to rural Eruwa to show that what happened in UCH could happen in a rural setting. Today, Ibarapa district has the best health care delivery in the country.<sup>22</sup>

During residency in UCH, the dictum was "THE RESIDENT WOULD HAVE HIS SAY, THE CONSULTANT WOULD HAVE HIS WAY". Our consultants were always there teaching and mentoring us such that there are certain things I would not do now knowing my teachers would disapprove of them.

Today, corruption has taken over again and lack of mentorship has become the bane of the medical profession in Nigeria.<sup>23</sup>

A general surgical unit comprising two consultants, two senior registrars and four registrars operate ONCE a week during which, on a very good day, they perform two major and four minor surgeries (biopsy and excision of lumps). When I asked one of the senior registrars: "How are you able to obtain the required number of cases before the exams?", he replied: "Sir, as many of us as are present in the operating room get signed up for the cases done that day!!".<sup>24</sup> Since I posted this finding on the internet in November 2013, there has been no rebuttal from any physician or the training institutions.

So you can imagine the competence of the consultants and their products. SURGICAL TURF PROTECTION is well entrenched in Nigeria and by their fruits we shall know them is a scriptural statement that aptly describes the scenario.

Residents now rule the units dictating to the discredited consultants how and where they should be trained. They even ask for teaching allowance!! This situation has been carried to the Nigeria Medical Association that has been ruined for all practical purposes because the leaders are partisan medical politicians.

The situation is so bad, a senior teacher of ours had K-nail inserted into his femur and for six days NOBODY reviewed him. Of course, no nurse showed up to see him either.

During the last NMA strike action, a very senior physician told me he was so ashamed to see doctors in Ibadan protest like AGBE K'OYA (the Yoruba rural farmers protesting the excesses of the politicians of the first republic). I felt sorry for my profession when I saw the present president of NMA behaving like university students of other faculties, (but medicine) doing "A LUTA". He made a U-turn on his inaugural pronouncement of L-O-V-E (let offences vanish entirely).<sup>25</sup> These offences, I thought, included strike action.

Other members of the health like the nurses, pharmacists and laboratory scientists are reacting to the incompetence of doctors without saying so. But, they are just as worse off like the doctors since we all train in the same hospital.

Dear colleagues, how would you feel if the following day after your admission into a hospital you were told your doctor has gone on strike? Again, you would argue that the discredited consultant who owns the patient is not on strike but is nowhere to be seen. That is how low medical profession has fallen in the eyes of the populace who once regarded us as next to God.

From all indications, physicians NO LONGER belong to the class with the highest IQ in the society courtesy of the Joint Admission and Matriculation Board. We keep using the same method (strike action) that has proved useless in place of affirmative actions that characterize true leadership. Serious morbidity/mortality meetings where regular audits are conducted do not hold any more. Otherwise, we should have realized strike actions would NOT solve the challenges of the medical profession.

My proposed solutions include:

1. Resident doctors MUST STOP going on strike actions. In fact, you should be begging other members of the health team not to go on strike because you are in the hospital for a short period whereas they are career officers.
2. Residency training should be staged: diploma, membership and fellowship of eighteen months each. The diploma holder should be capable of performing safe and essential surgery at the district/general

hospital while the membership holder will man the specialist hospitals that include the federal medical centres. The fellows will be teachers in the university and the affiliated teaching hospital.

The staging will not permit staying in one hospital for more than eighteen months so that there is no time for unionism.

3. Credible non-governmental hospitals manned by consultants should be accredited for training as described above. This will create more training posts to accommodate the backlog of those who have passed the primary exams but still marking time on the spot.

4. Full scholarships should be awarded in such disciplines as Anatomy, Physiology, Biochemistry, Pathology, Pharmacology, Anaesthesia and Radiation Oncology.

5. If I have my way, I will direct all family physicians in the tertiary institutions to the general hospitals where they rightly belong and affiliate them to neighbouring universities to realize their academic ambitions.

6. One year programme abroad will be restored only for training in Radiation Oncology where there is a dearth of specialists.

7. Collaboration with the private sector in the investigative areas of medical practice for TRAINING. A situation where medical students and residents don't know how laboratory investigations are conducted is not good for the leader of the team.

Alongside all these will be the resuscitation of the infrastructure using appropriate technology as obtains at Awojobi Clinic Eruwa.

In May 2010, a senior teacher, professor of surgery, survived an armed attack on his house during which he shot and killed two of the robbers but was injured in the leg. However, on getting to UCH, there was no intravenous fluid to put up on him even after a medical student identified him three hours on arrival at the Casualty Department. He was saved by the fluids brought from the private practice of a fellow surgeon, his student. I have been producing intravenous fluids in Eruwa since 1984.<sup>26</sup>

Recently, a celebrated journalist, Dimgba Igwe, who was knocked down by a car while jogging in the morning in Lagos died because of the decadence of primary health care and the fear of police action on private practitioners.<sup>27</sup>

### **MEDICAL PRACTICE IN RURAL NIGERIA**

I have been practising in rural Eruwa, Ibarapa district of Oyo State since 1983, the first three years at the District Hospital and at ACE since 1986. I am probably the only specialist surgeon who has worked in a rural district hospital.

To date, 90 per cent of surgical operations known to man have been performed at ACE. From routine cases to abdomino-perineal resection of the rectum for carcinoma, Duhamel's procedure for Hirschsprung's disease and insertion of ventriculo peritoneal shunt for infantile hydrocephalus. By the grace of God, we will offer radiotherapy at the OLAJIDE AJAYI CANCER CENTRE ERUWA by July next year.

Sixty per cent of our patients come from the cities of Lagos, Abeokuta and Ibadan which is a great indictment of the health system.

I have published over sixty papers in peer review journals in the last 31 years and two books that include the third edition of Davey's Companion to Surgery in Africa of which I am a co-editor with my teachers, Emeritus Prof A Adelaye and Prof O O Adekunle.<sup>28</sup> – 96

## **RECOMMENDATIONS FOR NOW**

Until these reforms are implemented, I would advise you all to use your annual leaves to improve your skill not minding if you are not paid since you already have your salary for the month. A resident at one of the federal medical centres has done that twice and he is grateful for the opportunities.

To my colleagues who have not entered into any residency training programme, they should look for employment in hospitals like ACE for one to two years during which they would have got the required skills and knowledge that will make residency training a formality. At ACE, we perform an average of eight major operations daily Monday to Friday translating to 160 per month. Eighty to ninety per cent of the operations are performed by my junior colleagues.

Tayo and I run a year training programme in Primary Care Surgery, Basic Surgical Pathology, Abdominal Ultrasonography and Hospital Administration. I have seven post NYSC doctors on the waiting list.

After two year stay with us 1987 to 1989, Dr Windapo tried residency at Orthopaedic Hospital, Igbobi, Lagos. He found it unrewarding and left to establish Adesola Clinic in Bariga where he has positively affected the lives of the downtrodden in the town that is home to my alma mater. Thank you, Windy, for your efforts.

After a two year stint at ACE (1996 - 1998), Dr Ogunsina was at this hospital for residency in family medicine. I am not sure he performed any operation like his consultants during his stay here. But, for all practical purposes, he was a consultant performing surgeries like prostatectomy and thyroidectomy in such private hospitals like the Korede Hospital of my classmate, Tayo and others. This goes to show the inappropriateness of having a department of family medicine in a tertiary institution.

If I fall sick today, Dr Ogunsina will be there to treat me. In 1992, I had the drainage of an ischio-rectal cellulitis by a lady doctor who graduated from Maiduguri two years earlier. I do not have the sequelae today. Her husband Dr K T Sowole is present here today.

## **CONCLUSION**

Nigerian physicians must look inwards and put in place pragmatic methods of training at undergraduate and postgraduate levels so that we do not enact a second slave trade be it external and internal.

“The surgeon is the most frequently sued specialist in the health profession. Records at the Medical and Dental Practitioners’ Disciplinary Tribunal show that over 95% of the cases were for operations that went wrong, though many of the procedures were not necessarily performed by doctors with formal surgical qualifications. The outcomes of operations are more manifest and less arguable than those in internal medicine.”<sup>97</sup>

The Medical and Dental Council of Nigeria should rise to the occasion and redeem the image of the medical profession in our country. Prosecuting hapless medical officers at her tribunal is not the way out. Neither is the theoretical Continuing Professional Development programme which is more of a money spinner for the providers and the Council. It does NOT address the finding of her disciplinary tribunal. I do not subscribe to it because medical practice is not yet the sole preserve of the physician in Nigeria.

The ability to make virtue out of necessity is the greatest and immediate challenge of all’.<sup>98</sup>

I thank you all for your kind attention.

## REFERENCES

1. Awojobi OA The differential diagnoses of anaemia. A review of two cases. *Dokita* 1974; 6:169-172
2. Awojobi OA, Okubanjo AO and Akingbehin NA. Gastric antral membrane in childhood. A case report. *Nig. J. Paed.* 1982; 9: 115-118.
3. Awojobi OA. Outpatient practice: Management of hemorrhoids. *Nig. Med. Pract.* 1982; 4: 153-154.
4. Awojobi OA Intestinal resection in Ibadan. *Nig. Med. J.* 1982; 12: 281-286.
5. Nkposong EO Lawani J, Osanyintuyi SO and Awojobi OA Semen analysis in infertility in Ibadan. *Nig Med J* 1982; 12: 181 – 186.
6. Awojobi OA and Ayoola EA. Hepatic resection in primary liver carcinoma: Prolonged survival in two Nigerian patients. *J Natl Med Assoc* 1982; 74: 535 – 538.
7. Awojobi OA, Nkposong, EO and Lawani J. Aetiologic factors of male infertility in Ibadan, Nigeria. *Afr J Med med Sci* 1983; 12: 91 – 94.
8. Awojobi OA, Ogunbiyi OA Nkposong EO. Unusual relationship of multiple renal arteries. *Urology* 1983; 21: 205-206.
9. Awojobi OA Junaid TA and Nkposong EO. Transrectal biopsy of the prostate: A review of 186 biopsies. *Afr. J. Med med Sci* 1983 12: 117-119.
10. Awojobi OA , Akinsola A, Ogunbiyi CO and Nkposong EO Recovery of renal function after 33 days of complete bilateral ureteric obstruction. *Afr. J. Med med Sci* 1983; 12: 121-12
11. Awojobi OA, Lawani J, and Nkposong EO. Single dose gentamicin and metronidazole in the prevention of wound sepsis in urological surgery. *W Afr J Med* 1983; 2: 97 - 100.
12. Awojobi OA and Itayemi SO. Abdominal incisional hernia in Ibadan. *Trop Doct* 1983; 13: 112 – 114.
13. Awojobi OA and Ayoola EA. Management of primary liver cancer: A review of current approach with particular reference to the tropics. *Nig. Med. Pract.* 1983; 6: 135-139.
14. Awojobi OA Abdominal tuberculosis in the African *W. Afr. J. Med.* 1983; 2: 159-163.
15. Awojobi OA. Modified pile suture in the outpatient treatment of hemorrhoids: A preliminary report. *Dis Colon Rect* 1983; 26: 95- 97. <http://link.springer.com/article/10.1007/BF02562582#>
16. Awojobi OA Use of Foley catheter in suprapubic punch cystostomy: An adaptation. *Trop Doct* 1983; 13: 189.
17. Awojobi OA and Lawani J. Suprapubic cystostomy: indications and complications. *Trop. Doct.* 1984; 14: 162- 163.
18. Awojobi OA, Akingbehin NA and Okubanjo AO. Vesical calculi in childhood: An unusual presentation. *Nig Med Pract* 1984; 7; 52 – 53.
19. Awojobi OA and Nkposong EO. Seminal fluid changes after testicular torsion. *Urology* 1986; 27: 109 – 111
20. Awojobi OA. Intussusception. In Davey`s Companion to Surgery in Africa. Adeloje A. (editor) 2nd edition. Churchill Livingstone, London. 1987 324-334.
21. Awojobi OA and Adeloje A. Gastrointestinal tuberculosis, lymph glands and lymphatics. *ibid* 379-386.
22. Awojobi O A Rejuvenating primary health care in Nigeria – the Ibarapa experience. <http://www.ifrs-rural.com/REJUVENATING%20PHC%20IN%20NIGERIA.pdf>
23. Awojobi O A Lack of mentorship, bane of medical practice in Nigeria. <http://dailytrust.info/index.php/health/15928-lack-of-mentorship-bane-of-medical-practice-in>
24. Awojobi O A New trend in surgical residency in Nigeria <http://www.medicalworldnigeria.com/2013/11/new-trend-in-surgical-residency-in-nigeria-by-oluyombo-awojobi>
25. <http://www.ngreguardiannews.com/index.php/news/national-news/160354-obembe-emerges-new-nma-president>
26. Awojobi O A Intravenous fluid production at Awojobi Clinic Eruwa June 2013 <http://www.ifrs-rural.com/MEDRACE%20-%206.pdf>
27. <http://dailypost.ng/2014/09/08/doctors-absence-cost-dimgba-igwe-life/>
28. Awojobi OA Letter. Ketamine anesthesia for Caesarean Section. *Trop Doct* 1984; 14: 165.

29. Awojobi OA. Surgery in Nigerian rural health care delivery- the Ibarapa experience. *Nig. Med. Pract.* 1987; 13: 49- 51.
30. Awojobi OA, Sagua CA and Ladipo JK. Outpatient management of external hernia. A district hospital experience. *W Afr. J. Med* 1987; 6: 201-204.
31. Awojobi OA, Ladipo JK and Sagua CA. Paediatric inguinoscrotal surgery in a district hospital. *Trop Doct* 1988; 18: 23-24.
32. Awojobi OA, Fayanjuola AA, Awe TA et al. Letter. Intravenous normal saline preparation. A district hospital experience. *Nig. Med. Pract.* 1985; 10:119.
33. Awojobi OA Letter : Suprapubic cystostomy- Another adaptation. *Trop Doct* 1986; 16: 180.
34. Awojobi OA Prostatectomy in a district hospital. Preliminary report. *Nig Med Pract* 1986; 11: 101 – 102.
35. Awojobi OA Letter. Prostatectomy. *Med Digest* 1987; 13: 173-174.
36. Awojobi OA Letter. Sutureless circumcision. *Trop Doct.* 1993; 23: 173
37. Awojobi OA Letter. Gastric drainage feeding in gastrojejunostomy. *Br J Surg* 1994; 81: 42.
38. Awojobi OA Appropriate technology and management practice in Nigerian rural health care delivery- the Eruwa experience. *Polytech J Sci Tech* 1990; 1: 1-6.
39. Awojobi OA Object lessons in making a district hospital work. *Afr Health* 1986; 8: 34-35.
40. Awojobi OA Appropriate technology for operating tables. *Afr Health* 1994; 16: 17-19.
41. Awojobi OA The hospital still. *Trop Doct.* 1993; 23: 173-174.
42. Awojobi OA Principles of rural surgical practice. *Dokita* 1998; 25: 161-162.
43. Awojobi OA Letter. The future of doctors. *Afr Health* 2000; 22: 6.
44. Awojobi OA and Awojobi AO Radiology in a rural private hospital. *Afr Health* 2000; 23: 14 – 16.
45. Awojobi OA and Ogunsina, S Ectopic pregnancy in a rural practice. *Nig J Med* 2001; 10: 139 - 40.
46. Awojobi OA, Ogunsina, S and Adekola, F Ectopic pregnancy in a rural population with a high twinning rate. *Trop Doct* 2002; 32: 37 -8.
47. Awojobi OA The manual haematocrit centrifuge. *Trop Doct* 2002; 32: 168  
<http://www.ifrs-rural.com/MEDRACE%20ISSUE%203.pdf>
48. Awojobi OA and Muyibi SA Letter. When there is no plasticine *Trop Doct* 2002; 32: 250.
49. Awojobi OA A review of surgical cases and procedures in rural Nigeria. *Arch Ibadan Med* 2002; 3: 65 – 68.
50. Awojobi OA Letter. Epidural needle and intraosseous access. *Trop Doct* 2003; 33: 59.
51. Awojobi OA and Olaleye O A Causes and trend of mortality in Ibarapa. *Dokita* 2003; 29: 53 - 56.
52. Awojobi OA Rural Surgery in Nigeria *Indian J Surg* 2003; 65: 44 – 46
53. Awojobi OA Twenty years of primary care surgery in Ibarapa *Nig J Ophthalmol* 2003; 11: 49 – 53.
54. Awojobi OA and Ayantunde AA Inguinal hernia in Nigeria. *Trop Doct* 2004; 34: 180 – 181.
55. Awojobi OA Letter: Re: Pursuing academic qualification during residency training: justification and feasibility. *Ann Ibadan Post Grad Med* 2004; 1: 7 – 8.
56. Tokode O M and Awojobi O A Spontaneous appendicocutaneous fistula – A case report. *Ann Ibadan Post Grad Med* 2004; 2: 48 – 50. <http://indexmedicus.afro.who.int/iah/fulltext/fistula.pdf>
57. Awojobi O.A and Ayantunde A A Outpatient simultaneous bilateral inguinal herniorrhaphy in a rural practice. *Niger J Clin Pract* 2004; 7: 28 - 30.
58. Awojobi O.A Letter. Atraumatic sutures can be made locally. *Trop Doct* 2005; 35: 124.
59. Awojobi O.A Surgical training in Nigeria: A reappraisal. *Arch Ibadan Med.* 2005; 6: 59 - 61.
60. Awojobi O A Guest editorial. Medical education in Nigeria today. *Medical Education Resource Africa, Journal Choice* September 2005, p 4.
61. Awojobi O A, Jeje OM, Oti OO, Dania S, Dada O, Gbadamosi OA, Ajayi NO, Madu BE, Akanji TO and Adewumi BA The frequency of twinning in a rural community in Western Nigeria – an update. *Niger Postgrad Med J* 2006; 13: 73 – 74.
62. Awojobi O A The travails of rural surgery in Nigeria and the triumph of pragmatism. Part I *Rural Surgery* 2006; vol 2 no 2: 13 – 16. <http://www.ifrs->

[rural.com/THE%20TRAVAILS%20OF%20RURAL%20SURGERY.pdf](http://www.arsi-india.org/journals/Issue_April%202006.pdf) [http://www.arsi-india.org/journals/Issue\\_April%202006.pdf](http://www.arsi-india.org/journals/Issue_April%202006.pdf)

63. Awojobi O A The travails of rural surgery in Nigeria and the triumph of pragmatism. Part II Rural Surgery 2006; vol 2 no 3: 13 – 16. <http://www.ifrs-rural.com/THE%20TRAVAILS%20OF%20RURAL%20SURGERY.pdf> <http://www.arsi-india.org/journals/Rural%20Surgery%20July%20Issue%202006.pdf>
64. Awojobi O A The travails of rural surgery in Nigeria and the triumph of pragmatism. Part III Rural Surgery 2006; vol 2 no 4: 10 – 13. <http://www.ifrs-rural.com/THE%20TRAVAILS%20OF%20RURAL%20SURGERY.pdf> [http://www.arsi-india.org/journals/Final\\_Rural\\_Surgery\\_Inside\\_pages\\_Oct\\_2006.pdf](http://www.arsi-india.org/journals/Final_Rural_Surgery_Inside_pages_Oct_2006.pdf)
65. Salako A A, Eziyi A K Olabanji J K and Awojobi O A, Experience with Quarteys distal penile island skin flap urethroplasty in South Western Nigeria. African Journal of Urology 2006; 12: 177 – 182.
66. Awojobi O A Engineering fabrication in Nigerian rural medical practice – The Eruwa experience LAUTECH Journal of Engineering and Technology 2007; 4: 58 – 62.
67. Awojobi O A, Sagua A C and Ogidiagba E L. Inflated inner tube in the prevention of pressure ulcer. Rural Surgery 2008; 4: 17 – 18. <http://www.arsi-india.org/journals/Rural%20Surgery%20October%20Issue%202008.pdf>
68. Sagua A C and Awojobi O A Announcing the birth of Ibarapa Hernia Centre Rural Surgery 2008; 4: 19 – 20. [http://www.arsi-india.org/journals/rural\\_inside\\_april08.pdf](http://www.arsi-india.org/journals/rural_inside_april08.pdf)
69. Awojobi O A Infrastructure and special investigations in rural surgery. PAAS symposium on rural Surgery. Rural Surgery 2009 ; 5: 4 – 5.
70. Awojobi O A ruwa biogas plant. Rural Surgery 2009; 5: 20 – 21. [http://www.arsi-india.org/journals/rural%20Surgery%20Inside\\_jan\\_2009.pdf](http://www.arsi-india.org/journals/rural%20Surgery%20Inside_jan_2009.pdf)
71. Awojobi O A Recruitment and retention of health workers in remote and rural areas – the Nigerian perspective. Rural Surgery 2009; 5 (4) : 37 -38. [http://www.arsi-india.org/journals/Rural%20Surgery\\_October%20Issue\\_26th%20Sep%202009.pdf](http://www.arsi-india.org/journals/Rural%20Surgery_October%20Issue_26th%20Sep%202009.pdf)
72. Awojobi O A Surgical research in tropical Africa. Int J Trop Surg 2009;
73. Awojobi O A E Latunde Odeku – The father of neurosurgery in black Africa. Int J Trop Surg 2009; 3: 61 – 63.
74. Awojobi O A Interview: Rising to the challenges of rural surgery. Bull World Health Organization 2010; 88: 331 – 2. <http://www.who.int/bulletin/volumes/88/5/10-040510/en/index.html>
75. Awojobi O A Sir Samuel Manuwa – The inimitable surgical artist and scientist. Int J Trop Surg 2010; 4: 1-5.
76. Akute O O and Awojobi O A Surgical training in the West African subregion – a reappraisal. Rural Surgery 2010; 6 (2): 15 - 20.
77. Awojobi O A Letter: Pragmatic option for preventing water-borne diseases in Nigeria. Afr Health 2011; 33: 12. [http://africa-health.com/articles/march\\_2011/7.%20Letters.pdf](http://africa-health.com/articles/march_2011/7.%20Letters.pdf)
78. Awojobi O A Professor Adelola Adelaye. The quintessential academic surgeon and medical historian. Int J Trop Surg 2011; 5: 1 – 3.
79. Kingsnorth A N, Awojobi O A, Eardley N J, Salam R, Hanafy M and Ogidiagba E L. A pragmatic option for surgical training in resource-limited settings. Int J Trop Surg 2011; 5: 19 – 25.
80. Awojobi O A Professor Olajide Olaolu Ajayi – The pragmatic surgeon, teacher and administrator. Int J Trop Surg 2011; 5: 67 - 70.
81. Kingsnorth AN, Tongaonkar RR, Awojobi OA Commentary on: low-cost mesh for inguinal hernia repair in resource limited settings. Hernia 2011; 15:491–494
82. Awojobi O A and Shittu O B Professor Edet Okon Nkposong. The consummate surgical mentor. Int J Trop Surg 2012; 6: 40 - 42.
83. Awojobi O A Surgical needles can be made locally. Rural Surgery 2013; 9 no 3 16.
84. Adeleke S A and Awojobi OA. Cutaneous ulcer. In Davey`s Companion to Surgery in Africa. Adelaye A, Adekunle O O and Awojobi O A. (editors) 3rd edition. Acecool Medical Publishers, Eruwa, Nigeria 2009, 67 – 79.

85. Awojobi O A and Ogunsina G S. Chronic lymphoedema ibid 92 – 106.
86. Kale O O, Weedon M R, Mazwai, E O and Awojobi O A Bites and stings. ibid 118 – 132.
87. Awojobi O A and Alufohai E A Primary Care Surgery. ibid 133 – 140.
88. Fenton, P and Awojobi O A Anaesthesia at the District Hospital. ibid 141 – 144
89. Modiba C and Awojobi O A Gastrointestinal tuberculosis, lymph glands and lymphatics. ibid 204 212.
90. Salako, A A, Shittu O B and Awojobi O A Genito-urinary system ibid 394 – 433
91. Awojobi O A and Sagua A C Hernias ibid 434 – 447.
92. Adesunkanmi, A R K, Awojobi O A and Sagua A C Intestinal obstruction ibid – 448 – 452.
93. Awojobi O A Enterocutaneous fistula ibid 453 – 456.
94. Awojobi O A Surgical research in tropical Africa. ibid 464 – 468.
95. Awojobi O A (editor) Primary Care Surgery in Western Nigeria 1977 – 2007. ISBN: 978-978-086-485-9 Acecool Medical Publishers, Eruwa, Nigeria 2007.
96. Adeloye A, Adekunle O O and Awojobi O A Davey's Companion to Surgery in Africa. ISBN: 978-978-902-469-8 Acecool Medical Publishers, Eruwa, Nigeria 2009.
97. Gyoh S K Avoiding legal pitfalls for the surgeon. <http://www.ifrs-rural.com/PROGRAMME%20BOOKLET2008.pdf> page 31.
98. Ajayi O O and Adebamowo C A Surgery in Nigeria. Arch Surg 1999; 134: 206 – 211.