INTRODUCTION

Medical education has deteriorated so badly in Nigeria new graduates are called BABY DOCTORS by their patients. A six year programme could last nine years due to industrial restiveness in the universities. And that was the case with my son, Ayodele, who graduated from Obafemi Awolowo University in August 2012 and Korede, the daughter of my classmate, Dr Tayo Apampa of Korede Hospital, Abeokuta, south west Nigeria. She graduated from Olabisi Onabanjo University.

The skill acquisition contents of the curriculum have been replaced by alternatives to practical as exemplified by clinical students not being required to assist at surgical operations on their patients, not taking normal deliveries and the use of ‘dummy’ patients in clinical exams their teachers call Objective Structured Clinical Examination, OSCE.

Medical conferences have been turned to political meetings for labour union matters during which the Hippocratic Oath is abandoned and senior colleagues do not feel comfortable attending such occasions for fear of being insulted by junior doctors who could be their children.
In my time at the University of Ibadan (1970 - 83), the weekly grand rounds were the training forums for participation at annual conferences for students, residents and consultants. Medical students’ clubs organized regular symposia supervised by the consultants who also took part. My first paper was published in 1974 as a medical student and I presented a paper in 1982 at the conference of the West African College of Surgeons, WACS that took place in Ibadan. I was not a fellow of the college then. The subject of my paper was the dissertation for the final fellowship exams of the National Postgraduate Medical College of Nigeria.

After the conference, I revised the paper as a result of the comments and questions at the presentation and sent it to an American journal for publication. It was accepted two months later without further modification. That was a generation ago. But, times have changed.

So, in the given circumstances, Nigerian parents must find ways of properly training their children in their chosen professions while the university degrees sub-serve the official recognition for such trainings. Some rich parents resort to sending their wards abroad and other African countries for tertiary education.

The former was the case with my two sons, Yombo and Ayodele, who graduated from the same university – Obafemi Awolowo University, Ile-Ife. In September 2012, Yombo and I attended the conference on appropriate healthcare technologies for developing countries in London. He presented our poster on serial alarm clock while I read the paper on the manual haematocrit centrifuge.

The following month, it was the turn of Ayodele. To India we travelled to attend the 20th conference of the Association of Rural Surgeons of India, ARSI, of which I am an overseas member and a fellow. We were accompanied by Dr Korede Apampa and Dr Paul Jesuyajolu, a colleague practicing in a Lagos suburb.

THE TRAVEL

Ayodele and I set out from Eruwa on 22nd October and were joined by Korede and Paul the following day at the Lagos airport. We arrived Mumbai the next day. We lodged at the Hotel Comfort Inn which had been booked for us by Mr Suresh Kalal, the Indian driver I got to know at Apollo Hospital, Ahmedabad in 2006 when I cared for my classmate, Dr Patrick Olutola, at the hospital during my SECOND SURGICAL TRIP TO THE ORIENT.

The next day, Suresh took us on a sightseeing tour of the Bombay gate and the Taj Hotel that was attacked by terrorists a few years ago. It was on a Muslim holiday of Eid El Kabir. (Figure 1)

On the 25th, we flew from Mumbai to Indore and completed the trip by road to Ratlam, the venue of the conference.

We observed on the road trip of three hours that we were travelling through an agricultural area with expanse of cultivated land irrigated by the several seasonal rivers and underground water bore holes. It reminded me of the terrain of the middle belt of Nigeria except the absence of cultivated land.
THE CONFERENCE

In Ratlam, we lodged at Hotel Ujala Palace where the conference took place and were joined by Dr and Mrs R Saliu, also from south west Nigeria, who had been in India for some weeks. (Figure 2)

Day 1.

A symposium titled FATHER AND SON IN THE SAME RURAL PRACTICE was on the schedule. The organizing committee, on realizing that Ayodele and I were delegates, co-opted us into the symposium. (Figure 3) To the question ‘Why did you establish your practice in the rural area?’ I replied ‘I wanted a small hospital where I could control all the factors that would make for a successful practice from infrastructure to in-hospital production of materials like intravenous fluids.’

For Ayodele, the question was ‘In addition to the ready-made practice your dad had provided, what influenced your decision to stick with him?’ He replied: ‘I grew up in rural Eruwa where it was a three-minute walk from our home to the clinic. I preferred that to the ever stressful life in the city where you woke up at 5.00am to get to work by 8.00am and returned by nightfall on a daily basis.’

Day 2.

I presented my paper RURAL SURGICAL TRAINING IN NIGERIA – AN UPDATE. (Figure 4) The delegates were appreciative of the new endeavour of the Association of Rural Surgical Practitioners of Nigeria, ARSPON, to train young doctors in primary care surgery as an alternative to the surgical turf protection being exhibited by the training colleges.

Day 3.

Dr Saliu presented a brief report of his exposure to laparoscopic surgery in Dr J Gnanaraj’s rural practice at the Seesha Community Hospital, SCH, Karunya in Tamil Nadu State. Dr Gnanaraj and his wife had attended the International Federation of Rural Surgery, IFRS, conference that took place at Awojobi Clinic Eruwa, Nigeria in November 2011. He is the director of SCH.

Dr and Dr Mrs J K Banerjee attended the conference. He presented his memoirs and I bought 10 copies. (Figure 5) He autographed my copy and another one for my teacher, Prof O O Ajayi. It was the letter of Dr Banerjee to Prof Ajayi twelve years ago that set the pace for my first visit to India in 2001. My wife, Tinu, and I attended the 9th conference of ARSI at Puri, Orissa State.

Throughout the three-day conference, there were interesting and educating papers from old and young rural surgeons and invited lectures from very senior surgeons who were in tertiary institutions or retired. I was inspired by that delivered by Dr V N Shrikhande, former professor and head of department of surgery, Bombay Hospital Institute of Medical Sciences and Post-graduate Studies. While discussing the concept of GOLD STANDARD, he said: “Safety and cost are far more important than cosmetics and comforts. Technique which is safe in average hands must have the highest priority for training in any developing country.”
Also, the flyer for next year’s joint conference of the IFRS and ARSI was distributed. I am the secretary of IFRS. The Volume 8 No 3 issue of RURAL SURGERY, the official publication of ARSI was launched. Glancing through the editorial, I read that would-be contributors were inquiring whether the journal was indexed and its impact factor. I intend to write a letter to the editor advising him to ignore such enquiries since the journal is not meant for surgeons in the academic setting who would either ‘publish or perish’ and that several of the papers presented at the conference are enough to produce the four issues before the next conference.

I seized the opportunity of the conference to replenish my surgical instruments that were over twenty five years old by purchasing such key instruments as needle holders, pairs of scissors and artery forceps.

During the gala night on the third day, in the true spirit of surgery being an art, three Indian rural surgeons sang melodious songs and one was fantastic playing the flute with his nose. (Figure 6) The event saw the Nigerian delegates of six take to the stage dancing to our brand of gospel highlife music with Ayodele on the keyboard and the lead vocalist. We were featured in a local newspaper two days later. (Figure 7)

Paul, Korede and Ayodele registered to be overseas members of ARSI.

TRAVEL TO KARUNYA

On 30th October, we departed from the conference centre back to Indore en route to Karunya via Mumbai and Coimbatore. This time, we were guests of Dr Gnanaraj and lodged at the guest house of the Karunya University, a Christian university.

The following day, we had a tour of the SCH and saw a patient with diabetic foot ulcer undergoing vacuum therapy – an alternative and effective treatment that obviated the need for amputation in suitable cases. (Figure 8)

On 2nd November, I was privileged to deliver a power point presentation, ENGINEERING VARIABLES IN A NIGERIAN RURAL MEDICAL PRACTICE which was arranged by Dr Gnanaraj with the Department of Electrical, Instrumentation and Electronics Engineering of the university. The Head of Department, Prof K Rajasekaran, the lecturers and the students were appreciative of the innovativeness in the presentation. I was thrilled to see a saucer made from a used piece of A4 paper in the office of Prof Rajasekaran. (Figure 9)

Thereafter, we were taken on an inspection of the electronics laboratory where we were shown and I was a subject of an electronic stethoscope that the daughter of Dr Gnanaraj was developing. I immediately realized the department would be a good centre for an exchange programme of lecturers and students of Bells University of Technology, Ota, Nigeria where I am an associate senior lecturer in the department of biomedical engineering and the University of Ilorin that is contemplating setting up a department of biomedical engineering. (Appendix 1)

I received a donation of several surgical instruments estimated at R84 000,00 (1 000.00 pounds sterling) from the hospital (Figures 10 & 11) and through a sales agent, bought a vacuum pump for the treatment of chronic leg ulcers.
Dr Gnanaraj proposed a programme of training in gasless laparoscopic surgery that would involve the first stage of on-line tutorials followed by demonstrative surgery to be conducted by him in Nigeria some months later. This would have the advantages of capacity building for more Nigerian doctors treating our patients and sustenance of services thereafter. This will be very much like the introduction of mesh repair of inguinal hernia at ACE by Operation Hernia, an NGO based in the UK. (www.operationhernia.org.uk)

On the third day, I hosted four Nigerian students of the university. We exchanged experiences and I offered them pieces of advice while stressing to them the need to be very hard working and prepare for self-employment on return home. (Figure 12)

The tourist centres we visited in Karunya included the university chapel which had the important phases of the ministry of Jesus Christ from birth to resurrection sculptured in her beautiful and lush surroundings (Figures 13 & 14) and the water falls in a natural reserve. (Figures 15 & 16)

RETURN TRIP

We set out on our trip on 3rd November arriving Lagos safely the following day via Coimbatore, Mumbai and Addis Ababa. While flying from Mumbai, Paul was called by the cabin staff to help review a passenger who had developed abdominal colic in the left flank. The passenger was reacting to some mushroom he had eaten.

CONCLUSION

This trip has been as fruitful as the previous trips of 2001, 2006 and 2009. It was the first time my companions would be travelling to India and they experienced what a medical conference should be like.

The linkage with Karunya University would be beneficial to Nigerian students and lecturers at the Bells University of Technology and the University of Ilorin.

The introduction of gasless laparoscopic surgery to the practice at ACE will be an asset for young doctors like Ayodele and Korede.

ACKNOWLEDGEMENT

I wish to thank Suresh for his assistance in Mumbai, the local organizing committee of the ARSI conference for another stimulating and educating conference, Dr Gnanaraj, Dr Paul Dhinakaran, the founder of SEESHA and Prof Rajasekaran for adding more value to our short trip to India and the gift of surgical instruments.

I am grateful to my wife, Tinu, my three junior colleagues, Drs O Adebamigbe, R Hassan and R Ezeagu and the staff of ACE, for holding the fort in my absence. Shortly before we set out from Karunya, I was informed that a member of our staff was delivered of a live baby by Caesarean section for severe antepartum haemorrhage – another evidence of the competence of the team to provide primary care surgery and keep ACE going.
REFERENCES


APPENDIX 1

--- On Sat, 3/11/12, Gnanaraj J <jgnanaraj@gmail.com> wrote:

From: Gnanaraj J <jgnanaraj@gmail.com>
Subject: STUDENT AND STAFF EXCHANGE PROGRAM WITH NIGERIAN UNIVERSITY
To: "Executive Director, Seesha" <ed@seesha.org>
Cc: "k_rajasekaran" <k_rajasekaran@karunya.edu>, "Registrar Karunya" <registrar@karunya.edu>, "Vice-Chancellor Karunya" <vc@karunya.edu>, "Dr Awojobi Oluyombo" <oluyombo2@yahoo.co.uk>
Date: Saturday, 3 November, 2012, 4:12

Dear Annan

Dr. Awojobi is a famous rural surgeon from Nigeria and he is the Secretary for the International Federation of Rural Surgery. He has received many awards from all over the world for his various innovations and low cost methods. His buildings are with local low cost interlocking bricks. The power supply is through low cost solar panels and all his needs are met within the campus with innovative ways.

The Nigerian University has made him a honorary professor for the Biomedical Engineering Department and he is in their board

During his recent visit to the University he was impressed with the work that the EIE department is doing here. He would like to have a staff and student exchange program with KU and would go back and discuss with the Nigerian University. Professor Rajasekaran too suggested that their students and staff could come here for 6 months or so for doing specific bio-medical engineering projects.

They could get the projects from SEESHA and do them at the University.

Could you kindly give your opinion on this and also the various commitments and costs so that some details could be worked out if you are happy with the proposal?

Closing with love and prayers

J. Gnanaraj MS, MCh (Urology), FARSI, FICS, FIAGES
On the plane back to Lagos, Nigeria

TODAY, I HAVE LEARNT..

by

PAUL JESUYAJOLU

Prologue

I can see clearly now the rain is gone…
I can see all obstacles in my way…
Gone are the dark clouds that held me down…
It’s go’ng to be bright, bright, sunshine day…

by Erick Donaldson.

Today, I have learnt that to every coin
There are two sides
Today, I have been taught to believe in the power of my mind
Never to doubt it and never to doubt others’ either

Today, I have been hand-held and walked through the path of wisdom
To tread with care and never to glance over my shoulder

Today, I was taught to seek God in wisdom and peace with my fellow man
And to walk in the way of my happiness, seeking the happiness of others

Today, I was taught the virtue of humility
The beauty of charity
The power of knowledge
And the peace of truthfulness and sincerity

Today I have been shown that in life, all things are intricately interwoven
That while you will need my closeness for its warmth
I will need your shoulder to lay my head

What you will not wish others to hear
Share it not with no one
Whatever you cannot freely repeat a million times
Do it not for once

I was given a prism with which I should henceforth see life for…
A better understanding of others’ perspective

I had always washed my face each time I wanted to pray

Today, I was taught to always wash my hands instead
And that we sin more with our hands than with the face.

Today, I was taught that it is more important to master the intricacies of climbing up
And that climbing down is a far lesser art

Today, I was taught never to court loneliness
But that I should always seek reconciliation should I be wronged

Today, It was impressed on me
To always speak my mind as often as I can
And to be sure my mouth speaks only the truth
And that my facts are verifiable at all times
And that only then can I hope to live in peace and harmony with my neighbors

Today, I have been given a challenge and a fresh charge at life

Today, I was taught how it is to be a father
To always hold my children by the hands:
And walk them through life’s delicate paths.
That I should not envision the world around me
From the scope placed in the valley
But that it is more rewarding to do so up the mountain top

Today, I was taught that wisdom is my number one tool
Humility and patience my number one virtue
And that I cannot dispense with love
And that truth will stand me in good stead
And that grace would see me through
That I should always crave the listening habit

Today, I was taught to honor my elders
It added a new meaning to my life
A new vision of tomorrow
And a brighter hope of the future

I bless the name of the Lord for this day
The creator of not only the man
But also of all opportunities

Epilogue

For ten days, time stood still
While I was taught to influence lives
I had been taught to live with what I cannot change
I had been taught never to give in to exploitation
And never to exploit my relationship with others
To understand and propagate my culture
But concede to others theirs
And finally to concede that our strength lies in diversity
I blessed the name of the Lord, the creator of all opportunities
MISSION TO INDIA: ARSI INTERNATIONAL CONFERENCE, RATLAM. 2012.

Preambles

"Safety and cost are far more important than cosmetics and comforts. Technique which is safe in average hands Must have the highest priority for training in any developing country” - V.N. Shrikhande

TEAM NIGERIA LIST

1. DR OLUYOMBO AWOJOBI
2. DR PAUL JESUYAJOLU
3. DR & MRS E R SALIU [WE MET THEM IN INDIA]
4. DR KOREDE APAMPA
5. DR AYODELE AWOJOBI

This year’s conference, aptly titled “RURAL SURGERY: THE PAST, PRESENT AND FUTURE” took place at the holy city of Ratlam, northern India between, 26th to 28th October 2012. The venue was the “Hotel Ujala Palace” with most of the founding members in attendance. The venue was very conducive and serene. The conference kicked off at about 8:00 am local time on the 26th. Of course, this was preceded by a lavish welcome dinner at the hotel penthouse the day before.

The attendance, first and second day of the conference was quite impressive. Several papers were presented on various topics that were very relevant to rural surgical practice. Each paper presentation was orderly and except for a couple of presenters, were each given only 40 minutes within which they must conclude their presentation. The session moderators were businesslike; keeping each presentation well within allotted time.

It is significant that, the presentations were based on very simple principles and methodologies with technologies that were mostly manufactured, fabricated or adapted in India. The papers presented covered fields such as dental, chronic ulcers, bone fractures and hip replacement surgery and tendon repairs especially in high velocity injuries.

Other topics covered included the non-surgical management of renal and gall stones. We also had papers on laparoscopic surgery, gasless laparoscopic surgery as well as the place of the combination of laparoscopy and ultrasonography in the early diagnoses and surgical management of intestinal diseases such as bleeding gastric and duodenal ulcers, polyps, non-invasive dilatation of [by inflation] intestinal strictures, detection and removal of foreign bodies and excision of malignant intestinal tumors using these two techniques.

Of particular significance is a session where practitioners who were able to bring one or more of their children into their practices were given the floor to share with us their experiences. We had five families, including our team leader, Dr Oluyombo Awojobi in this group. Each junior partner was asked to give his/her own impressions of their parents’ practices: What constituted high and low points of such practices and why they all chose to give up on their dreams of a cosmopolitan practice for a rural experience. The various unrehearsed responses of the junior
partners were as hilarious as they were very revealing. It was the most emotional and thought provoking moment of the three day conference.

By the second day of the conference, Dr Awojobi presented an interesting paper on the peculiar challenges of the Nigerian situation. He particularly stressed the limiting effect of infrastructural decay on the morals of the rural surgical practitioners in Nigeria.

In the areas of entertainments: The organizers rounded up the program on the 28th October, 2012 with a closing dinner at the conference Hall of the Divisional Railway Hospital, Ratlam. This was done in association with INDIA MEDICAL ASSOCIATION, Ratlam. There were award presentations for outstanding members of ARSI executives, both past and present.

It is also instructive here to note that most members of the Nigerian team were admitted into the membership of ARSI as international life members.

On Tuesday, 30th October, 2012, the Nigerian team flew back through the Indore international airport to Mumbai [Bombay] where we boarded a connecting flight to Coimbatore, Tamil Nadu State, from where we were conveyed in a waiting van to Karunya, a university town. For four days we were guests of Dr J Gnanaraj, the director of medical services at “SEECHA MEDICAL CENTRE”. We were treated to the various aspects of rural practice at SEECHA, a charitable organization dedicated to affordable quality care for her largely poor rural community.

On Friday 2nd November, 2012, our team leader, Dr Awojobi presented another paper on BIOMEDICAL ENGINEERING - THE ACE EXPERIENCE, to the Electronic, Electrical and instrumentation students of the Karunya University while the university also conducted us through some of their biomedical designs in the works. Dr Awojobi also had an understanding with the university for a possible exchange program with a Nigerian private university, Bells University of Technology, Ota.

In conclusion therefore, it was fun for all of us as our host, the eminent urologist, Dr Gnanaraj, took time out to fete us at the highbrow Brook Free Mall, Coimbatore [pronounced ko..im..mba..tor] for a pleasurable treat. We also seized the opportunity to visit some tourist spots while there, the most significant being the “TAMIL NADU FALLS”

DR PAUL JESUYAJOLU 08023724546 pauljesuyajolu@yahoo.com
The "ARSICON 2012" has come and gone. And for the privilege we have had to be there and safely back to our homeland, we bless the name of the Lord.

I could not but notice a significant difference between our conferences here in Nigeria and the just concluded conference in India. No doubt, we do have a lot to learn if ever we are to take our rightful place in the scheme of things. Of course, it needs no restating here that, there were areas that our Indian friends needed to learn from us. For instance, I could recollect that in November, 2011, at ACE, the host, Dr Oluyombo Awojobi, spent practically all his precious time at the airport just to be sure that our foreign delegates made it safely to the venue of the conference at Eruwa. It was disappointing that no such reciprocity awaited us in India.

That was certainly a minus for the organizers of the Indian conference. Alright, it could be said that Nigeria’s security climate at the time, a la Boko Haram insурgence, might have compelled such protocol in November, 2011. Fine enough. What might not be justifiable, however, was the fact that Dr Awojobi had to pay for almost all bills from airport taxi to the hotel accommodations and even paying for the feeding of the taxi driver that was evacuating us from the airport to Ratlam. Of course, he politely declined the last expectation.

Now that could not be said to be in the spirit of reciprocity. At Mumbai international Airport, the kind hearted man Suresh that came to await us was, to the best of my knowledge, a private arrangement by Dr Awojobi. All through the Indian visit, there was never a time we were received or seen to the airport by anybody of note from ARSI except of course, the commercial taxi man we had to pay for his services. The only exception was Dr Gnanaraj who instructed his personal driver to convey us in his car to the Coimbatore international airport on the first leg of our journey back home.

I sensed that this might have to do more with cultural differences than economic.

Again, in the area of feeding, the Nigeria contingent was left absolutely on its own. We were expected to key in and enjoy whatever was on the menu at all times. Nothing special was arranged for us considering our cultural differences. It had to be noted that for three of us on that trip, except Dr Awojobi and most probably Dr and Mrs R Saliu, it was our first time in India. You could imagine the sense of frustration having to make do with unaccustomed diet.

Now, those were the low points of the Indian trip. On the other hand, the conference was otherwise laudable and definitely worthy of the need to look forward to it on a yearly basis.

To start with, I noticed that there was a seamless relationship between those in the academia and those outside of it. There seemed to be an unwritten understanding between the two groups.
of practitioners, that the common goal was the "good of the common people of India". But here in Nigeria, the tendency appeared to be that there was some sort of rivalry between the academia and the private practitioners. More like we were working against each other making the patients the altimeter victim. This, of course, is my personal opinion and it is very possible that I might be wrong.

The other fact remained that, the paper presentations gave room for even postgraduate students to contribute. We had the egg heads, the doyens of successful rural practices, the up and coming as well as the aspiring practitioners all under one roof. That was nostalgic. The implication of this was that these postgraduate students were not only being trained in the art of paper presentation at conferences such as this but also being groomed to give a serious thought to setting up a rural practice in the future.

One other area that I thought we could also learn from the Indians was the mode of presentation. Each paper presentation was given 40 minutes to round up their presentations. This time allotment was strictly adhered to thereby giving a sense of order and making things less boring. More so, all the presentations were aided by slide projections which enhanced the understanding of the audience.

And finally, It it required restating here that the conference benefited from the latest development in surgery as represented by the presentation on the combination of laparoscopy and ultrasonography in the management of intestinal diseases. This, no doubt, was a very recent development even by western standard.

It would not be nice not to put in a word or two on the state of the hotel rooms and the hospital wards that we were privilege to visit. The hotel rooms were very clean and not only well maintained, the fixtures were intact and functional. Water and electricity supply were taken for granted in all the places we visited. The hospital wards were not different. The floors were well tiled and scrupulously mopped on regular basis. They really looked clean in a very commendable way.

The human and vehicular traffic on the roads was very heavy but curiously, we never experienced traffic hold ups in the Nigerian sense. I thought what might account for that might be that the roads were well serviced and largely pothole free. There were no checkpoints. The police were very visible but very civil. They were largely seen but not heard. I could not recollect seeing a policeman wielding gun except at the airports. Yet, it is on record that the orients are some of the most security conscious nations in the world. At all the points of entry and exit, the check-in formalities were very thorough but orderly.

And finally, how I wished that the Association of Rural Surgical Practitioners of Nigeria, ARSPON, could begin to encourage the marriage of our colleagues in the academia and the private practitioners just as the Indians were doing. One would also like to see an ARSPON where there was less tension and disagreement. I might be wrong, but it is my belief that the idea that culminated in the birth of ARSPON was conceived in LOVE. Why then could we not move away from this stifling atmosphere of mutual suspicion and uncertainty. Today, many of us are so cowed that we are gradually losing our spiritedness. I hope and pray that this coming conference would usher in a fresh air of conviviality, comradeship and true spirit of friendship.
REACTIONS TO ABOVE REMINISCENCES

1.

Dear Paul,

In India, there are no pretences. As Ayodele puts it in his report which he will send out soon, “animals have equal rights as human beings on the road”. They are confident you will find your way to any part of their land with ordinary citizens as your guide. I can confirm that. I had to meet them at the airport because Nigeria is full of 419’s. If you are greeted “good morning” in Nigeria, please, go outside the room and confirm before you reply accordingly. That’s how bad the situation is.

When you are going to India next time, take along some gari, fried fish and meat. I understand the Salius and Korede did!! When I travel to India I use the opportunity to shed some weight. I recommend that to you, Paul.

Yombo.

2.

Dr Paul Jesuyajolu’s write up on MISSION TO INDIA FROM ANOTHER PERSPECTIVE is a very critical analysis of his entire mission to India. I thank Dr Paul for his point of views and expressions which i feel has come straight from his heart without any pretension, hypocrisy and diplomacy. While organizers for the next conference may try to keep in mind all those lacunae and shortcomings, I feel certain points need to be clarified not to cover up the short comings but to clear up the misunderstanding without going into detail of our tradition and philosophy of "Vasudhaiva kutumbakam" (whole world is one family) and "Atithi Deva Bhavah" (Guest is God) which we Indians, by and large, still strongly believe..

This time conference was organised by Dr.Malviya who is comparatively new in ARSI affairs and had no previous experience to such organisational affairs. However, all these were taken care during third International conference at Rajasthan. Therefore Dr. Malviya may be pardoned.

Regarding food, it may be a perpetual problem with foreign delegates, more so in a smaller city where usually ARSI conference is held and majority of local people are vegetarian. Hence vegetarian foods are usually served. But I guess same problem is being faced by Indian delegates when they visit abroad. I did not attend Nigeria conference but huge Indian contingent in Tanzania had to face the similar problem because they were mostly vegetarian. The hotel complex at Ratlam does not allow non-vegetarian food in their premises. That is why non-veg food could only be arranged on the day of banquet. I feel, on this issue, little more understanding is needed, after all it is only three days affairs. Organizers in India may consider this issue to make our guests from abroad comfortable. Once again, I congratulate Dr. Paul for all his complements.

Regards
Dr S K Basu
3.

Dear Dr Baasu,

The letter of Dr Paul was very interesting reading. The problem with most of those educated in western style, tend to become cultural slaves of the western world. We in India also consider the spiritual aspect of man. Rural surgery which took its roots in India, harks back to this aspect of education to evolve mankind to a higher being. To be able to work towards "thy need is more than mine" requires a certain attitude of strength for man to share with the 'have nots' of which Yombo is very much aware. We will have to continue to face this situation in future with the newcomers.

Best wishes.

J K Banerjee MS, FRCS
Past president ARSI and Founder member IFRS.

4.

Dear Dr. Paul,

I have gone through your letter about your experience in India and comments of others. I was one of the four delegates who attended your conference at Eruwa. It was really heartening to see Dr Yombo waiting for us at Lagos airport and taking care of us till we came back.

Yes, we did not reciprocate in the same way for many reasons. First of all to receive you people at Mumbai airport and arrange your travel to Ratlam (place of conference) would have been very difficult for the organisers because of long distances and lot of expenses which is beyond our budget of the conference which is very meagre.

If Yombo had requested for arrangements for receiving at Mumbai and sightseeing at Mumbai we could have arranged for our travel agent friends or even our ARSI members in Mumbai to make that arrangement.

In any of our conferences (not only ARSI but in all other conferences) all delegates have to spend for their travel expenses except for one or two invited guest speakers who are given travelling expenses. Organisers can make only arrangements as done at Indore Air-port where a taxi was arranged to take you people to Ratlam.

Moreover as written by Dr Basu, Dr Malaviya (organising secretary) was new to our Association, his place Ratlam was well known and well connected by train, road and by air so he might have thought that people can reach there easily. Way back in 1998, when I had arranged our conference in my small town Dondaicha which was very odd place to reach we did have arranged free transport from main rail heads and nearby airports for all the delegates.

Regarding food as Dr Basu has written, if one goes to other countries one just cannot expect to get food of their choice. When in Eruwa three of us were strict vegetarians and could not get food of our choice and taste but thanks to Mrs Awojobi who looked after us very well by providing 'vegetarian food' which ever was available locally. Same thing we had to face in Ifakara (Tanzania) in 2007.
We are sorry for the inconveniences faced by you. I have just tried to explain the circumstances and causes for those conditions.

I will send copy of your letter to the organisers of next combined conference of IFRS and ARSI so that may not be all but they can try to rectify some of the factors to improve your stay in India. You are welcomed to attend the next conference in Nov. 2003.

As per ARSI resolutions we do wave off 'Conference Registration' fees for 4-5 foreign delegates. We are not aware how many of you have to pay for Registration charges at Ratlam.

Yours sincerely,
Dr R R Tongaonkar
(President-elect.IFRS 2013-14)

5.

Dear Dr Paul

Thank you very much for your honest and frank opinion about the conference. Sometimes we take lot of things for granted and need reminders. I am sure all your concerns would be taken care of from the next conference onwards.

I have been to some of the surgeons conference [sometimes as invited speaker] and have been treated rudely even at the conference [leave alone the airport, hotel, etc] because I do not like wearing coat and suit to these conferences. Generally the rural surgery conferences have been more of exceptions as you do feel welcome to the conference and the people do not come to the conference to show off [or finish off those trying to show off]

As it has already been pointed out the organizers of Ratlam conference are new to ARSI conferences and have probably only attended the other surgical conference where no one generally cares about others.

During the last laparoscopic surgeons conference that I attended I was one of the last ones to arrive at the airport and after which few of the foreign [American and European] resource persons arrived. All the senior persons in the organizing committee had switched off their mobiles and I had a very tough time arranging for their transport to the venue at 3 am at night. I had nothing to do with the organizers and was only a delegate for the conference.

I once again apologize on behalf of the ARSI and hope you would have a much better time in the coming years

Closing with regards
J. Gnanaraj

6.

Dear Dr Gnanaraj,

Thank you so much for your encouraging response. It has to be understood that the purpose of my write-up is to look back critically, at the just concluded ARSICON 12 and point out areas of
possible improvement. It was never a smear campaign in whatever guise. In the event that my write-up is able to influence a positive change, then my day would have been made. Once again, thank you so much especially for taking out time to give us a befitting treat at the Brookfree Mall, Coimbatore. I also want to thank your wife for his openness and motherly disposition towards us while in India. She really made us feel very much at home away from home.

With kind regards

Dr Paul Jesuyajolu

MY TRIP TO INDIA - OCTOBER 2012

by

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INTRODUCTION

The 20th annual conference of the Association of Rural Surgeons of India was held between 26th – 28th October 2012 in Ratlam, Madhya Pradesh. The theme of the conference was “RURAL SURGERY: THE PAST, PRESENT AND FUTURE”. This write-up summarizes my experience visiting India for the first time and attending the conference.

THE TRIP

Dr O A Awojobi, Dr Paul Jesuyajolu, Dr Ayo Awojobi and I set out from Lagos at about 1pm on the 23rd of October. We arrived in Mumbai at about 4am local time after a 9 hour flight with a stopover in Ethiopia. Dr Awojobi’s friend Suresh met us and arranged taxi to take us to the hotel. They were four and a half hours ahead of Nigerian time. When the plane landed, there was applause from some passengers. I was never to fully adjust to the time difference as I found myself sleeping late everyday around 1-2am local time but waking up early regardless.

Going to our hotel, the roads didn’t look much different from some places in Lagos, even the driving was similar. The cars were different though; lots of tricycles, mini-cars, mini-buses. In the course of my stay, I found out that they have the “mini”-version of quite a number of things eg. cars, buses, cups, spoons, soft drinks (21cl).

We went on a tour of Mumbai the following day with Suresh, his wife and three kids. We visited the gate of India which was built for King George and Queen Victoria of the United Kingdom to make an entrance into India when they first visited India. There were a lot of poor people and shanty houses, and the streets weren’t particularly clean; it kind of reminded me of the movie SLUMDOG MILLIONAIRE. There were also lots of people everywhere we went but there was always police present and we had to walk through security detectors in some places.
The police stopped our taxi at a point and asked to look at the papers. It ended with the driver tipping the policeman ‘naija’ style. However, another time we slowed down where we shouldn’t have, a policeman was about to stop us then he saw that we were taking pictures so he allowed us to move on. In Nigeria, the policeman would have taken the opportunity to make money off the tourists.

We parked somewhere while the Indian driver and Suresh changed our foreign currency to rupees at the rate of one dollar to fifty two rupees. It was the face of Mahatma Gandhi on all the denominations. Some beggars came to the car window, and they would actually knock on the window to get attention.

They employed all sorts for transportation- horse, cow, buffalo, motorbike, car, train etc. Several times when we were travelling by road, we had to slow down to allow cows to majestically cross the road or saunter on down the road. We came across farmers with herds of buffalo too going on the street.

The next day, we flew one hour to Indore and then travelled three hours by road to Ratlam M.P which was where the conference held. There was no bare land throughout, it was all farmland. I later learnt that over three quarters of Indians were farmers hence most of their food was locally grown and they had little need to import food. This was due to the fact that some time in the past, there was a ban on importation and a maximum bar on foreign exchange so that went a long way to make them self sufficient.

THE CONFERENCE IN THE NORTHERN PART OF INDIA

The conference was interesting. There were two other Nigerians present as well - Dr. Saliu and his wife. They had been in India for about six weeks prior to the conference. He gave a presentation on his experience in India. Dr Awojobi also gave a presentation on the challenges to rural surgery in Nigeria. There were no long speeches or lectures at the conference. There were two chairpersons for each segment of about 1-2hours; their role was to make sure the speaker did not digress and that the presentation was given within the stipulated time. They had absolute authority to stop speakers, allow questions etc.

Most of the presentations took 10mins, some 20mins and those that were given 30mins spent less than 30mins. It was therefore easy to follow the presentations from beginning to end without getting bored or distracted. They were seriously disciplined! They kept to time, even on the days we didn’t start on time, tea and lunch breaks were taken at the stipulated time and we still finished at the stipulated time. There were about 70 presentations during the 3-day conference! There was also a session of fathers and sons practising together in a rural setting, Dr Awojobi and Ayo were also in this session. Dr Awojobi had no prior knowledge of the session. So, it was a nice coincidence. They all spoke about their experiences, challenges and factors that influenced their decisions. It was very interesting.

Post graduate students also gave presentations on their experiences/ cases they had seen.

In the course of one of the presentations, a question was raised about the affordability of a certain procedure and the answer really struck me. The chairman said “don’t worry, we are
Indians. We shall Indianise it, we will study this technology and look for a way to replicate it in a more affordable form”. They didn’t talk about any fundraising or about importing it.

Dr Paul, Ayo and I became overseas members of the Association of Rural Surgeons of India.

At the end of the conference we were all given certificates of attendance.

My main challenge was the accent with which they spoke English. It was sometimes difficult to understand and at the hotel, it was sometimes easier for me to write down what I wanted to say and have them write the reply.

Their food deserves special mention. They have vegetarian and non-vegetarian food. At the conference we ate vegetarian food throughout which was mostly some rice, different sauces, chapatti which was like flat bread made with wheat and different sauces alternating with some other things. I noted a few manageable things and looked out for them at all the meals. The ice cream was good though- but it was mini-ice cream (very small). Even the non-vegetarian food didn’t look it because we could hardly locate the chicken in the chicken fried rice; it was just a few white strands. Most of the Indians ate with their hands, but spoons were available. They also ate standing most times except at the banquet.

Most of the houses in India were storey buildings with flat concrete roofs so they could go on the rooftops. The restaurant of the hotel in Ratlam was also on the rooftop and the dinner in their Indian Medical Association hall was on the rooftop. I felt this was because the buildings were so close together with no space around them.

There was a banquet on the second night, where we were entertained with Indian songs and dancing. We, the Nigerians, also went on stage to sing and dance to some Yoruba Christian songs, and taught some of the delegates to dance. We rounded off with our national anthem. Ayo played the keyboard to accompany it all. It was a fun night. Our attendance at the conference was reported in the local newspaper.

We were taken to visit their temple; we had to take off our shoes. It was a large expanse of land with about six different small temples. They went to each of the temples bowed down there and took some sort of communion. We weren’t allowed to take pictures.

We also visited the cactus garden which is the biggest in Asia, they had really giant plants. (Figure 1) All the towns had some sort of tourist attraction.

They had drinking water spots everywhere at intervals on the streets, in the mall and airport which was treated and not like the ordinary tap water.

THE SOUTHERN PART OF INDIA

After the conference, we travelled to the southern part of India, it was about three hours by road and two one hour flights from Indore to Mumbai to Coimbatore! This part was much more developed than the north. Almost everyone could speak English to an extent. They had malls, more modern cars and cars as taxis in addition to the tricycles. We stopped at a mall to eat at
MacDonald’s before continuing on for about an hour to Karunya (where we stayed, it was on the outskirt of the town).

We visited a hospital there which used to be the university clinic. Dr J Gnanaraj showed us round the hospital, it wasn’t a very busy place, but they had a very organised setting. He also showed us a new treatment for diabetic ulcers using a vacuum pump. I had a tooth filled at the dental clinic there. Registration, procedure and medication cost me less than 500 rupees (about N1500) Meanwhile I had seen a dentist back home in Lagos a week before going to India who had asked me to pay N8000 for the procedure alone. I had also had xray of my tooth done for 80 rupees (N240).

We also visited the University of Karunya which is a Christian university. Dr Awojobi gave a lecture to the engineering students there. The males and females sat separately in class (culture). My impression of the university was that they focused more on functionality. It was a beautiful place with nice gardens etc. However, the office of the Head of Department didn’t have air conditioning or fridge or luxurious furnishing. It had a table, chairs and a computer. The floors were even bare in some places. They generally had windows up to the ceiling for ventilation.

They showed us the laboratory where the engineering students worked on their projects and demonstrated some of it to us eg transmitting heart sounds into visual waves on a laptop, it could be designed to work on a wireless network and send text message to the doctor or nurse. This was a project that university students were working on!

We had met some Nigerian students earlier, one of them explained to us that they did a lot of practical and extra coaching was organised for people who were not meeting up. Every semester, they also had internal university exams and general exams that all the universities in India took so that they could be at par with one another. And that even during exams, they continued with lectures and practicals.... so it was a lot of hard work. Incidentally, the few black people that we met were Nigerians and mostly from the east.

Dr. Gnanaraj and his wife took us to the city so we visited the malls where we bought some stuff and ate. Dr Paul wanted to buy saree for his wife so we went to the saree shop. I used to think the saree was sown and you wore it, but it was just a crop top with a long wrapper which was wrapped round and round and pinned in place! (Figure 2)

Mrs Gnanaraj invited me to learn some Indian cooking in their home. Their home was very simple. We cooked the chicken with some oil without water and then made some rice. We must have used over a dozen spices to cook the chicken. We also made raisin bars. It was nicer than the conference food as she wasn’t vegetarian and she admitted to disliking the food from Ratlam (the conference city). Everything we used was made in India, including the stainless steel bowls. They had a good steel industry and also exported it. She kept asking me what we produced in Nigeria; I couldn’t really come up with any answer. The previous day, Dr Paul had told her that we grew cocoa, and she asked why we didn’t bring any. Even I hadn’t seen the cocoa that was grown in Nigeria!! Eventually, I told her that we produced garri from cassava and we didn’t import that... and then she asked me “do you export it?” so I got stuck again.
She also told me that it wasn’t all parts of India that had constant electricity. That in some parts like where her parents stayed they sometimes had light for just about 8hrs a day. That this was due to corruption as India was a very rich country. Someone at the conference had told me the same thing when i had asked why some people were so poor. There were a lot of poor people and poor looking houses right next to better looking houses, just separated by a short fence.

The person at the conference explained that they had a caste system which was like levels 1 to 4 (historically) and the people accepted it as their destiny. The level 1 were like workers who served the rest of the levels, 2 were like soldiers for defence, 3 were like traders or businessmen and 4 were to serve God. He told me he belonged to d 4th level. He explained that there were a lot of things in place to recognise what caste anyone belonged to based on factors like complexion, dressing, mode of speaking etc. He said it was very difficult to go from one level to another but one could try, but their religion taught them to be content with whatever they had wherever they were. So I guessed that could explain why they were so advanced and yet still had such poverty.

We were surrounded by mountains. So, on the second day in Karunya, Dr Paul said he wanted to climb the mountain. We got a tricycle to take us and found a forest reserve with a waterfall. (Figure 8) The tricycle took us there, waited and took us back. He overcharged us because we didn’t know how far the place was nor the rates of taxi fares. So, whenever they had the chance and knew they could get away with it, they could inflate prices much like what we had in Nigeria. We were told that they sometimes had elephants come by in the evening. Unfortunately, we didn’t see any elephant.

A bus drove us 2km. Then, we walked 1km up the mountains to reach the waterfall. They were very precise with distance, they described it in km. For instance, whenever I asked where or how far a certain place was, they’d say how many kilometers the distance was. Also, the tricycles had meters to calculate the fare although they didn’t always use them.

Coming back to Nigeria, the airport was so busy! There was a queue to go into the airport. We arrived early and had to stay in the waiting area till 4hrs before our flight. Despite this, checking in and going through security etc took so long because of the crowd that we were eventually left with less than an hour to boarding time by the time we finished. We returned on the 4th of November.

I slept through most of the flight back and on landing; the applause was much louder so I concluded that it was Nigerians that clapped.

It was a great experience; the people were very simple, from mannerism to dressing.

I LEARNT THAT:

- Necessity was really the mother of invention because they utilized everything they had and recycled a lot e.g. we were served biscuits with plates made from office paper.

- To look at resources around and see how best to use them or improvise them. We have a lot of resources in Nigeria...perhaps, the problem is that there are too many resources.
Functionality is key!

Presentations at conferences are best kept short and concise to make more impact.

**APPRECIATION**

I wish to thank Dr Awojobi for making it all possible - granting me this opportunity and for funding the trip.

My dad and sisters, for their support and contributions.

Dr Paul and Ayo for their wonderful company

Dr and Mrs Gnanaraj for their hospitality.

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**MY FIRST EXPERIENCE OUTSIDE NIGERIA - THE INDIAN TRIP**

by

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12th November 2012

**INTRODUCTION**

It has always been my father’s policy that none of his children would go out of the shores of Nigeria for anything whatsoever until they graduated from the university. My elder brother, ‘Yombo Jnr, travelled out of Nigeria for the first time in November 2009, a year after graduation as an electrical/electronics engineer from Obafemi Awolowo University, Ile-Ife when 50 Nigerian delegates attended the combined conference of the International Federation of Rural Surgery and the Association of Rural Surgeons of India (ARSI) Conference. Sometime in April this year,
daddy told me I would be accompanying him to India later in the year to attend the same conference after I would have graduated as a medical officer from the same university.

On the 6th of August, 2012, our results were pasted and thank God, I passed. So, the stage was set for my first trip out of the giant of Africa. I obtained my international passport at the immigrations office in Ibadan. Daddy and I made two trips to the Indian High Commission at 8A, Walter Carrington Road, Victoria Island, Lagos to obtain the visas after booking for the interviews on line. Dr. Jesuyajolu and my ‘senior colleague’, Dr ‘Korede Apampa, who graduated 3 weeks before me also travelled with us.

THE TRIP

We set out of Eruwa on Monday, 22nd of October around 5pm in company of our mechanic, Oga Foli. We stayed at the Apampas in Abeokuta that night and had a nice dinner. Early on Tuesday, we left for Murtala Mohammed International Airport, Ikeja, Lagos. Oga Foli took the car back to Eruwa. Our first flight with the Ethiopian Airline was at 1:35p.m. I’ve been to this airport several times to drop or pick family members or other people travelling but, this would be the first time I would be there as a traveller. I was already looking forward to my first experience in the air plane. We checked-in with no problems. About 90 mins later, Dr Jesuyajolu and Korede arrived and so the team was complete.

Around 12:30 p.m., we started boarding the plane, Boeing 777 according to the colours on our boarding passes. While waiting to take off, we were shown a video clip of some safety precautions. We took off at 1:35 p.m and the flight lasted about 4 hrs 30 mins. I enjoyed the taking off experience. While on the flight, I discussed my last days in the medical school with Korede, started reading a novel- WHO MOVED MY CHEESE?, watched some movies and slept. We landed in Addis Ababa and immediately connected the next flight to India in a smaller plane. We landed in Mumbai around 5a.m local time. It was then I saw what daddy had been telling us that in every place you saw 10 people in Nigeria, there would be 100 Indians in the same place. The arrival wing of the airport was filled with people but, one thing I noticed was that Indians were very patient. We cleared our bags with the security with no problems.

On getting out of the airport, we were received by daddy’s friend, Mr. Suresh Kalal, whom he met in 2006 when his friend, late Dr Segun Olutola went to India for kidney transplant. Suressh stayed in Ahmedabad, but purposely came with his family to Mumbai to meet us. We were taken to Hotel Comfort Inn where we lodged. After 4 hours of sleep interrupted by some room services, Dr Jesuyajolu, Korede and I went on a stroll on the street. We were ‘tourist attractions’ as ordinary Indians would ask us from which country we came. By the time we came back, Suresh had arrived in company of his wife and three children and we all went out on tour of the city. We visited the famous Indian gate, the Arabian Sea and the Taj Hotel.

The gate was a tourist attraction with hundreds of people trooping in and out. On our way back to the hotel, we exchanged some foreign currencies for the Rupee. We retired to our rooms in the hotel exhausted.

Suresh came early on Thursday around 8a.m. with a taxi and we were driven to the local wing of the international airport to take our flight with Jet Airline to Indore which lasted 75mins. The local organizing committee had already gotten a taxi man to meet us at the airport. Soon after, we embarked on our next trip by road to Ratlam, the venue of the conference in the Northern part of India. Since we got to India, I noticed that their roads were very solid and smooth. Also in India, animals have equal rights with human beings on the road.(Figure 1).
Three hours later, we arrived at the Hotel Ujala Palace, Ratlam where we were received by Dr. Rajesh Tongaonkar. We quickly settled down in our rooms, getting ready for the conference which started on Friday. Dr Paul, Korede and I met Deepak Sherma who became our friend and tourist guide in Ratlam. He took us to a near-by cyber café and helped us to buy sim cards for our phones. Doing all these, we had to register with our International passports. That night, I met Dr. C.J. Gaekwad, an orthopaedic surgeon who had retired from active practice but still active in post graduate training. He shared his medical experiences with me and advised me to follow my heart rather than my mind in whatever field I was going to specialize because the love would last longer. It was during dinner that I got to know I was going to be a vegetarian for a while. I was introduced to some Indian foods like chappati (which tasted like pancake) and Pulses. I liked the Chappati.

THE CONFERENCE

On day 1, we met Dr and Mrs Saliu who had been in India earlier. There was a surprise package for daddy and me. We participated in a symposium titled- TWO GENERATIONS PRACTISING IN SMALL TOWNS. I was asked if I would like to go back to Eruwa after my residency and why. I responded that I was already used to the life-style and that I never appreciated the city life where you would get on the road as early as 4a.m in order to get to work before 8a.m. It was a thrilling experience for me, talking in such a gathering for the first time! The following day, daddy delivered his guest lecture- UPDATE ON RURAL SURGERY TRAINING IN NIGERIA.

In the evening, we were taken to their temple in Ratlam and also went for the inauguration function at the Indian Medical Association Hall, Rajendra Nagar. It was on our way back that I decided I would write a report of my trip. Few minutes later, daddy asked me if I was going to write one! What a meeting of minds!!

On day 2, it was business as usual. Daddy bought some instruments to replace his old ones and as was usual with him, some of them were meant for appropriate adaptation. In the evening, we went for a Banquet at Champar Vihar Road, Ratlam. I ate chicken for the first time in several days. To my surprise, there was an obstetrician/gynaecologist who played the flute with the nose! At the end, we treated the audience to some Nigerian high-life music with me as the lead vocalist/keyboardist and capped it up with the Nigerian national anthem.

On the last day, Sunday, Dr. Saliu presented his paper- MY EXPERIENCE. The conference was capped up with a valedictory function where delegates were asked of their views about the conference and some plaques were presented to members of the Local Organizing Committee and other worthy members.

Throughout the conference, I observed that the Indians appreciated rural surgery more than Nigerians and again, I saw the power of documentation. They don’t like the Western world. I also became an overseas member of ARSI.

The day after the conference, Monday, was a ‘day-off’. Daddy and I went for a walk in the afternoon and in the evening; Dr. Gnanaraj took us to the cactus garden, about 45mins drive from Hotel Ujala Palace.
KARUNYA

Early on Tuesday, we left for Indore with Dr Gnanaraj and the Salius. We boarded a flight to Mumbai then to Coimbatore. We arrived in Karunya at night and lodged in Karunya University Guest House. It was here we met some Nigerians who were students at the Karunya University.

On our first day, we visited the Seesha Karunya Community Hospital where Dr Gnanaraj worked as the head of medical services. He showed us round the hospital and in the theatre we saw an adaptation of their operating table, using a stopper at the shoulder to prevent patients from sliding down in the head down position. (Figure 2) The hospital also donated some instruments to dad. During our stay, we also visited the Tamil Nadu Forest water fall; daddy delivered a lecture at the Department of Electrical, Instrumentation and Electronics Engineering. We were also shown an electronic stethoscope which was the project of a student finishing up with a small tour of the Bethesda International Prayer Tower where we were shown the Stations of the Cross.

On Friday, we went shopping at the Brooke Field Shopping Complex in Coimbatore. Mrs Gnanaraj accompanied Korede and me in buying shirts and jewelries while daddy, Dr Gnanaraj and Dr Paul went shopping for medical books. It was here I ate pizza for the first time! Daddy gave me a copy of a text book: LONG CASES IN GENERAL SURGERY by R Rajamahendran with an autographed note: ‘To Ayodele, CONGRATS for becoming a colleague. Yombo, 01/11/2012, in India’.

On Saturday, we set out on our return journey via Mumbai, Ethiopia and landed in Lagos around 12:20p.m on Sunday. We were picked up by Oga Foli and arrived Eruwa at 6pm.

ACKNOWLEDGEMENT

- Thanks to God for passing my final examination in the medical school after eight years of what should have been six.
- To daddy for sponsoring the trip.
- To the Gnanarajs for the hospitality while we were in Karunya.
- To Dr Jesuyajolu, Dr and Mrs Saliu and Korede for companionship.

Figure 1

Figure 2