Hear the Voice

1. Protocol formalities and salutations

Professor Benjamin, theVice-Chancellor University of Nigeria, Nsukka,
Deputy Vice-Chancellors and other Principal Officers of the University,
President of the University of Nigeria Alumni Association and other officers present,
Deans of Faculty
Directors of Institute and Centre
Heads of Department
Distinguished Professors
Past Inaugural Lecturers
Heads of Administrative Units
Distinguished Academics and Administrators
My Lords Spiritual and Temporal
Igwes, Chiefs and Elders
Gentlemen of the Press
Lions and Lionesses
Ladies and Gentlemen
et al

2. Welcome

Let me start by welcomingall of you present in this lecture.In spite of your busy schedule you were able to personally attend this inaugural lecture. I thank you for honoring the invitation to **Hearthe Voice.**I could not find words good enough to express my happiness that you attended this inaugural lecture. Today is especially a happy one for me.

I thank my Vice Chancellor, Prof Benjamin C. Ozumba, for giving me the opportunity to deliver this inaugural lecture and for chairing the occasion.

3. Preamble

Mr Chairman, permit me to explain to some people in the audience who may have come from outside the academia and who may be wondering what **inaugural lecture** is all about. It is actually an academic ritual, especially in Europe, thatwhen one newly attains the rank of Professor and occupies a chair, he is expected to deliver a public lecture to inaugurate his professorship. He tells the academic community and the general public about the works he had been doing and sets his agenda for future works. It could be compared to the Inauguration Speech usually delivered by a United States of America President when he is sworn in as President, usually on 20 January. However, this Inaugural Lecture is coming nine years plus after I became a Professor.

May I tell a short a story. During my secondary school days, in the 70's, at Christ the King College, Onitsha, it was fashionable for students to have a nickname. On my part, I declined. I neither choose one for myself nor allowed any to be conferred on me, because I did not understand its utility nor appreciate its value.
My classmates would not let that be. They gave me all sorts of nicknames such that they had difficulties knowing the one to call me. At a point, theydecided to meet to harmonanize the names by consensus of choosing one nickname for me. They were about agreeing that my nickname will be "**Archbishop"** when one *wise* one cautioned that if they choose that,I will give them the burden of addressing me as ***"His Grace"***.They would not do that, so they settled for the nickname**"Professor"** without considering the argument from yet another mate that *His Grace* is even a better option if given as a nickname. They also resolved that the nickname *Professor* should not be changed. Hence, I was nicknamed*Professor* by my peers, at the time I have not passed my School Certificate examinations. Needless to say that, I refused to **hear**noranswer **the voice** calling me *Professor*.

How could I **hear the voice** then, telling me that I will answer when called *Professor*, when I have not passed School Certificate examinations? Today I readily answer PROFESSOR. In fact, it took me years of hard work followed by an application to earn the title from the University of Nigeria with effect from 01 October, 2005. I now **Hear the Voice**addressing me as *Professor***.**

How times and values have changed.Was their voice prophetic? Who knows, if they had opted for *Archbishop*, I will be pontificating today in an archdiocese and not professing Otorhinolaryngology in this University?

4. Points to note and outline of the lecture

This is the first inaugural lecture emanating from the Department of Otolaryngology of the University of Nigeria. It is by the Grace of God that I am giving this first inaugural lecture from the Department, for I stood on the shoulders of giants who worked in this department and occupied the Chair of Professor of Otolaryngology before me. I was lucky in that it pleased God to allow me deliver the first inaugural lecture from a Chair of the Department.

Inaugural lecture is an event attended by people from the academia and the general public. Hence I shall present the lecture in a language devoid of technical terms so that all personsin the audience will understand the communication effectively. After all, you need to **Hear the Voice** speaking and understand the message. Inaugural lectures had always been a forum for the lecturer to reflect on the journey to the Chair of his academic discipline. My journey to the Chair of Otolaryngology-Head and Neck Surgery, at the University of Nigeria, is intricately tied with theevolution of the Department of Otolaryngology and its academic training program; and this being the first inaugural lecture to originate from a staff of the department, who incidentally, was a pioneer Resident and its first fully indigenous alumnus to serve in the Department as

a Professor, I deem it fit that the *Departmental* activities and achievements should be integral part of this inaugural lecture.
The title of this lecture **Hear the Voice**has two main key words *Hear* and *Voice*. Hence I will focus this lecture on,

(i) the Department of Otolaryngology, especially its educational activities
(ii) Hearing, and
(iii) Voice

All these are as they relate to the works we do and will do, the profession I profess, and their values and significance to our daily healthy existence. I hope that the topic will raise awareness of the health issues related to our hearing and voice.

5. Department of Otolaryngology

5.1. The Beginning of Department of Otolaryngology

The Department of Otorhinolaryngology, University of Nigeria, came into existence in 1974 after the Senate of the University of Nigeria, Nsukka, gave approval for its establishment. Before then, it was a unit in the Department of Surgery. Dr.Anyaegbunamadministered the unit in the hospital (including years it was General Hospital, Enugu) from 1955 – 1974 as the pioneer Ear, Nose and Throat (ENT) Surgeon while Dr. Gibbs from Glasgow Infirmary, United Kingdom, was a visiting consultant.
Prof. Benson C. Okafor, who would later become the doyen of Otorhinolaryngology in Nigeria, joined the Department as a Senior Training Fellow (Senior Registrar) on the 3rd of July 1973. He was appointed a Consultant ENT Surgeon in 1974, and by 1st October 1983 became a Professor of Otorhinolaryngology – the first indigenous Professor of Otorhinolaryngology in Nigeria.
Dr. D. K. Murkharjee, was employed to the post of Senior Lecturer/Consultant (Otorhinolaryngology) in 1973.He was the acting Head of the Department of Otorhinolaryngology from 1974 – 1979.

The other staff in the evolution of the Department were: Professor Michael N. Obiako and ProfessorOluIbekwe who were employed as consultants in 1977 and 1978 respectively; Mrs.Murkharjee, an Audiological staff, 1974;and Mr. N CNwaogbo an Audiometrician, 1977. Resident Doctors/Medical Officers from Department of Surgery were rotating through the Department. When the Residency Training Programme took off in 1985, Dr. Basil C. Ezeanolue and Dr. Benjamin C. C. Okoyewere the pioneer Otorhinolaryngology Residents.
Furthermore Dr.NnenniaC. Mgbor and Dr Patrick E. Udeh buoyed the staff strength as Senior Registrars later in 1985, while Mrs AyodeleUkaejiofor was appointed the Speech Therapist in 1987. We had dedicated hardworking Nursing Officers in the department.

5.2. Roll Call Of Past Heads Of Department Of Otolaryngology

The list of the past Heads of Department of Otolaryngology and the periods are as below:

Dr. D. K. Mukharjee	-	1974 - 1979
Prof. B. C. Okafor	-	1979 - 1982, 1998
Prof. M. N. Obiakor	-	1982 - 1985, 1988 - 1997, 1998/99
Prof.A. OluIbekwe	-	1986 - 1988
Prof. N. C. Mgbor	-	1999 - 2002, 2004 - 2006
Prof. B. C. Ezeanolue	-	2002- 2004; 2006 - 2008; 2011 -2012
Dr. I.J.Okorafor	-	August 2008 to July 2010
Dr.F. T. Orji	-	August 2010 to July 2011; Aug 2012 – July 2014

5.3.Departmental Vision, Mission, Service Charter and Core Values:

In 2009 we formally articulated these ideas, beliefs and values that were driving the Department since its inception in these words:

5.3.1. Vision:

To be a foremost centre of service, learning and research in Otorhinolaryngology Head and Neck Surgery that will be second to none in the world.

5.3.2. Mission:

To train medical students and Doctors in the art and science of Otorhinolaryngology.Committed to offering/uplifting knowledge base and scholarly research while delivering first class services in the fields of Otorhinolaryngological and allied specialties, to the peoples of Nigeria in particular and the human race in general.

5.3.3. Service Charter

* To offer quality training to students in Ear, Nose, Throat, Head and Neck medicine and surgery
* To contribute to knowledge through cutting edge research
* To offer best patient care through a dedicated team

5.3.4. Core Values

Sincerity of purpose, Professionalism,
Dedication to duty, Co-operation,
Scholarship, Motivation and
Self sustainability.

5.4. Alumni of the Department

Medical students had their clinical rotations through this department from the first set of medical graduates to pass out of this University till date. Similarly, House Officers rotate through the department since 1980.

Since the inception of the Otorhinolaryngology Residency Programme the following Regular Residents successfully completed the Residency training and obtained the Part II Fellowship in Otorhinolaryngology from this Department in the years indicated against their names:

5.4.1. Names	***YearCurrent Position/Location***
1. Dr. B. C. Ezeanolue	1990 Professor/Dean, University of Nigeria
2. Dr. B. C. C. Okoye	1990 Deceased. University of Port Harcourt
3. Dr. A. N. Udeh	1994 United Kingdom
4. Dr. O. G. B. Nwaorgu	1995 Professor, University of Ibadan
5. Dr. Emmanuel C. Aneke	1998 United Kingdom
6. Dr. Victor F Ette	1998 Senior Lecturer, University of Uyo
7. Dr. I. O. Gbujie	1999 Chief Consultant, University of Abuja
8. Dr. I. J. Okorafor	2001 Lecturer/Consultant, University of Nigeria
9. Dr. M. A. Ajaero	2004 Senior Consultant, Federal Medical Center, Owerri
10. Dr. F. T. Orji	2005Senior Lecturer/Consultant, University of Nigeria
11. Dr. J. N. Nwosu	2006 Senior Lecturer/ Consultant, University of Nigeria
12 Dr V C Ofoegbu	2010 Consultant, University of Nigeria Teac Hosp, Enugu
13. Dr C Anekpo	2011 Consultant, ESUTH Enugu
14. Dr N Ilechukwu	2011 Consultant, Federal Medical Center, Umuahia
15. Dr James Akpeh	2012 Lecturer I/Consultant, University of Nigeria

The Department also trained Supernumerary Residents in Otorhinolaryngology from other Centers. The Supernumerary Residents that had **all** their Residency training here and passed Part II Fellowship examinations are:

5.4.2. Names	***Sponsoring Institution***
1. Dr. A. D. Salisu	Aminu Kano Teaching Hospital Kano (AKTH)
2. Dr. E. Afiadigwe	NnamdiAzikiwe Teaching Hospital,

	Nnewi
3. Dr. M. Makusidi Usman	Dan Fodio University Teaching Hospital, Sokoto
4. Dr. E.S. Kolo	Aminu Kano Teaching Hospital Kano (AKTH)
5. Dr. E.A. Dahilo	Aminu Kano Teaching Hospital Kano (AKTH)
6. Dr Monday Agbonifo	Delta State Health Management Board/ Irrua Specialist Hosp
7. Dr Francis Ibiam	Federal Teaching Hospital, Abakaliki
8. Dr AmaliAdekwu	Benue State Health Management Board, Markurdi

The Supernumerary Residents that had**part** of their training rotation through our department and passed Part II Fellowship are:

5.4.3. Names	***Sponsoring Institution***
1. Dr. (Mrs.) N. Undie	University of Benin Teaching Hospital Benin (UBTH)
2 Dr.Okolugbo	University of Benin Teaching Hospital Benin (UBTH)
3. Dr. Paul Adobamen	University of Benin Teaching Hospital Benin (UBTH)
4. Dr. Lucky Onoti	University of Port-Harcourt Teaching Hospital PH (UPTH)
5. Dr. Solomon Labaran	University of Jos Teaching Hospital Jos (UNIJOS)
6. Dr Augustine Nwogbo	University of Port-Harcourt Teaching Hospital PH (UPTH)
7. Dr (Rev Sr) Carol	University of Benin Teaching Hospital Benin (UBTH)Onyeagwaram
8. Dr.Okundia	University of Benin Teaching Hospital, Benin City (UBTH)
9. Dr Daniel Aliyu	Usman Dan Fodio University Teaching Hospital Sokoto
10. Dr Godwin Obasikene	NnamdiAzikiweUniv Teach Hosp/Irrua Specialist Hospital

5.4.4 . Current List of Resident Doctors in Training

Dr Felix Nweke	Senior Registrar
Dr J T Ausha	Senior Registrar
Dr John Ugwuadu	Senior Registrar
Dr Chinwe O Ukegbe	Senior Registrar
Dr Ethel Chime	Senior Registrar
Dr Ogochukwu C Nwabueze	Senior Registrar
Dr NnaemekaUmedum	Senior Registrar
Dr OsitaAjuba	Senior Registrar
Dr C. Ossai	Registrar
Dr C. Nnadi	Registrar

5.4.5. Current Supernumerary Residents

Dr Peter Nnadede	Senior Registrar
Dr Mgbafulu	Senior Registrar
Dr Iwueze	Registrar
Dr B O Dike	Registrar
Dr Samuel Icheku	Registrar

The Department offered*short* duration postings to Residents of the Faculties of Ophthalmology, Family Medicine and Dental Surgery, many of whom have passed their part II Fellowship examinations.

6. **Delivering on our Mandate:** ***Departmental Voice wasLoud and Clear.***

The Department of Otolarygology, University of Nigeria had delivered creditably on its vision, mission, service charter and core values stated above (para 5.3). The importance and significance of the numbers and figures of our alumni will be more appreciated if you view them in relation to the number of the qualified Otolaryngologist in Nigeria at the inception of Residency training and today. Our products are delivering first class services to the whole country and beyond.

We must have given them first class training, otherwise the young department will not have had its productsin all parts of Nigeria and are heading departments and/or hospitals in Abuja, Uyo, Ibadan,

Kano, Minna, Nnewi, Abakaliki, Owerri, Enugu, Umuahia, Agbor, Kaduna, Irrua and Port Harcourt. They are leading in training, health service delivery and research in these places.
The products of the department pioneered the establishment ofOtolaryngological services in many centers across Nigeria. Here I mention NAUTH, Nnewi, UPTH, Port Harcourt, Aminu Kano Teaching Hospital, Kano, University of Uyo Teaching Hospital, Uyo, University of Abuja Teaching Hospital, Gwagwalada, Abuja, Federal Medical CenterUmuahia, Specialist Hospital, Minna, General Hospital, Agbor, Federal Medical Center, Makurdi, Borromeo Hospital Onitsha, and IyiEnu Hospital, Iyi-Enu, Ogidi.

7. **Operational system and Quality Management:**

TheDepartment is an operational component of our health care system. At the departmental level it is a system on its own right. Every component of the system interacts with one other. We have a vision and a mission to achieve. Our core values are what we develop and seek in others who interact with us. We constantly focus on the service charter we have. We do all we can to minimize errors in all our activities. We have a common aim which bonds us together.
We could not have achieved this much without the fruitful interactions we have with such other professionals in Audiology, Speech Therapy/Pathology and the Nurses in the wards, clinics and theater. Other specialist departments like General Surgery, Anesthesiology, Ophthalmology, Neurosurgery, Plastic Surgery, Maxillofacial Surgery, Radiology, Laboratory Medicines, Library and others are active in our training programs. The other departments of Administration, Pharmacy, Dietetics, Works and Stores are supportive of our activities. Our works are on-going. We succeeded because of the common aims we had.

8. **Our Collaborating Partners.**

The National Postgraduate Medical College of Nigeria and the West African College of Surgeons are the main examining bodies to formally evaluate our training efforts and certify our trainees. They ensure that our standards are maintained and quality assured. We have full accreditations with them.

We are the host center for the Revision Course of the Basic Biomedical Sciences for the National Postgraduate Medical College of Nigeria since 1996. We update the knowledge of doctors who want to improve them and candidates who are aspiring to train in Otorhinolaryngology for the Primary Fellowship examinations of the Postgraduate Medical Colleges.

The center I*started* at NAUTH, Nnewi, had enhanced the learning experience of our Residents too. Balsam Clinics, Enugu, provides the platform where additional teaching, research activities, clinical work experience and skills are acquired by the trainer and trainees in the specialty of Otorhinolaryngology in a setting different from the tertiary centers.

9. Jobs of the Otorhinolaryngologist-Head and Neck Surgeon and Physician

The *Otorhinolaryngologist-Head and Neck Surgeon and Physician* (hereinafter referred to as *Otolaryngologis*t or *Otorhinolaryngologist*) is the specialist medical practitioner and surgeon that treats diseases and disorders of the ear (otology), nose and sinuses (Rhinology), throat (Laryngology), head and neck regions. He/She is the expert in the art and science of the medicine and surgery of these anatomic regions. He trained to be both a physician and surgeon at same time. He is involved in Audiovestibular medical practice, speech disorders, sleep medicine and surgery, endoscopic surgery, allergic disorders and head and neck oncology. He/She is a key valuable member of many multidisciplinary teams.

These are the clinical services work we are doing as an Otolaryngologist. We attend to all persons of every age, and sex. We take care of peoples' ears so as for them to hear, maintain their

balance and learn, and be able to acquire speech. We take care of the larynx so as for them to breath, to speak, produce good voice that communicates what they hear and understood. We look after their pharynx and oesophagus so as to be able to swallow, eat and drink. We take care of the nose so as to perceive odour and breath filtered air and live healthy lives. Even when people sleep we ensure they sleep soundly and not have airway obstructed by any defects of the body. The quality of life of all persons of every age and race depends on our work. In all these we take care of the ear, nose and throat head and neck *network systems* so as to **hear the voice**and interpret meanings of the communications. These are the TheOtorhinolaryngologist is the doctor that helps you "**Hear the Voice"**.

The **academicclinicalOtolaryngologist**, in addition to rendering clinical services of Otorhinolaryngology practice stated above, has the added responsibilities of teaching, training others and researching on the subject matters of the specialty and publishing these research findings in peer reviewed journals. His job description is like any other academic staff of the University, in addition, he has clinical duties to perform. He leads the academia in public and community services in his area of specialization and beyond. [1,2]

10. Otorhinolaryngology and the Aviation Industry: Our Painful losses

May I draw an analogy between medical practice and that of the aviation industry where there are some parallels. They both have hierarchy of authority based on knowledge. The top leadership must provide enabling environment for a synergistic relationship to exist among all personnel cadre. Yet at critical moments, the individual decision-making process is in vogue in these two sectors, even when that decision may lead to catastrophe and additional input that is available in the decision-making process not sort or ignored. Here the pilot in the cockpit makes the final

decisionjust like the Consultant does in Medical practice. A high sense of responsibility is required with safety upper most in the decision taken and executed. One needs to be highly trained and experienced in order to rise to such occasions when it arises.
This department knew the pains and sorrows of such a catastrophe arising from the ADC Jet crash at Abuja in October 2006 when our own Prof NnenniaMgbor and the other our pioneer Resident, Dr B C COkoye, (then a Senior Lecturer at the University of Port Harcourt) among others perished in the accident. May their Souls Rest in Peace. Amen. Our colleagues were *en route* to Usman Dan Fodio University Teaching Hospital (UDUTH), Sokoto, on an accreditation visit, as part of the training monitoring activity of the Faculty of Otorhinolaryngology, West African College of Surgeons. They died in active service. This ill-fated trip could had been another routine active participation of the staff of the Department in Otolaryngology Training in Nigeria and the West African sub region.

11. Fellowship Training Program/Certification of Postgraduate Medical Colleges compared with the Doctor of Philosophy (PhD) of an University

There were arguments and debates as to the Postgraduate Medical Residency Fellowship and PhD certificates which of twois higher. The Fellowship program which we run leads to both an academic and professional certifications combined. The academic content is at a level any PhD program will hope to attain and the PhD program lacks the professional content of the Fellowship. One should not confuse the Fellowship program of the Postgraduate Medical Colleges with those awarded by some other professional groups that arenot in Medical Sciences or honorary ones of these groups or Polytechnics. These controversies only dissipate useful energy that should be channeled to our collective development efforts and individual progress.
The postgraduate medical educational training program leading to the Fellowship of the postgraduate medical colleges is unique in

design and execution. One is not saying that PhD certificates are not good but why compare incomparable certificates. We do not even have a Doctor of Philosophy (PhD) program in Otorhinolaryngology in any University I know of in this part of the world.

12. My Professional Medical Practice, Residency Training in Otorhinolaryngology-Head and Neck Surgery and Medicine and Educational Activities.

12.1. Beginning of Professional Medical Practice

My journey into medical professional practice started after a year internship and followed by another year of mandatory National Youth Service. At the time I was completing my National Youth Service in 1981, I opted to specialize in Surgery and possibly go into the sub-specialty of Plastic and Reconstructive Surgery. I secured admission into Surgery Residency Training programs of two separate first generation Teaching Hospitals in Nigeria. By the turn of events I decided not to start the Residency Training that year. Two years later, when I was ready to start, there was embargo on new intakes. This stretched for another four years - long ones at that.

Hence, I waited and continued General Medical practice outside the training program. This waiting period exposed me further to other options of specialist medical practice. It was during this waiting time that the hitherto unavailable training program in Otorhinolaryngology-Head and Neck Surgery was introduced by the National Postgraduate Medical College of Nigeria and the West African College of Surgeons.

One afternoon a family friend rushed her child to my house. You only need to **hear her voice** cry out to me: *"Doctor help, my child is choking, please help"*. Then she handed the child over to me. I could not help. I do not have the required expertise. The voiceless

child was *asphysiating* in my arms. I was about to pull out my car to do the *emergency* drive to Enugu, more than 100km away, when dramatically, there was Divine intervention, the object choking the child was spontaneously expelled. Life returned, the child cried and I **heard the voice** of this child. That was it. I became fascinated with Otorhinolaryngology-Head and Neck Surgery and started giving it serious consideration as a possible career choice over Plastic/Reconstructive Surgery. Yes, I will train in Surgery but it has to be Otorhinolaryngology-Head and Neck Surgery. The decision was made.

12.2. Residency Training in Otorhinolaryngology at the Department of Otolaryungology, UNTH

I sat for and passed the primary Fellowship examinations of the National Postgraduate Medical College of Nigeria, from my general medical practice base, in the very first examination organized by the then newly created Faculty of Otorhinolaryngology of the College. With that I became the first candidate to sit and pass an examination of the Faculty in the National Postgraduate Medical College of Nigeria. Armed with this pass result, I applied to the Department of Otolaryngology, University of Nigeria Teaching Hospital, Enugu, for Residency Training in Otorhinolaryngology-Head and Neck Surgery. I was so admitted into the program as a pioneer Resident in June 1985. The second pioneer Resident in the specialty was Dr Benjamin C COkoye, of blessed memory. In May 1990, I sat for and passed the part II final Fellowship Examination of the National Postgraduate Medical College of Nigeria in Otorhinolaryngology (FMCORL). With this I became the first Resident to earn my fellowship (FMCORL) cerification by sitting and passing all the three stages of the fellowship examinations in the Faculty of Otorhinolaryngology of the National Postgraduate Medical College of Nigeria. In October 1990, when I became eligible to sit the Final Fellowship of the West African College of Surgeons (FWACS), I also sat and passed the examinations.

12.3. Academic Clinical Otolaryngologist, Researcher and Teacher

I joined the University in November 1991, as Lecturer I, to continue my *learning* and started a career as an academic clinical Otolaryngologist Head and Neck Surgeon with the added primary responsibilities of teaching, research and clinical services in the Department of Otolaryngology, College of Medicine, University of Nigeria. This was in the era when take home pays were below poverty line and seasoned clinical academicians left the Universities/Hospitals for greener pastures of the Gulf States of Arabia peninsula, United States of America and western Europe. Our department and specialty were not exempt from this brain drain phenomenon. All the nations training centers were affected.
I found myself assuming responsibilities of training Residents at a level higher than my years of experience in the specialty at that time. Thank God for my teachers and trainers in Otorhinolaryngology, for the high quality of the training they gave us. We had a robust Residency training programme. I stood tall on the tripod of Professor Benson C. Okafor, Professor A OluIbekwe and Professor Michael N Obiako, among other teachers. They bore me on their shoulders. I did the best I can to imbibe the best of the quintessence of learning and good virtues from each of my teachers. I listened to and **heard their voices.**
With the temporarily departure of most of my trainers from the department, I found that I have to assume the great responsibilities of the training activities of the department, among its other functions. It was as a challenge that must be met. I discovered that I must speak in a voice of an Educationist. This led to my second interest which is Medical Education

12.4. Formal training as a teacher

I recognized that *teaching* is a profession requiring specialized knowledge and skills in Education. I imbibed teaching skills in all

informal settings I have the opportunity and still do. Then the National University Commission (NUC) came up with the online formal training of Nigerian academic staff that does not posses teaching qualification in their Virtual Institute for Higher Education Pedagogy (VIHEP) in 2003 and 2004. I grasped the opportunity, enrolled in education training programs and passed majority of their modular courses.

12.5. Activities at the Postgraduate Medical Colleges

The National Postgraduate Medical College of Nigeria and the West African College of Surgeons called me up for services immediately the minimum requisite statutory years of post fellowship experience were reached. Since then there was no break. These assignments offered me opportunities and platform to teach, learn and practice Otorhinolaryngology-Head and Neck Surgery.

13. Hearing and Speaking: Person May be Deaf but not Dumb

I will continue with the key words **Hear** and **Voice**of this lecture. Voice is sound energy produced by the organs of the body, especially the larynx (voice box) where the primary sound is generated.

The voice and language skills are functional abilities that distinguished *Homo sapiens* from the rest of living things. It is with this skill that man dominated all other living things. It evolved as the apex achievement of the human intellectual ability. Voice is the sound produced by man's organs that are perceived by the ear. Voice is involved in human activities of speaking, crying, shouting, and singing. It is through voice that ideas and thoughts are communicated. Note that, *Homo sapiens*is not the organism in the animal kingdom with the best hearing acuity but excelled in voice.

One cannot develop the skills necessary for speech production unless one hears - perceives sound with the ear and that will have

to be early in life, otherwise the ability is lost forever. Inability to hear early in life would lead to inability to develop speech; hence the person becomes **deaf** *and wrongly described as***dumb.**Yes, the person is only lacking ability to speak but not necessarily unintelligent. There is interface between hearing and speaking with hearing a pre-requisite to speech production.

14. Hearing

To hear is to perceive sound energy with the ears. Sounds are energy vibrations which exist in the form of waves. These sound waves can be described in terms of

frequency *(pitch)*,
amplitude(*loudness*), and
quality.*(wave forms)*

15. Brief Anatomy of the ear

The ear is divided into external, middle and inner ear. The external ear is composed of the pinna, external auditory canal and outer layer of the tympanic membrane.
Pinna is assessed for by its size, shape and position on the persons head. Note that each person's pinna is as unique as the person's face.
The middle ear is air-filled space containing the three ossicles, muscles and nerves. The ossicle namely; malleus, incus and stapes are linked together in synovial joints and held together by ligaments. The malleus handle is enveloped in tympanic membrane while the footplate of stapes is attached to the oval window which is on the cochlear.

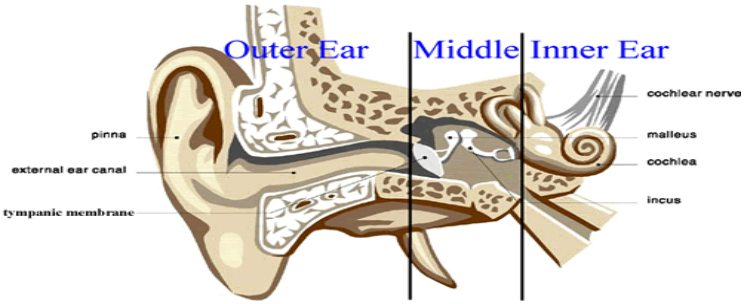
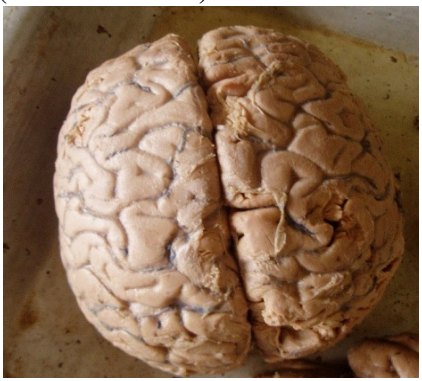


Diagram courtesy of ENTAA Care

The inner ear is composed mainly of the cochlea (for hearing) and the vestibular apparatus (for balance). Neural connections arise from the cochlea to ascend to the cerebral cortex.

- Cochlea
- Vestibulocochlear (VIII) Nerve
- Low brain stem
- High Brain Stem
- Cerebellum
- Auditory reception (cerebral cortex)
- Non-auditory reception (cerebral cortex)



(a) Brain stem (b) Cerebral Cortex

Photographs of (a) brain stem and (b) Cerebral Cortex

16. Physiology of hearing

The sound waves are collected by the pinnae and pass it on through the external auditory canal to strike the tympanic membrane. The external canal also resonates the sound. The vibratory motion of the tympanic membrane is transmitted through the air filled middle ear through the connected ossicles namely, *malleus*, *incus* and *stapes*, in this sequence, to the oval window. Thus the cochlea is stimulated by the sound waves.

Sound conductions do occur through the ossicular chain as well as the vibrations transmitted to the cochlea (acoustic) through the whole body (whole body coupling) and the bones of skull (auditory coupling)

From the above facts, it is established that the stimulation of the cochlea by sound waves is done through several complex but related routes of sound conduction
The sound waves stimulating the cochlea are converted to electrical energy and the impulses are transmitted through the auditory pathway to the brain. This pathway is from the cochlea nerve to the higher centers of low brain, midbrain and the cerebral cortex. It is further recognized, analysed and meaning attached to the sound. As a matter of fact it is the brain that ultimately hears. [3]

17. Measurement of hearing acuity

The human ear can identify sound frequency ranging from 20 to 20 000 Hz. However, the ear is differently sensitive at different frequencies. The human ear is most sensitive to sound frequencies of 500 to 8000Hz and sharply not sensitive in low and higher frequencies.
In clinical audiometry, the unit of measure of hearing threshold is the decibel Hearing Level (dBHL)

18. Concept of Hearing Loss.

Expressions “Hearing loss” and “Hearing impairment” were used interchangeably in this lecture.
Hearing impairment is a broad term used to describe the loss of hearing in one or both ears. There are different levels of hearing impairment. Hearing impairment refers to complete or partial loss of the ability to hear from one or both ears. The level of impairment can be mild, moderate, severe or profound [4].

On the other hand**, deafness** refers to the complete loss of ability to hear from one or both ears.[4]

19. Global Burden of Hearing Loss

In 2012, the WHO released estimates on the magnitude of disabling hearing loss based on 42 population based studies. It estimated that 360 million persons or 5.3% of world's population were affected. They were made up of 183 million males, 145 million females and 32 million children. A third of persons aged over 65 years are affected. Of course the sub-Saharan region had unfair share of these figures.

19a. International Ear Care Day

The International Ear Care Day is celebrated on the 03 March of each year. The aims are to raise awareness and promote ear and hearing care across the world. Year 2014 theme was: *Ear Care can Avoid Hearing Loss*while in 2013 the theme was *Healthy Hearing, Happy Life – Hearing Health Care for the Ageing People.*

19b. Causes of hearing loss.

The World Health Organisation stated that: **"Infections of the ear are the leading cause of hearing loss**

> *Another 32 million affected by hearing loss are children under age of 15. Infections of the ear are the leading cause of the disability, especially in low- and middle-income countries. Prevalence of disabling hearing loss is highest in South Asia, Asia Pacific and sub-Saharan Africa, according to the latest WHO review of available studies.*
>
> *Infectious diseases such as rubella, meningitis, measles, mumps can lead to hearing loss. Most of these diseases can be prevented through*

> *vaccination. Other common causes include exposure to excessive noise, injuries to the ear or head, ageing, genetic causes, problems during pregnancy and childbirth (such as cytomegalovirus infection or syphilis) and the use of medications that can damage hearing."*[5]

The burden of work load in our Otorhinolaryngology Clinics including that of University of Nigeria that most patients present with Chronicsuppurative otitis media (CSOM) This is known to cause hearing loss**.** [6,7]

19c. Types of Hearing Loss

a) Hearing sensitivity loss. This is caused by an abnormal reduction of sound being delivered to the brain by a disordered ear. It is the most common type and may be further classified as

- Conductive hearing loss
- Sensorinueral hearing loss
- Mixed hearing loss
- Retrocochlear hearing loss

b) Supra-threshold hearing disorder,is delayed or disordered auditory nervous system development in children.

- Speech recognition ability
- Auditory processing disorder

c) Functional hearing loss. (non-organic)

- Exaggeration or feigning of hearing loss
- Children with functional hearing loss often are using hearing impairment as an excuse for poor performance in school or to gain attention.
- Adults may be seeking compensation

20. Effects of Hearing Loss

Hearing impairment affects all age groups but its effects on the child are more devastating than in adults. Its adverse effects are on:early communications, language development, auditory processes, psychosocial and cognitive development, educational progress and achievement

21. Solutions to Hearing loss and the Millennium Development Goals (MDG)

The solutions to reducing the incidence and impact of hearing loss are focused on prevention, early detection and management /rehabilitation of the hearing loss

If theMillennium Development Goals (MDGs)are implemented effectively, it will put in place conditions that will prevent some of the causes of hearing loss and reduce risk factors.

Immunizing children against childhood diseases, including measles, meningitis, rubella and mumps, according to national recommendations were helpful.Immunizing women of child-bearing age against rubella before pregnancy is desirable.

Testing for and treating syphilis and certain other infections in pregnant women.Improving antenatal and perinatal care
Avoiding the use of ototoxic drugs unless prescribed by a qualified health care worker and properly monitored for correct dosage.
Referring jaundiced neonates for diagnosis and possible treatment.
Avoiding the effects of loud noise through reducing exposure (recreational) and not using noisy toys

22. Hearing screening

Neonatal hearing screening is a strategy for early detection of hearing loss. The critical period of early detection and intervention is when the child is less than six months of age. To wait for failure to achieve important speech and language skills milestones at age

of 2-3years may be late as irreversible delays in the speech and language development had occurred. We must have as a matter of policy procedure for universal neonatal hearing screening or at least screening of neonates with high risk factors.

23. Hearing rehabilitations

Persons with disabling hearing impairment should be have their hearing rehabilitated with assistive hearing devices or reconstructive ear surgery.

Departmental Outreach and Advocacy

I lead the Department of Otolaryngology staff on an outreach programme to the Special Schools for the Deaf at Ogbete, Enugu, in July 2012 and a follow-up in February 2013.
The schools were two, made up of;-
(i) Special Primary School for the Deaf; and
(ii) Government Special Secondary School for the Deaf

They are located in the same premises with the enrollment figures of seventy-nine (79) and two hundred and fifteen (215) students for the primary and secondary schools respectively. The students of the schools are boarding or day students.
We examined a total of one hundred and eighty-four (184) students and one staff. Sixty-one (61) of the students benefited from fitting hearing aid while sixteen (16) were of doubtful benefit. Doubtful benefit in the sense that hearing threshold was slightly improved but discrimination of sound for speech understanding was poor. The only staff examined benefited from use of hearing aid.

The advocacy efforts of the Department were carried out at the highest policy decision body of Enugu State Government. A preliminary result was submitted to the State Ministry of Health after the July 2012 outreach visit. Yours sincerely was invited to

the State Executive Council meeting to present the report and field questions. The outcome was positive. Immediate approval was given by His Excellency, Governor Sullivan Chime, and work commenced a few weeks later in the renovation of the Schools premise and infrastructures.

Specifically,

(i) Renovation of the health center building and provision of basic medical equipment to the school Health Centre; including observation beds and office furniture.

(ii) Renovation, equipping and re-activation of the Audiology Unit of the Health Centre. This unit will also maintain the hearing aids of the students.

(iii) Provision of hearing aid to some of the students.

(iv) Intervention was also extended to other non-health infra-structures in the Schools.

This was an example of where we wanted authorities to **Hear the Voice** and they heard. This was in effect health care advocacy that resulted in positive intervention.

24. Advocacy for hearing health:

Physician advocacy was described as *"action taken by a physician to promote those social, economic, educational, and political changes that ameliorate the suffering and threats to human health and well-being."* [8.]

Some people had suggested that advocacy should be included as one of the competences to the formally taught while training physicians. Others oppose it on the grounds that advocacy is political action and seeks change rather than knowledge. [9.] Whatever your position on the matter, it will be helpful to embark on advocacy without being drawn into the political aspects of it.

Advocacy for hearing health isaimed to achieve: that all may hear. This should be done through:

- Advocacy in all tiers of government on legislation issues of hearing healthcare;
- Budget and health system;
- Community enlightenment on hearing and out-reach programmes;
- hearing loss prevention, treatment and rehabilitation;

25. Voice

Voice is so essential to human existence that the word **voice** found its way into every day phrases. In the English language, we have such usages as

i. *have a voice in* something,
ii. *voice something,* out
iii. *give voice to,*
iv. *keep your voice down,*
v. *lose your voice*
vi. *raise your voice*
vii. *at the top of your voice*
viii. *with one voice*

The **human laryngeal voice** we hear is a product of three anatomic components of the respiratory system that operate as a wind and string instrument. The lungs are the bags where the air that powers the voice is stored and released as the need arises. The larynx is where the vocal cords are situated. The vocal cords vibrate as the air expelled from the lungs pass betweem them to produce the primary sound voice. The third component is the articulators and resonators found in the chest cavity, trachea, pharynx, tongue, nasal cavities, paranasal sinuses and mouth.

In **alaryngeal voice production**, the vocal cords role will be substituted by the walls of the oesophagus or pharynx.

The voice of every individual is unique. It is the identity of that person and often reveals the inner emotions of the person. That is why if you answer a phone call you could tell from the voice at the other end of the line if it is a child, or an adult male or female. You may even tell the approximate age of the adult or if the person is happy or sad. Voice is becoming an important factor in biometric identification.

This fact is also illustrated by a story in the Holy Bible of when Isaac was old and his eyes were dim so he could not see. He wanted to bless his first son, Esau, before he dies. At that time his wife and Jacob conspired to take advantage of his failed visual acuity to deceive him. Isaac suspected that he may be making a mistake. So he tried to confirm the identity of his first son with his senses of touch and smell. Both gave false positive results because of the trick played by his wife and Jacob. However, Isaac said: *'The voice is Jacob's voice, but the hands are the hands of Esau' (Genesis 27:22)*[10].

26. Brief Anatomy of the Larynx

The larynx is made up of cartilages connected by ligaments and membranes, lined by mucous membranes and moved by muscles. In the living it forms the anterior prominence in the neck commonly referred to as the *Adams Apple*. In humans, it is of same size in both male and females until at puberty when the male larynx grows larger than the female and the quality of voice changes in what is commonly called **breaking of the voice** of the male at puberty.

Blood supply of the larynx is from the laryngeal branch of the superior thyroid artery, the laryngeal branch of the inferior thyroid artery and the crico-thyroid branch of the superior thyroid artery

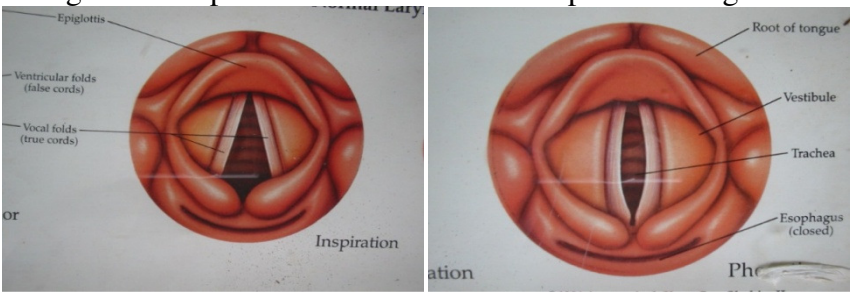
Nerve supply of the Larynx are from the superior laryngeal nerve and Recurrent laryngeal nerve. These are branches of the vagus (X cranial) nerve

Average measurements of the larynx in Adult males and females

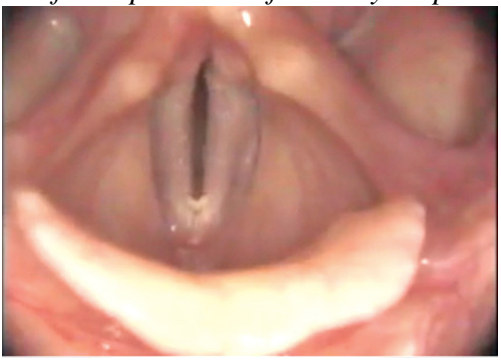
	Males	**Females**
Length	44mm	36mm
Transverse diameter	43mm	41mm
AP Diameter	36mm	26mm
Circumference	136mm	112mm

These differences in the dimensions between the male and female larynx also reflect in the differences of male and female voices. There are other reasons for the differences. Voice modulation is one of such.

*Fig. Views of the lumen of the larynx:*Indirect laryngoscopic views during inspiration and expiration:Diagrammatic



(b). Flexible fiberoptic view of the larynx: photographic



27. Diseases of the larynx

Any disorder or disease that affects the larynx will result in the affectation of the voice. The voice quality will change for the worse and may become hoarse. At times, diseases of the larynx may result in the inability to breathe air freely and there will be respiratory distress. Some common disorders of the larynx we treat that also affect the voice are:

a. Foreign body impactions in the larynx, especially in children
Tumours of the Larynx: malignant and benign
b. Carcinoma of the Larynx
c. Laryngeal papillomatosis
d. Laryngeal trauma
e. Laryngeal paralysis
f. Vocal abuse, nodules and polyps

It is important to emphasis that any lesion of the larynx has significant impact in the person's quality of life through the effects it has on the voice and ability to breathe freely. It is a game-changerof life. I will address two of these lesions listed above because of their common occurrences in our practice and impact on quality of life.

27.a. Foreign Body impactions in the aero digestive tract:

"Doctor help, my child is choking, please help".

This was the cry that convinced me that I should specialise in Otolaryngology-Head and Neck Surgery. I could not help when the lady cried out to me. It reminds me of the biblical story of John 4:49-50 where a man requested Jesus *"Sir, come down before my child dies. Jesus said to him 'Go; your son will live'*[10]. That was an instance of Divine intervention.

These days, I know what to do when I answer such distress calls from parents and patients. Medical practitioners and other health-workers still call out on these issues for help. God still intervenes

through the works of the Otolaryngologist. Yes, we are but instruments used in Divine interventions.

Foreign bodies could impact in the aero digestive tract sites of the pharynx, larynx, trachea or bronchus. The usual clinical history is that of a child who choked while having a meal or at play. The meal may have been served by the mother; care-giver or the child picked from the surroundings any object and inserts it into the mouth. This may impact in the throat or aspirated into the airway. The event is occasionally not observed. There will be coughing and choking. The attending adult will try to extract the offending object by inserting a finger into the mouth. This attempt usually fails. The child thereafter will have difficulty in breathing and becomes hoarse [11, 12,13.]

Most cases delay coming to the appropriate center for the removal of the foreign bodies. Some of these delays regrettably are often not fault of the parents or caregiver but delays from health care providers [14.]

27b. Carcinoma of the larynx

I choose this from the list above because it is a lesion with permanent effect on the sufferer. The person's voice is threatened and with it the whole personality and what makes him a complete *Homo sapiens*. But the good news is that it is a cancer that is largely preventable, in addition to manifesting early and therefore likely to be treated with long term survival period. My advice is that if one must suffer from cancer and the person is forced to choose one, cancer of the larynx is the one to choose, because you can overcome its consequences.

An important aetiology and risk factor is cigarette smoking. Risk of mortality from laryngeal cancer appears to rise linearly with increasing amount of cigarette smoked. Another is alcohol consumption, especially the spirits. This acts synergistically with cigarette smoking. Other factors are exposure to radiation, human

papilloma virus (HPV) infections, genetic predisposition and environmental. Note that these factors are also aetiological factors in other cancers of the head and neck region.

Cancer of the larynx occurs more often in males than females in the ratio of 8:1. However, this ratio is changing because the incidence in females is rising that was brought about by changes in lifestyle. While more females are smoking and consuming alcohol now than previously, less number of males are smoking cigarette. In addition, the HPV infections are increasingly becoming an important aetiological factor.

The histopathologic type is squamous cell carcinoma in 94 percent of cases. Often cancer of larynx will start as a pre-malignant lesion of atypia/dysplasia and progress through carcinoma-in-situ before being invasive carcinoma. The early symptom and sign of cancer of larynx is persistent loss of voice. This will progress till there appear other symptoms and signs such as difficulty in breathing, swallowing, neck swellings, coughing out of blood and weight loss. Diagnosis is made from clinical and endoscopic evaluations and confirm by tissue histopathology diagnosis. The disease could be staged from early (stage I) to advanced (stage IV).

Treatment decisions are a complex one that takes into consideration issues such as the sub-site of the lesion, grade of tumour, stage of the illness and presence or absence of other co-morbid conditions. Radiation treatment or conservative laryngeal surgery are the preferred treatment modality for the stage I because it controls the disease and preserves the voice. In the advanced stages radical surgery and chemoradiotherapy combinations is superior in disease control but the voice is lost. Radiation treatment and conservative laryngeal surgery will preserve the voice while radical surgery will not.

Follow-up for life is advocated. The survival from cancer of larynx is excellent, if started appropriately early. In fact a *complete*

cure, if there is such, is common. Many people had survived with full quality of life for several decades and later died of unrelated causes.

When radical laryngeal surgery (laryngectomy) was performed in the treatment of cancer of the larynx the person is no more able to generate sound from the larynx because the larynx was excised. Vocal rehabilitations had to be undertaken by provision of prostheses, electrolarynx or more natural way of training in esophageal speech.

Unfortunately for us most of our patients will present in advanced stage of the disease when voice preservation is not advised. In 1995, we published our experience in oesophageal speech after laryngectomy for cancer [15]. Of the 30 patients we had then, 22 were candidates for radical surgery and only 16 of them underwent the surgery while 6 others declined and took their discharge against medical advice. Only 10 of the 16 laryngectomees underwent speech training sessions to learn alaryngeal speech.

28. World Voice Day Celebrations: 16 April

> ***"The History of World Voice Day***
> *The voice is more important than ever—in school, on the job, and for social interaction. But many abuse their voice by smoking, shouting, drinking, or poor speaking technique. When problems occur, treatment is often ignored, leading to more significant problems.*
>
> *To address this,* ***World Voice Day*** *was established as a special day of awareness, recognition, and celebration of the human voice. Commemorated*

> *each year on **April 16th**, World Voice Day owes its roots to a group of Brazilian voice care professionals who decided to celebrate the voice in 1999 by establishing Brazilian Voice Day.*
>
> *Since that time, this day has grown to become a global day of recognition, as members of the American Academy's Speech, Voice, and Swallowing Disorders Committee communicated with colleagues from Brazil and Europe to establish the global World Voice Day we celebrate today.*
>
> *World Voice Day serves as an education campaign to inform the public of the importance of the human voice and the need for preventative care."* [16].

The World Voice Day (WVD) celebration became a global event in 2002 and had held annually since then. The theme in 2010 was ***Love your Voice*** while

in 2011 it was ***We share a Voice,***
in 2012 it was **Your Voice Counts,**
in 2013 it was **Voice Matters,** and
in 2014 it was **Educate Your Voice.**

"People do very little to take care of their voices," said Michael M. Johns III, MD, associate professor in the department of Otolaryngology – Head and Neck Surgery at Emory University School of Medicine and the director of the Emory Voice Center in Atlanta.

> *"Everywhere you go, people are screaming over the crowd at the bar, talking way too loudly into their mobile phone in a crowded area or while they are driving down the road, or yelling at their kids. What that means is that people are not recognizing that there are limits to what their voices can do and that there is damage they can do to their vocal cords*

if they don't take care of them," he said.

29. Here are a few health tips on how you take care of your voice

- ✓ Keep yourself well hydrated.
- ✓ Don't smoke.
- ✓ Don't scream or shout. Use a microphone if you need to project your voice.
- ✓ Rest your voice if you have laryngitis (infection of the larynx).
- ✓ Get evaluated by an Otolaryngologist (Ear, Nose and Throat physician) if you have persistent hoarseness.

30. Voice Recognition Technology

The human voice is high up in the scale of evolution of living beings. In fact only *Homosapiens* evolved speech. Voice is now a biometric identification tool. Its potentials are enormous and may surpass other biometrics. So also will be its negative use.

The software to convert text to speech and speech to text had been with us for over a decade. It is a common program of our personal computers. This technology is taken higher by recognizing the voice as that of its specific owner. We are now having household appliances that respond to our verbal commands and some even *talk* back in reply.

The down side of it is that once there is a digital recording of your voice of a speech, persons with other intentions could manipulate it such that they type a text they composed and let the machine read it out, purporting it to be you speaking [17.]

31. Interplay between Hearing and Voice/Speech

The ear perceives sound but makes no meaning out of it, till it is transmitted to the cerebral cortex where it is processed. The reasoning of the individual and the cumulative experiences are used to interpret the sound and *hearing* takes place. The brain understands the sound and organizes the response. Impulses are

sent to the larynx and its intrinsic and extrinsic muscles are activated for the production of voice. When a person is having an auditory processing disorder (APD), hearing and speech are disconnected [3]. The consequent effect is determined also by the age of onset of this disorder. There are various severities of APD and so various levels of disability it manifests as.

32. Hear the Word of God: *Verbum Dei*

The living hears the voice of the Son of God so as to have abundant life. To everyone the Lord says: *"Behold, I stand at the door and knock; if anyone hears my voice and opens the door, I will come in to him and eat with him, and he with me"* (*Rev* 3:20) [10].

The Psalmist wrote *'O that today you would hearken to his voice!'* (Psalm 95:7). No one ever hears the voice of God and fails to be changed. Saul, who later became St Paul, heard the voice of God and thereafter was not able to see, eat nor drink for three days, until God sent Ananias to heal him. Saul became a changed man. (Acts 9:1-30) [10].
I can with reasons tell you that God the Son made man, Jesus Christ, was also a great specialist Otolaryngologist. During His time on earth he opened the ears of a man, the man's tongue was released and the man spoke plainly. The people *'were astonished beyond measure saying," He has done all things well; he even makes the deaf hear and the dumb speak"*'(Mark 7:32 – 37).Again when one of his disciples struck a slave of the high priest with a sword cutting off his right ear Jesus '*touched his ear and healed him'* (Luke 22:51) [10].

God gave us voice to use positively. When no one spoke out against those who do evil as happened in the past, God made '*a dumb ass spoke with a human voice and ..*'(2Peter2:16) [10].
Let me quote the holy bible where it is written: *'Truly, truly, I say to you, the hour is coming, and now is, when the dead will hear the*

voice of the Son of God, and those who hear will live'. (*John* 5:25) {See also v. 28} [10.]

33. Hear my *Credo*: My beliefs that shape the way I Profess Otorhinolaryngology

I believe in God the Father Almighty. I believe in God the Creator of the universe.
I believe that Christ has died, Christ has risen and Christ will come again.
I believe in *verbum Dei*(word of God). I believe in the voice of God.
I believe in doing the will of God.
I believe in the resurrection of the dead.
I believe in the healing power of God.
I believe that God still speaks to us and hear our voice.
I believe in the dignity of man and like my University motto states: **To restore the dignity of man.** I believe in hard work, and dignity of labour. I believe that a labourer is entitled to a just wage. I believe in serving God, especially through my works.
I believe in love of God and love of neighbor. I believe that no man should be discriminated against for whatever reason. I believe in social justice. I believe in equality of all men (and women too). I believe in empowerment of all.
I believe in academic freedom.
All these beliefs shape my attitudes and actions; in what I hear and what I voice out, in how I profess Otorhinolaryngology Head-and-Neck Surgery. The essence of my existence is to serve the true living God to the best of my ability through this profession of academic clinical Otorhinolaryngology.

34. Conclusions

The Department of Otolaryngology had done excellently well in its educational role of producing high level manpower for our

Universities and health care delivery system. Its health care delivery efforts were unequalled.
There are unmet needs amongst our populace on their hearing and voice health. Most causes of hearing impairments are preventable. The most severely affected are the young children. The available facilities are over stretched.
Community practice of Otorhinolaryngology will help create awareness, inform the people of their health enhancing actions and to present early at the appropriate centers with their ailments for optimum intervention before permanent harm is done.

35. Recommendations

The Department of Otolaryngology will need to start degree programmes in such fields as Audiology, Audiovestibular Medicine, Speech Pathology and Communication disorders.
Provision of hearing rehabilitation services to persons with hearing impairment early in life is essential so that speech and language capabilities could develop in them.
A Hollywood award winning actress Melee Martlin who became deaf at age of 18 months gave a keynote address to the American Academy of Otolaryngology Head and Surgery in September 2011 and using sign language she said *"You need both a medical eye and an eye on the social and cultural needs of your patients…. "Children with hearing loss need more than hearing aids, cochlear implants and special education. They need dreams. They need health care providers who encourage and support their dreams. … "Dealing with patient with disabilities is not just about the quick fix or assistive devices and the special classes. It is about allowing them to bloom. Assistive devices work. At the end of the day your greatest gift is allowing them, encouraging them, helping them to dream. Courage + Dream = Success*[18.]

36. Dedication

I dedicate this inaugural lecture to my father, the Patriarch of the Family, Chief Fred D O EzeanolueEzepue, (1918 to 2013) *IchieOkpalaUgogbuzue of Akwaeze,* you spared no resources in training your children and others. You valued education. You gave yourself formal education by self tuition through correspondence colleges in the 40's and 50's. You were a Community leader that lead the Community by example. Your discipline, industry, resourcefulness, truthfulness, integrity, courage and prayerful life are some of your virtues we are emulating. You could have been present at this gathering, if this lecture was delivered at the initial time it was conceived. But Almighty God wanted you home in heaven; hence in the early hours of 7 September 2013, you answered the Divine call. Thank you, Papa. Rest in Peace. Amen.

37. Hear My Gratitude

Mr Chairman, let me use this forum to voice my gratitude to so many persons who influenced my life and career. Even some interactions which people will perceive as of negative influence was not regarded by me as negative. All interactions offered me learning experiences and educated me to appreciate a good or bad influence when I encounter one. To all I have interacted with, I say thanks so much. You are highly appreciated. You are the lessons of life I learnt. I am forever grateful.

I thank Rev Sr Dr D. Twomey, MMM, FRCOG, *Nwanyibuife;* formerly of Mater Hospital, Afikpo. She is an Obstetrician and Gynecologist*per excellence.* This rare nun is an accomplished medical practitioner and trainer. I was her House Gynaecologist/ Obstetrician at Mater Hospital, Afikpo, in 1980. She taught me so many things that guided my life. She is my professional Mother Superior General and mentor. She taught me surgical skills, Obstetrics and Gynaecology so well that during my NYSC year and years in general medical practice, people mistake me as a Specialist Gynaecologist. I want to tell you that I still say my

prayers just before I make surgical skin incisions. Have your well deserved retirement.

I am grateful to Professor Benson C Okafor, the doyen, my teacher and mentor. His masterly understanding of the science and art of Otorhinolaryngology-Head and Neck Surgery was outstanding. His skills in research and scientific writing are unequalled. Your wise counsel is always appreciated. You contributed much to my professional attainments. I do not know what I could have been without your teachings.

You are the **mover** of the Department. You built the department and set a standard that was unequalled. Your legacies are still outstanding in the University. Your names are written in gold on the Otorhinolaryngological Hall of Fame.

To Professor A OluIbekwe, you were there for me. You provided a conducive learning environment and study materials. Your resources were freely put to my disposal. You were invaluable to me professionally. I still have some of your study literatures in my office. You are an excellent teacher.

I am enamored by the beauty of Ngozi. She is a friend, a companion, a confidant, a partner, a mentor, a mentee, a mother, an adviser, a supporter, a play mate, my love and wife. It had been for better and for worse. Our nuptial prayer to *"begin each new day together and share our lives forever"* is being answered daily. She is a great wife and mother to our children and grand children. She keeps the home running smoothly even when it is teeming with people. I could not have achieved much without her support. She is my home building partner. We built a loving home. Thanks Ngozi.

To my parents, Chief and Lolo F D O Ezepue, I am ever grateful. I pray that if I will ever I come back to this world may I have you as my parents.

My mother, Margret EzeanolueEzepue (nee Obidiako), *Uju*, is always sweet. You nursed and nurtured eight of us to adulthood. Your motherly care of us was unequalled. Your resourcefulness was legendry. You were always there for us in all situations. You are a role model, a Community Leader. Thank you, sweet Mother.
To my siblings, Caro, Fr Joe, Hygi, Felix, Greg, Kizito, Chuks and Getrude you were all wonderful. Growing up with and among you was great fun and experience.

I acknowledge and appreciate Chief CyprainObidike (*IchieEyisiOjinnaka, Akwaeze*) and my uncle Late Chief Raymond Obidiako (*Akubuife of Neni*) for their invaluable contributions to my education. Uncle Raymond died on 12 September, 2011, after a brief illness. It is sad that he is not present today in this lecture. I always miss him.

To the children of our home, you represent the future. It is great joy seeing you grow daily. Whenever I **hear your voices** in the home, I feel happy. I cannot imagine what the home will be like without my hearing your voices. You all showed understanding.
Chinenye, Amalachukwu and Chukwudi are the members of my senior home team; the *Pathfinders*. You came into this world, into our home, at the time my Residency training was ongoing. I was encouraged.

Uchechukwu, Chinelo and Elochukwu are members of my junior home team; the *Pace Setters*. You joined the family when the academic Otolaryngologist teacher was busy working and climbing the ladder of his profession. Your playful shoutings and singings make going home at the end of each day's work worth it. You are appreciated. Continue to hear the voice of your father and mother.

Somto, Chinyere, Afoma, Chukwunonso, and Odinaka, among others, are members of another home team; *Millennium United*.

You are all unique. You contributed to the warmth in the home, and your boisterous voices fill the home but always welcoming. I enjoy hearing your voices.

To my sons-in-law, Chukwuma and Chukwuma; and grand children, Basil III and Nnennia, I am glad you are there at all times. I am proud of you all.

38. Hear my Acknowledgements

Mr Vice Chancellor, Sir, permit me to appreciate some persons. I thank Professor Chiedu Nebo, former Vice Chancellor, University of Nigeria, under whose tenure my Professorship became a reality. I acknowledge my immediate past Vice Chancellor, Professor BarthoOkolo, and current Vice Chancellor Professor BC Ozumba for granting the permission to deliver this inaugural lecture.

I thank the Chairman and members of the University Senate Ceremonials Committee for their untiring efforts in organizing this inaugural lecture. The Music Department band members were entertaining. Thanks. I appreciate you all. I cannot forget colleagues, friends and well wishers who assisted me in organizing this lecture.

39. Hear the ending

In a lighter mood; a clergy man said that in heaven, the angels and saints sing all the time and no other activity is done there. It is non-stop enjoyment. This is also applicable to all inhabitants of heaven. Every inhabitant of heaven is a chorister. If this is so, then one needs only a functional ear and voice to fully participate in the heavenly merriments. That is, have a functional ear to hear the melodies of the voices singing and a voice to join in the singing. I speculate that we Otolaryngologist will certainly have a prominent place in heaven and we will be there. Remember that Jesus Christ, our redeemer God is an Otolaryngologist.

I thank God the Father, Who created me,God the Son made Man, who redeemed me andGod the Holy Spirit who sanctifies me.As is written in Romans 5:6 *'… that together you may with one voice glorify the God and Father of our Lord Jesus Christ'*[10].
Thanks for lending me your ears and voices.

REFERENECS

1. Ezeanolue BC. Current Challenges in Medical Education in Nigeria. Journal of the College of Medicine 2011; 16: 77-83

2. Ozuah, Philip O. Undergraduate medical education: Thoughts on future challenges *BMC Medical Education* 2002, **2**:8

3. Bellis, Teri James. When the brain can't hear.Atria Books. New York, 2002)

4. World Health Organisation Grades of Hearing Impairment. http://www.who.int/pbd/deafness/hearing_impairment_grades/en/index.html. 2002 (accessed 17th April 2012)

5. World Health Organisation. Media www.who.int/media/news/notes/2013/hearingloss20130227/en/ accessed 20 June 2014

6. Okafor BC Otolaryngology in south-Eastrn Nigeria I: Pattern of disease of the ear **Nigeria Medical Journal.**1983; 13:11-19

7. Ezeanolue BC, Okafor BC, Obiako MN. Hearing loss in uncomplicated chronic suppurative otitis media among Nigerians Proceedings of the XVII World Congress of International Federation of the Oto-Rhino-laryngological Societies.Zohny AG Ruben RJ ed. Elsevier International Congress Series 2003. 1240: 81 – 87.

8. Earnest MA, Wong SL, Federico SG. Perspective: Physician advocacy: What is it and how do we do it? **Academic Medicine**. 2010;85:63–67.

9. Thomas S. Huddle,:Medical Professionalism and Medical Education Should Not Involve Commitments to Political Advocacy. **Academic Medicine.**2011;86:378–383.

10. The Holy Bible. Revised Standard version.

11. Ezeanolue BC and UlasiTO Unusual life-threatening beef bone impaction in the pharynx of a very young infant **Tropical Journal of Medical Research** 1999;3:97-99.

12. Ezeanolue BC, Izuorah KLA, Ezike HC. Tracheobronchial Foreign Bodies In Nigerian Children: Clinical Profile And A Technique Of Administering Anaesthesia During Rigid Bronchoscopic Removal **Journal of the College of Medicine University of Nigeria** 2003, 8 (1) 27 – 29.

13. Afiadigwe EAE, Ezeanolue BC, Nwaigbo CC. A clinic-pathologic analysis of children with foreign bodies in the larynx in Nnewi south-east Nigeria.**Tropical Journal of Medical Research 2011**; 15:56-59

14. Okafor BC Foreign bodies in the larynx. – Clinical features and A plea for early referral **Nigeria Medical Journal** 1975; 6:470 - 472

15. Ezeanolue BC and Ukaejiofor AC Oesophageal Speech after Laryngectomy for Cancer. **Nigerian Journal of Surgical Sciences** 1995; 5:22-24

16. World Voice Day. *http://www.entnet.org/AboutUs/historyWorldVoiceDay.cfm accessed 24 Sep 2011*

17. Singer Natasha Human Voice, as game changer. New York Times 31 March 2012 (http://www.nytimes.com/2012/04/01/technology/nuance-communications/ accessed 02 April 2012)

18. Martlin, Merlee Keynote address to the American Academy of Otolaryngology Head and Neck Surgery 21 September 2011 at San Francisco USA.

List of Publications by Professor Basil ChukwuemekaEzeanolue

1. Mezue WC and Ezeanolue BC Nasopharyngeal Carcinoma in the differential diagnosis of intra cranial subtemporal masses. **African Journal of Medicine and Medical Sciences** 1994; 23: 177-180

2. Gugnani HC, Ezeanolue BC, Khali M, Amoah CD Ajulu EC, Oyewo EA Fluconazole in the therapy of tropical deep mycoses. **MYCOSES** 1995; 38:485-488

3. Ezeanolue BC and Ukaejiofor AC Oesophageal Speech after Laryngectomy for Cancer. **Nigerian Journal of Surgical Sciences** 1995; 5:22-24

4. Ezeanolue BC Self-Financing of Government hospitals in Nigeria. **Nigerian Medical Journal** 1997; 32 (2):64-66

5. Ezeanolue BC and Aneke EC Peace-Time gunshot injuries: A 5-year experience in Otolaryngology. **Journal of College of Medicine University of Nigeria**. 1998; 3 (2): 69-72

6. Ezeanolue BC Localisation and Removal of swallowed radiolucent dental prostheses impacted in the cervical oesophagus **Journal of College of Medicine University of Nigeria** 1999; 4(1):46-50.

7. Ezeanolue BC Salivary gland neoplasms: A descriptive analysis of the pattern seen in Enugu. **West African Journal of Medicine** 1999; 18 (3) :179- 182

8. Ezeanolue BC and Mgbor NC The Running Nose: A review of Rhinorrhea from Non-Neoplastic diseases at the Otolaryngology Clinic of the University of Nigeria

Teaching Hospital, Enugu. **Journal of College of Medicine University of Nigeria** 1999; 4(2):90-92.

9. Ezeanolue BC Otolaryngological presentation of HIV infection. Nigerian **Journal of Surgical Sciences** 1999;9:30-33

10. Ezeanolue BC and UlasiTO Unusual life-threatening beef bone impaction in the pharynx of a very young infant .**Tropical Journal of Medical Research** 1999;3:97-99.

11. EzeanolueBC ,Aneke EC and Nwagbo DFE. Correlation of plain radiological diagnostic features with antral lavage results in chronic maxillary sinusitis. **West African Journal of Medicine** 2000;19(1):16-18.

12. Nwawolo CC, Odusanya OO, Ezeanolue BC, and de Lilly-Tariah OB. Clinical profile of acute otitis media among Nigerian children **West African Journal of Medicine** 2001; 20(3):187-190

13. Mgbor NC, and EzeanolueBC. A Review of Sinusitis: Aetiology, Complications and Management **Journal of College of Medicine University of Nigeria.** 2000;5(2) :108-112.

14**.** Ezeanolue BC. Results of screening a group of Otolaryngologic patients for HIV infection **Journal of the College of Medicine University of Nigeria** 2001; 6(1):17-19.

15. Ezeanolue BC. Management Of The Upper Airway In Severe Cut-Throat Injuries. **African Journal of Medicine and Medical Sciences** 2001;30:233-235

16. Ezeanolue BC. Residual and Recurrent Parotid Gland Neoplasm After Surgical Excision **West African Journal of Medicine**2002 ;21(1):5-8

17. Iseh KR, EzeanolueBC, Nwaorgu OGB .Patterns Of Congenital External Ear Anomalies Seen In The Otorhinolaryngology Clinic Of University College Hospital, Ibadan **Nigerian Journal Of Surgery** 2000; 7(1):20-24.

18. Ezeanolue BC. Writing Referral Letter As A Way Of Continuing Medical Education: An Otolaryngologist Viewpoint **Tropical Journal of Medical Research** 2000; 4(2): 33

19. Iseh KR, EzeanolueBC, Nwaorgu OGB Peculiarities of auricular sinus seen at University College Hospital, Ibadan. **Sahel Medical Journal** 2001; 4(2): 71-73

20. EzeanolueBC Long Steel Wire Penetrating Through The Upper Aerodigestive Tract in a home accident – A Case Report. **Journal of the College of Medicine University of Nigeria** 2002;7(2):87-88

21. Ezeanolue BC, Izuorah KLA, Ezike HC. Tracheobronchial Foreign Bodies In Nigerian Children: Clinical Profile And A Technique Of Administering Anaesthesia During Rigid Bronchoscopic Removal **Journal of the College of Medicine University of Nigeria** 2003, 8 (1) 27 – 29.

22. Ezeanolue BC, Okafor BC, Obiako MN. Hearing loss in uncomplicated chronic suppurative otitis media among Nigerians Proceedings of the XVII World Congress of International Federation of the Oto-Rhino-laryngological Societies. Zohny AG Ruben RJ ed. Elsevier International Congress Series 2003. 1240: 81 – 87.

23. Aneke EC Ezeanolue BC Profile of Aerobic Bacteria Isolated in chronic maxillary sinusitis patients. Nigerian Postgraduate Medical Journal 2004, 11(2):116-120.

24. Ezeanolue BC Odike MAC. Nasal Rhinosporidiosis :- A Case Report and Outcome of therapy with Fluconazole **Nigerian Journal of Otorhinolaryngology** 2004 1 (1):22 – 24

25. Ezeanolue BC and Obasikene G. Pattern of Otorhinolaryngological disorders seen in geriatric patients in a private Otorhinolaryngologic Clinic. **Nigerian Journal of Otorhinolaryngology** 2005, 2 (1) 13-16

26. Orji FT, Dahilo EA, Ezeanolue BC, Okafor BC, And Okorafor I.J Treatment Of Pharyngocutaneous Fistula Acquired From Incisions And Drainage Of Deep Neck Space Abscess In A Patient With Occult Third Branchial Anomaly. **Nigerian Journal of Otorhinolaryngology** 2005 2(2):86– 89

27. Orji FT, Ezeanolue BC Update on the Pattern of Tracheostomies at a tertiary Health Institution after 27 years.**Nigerian Journal of Otorhinolaryngology** 2006 3(1):8-15

28. Orji FT, Ezeanolue BC Evaluation of adenoidal obstruction in children: clinical symptoms compared with roentgenographic assessment **Journal of Laryngology and Otology** 2008, 122, 1201–1205.

29. MgbokwereUche, Ezeanolue BC, Ekwueme OC, Obiechina AE, and Oji Chima. Recognition of Odontogenic Cyst-Fluid Cholesterol concentration as a measure of serum cholesterol value of the patient. **Journal of the College of Medicine University of Nigeria** 2008 13(2):128 – 132

30. Orji FT, Okolugbo NE, Ezeanolue BC.The role of adenoidal obstruction in the pathogenesis of otitis media with effusion in Nigerian children.**Nigeria Journal of Medicine.** 2010 Jan-Mar;19(1):62-8.PMID: 20232759

31. Eziyi JAE, Amusa YB,. Nwawolo CC, Ezeanolue BC. Wax Impaction in Nigerian School Children. **East and Central African Journal of Surgery**. 2011;16 (2) 40-45

32. Afiadigwe EAE, Ezeanolue BCNwaigbo CC. A clinic-pathologic analysis of children with foreign bodies in the larynx in Nnewi south-east Nigeria. **Tropical Journal of Medical Research 2011**; 15:56-59

33. Afiadigwe EAE Ezeanolue BC, Ukah CC, and Onyiaorah VI. Infabtilefibrosarcoma of the parotid gland in a 6-year old female: case report and management challenges. **Orient Journal of Medicine** 2011; 23: 1-4

34. Orji FT and Ezeanolue BC Outcome of Adenotonsillectomy for sleep and breathing difficulties in Nigerian children with obstructive

adenotonsillarenlargement. **Indian Journal of Otolaryngology Head and Neck Surgery** 2012;64:131-136

35. Ibiam FA, Obasikene Godwin, Ezeanolue BC, Okorafor IJ. Acute otitis externa as seen at the University of Nigeria Teaching Hospital, Enugu**. Otolaryngology online Journal**. 2013; 3(2) 25-30

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