

**‘SPEAKING FOR THE DEAD TO
PROTECT THE LIVING’**

AN INAUGURAL LECTURE

By

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DEDICATION

This lecture is affectionately dedicated to:

- (i) The Almighty God for His infinite mercies.
- (ii) The two most important women in my life:
My mother, Late Danba Dan Fred-Horsfall and my wife,
Mrs. Daba D. Seleye-Fubara.
- (iii) All the medical students (both undergraduate and
postgraduate) I have taught since 1990 to date who are my
better teachers.
- (iv) My direct and foster children.

ORDER OF PROCEEDING

2.45P.M. GUESTS ARE SEATED

3.00P.M. ACADEMIC PROCESSION BEGINS

The procession shall enter the Ebitimi Banigo Auditorium, University Park, and the Congregation shall stand as the procession enters the hall in the following order:

ACADEMIC OFFICER

PROFESSORS

DEANS OF FACULTIES/SCHOOL

DEAN, SCHOOL OF GRADUATE STUDIES

PROVOST, COLLEGE OF HEALTH SCIENCES

LECTURER

REGISTRAR

DEPUTY VICE-CHANCELLOR [ACADEMIC]

DEPUTY VICE-CHANCELLOR [ADMINISTRATION]

VICE CHANCELLOR

After the Vice-Chancellor has ascended the dais, the congregation shall remain standing for the University of Port Harcourt Anthem.

The congregation shall thereafter resume their seats.

THE VICE CHANCELLOR'S OPENING REMARKS.

The Registrar shall rise, cap and invite the Vice-Chancellor to make the opening Remarks.

THE VICE CHANCELLOR SHALL THEN RISE, CAP AND MAKE HIS OPENING REMARKS AND RESUME HIS SEAT.

THE INAUGURAL LECTURE

The Registrar shall rise, cap, invite the Vice-Chancellor to make his opening remarks and introduce the Lecturer.

The Lecturer shall remain standing during the Introduction. The Lecturer shall step on the rostrum, cap and deliver his Inaugural Lecture. After the lectures, he shall step towards the Vice-Chancellor, cap and deliver a copy of the Inaugural Lecture to the Vice-Chancellor and resume his seat. The Vice-Chancellor shall present the document to the Registrar.

CLOSING

The Registrar shall rise, cap and invite the Vice-Chancellor to make his Closing Remarks.

THE VICE-CHANCELLOR'S CLOSING REMARKS.

The Vice-Chancellor shall then rise, cap and make his Closing Remarks. The Congregation shall rise for the University of Port Harcourt Anthem and remain standing as the Academic [Honour] Procession retreats in the following order:

VICE CHANCELLOR

DEPUTY VICE-CHANCELLOR [ADMINISTRATION]

DEPUTY VICE-CHANCELLOR [ACADEMIC]

REGISTRAR

LECTURER

PROVOST, COLLEGE OF HEALTH SCIENCES

DEAN, SCHOOL OF GRADUATE STUDIES

DEANS OF FACULTIES/SCHOOL

PROFESSORS

ACADEMIC OFFICER

PROTOCOL

- The Vice Chancellor
- Members of the Governing Council
- Previous Vice Chancellors
- Deputy Vice Chancellors
- Registrar and other Principal Officers of the University
- Provost of the College of Health Sciences
- Dean, Graduate School
- Deans of Faculties of Basic Medical Sciences, Clinical Sciences, Dentistry, Pharmacy and other Faculties
- Distinguished Professors
- Directors of Institutes and Centres
- Heads/Coordinators of Departments
- The Chief Medical Director, University of Port Harcourt Teaching Hospital and the Administration
- Other Distinguished Scholars and Administrative Staff
- Members of the Hospital and University Community
- Royal Fathers and Mothers here present
- My Distinguished Friends and Guests
- Unique Students of Unique Uniport
- Members of the Press
- Ladies and Gentlemen.

INTRODUCTION

Vice Chancellor Sir, it is a great privilege and honour to stand before you and your management team to give this lecture, marking my inauguration as a Professor of Anatomic Pathology in the Faculty of Basic Medical Sciences, College of Health Sciences of this great and unique University of Port Harcourt. The journey of serendipity started from 1982 at University of Calabar, Nigeria to 2012 at the University of Port Harcourt, where the professorial rank was attained.

This lecture **‘Speaking for the dead to protect the living’** which will be limited to homicide cases, was motivated by the ever-increasing rate of extra-judicial killings in Nigeria since 1999 to this day through kidnapping, gangsterism, cultism and by other means contrary to the laws of the country and the commandment of God Almighty **‘thou shalt not kill’¹ (Exodus 20:13)**. This knocked at the door of my earlier research carried out in 2002 (Pathology of violent deaths in the Niger Delta Region of Nigeria) therein, homicide is one of the components².

The laws that restrict killing of humans, appropriate judgements and punishments are clearly stated in **Exodus 21: 12 – 17¹** as:

¹² *He that smiteth a man so that he dies; shall be surely put to death.*

¹³ *And if a man lie not in wait, but God deliver him into his hand; then I will appoint thee a place whither he shall flee.*

¹⁴ *But if a man comes presumptuously upon his neighbour to slay him with guile; thou shall take him from mine altar that he may die.*

¹⁵ *And he that smiteth his father, or his mother, shall be surely put to death.*

¹⁶ *And he that stealeth a man and selleth him, or if he be found in his hand, he shall surely be put to death.*

¹⁷ *And he that curseth his father or his mother shall surely be put to death.*

Others are well documented in **Leviticus 24: 17**, and **Deuteronomy 19: 21**¹.

It was thought that, the coming of Jesus Christ would repeal or abrogate all or some of these Mosaic Laws but Christ said in **Matthew 5: 17 – 18**¹ that:

¹⁷ *Think not that I am come to destroy the Law or the Prophets, but to fulfil'*

¹⁸ *For verily I say unto you, till heaven and earth pass, one jot or one tittle shall in no wise pass from the Law, till all be fulfilled.*

The ideation of judgement and appropriate punishment based on the magnitude of involvement in an offence must have informed the thorough investigation of all types of death^{2,3} and the circumstances surrounding them.

There are cases of accidental death with homicidal circumstances, homicidal deaths with suicidal circumstances and natural deaths with homicidal circumstances, where suspects were erroneously accused, arrested, investigated and prosecuted for killing the victims. These cases and others, make the Anatomic Pathologist to 'speak for the dead through his professional expertise, to protect the living'.

GENERAL IMPRESSION ON THE ANATOMIC PATHOLOGIST

Many people including high ranking medical officers and academicians regard the Anatomic Pathologist as a doctor of the dead. Even in the hospital (UPTH), many people address the Anatomic Pathologist as the doctor whose patients never complain and always asleep; that his/her patients undergo open brain surgery without anaesthesia. Some people believed that he/she, is a superhuman backed by traditional forces because no normal human can deal with the dead as he/she is doing; forgetting that, it is not all about death but the living also benefit.

WHY SPECIALISE IN PATHOLOGY?

Despite these impressions, my call to Anatomic pathology was initiated by Professor C. O. Anah of the Department of Internal Medicine, University of Port Harcourt whom I worked with as a house officer in 1990 in UPTH.

Realising the fact that, pathology is the backbone or the stem of Medicine on which every branch of Medicine arose, the author and finisher of medical diagnosis, the consultant to medical consultants and a policeman to medical practitioners, stimulated my interest further to specialise in Anatomic pathology.

WHAT IS PATHOLOGY AND WHO IS A PATHOLOGIST?

Pathology is the study of the structural, biochemical and functional changes in cells, tissues and organs in disease and how the body responds to these changes^{4,5}. This definition simply reflects pathology, as the study of how a tissue or an organ of a healthy person changes to those of a sick person. Pathology is the medical science behind the diagnosis and the cure of diseases⁵.

A pathologist is a physician (medical doctor) with further training for at least four years at postgraduate level with certification (i.e. Part I professional certificate). He/she is the founder and leader of laboratory medicine and by extension, the controller of all personnel, procedure and functions of all the medical laboratories in the medical diagnostic services⁵. He/she provides the scientific foundation of Medicine and bridges the gap between basic medical sciences (Anatomy, Biochemistry and Physiology) and clinical sciences. (Internal Medicine, Surgery, Dentistry, Paediatrics, Obstetrics and Gynaecology).

DIVISIONS OF PATHOLOGY

Pathology is divided into four major areas:

- (i) **Anatomic pathology** (where I belong) studies the changes that occur in the structure and function of tissue in disease.
- (ii) **Chemical pathology** studies changes that occur in body fluid chemistry in disease.

- (iii) **Haematology** deals with diseases of the blood, blood components and blood transfusion medicine.
- (iv) **Medical microbiology and parasitology** studies micro-organisms that cause diseases in human.

At the University of Port Harcourt, these departments are domiciled in the Faculty of Basic Medical Sciences.

WHO IS AN ANATOMIC PATHOLOGIST AND WHAT ARE HIS DUTIES

After the preliminary training to become a pathologist, the Anatomic Pathologist may sub-specialise by undergoing further training (Fellowship) for at least two years to get additional qualification.

The additional qualification is a terminal academic and professional degree recognised by NUC and MDCN that ranked him/her lecturer 1 (one) in the University system and a consultant in the hospital setting respectively.

In addition, he/she teaches medical and paramedical students, trains resident doctors and conduct examinations for them. He/she also carries out research to improve knowledge.

The Anatomic pathologist is directly involved in histopathologic and forensic pathology services in which:

- (i) He/she examines diseased tissues e.g. a mass surgically removed from a patient (tissue biopsy) with the naked eye (grossly) and microscopically with or without other ancillary methods like special stains and immunohistochemistry to categorise the mass.

The singular responsibility to categorise diseases and confirm or refute earlier diagnosis of disease makes him/her the final arbiter of diagnosis or 'a Daniel has come to judgement' when they give an opinion on any disease⁵.

- (ii) He/she cytologically examines sample from fine needle aspirations, urine, sputum and abdominal fluid collections; exfoliated cells in body fluids e.g. cervical scraping, bronchial brushing and touch imprint on surface of ulcerated tumours⁶. These samples obtained are stained with Giemsa,

Papanicolaou (Pap) or Haematoxylin and Eosin stains and viewed under the microscope for interpretation and diagnosis of the disease.

(iii) The Anatomic pathologist also conducts autopsy, which is the examination of the dead body (post-mortem examination or necropsy) with a view to determining the cause and circumstances surrounding the death. It may be partial or complete (full) dissection of the body for the examination². There are two types of autopsies:

(a) **Clinical or academic or hospital autopsy** is performed with the consent of the next of kin or any of the relatives to arrive at the diagnosis of the cause of death⁷. It is usually requested by the attending physician, where diagnosis of the cause of death could not be reached during treatment or to confirm or refute preliminary diagnosis, where it was doubtful⁷.

(b) **Medico-legal or forensic autopsy** is performed on the instruction of the legal authority (the coroner) in circumstances relating to suspicion, sudden or criminal death and the information derived is to be applied in the administration of justice by the Law Court^{8,9}.

BENEFITS AND USES OF AUTOPSY

The benefits and uses of autopsy have been recognised since Lex Aquillia described the autopsy report of Julius Caesar performed by Antistius in 44BC that, out of the 23 stab wounds on the body, only one was a fatal wound⁹. Also in 1302, a court in Bologna ordered the autopsy of the body of Azzolino, who died under suspicious circumstances of alleged poisoning^{7,8}.

To this end, the benefits and uses of autopsy are as follows:

- To determine the cause and circumstances surrounding the death of an individual.
- Training specialists of anatomic pathology.
- Research to enrich knowledge.

- Teaching both undergraduate and postgraduate medical students, as well allied medical professionals.
- Clinical auditing of medical and surgical diagnosis and treatment.
- Confirming clinical diagnoses of diseases.
- Discovery of new diseases.
- Addressing legal issues.
- Settling the anxiety of deceased relatives.
- Understanding and studying the nature, cause and course of diseases.
- Precautions to protect the living siblings in cases of inheritable diseases.
- Medical auditing; that is, the physician learns from his mistakes (meaning learning from the dead to help the living).

MEDICO-LEGAL INVESTIGATION OF DEATHS

The importance of medico-legal investigation has been recognised in Nigeria since every person has the right to life and lives peacefully in their environment. The Government of Nigeria is vested with the responsibility of protecting her citizens and visitors; therefore, it has to inquire into the cause and circumstances surrounding the death of an individual or group of persons in order to avert secret homicide². For this reason, it is important to report all deaths to the office of the coroner for investigation through an inquest¹⁰⁻¹².

A Coroner is a person appointed by the local authority who is either a barrister, a solicitor or a legally qualified medical practitioner of not less than five years standing in his profession^{9,12,13}. The police and the district administrative officers act as the coroner officers. In districts with heavy workload, the State Government may appoint any other credible and competent person to act as a coroner, e.g. Justices of Peace.

The coroner's officers are responsible for taking the history regarding the circumstances of death and report the facts surrounding the death to the coroner. The coroner then orders a post-mortem examination of the body to establish the exact cause of death.

An Inquest is to inquire (investigate) into the circumstances surrounding the death of a person with an aim to record:

- (i) The identity of the deceased which should be made by the relatives, friends and sometimes by finger prints.
- (ii) Taking direct evidence as to the place (site), time and date of death.
- (iii) Noting the pathologist that conducted the autopsy, who may be called upon to give evidence in a law court.
- (iv) The circumstance in which the deceased came by his fatal condition.

This information is essential to the criminal justice system in preventing avoidable deaths⁹.

In practice, it is the pathologist's professional judgement that determines whether a particular death investigated by the coroner is likely to be **homicide, suicide, accident** or of **natural cause**. This is supported by the reports of the British Home Office in 1981¹⁴ on the services of the Forensic pathologist (the Wassermann report) which states that:

'The forensic pathologist plays a vital role in the criminal justice system. Strictly speaking, their responsibility is simply to undertake the post-mortem examination of bodies found in suspicious circumstance with an aim to establish the cause of death'.

Similarly, in 742 – 814AD, Emperor Charlemagne instructed judges to seek the support of medical evidence in Law Courts and rely on the evidence of the physician (the anatomic pathologist), especially in cases of suspicious circumstances¹³.

The cases that should be reported to the coroner's office for investigation include:

- Violent deaths (all accidental, homicidal and suicidal deaths).
- All deaths from industrial diseases.
- All deaths from poisoning.
- All deaths from prison, police and other custodies.

- Deaths from reasonable suspicion of criminal activities.
- Sudden unexpected and natural deaths.
- Deaths of children and infants.
- Deaths from misadventure (e.g. over-dosage of drugs, anaesthesia and during surgical procedure).
- Those brought in dead (unknown cases).
- All deaths in hotel rooms, brothels, institutions and public places.
- All deaths from abortion even when the cause is known.
- Physicians unable or unwilling to issue death certificates.
- Where there is suspicion of public health threat.
- Suicide, suspected suicide or assisted suicide.
- Deaths occurring within 24 hours of admission in the hospital.
- Deaths due to self neglect or negligence by others including medical attention.

Vice Chancellor Sir, before delving into the homicide autopsies I have performed and defended in Law court during the period under review, it is important to have an insight on the subject homicide.

HOMICIDE is defined as, the killing of one human by another^{2,14,16}. This definition embraces:

- (1) The killing by one who **plans** the death of another with malice aforethought.
- (2) One who lacks the purpose to kill, but means to inflict serious wound only.
- (3) One who acts in a wanton disregard for human life^{2,15-16}.

I believe that, homicide should be extended to include:

- (4) One whose action accelerates the death of another even when the victim is bearing a chronic or terminal disease^{2,15,17}.

The law therefore, recognised various forms of homicide¹⁸, which include:

- (1) **Justifiable** e.g. judicial execution by police to suppress riot or effecting arrest or in self-defence or the defence of

another against dangerous assault or preventing some crimes, such as rape, burglarious entry into dwelling home etc.

- (2) **Excusable** e.g. in self-defence, defending one's home or family or when it follows some **misadventure** beyond the control of the accused e.g. surgical procedure or in sports such as boxing.
- (3) **Criminal** which may be:
 - (a) **Murder:** A homicide accompanied by malice aforethought. It must be an unprovoked intent to kill or to inflict a grievous bodily harm likely to cause death or arise out of an attempt to resist an officer of justice to avoid arrest or escape from custody. To commit murder, two elements '*Mens-rea*' meaning pre-planned or aforethought and '*Actus-rea*' meaning actual execution, must work together to constitute the crime¹⁹.
 - (b) **Manslaughter** is homicide without malice aforethought; such as those resulting from unlawful acts e.g. fighting, criminal negligence as in misuse of firearms or killing resulting from gross provocation and abortion.
 - (c) **Euthanasia**, a mercy killing is strictly speaking, a premeditated homicide (murder) though requested by the victim and procured in sympathy¹⁵⁻¹⁸.
 - (d) **Fratricide** is the killing of brother or sister.
 - (e) **Matricide** is the killing of one's mother.
 - (f) **Patricide** is the killing of one's father²⁰.
 - (g) **Eldercide** is the killing of an elderly person²¹.
 - (h) **Infanticide** is the killing of a child less than one year of age by either or both parents or any other person.

In like manner, criminal abortion of foetuses especially after 40 days of conception, is regarded as homicide because, Aristotle (384 – 322 BC) gave an opinion that the 'soul' enters the body after 40 days of conception⁹.

In practice, most excusable homicides are treated as manslaughter owing to the fact that, there is no premeditation or intent to kill^{15,16,18}. In Nigeria and Sudan, homicides are not usually premeditated because, it usually occurs following dispute over small amount of money, hate speech, insulting languages, revenge, volatile conversations or arguments and jealousy^{2,15,17}.

Effect of Homicide:

- (i) Homicide in any community represents the ultimate deterioration of interpersonal interaction. The frequency of the killing in a given population furnishes an objective index of violent reaction to the cumulative stress in that environment²².
- (ii) It is commoner in societies, where the gap between the rich and the poor is ever-widening with the resultant disappearance of the middle class; therefore, homicide rate increases with the level of poverty in the society^{17,23-25}.
- (iii) Homicide is also said to be associated with defective psychologic environment like broken homes or personal hostility and the killing may occur in absolute psychiatric or neurologic illness²⁴.

Race: Homicide occurs mostly among people of the **same race** and the rate is greater in blacks than whites by 8 – 15 folds²⁵.

Age and sex: The age of the assailants and the victims were stated to be between 20–30 years in USA²⁶, corroborating my earlier study in 2003¹⁵ with an earlier age of 19–29 years in the Niger Delta region of Nigeria. Homicide is the leading cause of death in paediatric population in USA²⁷.

Males are more involved than females because, the male sex hormone makes them more aggressive, competitive and daring than female hence, the likelihood of getting killed in aggressive circumstances^{17,28}.

The instruments used in homicide: In this environment, the instruments include: firearms¹⁷, machetes, daggers, axes, club sticks,

ball pens, spears, explosives, broken bottles, stones, bows and arrows in different proportions^{2,15,17}.

Other methods include: pushing down from a height or at the same level, burning²⁹ and poisoning^{17,30}, blow by stud foot³¹.

Circumstances of homicide include

- ***Sexual assault*** in which the victims are killed during the struggle or after the act to avoid being reported and arrested by Law enforcement agents³².
- ***Political and electoral violence***, which are breeding ground for homicide in this country¹⁷ and elsewhere³³.
- ***Cultism and gangsterism*** are also well-known circumstances of homicide, where the killing pattern in some cases are likely to be mob action³⁴ with firearms and other penetrating weapons freely used^{35,36}.
- ***Armed banditry***³⁷.
- ***Communal clashes***^{17,37}.
- ***Illegal crude oil bunkering***.
- ***Hard drug peddling***.
- ***Kidnapping***.
- ***Revenge for previous offence***¹⁹.

Concealment of homicide:

Homicide could be concealed by different ways in this environment which include:

- Dumping of the body in the sea with heavy objects tied to it^{37,38}.
- Burning of the body with fire^{29,39} or corrosives.
- Burying in shallow grave⁴⁰.
- Hidden in uncompleted building, pits, bushes, etc.

It is worth noting that, a considerable number of road traffic accidental deaths are strictly speaking, homicide deaths since a good number of the drivers are convicted for manslaughter⁴¹⁻⁴³.

MY CONTRIBUTION TO THE ACADEMIC WORLD AND THE PRACTICE OF ANATOMIC PATHOLOGY

Vice Chancellor sir, during the period under review (1993–2012), I have attended to over 30,000 patients (living) through **histopathology services**. The diagnosis made were used to determine their treatment successfully, educate other living relatives on how to take precautions on some diseases that run in the family and teach both undergraduate medical students and postgraduate doctors specialising in anatomic pathology, paramedical, laboratory scientists and technologists.

- I have worked on **1,265** bodies under this period of which **870 were violent death cases** (68.8%), **380 (30.0%) were due to natural deaths** and **15 (1.2%) were deaths from no obvious cause**.
- The violent death cases were further classified into:
 - 385 (44.3%)** accidental deaths.
 - 470 (54.0%)** homicidal deaths.
 - 15 (1.7%)** suicidal deaths.
- The diagnoses made and the autopsy procedure were also used to teach students at undergraduate and postgraduate levels, render services to the hospital community, the public and attend to legal issues. Publications in local and foreign medical journals were written to improve knowledge.
- About 200 resident doctors in pathology and other specialties also benefited from these autopsies. Ten of these resident doctors are presently consultant Anatomic Pathologists practicing in UPTH and elsewhere. It will interest you that, two of these pathologists are in Canada practicing anatomic pathology very well. Two of the consultants working in UPTH are also senior lecturers in this unique University.

Vice Chancellor Sir, please permit me to demonstrate to you some homicide autopsies I have carried out and defended in Law Court, to explain how the Anatomic Pathologist speaks for the dead to protect the living.

It will take this pattern:

- (A) Homicide by penetrating wounds e.g. gunshot wound^{35,36}.
- (B) Homicide by mob action e.g. beating and burning^{34,39-41}.
- (C) Things are not always what they seem e.g. electrocution⁴⁴, meningitis³ and hanging^{45,46}.

CASE 1: (Penetrating gunshot homicide)^{35,36}

A businessman was shot dead by gunmen suspected to be his workers whom he allegedly cheated. Alarm was raised and the case was reported to the police for investigation. The body was conveyed to UPTH mortuary for preservation and autopsy on request by the coroner.

At autopsy, the body of an adult negroid male was presented to me who was duly identified by his wife. On examination of the body externally, there was a single entry gunshot wound at the crown of the head (calvarium) without exit, lacerating the scalp, penetrating the skull bone leaving a hole with fracture and lacerating the brain tissue, leading to **severe bleeding**. The calvarium was removed and I discovered the missile as well as the fractured bone particles that formed secondary missile that further lacerated the brain tissue (*fig 1*).

The cause of death was attributed to severe bleeding (haemorrhagic shock) from gunshot wound.

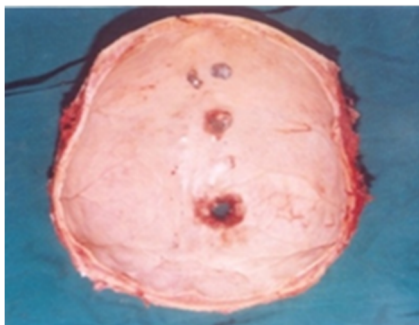


Fig. 1: Calverium with a hole, the primary and the secondary missiles

The suspects were arrested by the investigating team and prosecuted, but they were **discharged** in court for want of evidence because, the prosecution was unable to prove her case beyond reasonable doubt, making the case failed in the eyes of the law i.e., there must be proof of intention, motive, preparation, attempt and execution (*corpus delicti*).

This type of case may be the reason for **discharging** hardened criminals who committed heinous crimes because, it is said that ‘the law is more comfortable to discharge ninety-nine (99) hardened criminals on want of evidence than to punish one innocent person accused of crime’.

Commentary and lessons: Gun ownership and inefficient restrictive measures in Nigeria make homicide by gunshot common. This was potentiated by politically motivated violence, land disputes, armed banditry, kidnap and other related offences. The ages of the assailants and victims (20 – 49 years), especially the males are likely to be engaged in risky adventures, as well as frustration of adjustment. It is therefore necessary to put measures in place to help stem the tide, so as to preserve the most vibrant segment of the society from untimely death.

Poverty-driven by harsh economy, insincerity and greed of politicians and employers, motivated their followers and workers to carry arms against them. Judging by the way people of questionable and unstable characters acquire guns in Nigeria leaves much to be desired and gives the impression that government is failing in areas of security management.

Politicians and some captains of industries have impoverished the electorates and their workers to an extent that, ₦2000 naira became big money that can take a human life in Nigeria

CASE 2: Homicide by mob action (beating and burning)^{2,34,39,40}

In one of the towns near Port Harcourt, a 35-year old adult male was alleged to have stolen electoral materials from a staff of the Independent National Electoral Commission (INEC) in that area. He was apprehended by the youths of the town and was thoroughly beaten to stupor and burnt with fire after wearing him two

condemned motor tyres. He died. Some people after seeing the incident called the police before the assailants dispersed. Arrests were made and the body conveyed to UPTH mortuary for preservation and autopsy on request by the coroner.

At autopsy, the body of a partially burnt adult male was presented to me after being identified by his brother.

- There were multiple bruises/abrasions on the un-burnt areas of the body; lacerations on the scalp and severe burns of about 45° full thickness.
- The edges of these wounds were erythematous i.e. reddish-brown (vital reaction) signifying life before the fire.
- The hair was singed, muscles contracted to attain boxers or pugilistic posture.
- The skin was split open due to severe contraction, signifying post-mortem event.
- **The colours of the muscles were pinkish** and pink-stained frothy fluid was seen.
- The tongue was protruded.
- There was soot in the nostrils up to the trachea when dissected, signifying life before the fire (*fig 2*).

Death was attributed to asphyxia due to carbon monoxide poisoning.



The arrested suspects were prosecuted. Some of them confessed that, they only beat the victim while others were accused of burning him. The person who set the fire completed the death of the victim;

therefore, was sentenced to death by hanging and those who beat him to stupor were sentenced to different prison terms based on the magnitude of involvement in the crime, while others were **discharged**.

Commentary and lessons: Strictly speaking, homicidal fire death in this environment is an event of mob action, except the victim is a child, elderly or grossly incapacitated⁴¹. The index case is an example. He was beaten to stupor by the assailants before the fire.

- The severity and prognosis of burns is related to the body surface, depth of the burnt area and the age of the victim.
- The presence of soot in the trachea, nostril and the pink coloration of the froth and muscles signifies carbon monoxide gas inhalation, which caused the death of the victim.
- At the period of stupor, there was still life; that was the reason for inhalation of the noxious gas (the carbon monoxide)^{39,40}.
- Since fire death is mostly accidental, homicidal fire death should be diagnosed correctly by also considering the history and circumstantial evidence.
- The most important proof for all fire-related deaths is the presence of carbon monoxide in blood and/or the presence of carbon particles and/or congestion of the tracheal mucosa, as well as the lungs.

One should also note that, not all the bodies recovered after the fire must have died from the fire, though there may be features indicative of fire burns²⁹.

- Fire death may occur before, during and after the fire²⁹ e.g. the index case died of inhalation of carbon monoxide gas and carbon particles and not the direct heat of the fire.
- It is difficult to differentiate ante-mortem from post-mortem burns^{15,29}.
- Bodies may be burnt to conceal homicide as to escape arrest by law enforcement agents⁴¹.

GROUP C: THINGS ARE NOT ALWAYS WHAT THEY SEEM

CASE 3: Accidental death with homicidal circumstance (Electrocution).⁴⁴

An explosive quarrel over their late husband's properties broke out between two wives of a polygamous home on a rainy day. The senior wife threatened to deal decisively with her mate if she continues to disturb her over their husband's properties. Attention was attracted in the neighbourhood and attempts were made unsuccessfully to settle the squabble.

Towards evening of the same day, the daughter of the second wife returned from school and went into the toilet which is attached to the boy's quarter of the family house to ease herself. She suddenly shouted for help and fell down and died instantly.

The first wife was accused of **charming** her mate's daughter because of the threats she had given in the early hours of the day. She was thoroughly beaten by the angry neighbours calling her **witch** and she was handed over to the police. The body was conveyed to UPTH mortuary for preservation and autopsy on request by the coroner.

At autopsy, the body of a very pale negroid female of about 20 years of age was presented to me after being identified by her mother.

- There was no mark of violence on the body to suggest physical assault.
- There was no obvious pathology to suggest the cause or accelerate the death on examination of the internal organs.
- The only pathology found externally was a burn on the index finger of the right hand (Joule's burns), *fig 3*.
- There was also a 'hold on effect' (inward bending of the fingers) making the hand to stay longer at the point of contact with the electric current.
- There was severe pallor of the body, leading to tissue hypoxia.

On seeing these, the investigation was extended to the scene of incident (the toilet), where an exposed naked live wire was found. This was also confirmed by some neighbours who were previously shocked by this wire.

Death was attributed to electrocution.



Fig. 3: Joule's burns from electrocution.

The autopsy report was sent to the coroner through the investigating police officer. Both parties were invited for the discussion of the case and a verdict was given to end the case.

Commentary and lessons: The effect of electric current on the body depends on the following variables: The conductivity of the material, intensity of the electric current, duration of contact and the surface area of the skin.

- Skin surface burn (Joule's burns), along with cutaneous coagulation was found in the index finger of the right hand of the victim and that was the point of entry of the electric current.
- Electrical death is usually accidental except judicial electrocution, which is not common in this environment.
- Death resulted from discharge of current through the body rather than burns in the index case.

- The generalised pallor seen was as a result of electrolysis of red blood cells due to the passage of the electric current.
- The cause of death in electrocution is mostly due to cardiac arrhythmias of ventricular fibrillation type, leading to cardiac arrest.
- Respiratory arrest also occur when the electric current pass through the thorax, paralysing the intercostals muscles and the diaphragm, leading to congestive or hypoxic death.
- Many Nigerians are ignorant of death by electrocution as majority are rural dwellers. This type of death is usually sudden, unexpected and mysterious without preceding foul play. It is usually attributed to one's real or perceived enemies as in the index case.
- The death was no where related to charm or witchcraft. It was an accidental electrocution. **Things are not always what they seem!**
- The death and the threats from the quarrel were mere coincidence.

CASE 4: Natural death with homicidal circumstance (Meningitis)^{3,7}

Two families in a village in Rivers State had land dispute, which resulted into a serious fight that landed them in police station. Two days later, one of those that engaged in the fight died and the deceased family alleged that, the death was as a result of the internal injury inflicted by the other party during the fight. The case was again reported to the police. The boy that directly fought the deceased was arrested for killing the deceased. The body was conveyed to UPTH mortuary for preservation and autopsy to be conducted on request by the coroner.

- At autopsy, the body of an ill-looking negroid male of about 21 years of age was presented to me after being identified by his father.
- There was no mark of violence on the body.

- The external examination showed both central and peripheral cyanosis (blueness of the nail-bed and the mucous membrane of the mouth).
- The skull was opened and there was pus in one part of the brain (cerebral hemisphere), whereas the other areas were oedematous (swollen) *fig 4*.

Death was attributed to natural cause (meningitis) which has no bearing with the fight.

The accused was granted bail as soon as my report was received by the coroner and the case was closed after the two parties were invited for discussion and verdict given.



Fig. 4: Leptomeningitis.

Commentary and lessons: The deceased may be ill before engaging in this extraneous exercise.

- The organism causing the disease must have been inhaled and spread through blood stream to the brain since there was no otitis media or fracture of the skull bone, subdural abscess or head injury of any kind that would have been the nidus of the infection.
- The pus was seen on the pia-arachnoid and the cerebrospinal fluid entrapped in sub-arachnoid space.

- This man must have had neck pain and stiffness, fever and headache before engaging in the fight.
- **Things are not always what they seem!** The autopsy findings showed no relationship between the death and the fight. Therefore, death was from a natural cause. The case was closed after the coroner gave his verdict.

CASE 5: Homicidal death with suicidal circumstances (Hanging)^{45,46}

Two communities had problems over boundary land. It was so serious that they went to war with each other until a truce was declared by the community leaders, which resulted in an uneasy calm. A man went to farm on his land near the disputed area and unknown to the deceased the assailant came and killed him.

In order to conceal the crime, the body was hung on a mango tree near the farm to mimic suicidal death. Alarm was raised on discovering the body hanging on a tree and this was reported to the police, who later set up an investigation team to investigate the circumstances that led to the death. A coroner's autopsy was requested after making some arrests.

- At autopsy, the body was identified to me by his wife. It was that of a negroid adult male with a swelling at the back of the head without fracture of the skull bone (hematoma).
- On dissecting the neck, one of the bones was fractured without vital reaction around it (signifying that, breaking of the neck bone occurred after death)⁴⁶.
- When the brain tissue was removed, the frontal lobe of the brain was softer than all other parts (signifying movement of the brain tissue against the frontal bone of the skull).

Death was attributed to severe head injury (counter-coup injury).



Fig. 5: Homicide concealment by hanging.

I was subpoenaed by the court to give evidence of the autopsy finding, which I did. Two of the suspects were sentenced to death by hanging others to serve various prison terms while some were discharged.

Commentary and lessons: Homicide by hanging is rare in this environment, except ordered by the court of law.

- The swelling at the back of the head without fracture of the skull bone or laceration of the scalp indicated the application of blunt force on the head⁴⁶.
- The brain was pushed against the frontal bone with a resultant injury to the frontal lobe of the brain.

There are peculiar factors associated with suicidal deaths that were not found in or associated with the deceased. These include:

- Suicide note.
- No family history of suicide or suicidal tendencies exhibited by the victim.
- Suicidal death is usually associated with sub-aponeurotic bleeding known as vital reaction; this was not seen in the index case.
 - The eyes were not protruded and there was no conjunctival bleeding suggestive of suicidal death.
 - The face was not swollen and not cyanotic.
 - The tongue was not protruded and no distended neck vein above the ligature as against that seen in suicidal death.
 - The counter-coup injury sustained is typical of application of blunt force.

From the foregoing, all practicing Anatomic pathologists should note that, homicide could be concealed by hanging as illustrated by the index case.

RECOMMENDATIONS

The following recommendations were made.

- (1) Every death, be it violent or natural has to be spoken for through thorough medicolegal investigation to establish the cause and circumstances surrounding the death with the view of prosecuting, convicting or discharging the assailant.
- (2) The Federal, State and Local Governments should with urgency beef-up security measures which are **failing** to check the obnoxious act.
- (3) The Nigerian government should by all means revamp the economy to create employment opportunities for her citizens.
- (4) The law enforcement agencies should be restructured to include community or regional policing and equip them with modern security gadgets including the marine sector.
- (5) Stringent laws and strong legislation should be promulgated and enforced on illegal crude oil bunkering, hard drug peddling and firearm handling as they all go together.

- (6) The educational sector should be adequately funded and restructured to include entrepreneurship and skill acquisition to enable unemployed graduates to be self-employed and employer of labour.
- (7) The Anatomic and chemical pathology departments should co-opt any other relevant departments or individuals in this unique University to establish or improve toxicologic studies to aid speaking for the dead in cases of poisoning.
- (8) The Anatomic pathology and Anatomy departments should also come together to establish or improve Medical Anthropology which will be beneficial to both departments and other establishments e.g. the Law in identifying skeletal remains in mass burial.
- (9) The Anatomic Pathology Department should open up a postgraduate of diploma programme to include skill acquisition in mortuary services and administration for anatomy graduates and pathologists.
- (10) Finally, Faculty of Law should liaise with the Department of Anatomic Pathology to start or strengthen medical jurisprudence, which will be of value to both Doctors and Lawyers in training.

CONCLUSION

Vice Chancellor Sir, distinguished guests, ladies and gentlemen, I would like to emphasise on the killing of an individual as the highest level of aggression in all cultures and societies.

- We have heard that the Anatomic Pathologist is a consultant to other medical consultants, but the judiciary also consult him/her during medico-legal investigation of death, where their opinion are used in the administration of criminal justice¹³, making him/her a pluripotent consultant.
- The judiciary does not only consult the Anatomic Pathologist in the medico-legal investigation of death, but also subpoenae them to attend court session to **'speak for the dead'** to either free or punish the accused.
- The medico-legal investigation of death should follow the five steps that constitute the ingredients of the crime (*corpus*

delicti) i.e. intention, motivation, preparation, attempt and execution to be able to convict the criminals instead of discharging them for want of evidence, as in **Case 1** of this presentation.

- Though, the investigation of death is an important procedure in the criminal justice system, one should note that, not every person accused of crime actually committed the crime (things are not always what they seem) as in **Cases 3 – 5** of this presentation. The accused would have been erroneously punished for offences they never committed if not spoken for by the Anatomic Pathologist
- The severity of punishment varies with the magnitude of the offence and the involvement in the crime because the punishment for premeditated killing is different from those without premeditation (murder and manslaughter).
- The issue of death certification to a large extent is the function of autopsy and its interpretation.
- Thorough autopsy and the establishment of cause of death allay the anxiety of deceased relatives, as in cases of sudden natural or unnatural deaths. It teaches the surviving siblings and other relatives on how to take precaution about some diseases that run in family e.g. hypertension, diabetes and suicidal tendencies (*mortui vivis praecipiant*).
- Autopsy also makes the clinicians learn from their mistakes in cases of misadventure (the living learns from the dead).
- Finally, as autopsy findings and their interpretations by the Anatomic pathologist speak for the dead to protect the erroneously accused persons, **I speak for the dead to protect the living.**

ACKNOWLEDGEMENT

Vice Chancellor Sir may I use this opportunity to express my profound gratitude to the following:

- My late mother Danba Dan Fred-Horsfall, a successful trader who spent her fortune to bring me up to become a medical doctor. She did not live long enough to enjoy the fruits of her labour.
- My wife, Mrs. Daba Seleye-Fubara, **‘the meek’**, a paragon of beauty whom I have been married to for 28 years. She has loved me to the extent of condoning my excesses and controversies; a pillar that gave me maximum support during the turbulent years of my serious academic development.
- Our wonderful direct and foster children: Beneboba, Se-erena, Ibibo, Anju, Kama, Ngeribokonaa, Awoibi, Tonye, Happiness, Gogoba, Caroline, Queen, Ndifreke, Osaki and others.
- My siblings: Jemberetona and his children, Otaba and her children and Abiye and her children as well as Meniya and his children, Ngoye and children, Sotari and Soye and their children.
- The greater magnitude of my gratitude goes to Prof. S.C. Teme, late chief Opuda Batubo, who engineered my postgraduate training, late Mr. Sonny M. Horsfall, and Dokubo Horsfall, the financiers of my high school education.
- The greatest part of my gratefulness goes to all my teachers in Baptist Day School, St. Saviours African School, Kalabari National College, all in Buguma. All my teachers in Rivers State School of Basic Studies, University of Calabar, University of Port Harcourt, Ife, Ibadan, Lagos and Ilorin.
- I could not have seen far in academics without standing on the shoulders of academic giants like: **Prof. S.O Nwosu, Prof C.O Anah**, Prof. N.D Briggs, Prof. C. Mato, **Prof. W.O Odesanmi**, Prof. K. Adelusola, Prof. S. Elesha; Prof. A. Anjorin, Late Prof. E.E.J Akang and so many others.
- The secretariat: Ibimie, Tonye, Ijeoma, Chinenye, Steven, Emmanuel, Gbarabe and others.

Thank you for listening.

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PROFESSOR DAYE SELEYE-FUBARA

MBBChir (Cal) FMCPATH (Nig) FWACP (Lab Med), FICS (Chi, NNC)

Vice Chancellor Sir, I am most honoured, privileged and delighted to read the citation on this astute academician and medical luminary, Professor Daye Seleye-Fubara.

Genealogy: Professor Seleye-Fubara was born more than 60 years ago at Buguma City in Asaritoru Local Government Area of Rivers State to Mr. Gabriel Ekine Tam Benebo Jackrich Seyele-Fubara and Mrs. Danba G. Seleye-Fubara (Nee Dan Fred-Horsfall). His father was a local carpenter while the mother was a petty trader. He is the only child of the relationship.

Early Beginning: Professor Seleye-Fubara's ambition to be a medical doctor started as a child when he told his parents that he will be like Dr. Dodoiyi Manuel and Dr. Mason Braide both of blessed memory; reason was that, students from all the primary and secondary schools in Buguma compulsorily hold procession (match-pass) to honour them as the pioneer doctors of Kalabari kingdom. The suggestion of the lad did not go well with his father because he

has started training him for the family trade (carpentry) at that tender age, but went well with his mother for her son to be like those role models.

Professor Seleye-Fubara as a growing child, living with his parents will attend to his father's trade in the morning hours and attend an afternoon school (Baptist day school, Buguma) waiting for when 'the hand will go over the opposite ear'; a period which was taken as ripe to attend formal primary school.

Primary Education: Professor Seleye-Fubara started his primary education at St. Saviours African School, Buguma in 1963. With the day school background, he was promoted to elementary two, same year.

Professor Seleye-Fubara passed the first school leaving certificate examination with Distinction in 1968. Till date, the carpentry instinct is still circulating in his blood.

Secondary Education: Professor Seleye-Fubara was posted to Government Comprehensive Secondary School, Borokiri to start his class one in 1969, but his mother could not cope with boarding fee so he was re-allocated to the famous Kalabari National College (KNC), Buguma. He wrote the West African School Certificate examination in 1973 and General Certificate Education Examination in 1974 and cleared his papers, which gained him admission into the Rivers State School of Basic Studies in 1978 – 1979. He passed the IJMB (interim joint matriculation board) examination with Credit.

University Education: Professor Seleye-Fubara applied to study Pharmacy in 1980 at the University of Lagos, Nigeria feeling that, the IJMB result would not fetch him admission to study medicine. To the surprise of every person, he was offered an admission to study medicine in 1980 at the University of Lagos, but the admission letter arrived very late after their matriculation that year. Late Professor Jaja, an orthopaedic surgeon at the University of Lagos tried to effect the admission, but to no avail and he advised that he should reapply the following year.

In 1982, he applied for direct entry to study Medicine at the University of Calabar. Through the help of friends and cousins, he went to the University of Calabar for his medical education in November, 1982. The journey was turbulent. His father died in 1983 when he was in year two. Finally, Professor Seleye-Fubara is a **‘die hard’** who never accepted defeat anytime; graduated with MBBChir of the University of Calabar in 1989.

Housemanship: He started and completed his houseman-ship in 1990 at the University of Port Harcourt Teaching Hospital through the help of his External Examiner, Late Dr. E. O. Mangete, whom he satisfied in surgery examination.

Professor Seleye-Fubara’s hard work was noticed first by Prof. C.O Anah, who felt he will be good in Morbid Anatomy (Anatomic Pathology) and recommended to the then Head of Department, Dr. O. Chinwah who also recommended same to the management of UPTH. That same year, Professor Seleye-Fubara as a house officer covered the whole of Surgery Department when Uniport lost their accreditation and the house officer employed along with him, who graduated from Uniport left for qualifying examination in Enugu. The brilliance he showed compelled the then Head of Department of Surgery, Late Prof. E Elechi to also pencil him for employment into Surgery Department.

However, Professor Seleye-Fubara was eyeing obstetrics and gynaecology, which did not materialise. His proficiency in Pathology compelled the University of Port Harcourt to engage him as a demonstrator of Pathology pot to medical students in 1989 to 1990.

Professional and Academic Career: Professor Seleye-Fubara was employed into the Department of Anatomy before he successfully completed the houseman-ship with the University of Port Harcourt Teaching Hospital in 1990. He later relocated to the Obafemi Awolowo University Teaching Hospital for further training in Anatomic Pathology and to rotate in other departments of pathology. This, he successfully completed in 1995. He passed the National Postgraduate Medical College of Nigeria in Pathology (FMCpath) in

2001 and the West African College of Physicians in Laboratory Medicine in 2002. In 2006, he was awarded the Fellowship of International College of Surgeons, Nigeria National Chapter.

Employment: He was employed as Lecturer I to teach Anatomic Pathology in the University of Port Harcourt in 2003 and was made a Consultant Anatomic Pathologist in University of Port Harcourt Teaching Hospital the same year under Prof O. Odia and Dr. U.S. Etawo respectively. His mother died in 2009. At a recorded time, he was promoted to the rank of a Senior Lecturer in 2006 and to a Professor in 2012.

Publications: Prof. Seleye-Fubara as an erudite scholar, has to his credit sixty-seven scholarly publications (26 in Forensic and Autopsy Pathology and 41 in Histopathology) in both national and international medical journals and in addition, one chapter (chapter 47 Germ cells/sex cord stroma tumours of the ovary) in Kwawukume and Emuveyan (ed.) Comprehensive Gynaecology in the Tropics, 2005.

Most of the publications are very important pioneering research works, establishing basic and reference data for the Niger Delta Region of Nigeria. For instance, restriction of motorcycles to designated areas of Rivers State reduced the rate of road traffic accidental deaths in Rivers State (courtesy of the recommendation to the Rivers State Government from the paper titled Seleye-Fubara D. and A.U. Ekere motorcycle-related deaths in Port Harcourt, Nigeria. The Nigerian Health Journal, 2000; 1: 123 – 125). And the recommendation to the Rivers State and the then Federal Government from his paper titled ‘Traumatic deaths from rival gang violence in Rivers State Nigeria’, led to the amnesty programme for repentant cultists.

External Examiner: He is an external examiner to many Universities in Nigeria and has been examiner with National Postgraduate Medical College of Nigeria from 2008 to 2013.

Human Capital Development: Professor Seleye-Fubara has replicated himself in Anatomic Pathology to take charge and ensure the growth of the profession after him. He has trained many medical students and resident doctors since 1990 in the Universities of Port Harcourt, Ife, Lagos and Ibadan. He has trained ten Consultant Anatomic Pathologists of which two are Senior Lecturers of this unique University and others in Diaspora.

Professional/Civil Service: This erudite scholar, after completing his education has been:

- ❖ One of the early doctors of his extended family.
- ❖ The first Professor of Anatomic Pathology in old and new Rivers State.
- ❖ One of the earliest indigenous consultant anatomic pathologists in Rivers State.
- ❖ Member, Association of Pathologists of Nigeria (ASSOPON).
- ❖ Member, Medical and Dental Consultants Association of Nigeria (MDCAN).
- ❖ Member of Senate, University of Port Harcourt.
- ❖ Member, Nigerian Medical Association since 1989.
- ❖ Faculty representative A & PC.
- ❖ Associate Dean, Faculty of Basic Medical Sciences.
- ❖ Deputy Provost of the Medical College.
- ❖ Member of the Research Ethics Committee of the University of Port Harcourt.
- ❖ He has also served in various college and hospital committees.

Private Life: Professor Seleye-Fubara is happily married to Mrs. Daba Seleye-Fubara and they are blessed with five children. He is a Justice of Peace of Rivers State. He created two chieftaincy stools in memory of his father and grandfather in 2007 and 2010 post-humorously to honour them in the Benebo War Canoe House of Seleye-Fubara Group of Houses of Kalabari Kingdom. Professor Seleye-Fubara belongs to many social clubs, e.g.:

- ❖ Bainbotariya Society, Buguma.

- ❖ Kalabari Committee of Friends Club.
- ❖ Seibi Club of Kalabari.
- ❖ Horsfall Awo Belema Ogbo.

Vice Chancellor Sir, Professor Seleye-Fubara became a medical doctor in 1989, but he had not enjoyed the match pass (procession) by primary and secondary students that motivated him to become a medical doctor at a tender age.

In 2011, when the Committee of Friends of Kalabari Club visited Bakana (one of the major towns of Kalabari) for their annual event, primary and secondary students in their uniforms came out in their number to receive them at the jetty and ushered them to the event arena singing and drumming. To the Club, it was a warm social reception, but to Professor Seleye-Fubara, it was a **Faith accomplished or a dream fulfilled.**

Vice Chancellor Sir, ladies and gentlemen, I present to you Professor Daye Seleye-Fubara an astute academician, erudite scholar, a Google scholar and a medical luminary; an achiever per excellence, the final arbiter of diagnosis for the living and the dead; a loving husband and caring father, a mentor and inspiring role model, a Justice of the Peace, a traditional ruler to deliver the inaugural lecture of the Unique University of Port Harcourt.

Thanks.