Christine Evans
Urolink Trip to Malawi, Zimbabwe and Zambia
September 2003

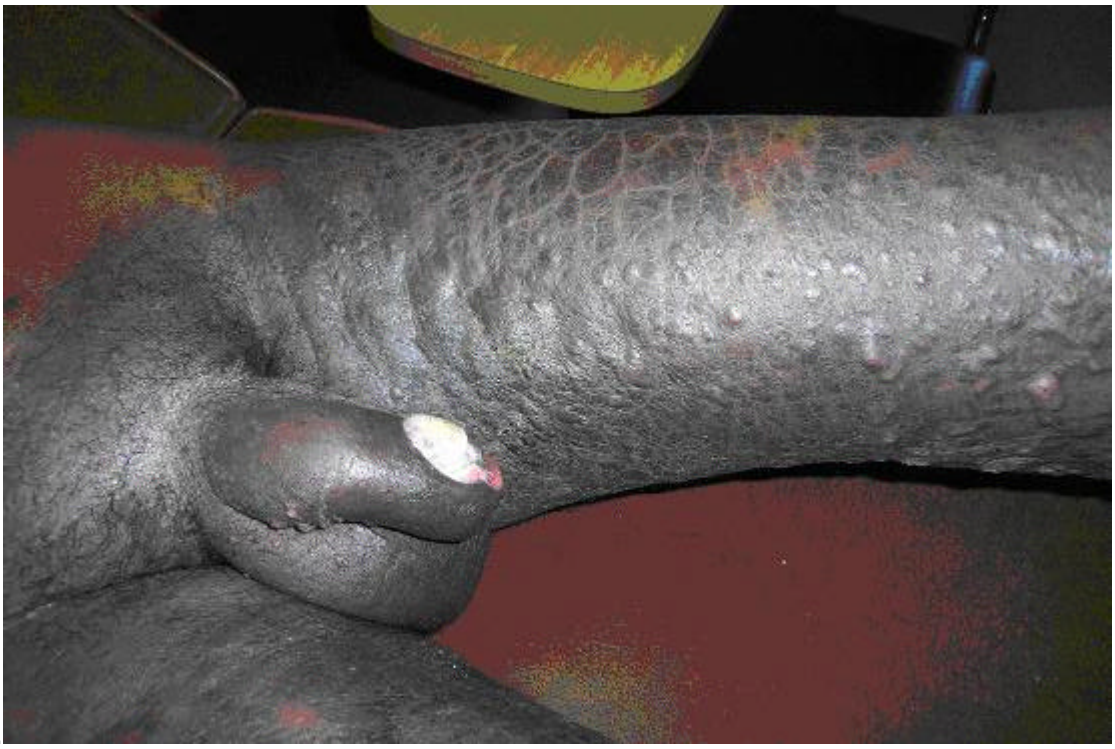
The purpose of this trip is to visit old countries and I thought this time I would try and visit Malawi, which is far as I am aware has not really had much coverage from Urolink in the past. I also need to go there to see Professor Chris Lavy, who is professor of Orthopaedic surgery, to organise the membership exam for the College of Surgeons of East, Central and Southern Africa (COSECSA). He is actually running the exams and I am going to help him, in December in Kampala. So I contacted a very nice Urologist, one of a couple in Malawi called Marcel Schutgens, who is welcoming me to Blantyre when I arrive tomorrow. I believe they are fairly well set up for Urology there, but I will let you know that when I arrive. What he wanted in the way of instruments was some decent retractors for bladders and urethral dilators, so I managed to get some of those for him.

I set off from Manchester on British Midland, I have changed my airline from British Airways after their treatment of my excess baggage in the past. And with 57kg of luggage, 37 of them being excess, I smiled sweetly at her and I am getting nearly as good as Patrick Duffy, and I managed not to have to pay any excess baggage, all the way to Lilongwe. Flight was very satisfactory except when I arrived at Nairobi, one of my suitcases, which we had to check outside the aircraft, was missing, and it was the one with all my clothes in. I am pleased to tell you that the equipment of the optical urethrotome given to me by Storz, as a farewell present at the Welsh Urologists was not lost, because that's about the only expensive thing. All the other AMS equipment for Zambia was also alright. Does worry me the way luggage gets lost.

Because my luggage didn't arrive in Lilongwe, I am now standing absolutely harry starkers in the bedroom of the hotel, dictating on the afternoon of Sunday 31st August having had about 2 hours sleep. I have now had a shower, and have sent my clothes off to be laundered and are coming back hopefully in 20 minutes, so I will have something clean to wear tomorrow. I possess one pair of clean underpants. Progress on the suitcase, it will arrive later.

Monday 1st September

Travelled to Blantyre by plane at 7:30am, easy flight, arrive just about an hour later and am picked up by Marcel Schutgens, who takes me straight to the Queen Elizabeth Hospital. This is a thousand bedded hospital, there are four surgeons but no actual Urologist, although Marcel Schutgens does most of the urology and is a capable endoscopist. There are 6 SpRs in the surgical training. The Orthopaedic department is also shared with another hospital called 'CARE', which is a combined private hospital and also does Government elective operations on children, club foots etc. and the private patients subsidise the care of the children. This is a brand spanking new facility and excellently appointed. The Queen Elizabeth Hospital itself is all on a single floor with numerous interconnecting corridors. It's clean but shabby and I went to an out-patient clinic and saw more Pathology in the space of 3 hours then I have seen for a long time. There were a lot of retentions, there were patients with gangrenous prepuces.



Gangrenous foreskin in a patient with Kaposi sarcoma

Because it was a general surgical clinic also there was a lady with a thyroid carcinoma, a young man with an AV malformation on his left upper forehead, which was uncompressible but very pulsatile, seriously interesting cases. And also one or two patients with bowel cancer. There was a young boy who had a large lower abdominal mass, which had had an ultrasound done and was diagnosed as an intra abdominal abscess, but I think probably it's a bladder tumour with a big distended bladder, probably a rhabdomyosarcoma and we are getting it re-ultrasounded and also his upper tracts because I think he's in renal failure. The patients attend very late and a lot of the pathology is very advanced.

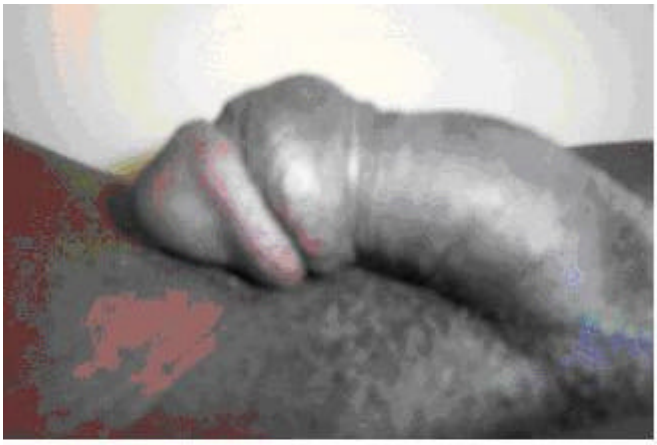
In the afternoon I go and see Professor Chris Lavy over at the CARE Hospital and we discuss the arrangements for the membership exam for COSECSA, which is being run in December and also the preceding training day for the examiners. We are hoping to get nine candidates, so we are running a day for the examiners, hopefully we will have fifteen to twenty, but we can take more so that we have examiners in training awaiting. There are eight countries so we need at least one from each country. I would like also an anaesthetist and a pathologist on the examining panel.

The medical school in Malawi is 12 years old, it's in Blantyre rather than Lilongwe. Lilongwe doesn't appear to have any medical services at all worth talking about, despite being the capital there's only one surgeon there and he is 78 years old. They have approximately forty students a year at the medical school. Treatment in the hospital is free for all and that includes X-rays. Salaries for the nurses are $30 a month and for the junior doctors are $100 a month and for the surgeons they are about $700 a month. But there has been a recent increase in salary due to the inflation. However there are six Dutch specialists, of varying varieties, in the hospital and from June 2004 the Dutch are pulling out and not going to subsidise their salaries, so what will happen to these Dutch surgeons, physicians and anaesthetists I am not quite sure. Because without them the hospital will be seriously denuded. They appear to be bringing enough medical students through to supply the country just about. Many of their doctors of course go off afterwards to places where they will earn a higher salary, and I suspect at least a quarter of them are already

HIV positive. Had a pleasant evening with Professor Lavy and his family, including three young sons.

Tuesday 2nd September

Got up early (7am) in order to go to a daily complete surgical ward round including orthopaedics, which is held in the conference room. Basically the previous 24 hours admissions are discussed. This is a well presented and attended meeting, the senior and junior staff are all there. Following this I go to theatre and do an open prostatectomy, teaching the registrar how to do it. Open prostatectomies are done moderately frequently here, but he wanted to see exactly how I did one. I had slight difficulties due to the poor suction, but we did manage satisfactorily. But the size of the prostate had been over estimated and in fact it was only a 50g prostate and could have been resected I suspect, rather than an open. I also gave some Caverject to a young man who was complaining about the shape and discomfort in his penis, following a previous urethroplasty. I used some Caverject (intracorporal Prostaglandin E1) to give an erection, which I did in one of the side rooms of theatre. This I believe is the first time this had been used here. And we got a reasonable response (see photo), and he explained exactly why intercourse was difficult. Basically it's because there's a tight band of skin just below the corona, which should be released.



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Lunch time I gave a lecture to all the hospital staff, their weekly meeting, on prostatic hyperplasia and carcinoma of the prostate. Again well attended and lots of questions, these people appear to be seriously enthusiastic. I am also pleased to say they have good projection facilities in the form of PowerPoint.

In the afternoon I lectured to the specialist registrars in general surgery and orthopaedics on urological subjects, stone disease and erectile dysfunction. The general surgical registrars rotate through everything here including orthopaedics. The idea is to make a very general surgeon in Malawi because the orthopaedic surgeons do actually cover for the general surgeons at times.

Later in the afternoon my suitcase arrived eventually from Kenyan Airways. I have now got some clothes, which is wonderful. I then went at 5pm to do a biopsy on a thyroid gland, with the biopty gun that I brought with me, paid for by a donation from Urolink. Pleased to say it went extremely well, I have never actually biopsied a thyroid gland before. It was

actually very hard and it would have been extremely stupid if I hadn't been able to do it. They do not have a biopty gun here and there is no doubt that they will try and buy one. I will try to get one for them from Bard at the reduced price of £400. Following that we did a cystoscopy for schistosomiasis and then I went back to the guest house where I am staying. This is a hospital guest house, it's very comfortable, hot water, no television but that doesn't worry me, as I am reading a very good book by Philip Pullman, 'Northern Lights', which is the first of a trilogy. It's magic and mystery, it keeps me well occupied. I have also got my small bottle of whiskey with me, which can keep me company.

Wednesday 3rd September

Got up for the general meeting at 8am, for the handover. Interesting case of a young man who had been in for five days with chest trauma, who suddenly upped and died yesterday afternoon. He rapidly deteriorated and nothing was or could be done for him. I think they should have actually moved a little bit harder to get him on to ITU. It's possible he may have had a pulmonary embolus or it may just be chest contusion. Also a lot of other interesting cases, including a person who had been shot through the lower abdomen into the chest by the police. He died after eight units of blood on table in the middle of the night. We then did a ward round seeing about 30 patients in the male ward, mostly urological but there was some general surgery as well, including a huge fungating swelling on the superficial aspect of the left thigh (see below).

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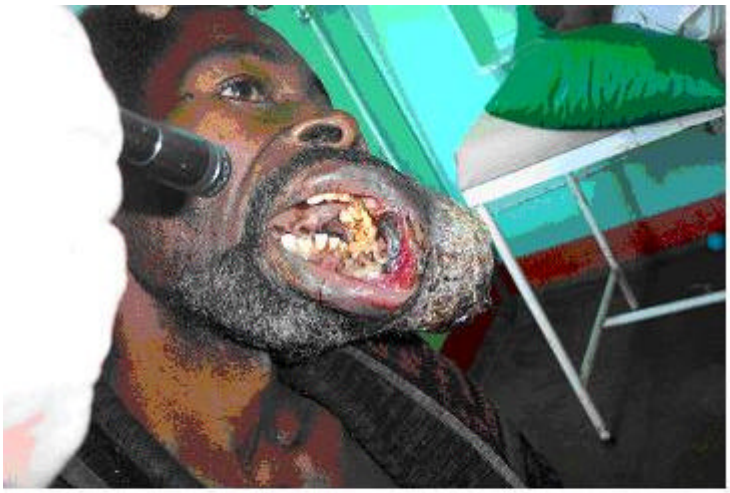
This had been biopsied 2 years ago, but no one seems to be able to get hold of the original biopsy, and it has regrown. Also a huge fungating tumour coming from the mouth.



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Both these tumours are probably in immunosuppressed patients.

The retropubic prostatectomy I did yesterday is well and we have taken down the irrigation and the patient didn't require a blood transfusion. There are a reasonable number of cases for tomorrow's lists, including the prostatectomy which we failed to get done, a bladder transurethral incision of prostate and the urethral stricture with a fistula which we saw in clinic on Monday and another guy for a circumcision, who I think has probably got some form of tumour underlying it, which is also on the list.

This afternoon I lectured third year medical students on the anatomy of the scrotum, bladder and prostate, with the help of one of the doctors who was going both for the membership exam of the college here and also the Edinburgh College. Got him to do the anatomy of the kidney, ureter and prostate/ bladder and I did the rest. This is a man who is being funded by the Edinburgh College to go over there for a few months prior to taking the exam. This is not the first time he has taken it, so I wish him the best this time.

Thursday 4th September

Theatre starts at 8am with another prostatectomy, this time done by the registrar with me assisting. The selection of patients is not very good, these prostates should really be resected, because this is quite a small one. Seems that their estimation of prostate size by the ultrasound is seriously inaccurate. So they really need to assess them manually and endoscopically before they proceed to open prostatectomy. I also did urethrotomy showing them how to use the guide wire and optical urethrotome which they have got, but they haven't been using a guide wire, which makes the longer strictures, as in this case, easier to get through, and I managed. Then a transurethral incision prostate. I did find a working resectoscope but unfortunately no irrigating sheath, which I will rectify. The business of having to empty the bladder every few minutes is very tedious, something I remember from the late 70's early 80's. The list was continued by the registrar and I proceeded to lecture to the specialist registrars again in the afternoon on urethral strictures and bladder reconstruction. The department as I said has got good audio visual equipment and I was able to copy a video I brought of a urethroplasty and buccal mucosa grafts which I had acquired at the EAU a year ago,. they have got a copy of this video. They haven't as yet done any buccal mucosal grafts for long urethral strictures, but I think Marcel Schutgens is in a position to proceed.

That evening I had dinner with a Professor Erik Borgstein, his wife and four extremely good looking children. He's served as professor of surgery in the department. Also Dutch but has lived in Malawi much of his life, his mother is also working as a paediatrician at the age of seventy . His father was a surgeon out here before. He was trained however in the UK and worked in Inverness. Lovely dinner, the expats live well out here.

Friday 5th September

As usual the early morning tutorial, but this time it was an x-ray meeting as well, where everyone attended. I have to admit the attendance of these meetings is extremely good and the radiologist also of a very high calibre somewhat limited by facilities, although he seems to do extremely good CAT scan. There was a lady with 'bilateral renal tumours', which were probably malignant. I asked him if he could do a CT guided biopsy, but he felt this wasn't possible. I think the lady will probably be best off having nothing done. She is fairly elderly and not particularly symptomatic and the tumours in each kidney are of equal size and we don't know how long she's had them. I also did some vivas for the membership exam for Mandela Choka as practise. Then after a visit to the Mozambique embassy to get a visa, which I managed to get after demanding to see the consul because they wouldn't give me one, I went for a working lunch with Erik Borgstein, Chris Lavy, Marcel Schutgens, the Professor of Orthopaedics and another of the Dutch surgeons, to discuss how training etc could be improved in Malawi. I think the standards here are high considering it's a new medical school, the problem will arise next summer when the Dutch government stops subsidising the Dutch surgeons, there will be a problem as to whether or not they will stay on. The salary certainly from the government is not adequate, private practise is available to augment this and there are other means of improving your income.

In the afternoon Marcel and I went to see one of his patients on whom he'd done an intussusception, who have suddenly gone into hypovolaemic shock, this is a three year old boy and I am afraid to say that he didn't survive the ordeal. He went into a complete anuria I presume, ATN due to this and probable sepsis. This was a great pity seeing as the operation itself had been remarkably straightforward. We then finished with a ward round and then I went to dinner with Jes Bates. He is the son of Patrick Bates, erstwhile urologist of the Middlesex and Nottingham. Jes is now in the Malawian system of surgery, works as both a consultant Orthopaedic surgeon and does on call for general surgery, which makes him an extremely versatile person. Had a lovely dinner with him, his wife Jane, and his mother-in-law Iris who was visiting from posh side of Wolverhampton!

Saturday 6th September

This morning I took a plane from Blantyre to Harare. I had spent a week trying to contact Christopher Samkange with no joy whatsoever, isn't answering his emails. Also his mobile and hospital phones were giving a complete blank. So I arrive in Harare, knowing that I haven't got anyone meeting me. I manage to sail through the signing in counter at Air Malawi in Blantyre with my 37kg of excess baggage and paid only for 10 kgs, which cost me $30, very reasonable.

Arrive in Harare and they wave me through despite all of my equipment, aren't they nice people. And then I go in search of a hotel, which I manage to do because I'd remembered (thanks to a wonderful book given to me by the Urolink committee at the BAUS Annual Meeting in June) that I'd stayed in this hotel called the 'Bronte Hotel' last time I was in Harare. This book incidentally has been invaluable, a must for everyone travelling in

Southern Africa, anything below Zambia. It's called 'Southern Africa' published by Lonely Planet and it's remarkably up to date, except for the currency exchange rates.

When I arrive in the hotel I find that England are playing better in the last test match and they are putting on a reasonable show against the South Africans, that cheers me up. The other thing that cheered up immensely was that Manchester United were beaten 1-0 by Southampton last weekend, the 31st August. Amazing what makes you happy when you are sitting in foreign lands. My daughter Ruth seems to have got into a bit of a snag in Nepal, the Maoist insurgents have come in and she's been pulled back from her village, where she is teaching, and they are sending her back to Kathmandu in the next few days. She seems fine however, very chirpy. I think I have given birth to another adventurer. I managed to find Christopher when I got to Harare by ringing his private rooms and funnily enough his mobile phone works here!!!

Sunday 7th September

Leisurely morning writing reports from the meeting with the professors in Malawi on my laptop which I have carted around. Also emails in the business centre which take forever to come through. Ruth has just spent a lot of money on goodies and is on her way home.

I met Christopher Samkange at lunch time with his daughters and we went out for a long drive around Harare despite the lack of petrol. He showed me all the sights. Went on top of the hill to see the view. Then went to a coffeeshop and had a nice coffee. I must admit Harare is still a very beautiful city, clean, not many cars of course because of the lack of petrol. Certain amount of goods in the shops. Apparently some goods are coming back in now. The rate of exchange of the US dollar is 800 Zimbabwean dollars by the bank, government edict, and hotels. But on the black market the Zimbabwean dollar is not worth anywhere near that much, one US dollar is 3500 Zimbabwean dollars. So in the hotel everything is relatively expensive because of the exchange rate given by the government. But if you take it with the black market exchange rate, a pint of beer is about 75p, where it's over £2 by the government rate. The hotel however is extremely comfortable, well appointed, television and I was able to watch the fourth day of the test match between South Africa and England, where Andy Flintoff did some walloping great hits.

Monday 8h September

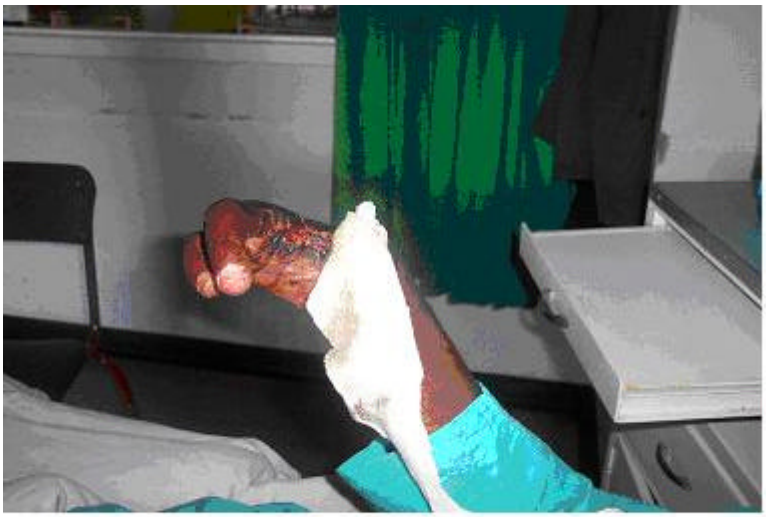
Emailed Maputo to see if I can get there to visit a couple of days this week. This morning I go to the Parirenyatwa Hospital which is the main university teaching hospital in Harare. Despite the lack of organisation, due to no contact whatsoever by email, things were organised for this week. The reason why I couldn't get in touch with Christopher is because he was in Iran. The Iranians are very interested to send over lots of doctors and nurses, paid for by them, I think in a spirit of Islamic mission. Zimbabwe has to take all the help it can at the moment. Lectures have been organised for Tuesday and Wednesday. Teaching sessions to the medical students, Mmeds in general surgery and Mmeds in Urology. I spend considerable time today sorting out my slides on PowerPoint, answering emails and looking around the hospital. I find out there is going to be a strike on Wednesday, so the lecture might have to be cancelled. None of the staff have been paid since early August and it's now the second week in September, no money has been received by anyone. They are all up in arms and all going to go on strike, for which I don't blame them. They are paid little enough as it is if they are devaluing the Zimbabwean dollar, which goes down as you drink a cup of coffee. So we will see what transpires for the rest of the week. Still my welcome here has been excellent. The chairman of the

Zimbabwean surgical society, Dr Harid, told me that in 1983 when this hospital was at its height of excellence Mr Miles Gibson, the neurosurgeon, came over from Scotland to be an outside assessor for the Edinburgh college and was extremely impressed. Dr Harid says since then there has been a steady and serious deterioration. Obtaining the surgeons is extremely difficult because of reduction of staff each week. Another anaesthetist or someone else disappears with little or no notice. Funnily enough usually to the UK, so it must have been planned in advanced, but they don't mention it. Seemed to be however a large number of bright eyed bushy tailed medical students around. They are subsidised by a combination of student loans and grants, there is however quite a lot of hardship amongst the students and of course they don't have enough money to have cars. They don't live in the university accommodation so they find it difficult to travel to and from the hospital because of lack of public transport. I was approached by one of the members of staff in the hotel as to whether or not I would exchange some US dollars for Zimbabwean dollars, which I did at a rate of 3500 and I changed 100 US dollars and I got an absolute bag full of notes to walk around with. I couldn't change any more for the simple reason you have got to spend it, you are not allowed to go out of Zimbabwe with this currency on you. I said to Christopher whether the notes given to me are likely to be counterfeit and he said 'Oh no, the paper the notes are written on is worth more than the actual amount of money that the notes are worth'. The highest denomination of currency is 500 Zimbabwe dollars which is worth 50p. They are in fact going to increase the notes to a thousand very shortly.

Finished the day with Christopher at 6pm. Go for a nice gentle beer at the Bronte Hotel. Christopher has got to pay his children's school fees tomorrow when they open school and unfortunately he hasn't been paid by the government, so he's got a bit of a problem on his hands.

Tuesday 9th September

Wake up early to receive my black market Zimbabwean dollars at 6am. Then off to do an orthopaedic ward round, this is for the purpose of seeing what the surgical training is like, because I am in fact also acquiring information for COSECSA, for the Rohima Dawood lecture that I am giving in Kampala at the ASEA in December. I do a very pleasant ward round with a Mr Chris Mochinga, junior staff and about ten students. Almost all the cases are trauma, which includes a very nasty RTA sustained by an army major who has a left femur, right humerus, left tibia and fibula and right tibia. Also still has a subluxation of his right shoulder. Requires more surgery. It was interesting to find that the patients do not get their pins and hips replacements free, they have to pay for the prosthesis. One of the elderly patients had been bedridden in the district hospital for a year. Anyhow she's been sponsored by 'World Christian Vision' to have a hip hemi arthroplasty because the head of the femur is now dead, worth being a Christian there!! They always have to pay for the crutches and they pay 3000 Zimbabwean dollars a day, which in government pay back is about $4 (US). They are very short of antibiotics, the only ones they have are gentamycin and cloxacillin. Painkillers are a little bit better. Interesting cases, one or two burns. There was one guy who had lost his radial half of his left hand, due to we think probably an infusion into the radial artery inadvertently. Patient said he had a cannula at the wrist. Anyhow he's lost all his fingers except the little and ring finger on that side.



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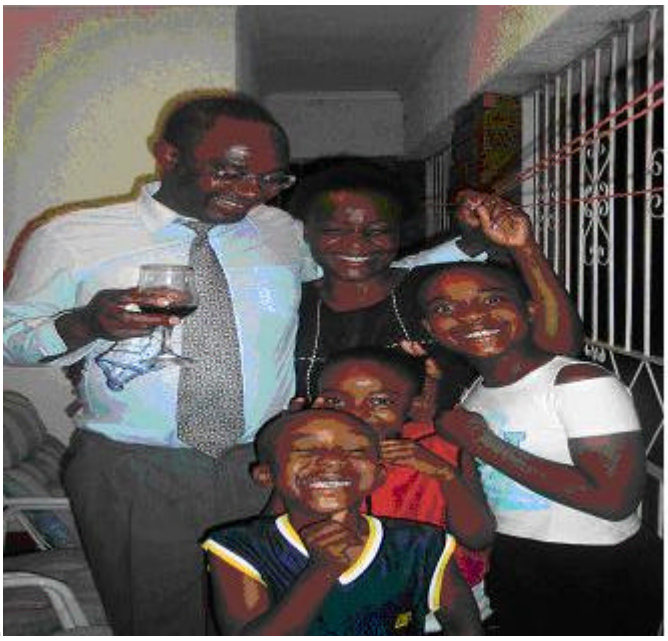
As we were walking around the consultant told me that the vice-president is in the hospital at the moment, on one of the surgical wards. He is about eighty, he's not quite sure what wrong with him but suspects it might be carcinoma of the prostate, but he's been seen in China up until now, so he feels it's probably metastatic disease. You can't get into the ward because it's surrounded by guards. Also another interesting point is that there is a bed permanently available for President Mugabe and has been in this hospital for the last twenty odd years. The only time it's been used is when his previous wife was in renal failure and she actually died there in the early nineties. What a waste of a bed!

Wednesday 10th September

Started off with a ward round with Mr Harid, excellent ward round, took about 2 hours teaching the students and there were junior staff as well.
I give a Rohima Dawood lecture on erectile dysfunction at lunchtime, Brilliant attendance due to free food paid for by Christopher. Then I teach the Gynaecology Mmeds on incontinence and neuropathic bladders. Their knowledge was pitiful. The strike is definitely on for tomorrow, so I book a flight to Maputo (Mozambique) - no point in hanging around with nothing to do.



Christopher Samkange and family.

I had a very nice evening with Christopher and his wife, 3 children and 2 nieces and nephews. The extended family works a very long way in this country, he was looking after his brother's children, while his brother is in Manchester.

Thursday 11th September

Got up very early to catch a taxi at 6 o'clock to get to the airport to go to Maputo which I did in 2 stages, it was nice to go through Jo'burg because I managed to buy some shampoo, which I seemed to have lost on the way. I always lose something. And some postcards which I haven't seen any of yet so I managed to write some.

Arrived in Maputo at 3pm, rather a different arrival than last time when I arrived with Prof Johan Naude, when the place was flooded at the time of the big floods. Met by Igor Vaz and a very nice Italian SpR.who was called Ricardo who's got here by a BJUrol scholarship, which I think is a very good idea. His English is actually quite good, so he was able to interpret a bit for me. I also go out to dinner with Ricardo Barradas, who is a surgeon who recently had to give up because he was asked to step down due to the fact he hit an anaesthetist, who unfortunately happened to be the president's son. The fact that everybody was delighted that he'd hit the anaesthetist unfortunately didn't work in his favour. So he is now no longer doing surgery, but working for HIV and Aids, various Non Governmental Organisations (NGO's). He seems to be enjoying it and making a perfectly good living, but it's a bit of a waste of surgical skill. He can't leave Mozambique because although he's Portuguese, Mozambique is his native country. Had an excellent dinner together and chatted a lot about training. I think Mozambique's considerably worse than other places, but one of the big problems is the fact that Portuguese is their main language, and most of the stuff in COSESCA and ASEA is in English. This is something that makes it difficult for them to get their youngsters up for the exam. But the good thing about Mozambique is the doctors are not leaving, mainly because they are happy there. They don't see their future anywhere else. They do go to over to Portugal or to get additional training, they don't necessarily want to live there. It is a very large country, extending right the way up to mid Africa and I think distances travelled are one of the

biggest problems in the country. The other big town Beira is a good 16 hours drive away, as is also Harare in Zimbabwe, which is the next country.

Friday 12th September

Dr Vaz asked me to operate on a small 12 year old boy with a PUJ obstruction, but he did have intra renal obstruction which I wasn't able to deal with. It would have been better if he'd had further investigations before the surgery. Certainly a retrograde would have delineated the ureter better. Felt since the kidney was so good and, although he has got pain, symptoms weren't too bad, I would leave the kidney without any intervention. So after having opened him up I reclosed him. Then there was a very massive renal tumour on the right side of the abdomen, about 20cm which filled the right side of the abdomen and the IVC was the size of my palm in width. Never seen such a big one. We managed to get the kidney out, which I did. We had difficultly with the haemostatis, I did actually open the IVC, which required repairing. We had a difficult lumbar vein which took us a while to find, so he did lose an excessive amount of blood, and was transfused with fresh blood, amongst the other units, but his blood pressure was a bit low for a while, so I will see whether or not his other kidney recovers. He looked reasonably well and stable statically when he left the table. They always give me these huge kidney tumours because they don't like doing them themselves, I suspect. I also gave a lecture at 7am, what an amazingly early time, to the doctors and medical students on erectile dysfunction. Again I had to speak rather slowly because they are Portuguese speaking, and of course they didn't get any of my jokes (only 1 or 2). Because erectile dysfunction does lend itself to jokes. Excellent turnout, very good questions, so obviously their understanding of English is better than their speaking of it.

Then I took a plane back in the late afternoon to Harare via Jo'burg, and got back to my extremely pleasant hotel 'The Bronte', which is one of the nicest hotels I have ever stayed in, that's Africa included but also other parts of the world. And it's not that expensive, it's not cheap by African standards, but it's not that expensive by European standards and the service is excellent.

Saturday 13th September

This morning I look at my emails and eventually manage to get a bit more speed so in about an hour and a half I can actually answer all my emails. It was interesting, I had a cup of coffee at 11 o'clock which cost me 600 Zimbabwean dollars, which in British terms is about 80p. Lunch time I had another cup of coffee and it had gone up to 800 Zimbabwean dollars, which is a pound. I said to the girl 'It's gone up' she said 'Yes, it went up this morning'. So in 2 hours, inflation was pretty great.

Spent the afternoon with Christopher Samkange and family swimming and then got the evening flight to Bulawayo, where I was met by Mike Cotton, a general surgeon who works at Central Hospital in Bulawayo, but like all surgeons has private practise at Mater Dei hospital. On the way back home we pop into the Mater Dei and see some patients. A lady with a bowel obstruction and a young boy who has been involved in a road traffic accident. He had bilateral chest drains and quite marked chest contusions and had a laparotomy for liver injuries, which were multiple but none of them large. Also a fractured humerus, but alright otherwise.

Sunday 14th September

We managed to lie in and I spent the day with Dr Ashmawy, who's the Urologist from Impila Hospital, who drew the plan for the week and go to lunch with a small remaining group of Egyptian doctors, many have left. They were complaining bitterly about Zimbabwean problems but I suspect that their lifestyle is much better than in Egypt with servants, big houses, swimming pools; however there is no doubt things are difficult here especially the rampant inflation.

I spent the afternoon with Judith Todd (who drove Patrick Duffy and me to the Botswana border 3 years ago, a memorable drive), she is the daughter of Sir Garfield Todd, the last prime minister of Southern Rhodesia. She is an ardent member of the opposition party MDC and has been stripped of her Zimbabwean passport because of this, she has relinquished her New Zealand passport. She is therefore trapped, brave women though. I read my email and am sad to say that the Maputo renal tumour died, the first renal death I have had in years, very sad.

Monday 15th September

I spent the morning going to theatre with Dr Enwerin, a Nigerian who is working at the Central Hospital. He invited me to do an open prostatectomy with removal of large bladder calculus, and he performed a bilateral orchidectomy under local, circumcision under local and I did a cystoscopy and bladder biopsy. This man with the bladder tumour looks to be very suitable for total cystectomy and the bladder is quite mobile and I did suggest to him that we could do this and a Mainz ll, we will try and fit it in for Thursday. Their biggest problem at the moment is that there are no anaesthetic drugs or very few, no post operative pethidine or any other opiates.

In the afternoon I went for an excellent lunch at the squash club while Dr Enwerin played squash, I have a sandwich, and we go to his consulting rooms; there is a bit of private practice still thanks to insurance schemes. Quite a lot of interesting cases, a broad spectrum of patients including a tiny child with posterior urethral valves, renal impairment who is only six kilograms at the age of two years. The child really needs dialysis.

Tuesday 16th September

We go to Mater Dei again to see that the RTA boy (Ryan) is now jaundiced and not as well as he was the previous days. One of the interesting things that I noticed is that somebody put a set of lift doors in leaving the plastic coverings on, it was really very interesting, one of the funniest things I saw this week.

This day was spent with Mr Ashmawy in theatre, here I do yet another open prostatectomy and then an epispadias repair. I have to say the two year old child's surgery went very well. Mr Ashmawy seems to do these operations really quite satisfactorily and his hypospadias repairs are reasonable he tells me, but he would like some help from a paediatric urologist, which I will try and organise for next year.

Then we saw a young woman with vesico vaginal fistula which I think is not closable from the vagina and suggested yet again some form of diversion, probably Mainz ll which is a rectal pouch, very good here as no urostomy bags available. My friend Seshoma Khama has come over from Botswana, I haven't seen him for a 3 years. He was a good friend of mine in the late sixties when I was a young stripling. I had dinner with a friend of his called Washington Sansole who is a judge and also a firm supporter of the Zimbabwean opposition (MDC).

Wednesday 17th September

I spend the morning in clinic with Mr Ashmawy and doing a ward round. The wards are very empty here. Basically they can't really do much in the way of surgery because of the lack of drugs. There is also a medical student from Leeds University who is enjoying herself and a Canadian lad who has just qualified who is working here for three months. Lots of staff, but not many in the way of elective patients, but a few emergency patients though. The patients here have to pay about a dollar US for admission fee and two dollars a day to stay, a lot of money. The boy Ryan at Mater Dei has stopped passing urine and is not looking at all well.

I gave two lectures, one on incontinence to the students and the junior doctors. It was extremely well attended, mainly because there was a large meal supplied with it, provided by a drug firm and they all came to have a decent feed, I don't blame them. Another one on erectile dysfunction is due tomorrow and I will buy the food to get them rolling in again. These lectures are officially Rohima Dawood lectures as I have the fellowship this year from the ASEA (Association of Surgeons East Africa). Yusef Dawood set this up 1983 in memory of his mother, he is a surgeon in Kenya.

Thursday 18th September

Is spent with Dr Enwerin again on a ward round and clinic. I have now met both hospital managers, the one at Mpilo, a young lady, is extremely helpful, extremely enthusiastic and very grateful for the old optical urethrotome I left behind, which should work, 30 degree telescope Olympus, I have taken two telescopes which are completely non usable back home with me. The other one at the Central Hospital was really totally uninterested and not wanting any help at all.

I gave a lecture in the evening on GU tract injuries at the Mater Dei, the boy Ryan is now in blown hepato renal failure, he needs dialysis which is not available, he is not responding to intravenous manitol and I suspect will not survive. The family are extremely distraught because he is only twenty eight and they can't afford to take him for treatment in South Africa.

Another interesting thing that happened to me this week, Secky who knows Bulawayo quite well, had noticed that there was a hole in my jacket, which there was, brand new too. So he took me to a seamstress to get it repaired and it was brilliantly done. They asked me for the sum of one US dollar for the repair, I was so embarrassed that I gave her ten dollars.

I have had an excellent time in Bulawayo, I have met some old friends, including Rosemary Hepworth who is a surgeon here, and a very nice physician called Mark Dixon who like Mike Cotton is married to a Zimbabwean wife.

I set off early on Friday morning to go to Lusaka. Negotiate customs by just smiling, I didn't even have to open a suitcase. Lovely to see Dr. Labib again who was in the UK with us in Manchester at BAUS. Mr Haq who is on the SpR rotation in Norwich/ London is here already and is having a great time. He's seen some pretty gross pathology and has done an open prostatectomy in theatre this week, his 5th in 6 years training. A good programme planned for the next week and I am also going to give a Rohima Dawood lecture at the Zambian Surgical Society next Saturday, but first a weekend relaxing. Great.

Saturday 20th September

I meet Professor Krikor Ersingatsian on Saturday morning to discuss going to accredit the hospitals in Ndola and Katete for COSECSA. Sunday we go to a wildlife farm with an excellent lunch and a game drive where we see some beautiful giraffes amongst a lot of deer [Insert photo here of Dr and Mrs Labib]. In the evening we go and see the patients for the operating list tomorrow. One is a guy who requires an artificial sphincter and purportedly a penile prosthesis, but when I see him, I find that he hasn't actually been tried on Caverject, so I gave him some and there was a brilliant response, first he has had in 1 year and delighted he was too, his wife was a bit gobsmacked as well. So we can avoid doing the prosthesis at the moment and just do the artificial sphincter which he does need because he has actually got stress incontinence from the pelvic fracture and a distraction urethral injury. The other patient had an amputation of his penis earlier this year, about April, for stage 3 carcinoma of the penis, and he is only forty and would like some form of phallic reconstruction.

Monday 22nd September

We go off early with Mohammed Labib to see the Minister of Health, I want to talk to him about improvements in urological services in Zambia. Zimbabwe, who wish to set up a urological training centre, is in such dire straits at the moment, it would be a good idea if another centre was set up for training urologists in the southern part of Sub-Saharan Africa and I am thinking Zambia might be a good idea, but we need better equipment for operating theatres and anaesthetists. Preferably a purpose built building or area within the hospital.

So far there is no sign of the equipment which we sent over from Muslim Aid for the wards, but I keep chasing it.

We did the artificial urinary sphincter after that, there was some problem to begin with because I found that the urethral stricture which had been open in March when I last saw him had not actually been checked and it had recurred and there was a dense stricture at the membranous urethra which I cut with the optical urethrotome I brought (donated to me as a farewell present by the Welsh urologists which I keep with me), their telescope had been damaged in the previous week or two so is useless. I then made a decision to proceed, despite the fact that I had had to do this because otherwise he won't get this done for another year. Of course he will be extremely wet after removal of the catheter before activation of the sphincter.The artificial urethral sphincter went without hitch, except I suspect the sepsis rate is much likely to be higher, due to the inadequate drapes. We did use ant-biotics, Cefotaxime and Gentamycin which I brought over from the UK. Following this we got the plastic surgeon to help us with some groin flaps to make a new phallus. I was intending to do a pubic phalloplasty, but unfortunately he had a suprapubic catheter in, so this was not possible [insert photo]. At a later date we will try and make a perineal urethostomy for this young man with the residual tissue from his bulbar urethra which is somewhere down there, but hasn't actually been x-rayed at this moment in time. The flaps went well, unfortunately there was a lymph node in the left groin which may or may not be recurrent disease, but we sent it off for histology. Unfortunately there are no CT scans available in the whole country, so we were not able to check his lymph node status without proceeding, which I would have done in the UK with an MRI. We all hope it is clear. The neophallus looked pretty smart, if all well I will put in a penile prosthesis next year.

The rest of the afternoon spent in a curriculum meeting which Dr Labib is trying to get ready for the M Ed in Urology, next year.

Thursday 23rd September

Went of to Monze Mission Hospital, two hundred kilometres from Lusaka. Set off at six o'clock, arrived there for eight. Got two cases, one is a VVF, which we are going to watch Dr Michael Breen, a gynaecologist do and then I am going to do a fascial sling for stress incontinence. He did a beautiful repair vaginally, excellent dissection and has done about a hundred and fifty with a pretty good success rate. No doubt that some people can get excellent results from their VVF repairs. Fascial sling on a European lady which I did, also proceeded without hitch and I demonstrated this technique to Michael. In the afternoon we did a ward round. Ahsanul Haq became quite distressed by the appalling state of the patients, the overcrowding and the fact that there were about three patients either on, by the side or under the bed and at least half of the patients were emaciated from AIDS. We saw one boy with a huge loin abscess, probably due to TB of his kidney. One patient with yet another gangrenous prepuce, which seems to be the norm around here.

In the evening Ahsanul and I went with Michael for a swim [insert photo here] in a small pool at one of the few houses owned by white Zimbabweans and then for a beer at the golf club, which has twelve members. Michael tells me that the people who are dying from AIDS are actually the middle class, as they move around more and have more scope to be promiscuous; it is a very, very serious problem and really people are going around quite depressed.

Wednesday 24th September

Dr Labib did an excellent extrophy repair on the two month old baby, [insert photo here] then an orchidectomy and or two other bits and bobs. I assisted Michael doing a massive fibroid which was up to the xiphisternum in a forty four year old woman. We did another ward round, saw the patient who had the sling the previous day who was voiding OK, looking a bit sorry for herself. We left after lunch and got back to Lusaka.

Thursday 25th September

We were meant to fly to Katete in an aircraft with an orthopaedic surgeon piloting himself, but it failed to get off the ground, so Professor Krikor and I set of to Katete which is a five hour journey in an Avis car to accredit St. Francis's Hospital, for COSECSA. What a pleasant little hospital. There were three doctors, a paediatrician who is British, a surgeon who is Zambian and gynaecologist. They basically have three hundred beds between the three of them. They have got some junior staff. There was a Dutch registrar who was there, unpaid at the moment, but I think they are going to start paying her, she was working so hard. Masses of pathology, included a carotid body tumour, which I diagnosed!! uretero vaginal fistula which they hoped I would stay for the next day to repair, but unfortunately I have got to go back again and the young lady with bladder tumour invading her vagina. The wards were quite clean, but very crowded. Theatres were not excellent, but better than some we have seen. There was great enthusiasm amongst the staff of both the mission hospitals I have seen this week and better morale than in government hospitals. Drove back, we drove past Luangwa Bridge. The driver, named Boston, told me that one person a day was eaten by crocodiles in the river, when doing the washing. We stopped at Luangwa Bridge for a beer, this is open twenty four hours a day as a stop for lorries on the appalling road which goes to the Malawi border. The road improves between the bridge and Lusaka and becomes in fact positively reasonable. We saw something I thought was a dead body on the road, but Boston wouldn't stop, he said it might be a

decoy, so I had to abide by his rules, you can't force the driver to stop in case he gets mugged. Arrived back late, arranged for the same car firm to take us into Ndola the following day.

Friday 26th September

We set off at six o'clock in the morning arriving in Ndola at nine, this three hour journey was much easier. Looked around this hospital which is a district general hospital, again about 360 to 400 beds. They are very short of senior staff. No physician there at all and hasn't been for two years. The obstetrician/gynaecologist was arriving that day from the Congo, the first there for eighteen months. The Caesarean sections are done by the general surgeons and a clinical officer and these are three year trained surgeons and doctors, who actually get good at the one thing they do, but in this case, it was Caesarean sections. Interesting hospital because they have a lot of fee paying beds there which subsidise the government beds, much cleaner than any of the other hospitals I have seen in Zambia with curtains around the beds. An excellent tropical research centre on the 6th floor, which had been open since 1981 funded by WHO and other worthy organisations. They do immunology, virology, parasitology and every other ology, to a very high level. This department is used by the hospital to do their tests and also has an excellent library and internet service, a great bonus for the hospital itself. Ndola is a nice town. Professor Krigor who is with me for both visits is very impressed with the hospital and I agree with him. We had a reasonable journey back.

I am trying to get the stuff which I sent by cargo out of the customs, and I am having very little success.

Saturday 27th September

Last day in Zambia, I am speaking at the Zambian Surgical Society meeting.

We go off to the airport to see what has happened to this consignment of stuff which I know arrived on Tuesday and found it sitting in a warehouse since Tuesday but they wouldn't let me have it and I got into an argument with a guy, because I want to photograph it, as in it are all the things which my patients have made like blankets and screens, and the young man wouldn't even let me photograph it, not that I was photographing him, just the boxes. Ahsanul Haq was with me, it is not often that I get really irate, but I did on this occasion. I saw him off on to his plane.

Also this morning I see a patient who has been brought up as female, because of a severe hypospadias, but in fact, this female is a man without a shadow of a doubt, slightly low testosterone at 5.4 and no palpable testes, but a scrota present and a really quite reasonable penis at about 8cm flaccid, which probably goes up to about ten to eleven erect, and as female she is actually having a male sexual life with a female partner and wants to change. They have a very funny system here, they have to leave the country if they are going to change sex, but this patient has always been male and I will see if I can get her to change to him without having to leave the country or his /her present location. The patient works as an accountant, although has spent all his/her life as a female dressed as a female, with a female name, and spoke good English so could communicate. I will see what I can do. Labib is going to do a better urethroplasty than the one done at present, search for the testes and bring them down as well as possible. The patient may need a testicular prothesis as well for cosmetic purposes, and I will come back and lengthen his penis some time, probably at the end of next year, to give him another 2-

3cms which I think he could do with, it might make him a pretty reasonable man. I have warned him however that he will be infertile.

The funny thing of the week was, every time we were stopped at a road block on the way to Katete, on that long five hour journey with millions of pot holes, the policemen asked if we had got a newspaper, because they were so bored waiting for traffic to come by. The same policeman asked us on the way back, if we still had a newspaper, but we hadn't bought one anywhere, so I asked Boston the driver to remember to take a newspaper with him whenever he travels on that road.

Leaving Lusaka Saturday evening, hopefully getting home to Heathrow tomorrow morning to watch Ruth play lacrosse in Kent, she is even going to pick me up from the airport if she can get up that early. Wonderful trip.

PS She met me!
The boy Ryan died.

COSTINGS OF TRIP

FARES

Manchester to Lilongwe Already paid for by BAUS/ BJUInt Scholarship	£639.00
Additional fares around Africa from Lilongwe –Harare, Harare-Bulawayo, Bulawayo-Harare, Zambia-Nairobi Plus airport tax.	$991.00
Visa – Zambia	£35.00
Visa – Zimbabwe	$55.00 (£35.00.)
Excess baggage – Manchester to Lilongwe	None
Blantyre – Harare	$10
Harare – Bulawayo	$10
Harare – Lusaka	$60

Due to delay in arrival missed bus Lilongwe to Blantyre, stayed at Capitol Hotel which cost me $145.00 !!!!!!!, I'm trying to get this back from Air Kenya
Trip to Mozambique and hotel paid for by RCSEd as part of Rohima Dawood fellowship
Hotel in Harare for 5 nights $300 paid for by Edinburgh college hopefully.
Hire of Avis car 2 days Katete and Ndola $400 paid for by COSECSA hopefully

Thanks to:
Marcel Schutgens and the Malawian surgeons in Blantyre for looking after me and the good meals
Chris Samkange Harare for being his normal wonderful self and sharing his Glenfiddich
Dr Igor Vaz in Maputo at such short notice

Dr Ashmawy, Dr Enwerin and Dr Michael Cotton in Bulawayo for being so brave in the face of adversity
Dr and Mrs Labib for the wonderful time and the hospitality Ahsanul and I had in Lusaka
Prof Krikeor for his memorable trip to from and in Ndola and Katete
Ahsanul Haq for being such a good SpR and company
Thanks to all the Urolink team for support and help with equipment, also buying equipment. The HIV testing kits arrived before me and I left for Dr Labib's use
AMS for supplying the AUS and the prosthesis free, I will take the unused prosthesis to another worthy patient