



INTRODUCTION

The inspiration and driving force behind this Texbook of Urology from Africa is Lester Eshleman. who, though a late convert to the speciality of urology, has spent of his long working life in Africa. In 1978 Dr. Eshleman joined the staff at the newly opened Kilimanjaro Christian Medical Centre (KCMC) in Moshi. Tanzania, which was rapidly establishing. a reputation for excellence as a regional referral hospital with an emphasis on teaching. For 20 years Dr. Eshleman has demonstrated that, with the careful and thrifty use of limited resources, specialization in urology is not a luxury commodity for affluent countries of wealthy patients, but a costeffective and appropriate way to meet the needs of local populations with common disabling conditions such as retention of urine, urethral strictures, urinary tract trauma, and maternal birth injuries.

Like many surgeons, I first heard about the Department of Urology in Moshi at an Annual Meeting of the Association of Surgeons of East Africa and made the first of a number of visits to see for myself. Dr. Eshleman's philosophy has been to train a local surgeons in relevant urology. As his reputation grew, increasing numbers of surgeons from the region, applied to work in the Department of Urology at KCMC, often at considerable personal sacrifice. In 1990 at the request of the Ministry of Health of Tanzania, and with the support of the Association of Surgeons of East Africa and followed by the support of the British Association of Urological Surgeons, the department of KCMC became an Institute of Urology, both in name and reality. Mushrooming construction of a purposefuldesigned building containing ward, theatre, clinic, offices, and urological library and seminar room, followed.

The British Association of Urologic Surgeons (BAUS) has been pleased to send consultants, and senior registrars from UK for resident periods to teach in the Institute. BAUS has sponsored working seminars in urology staffed by experts in the branches of urology from the leading centres in the

Twelve surgeons from eight countries of the region have been through the one year Diploma course. The Dipona course has, in the last two years, evolved into a 2 year postgraduate (MSc) degree in association with the new Tumaini University.

The principles of urology are universal, but local pathology, demography, and economics, influence both the practice and the way services are provided. This textbook is written by contributors who have an intimate knowledge of both the challenges and the context of urology in Africa. It is written, principally, for surgeons wanting to specialize, but, also, will be of immense practical value to a wide range of people, including medical students and nurses, who are involved in the management of patients with prological disorders.

All countries are facing the challenge of balancing increasing demand against limited resources. Solutions will differ, but will be achieved by evidence-based practice underpinned by education and lifelong learning. This book will contribute to the process. As more locally trained surgeons pass on their knowledge, skill, and attitudes to others in their own hospitals, urological services will become increasingly available to those in need. These services will avoid the delay and expense of long journeys out of the region for trainees and patients. These prological services will enable centres such a KCMC to concentrate their energy and resources on education, research and innovation.

I congratulate Dr. Eshleman on his "retirement" project and his team of contributors for producing a book which can only enhance the respect in which KCMC is held, both by patients and the profession.

> Neville Harrison, MD FRCS Consultant urologist, Brighton, UK Associate Postgraduate Dean for Surgery, University of London, Department of Postgraduate Education