

Amos Update: September 2010

Life has settled down into routine once more here in Muheza and the heat is starting to build – although we still need duvets at night – just about.

The anticipated rota changes have now occurred (I'm on a 1 in 3 surgical cover) and so far so good. I was dreading my first weekend as the doctor on-call the weekend before had been sewing up torn livers! However its been completely peaceful so far and I am praying that it lasts. The increased on-call ties me rather more to the hospital than I have become used to but my mobile phone gives me the freedom to be at home or even at church or in the market.



Dr Elice

Drugs continue to be a nightmare. Alu (our first-line anti-malarial) is still not available for adults . Apparently only 2 companies in the world make it and they underestimated the demand. This week we received a supply of the drug currently used as first line in Zambia. While this is clearly useful it makes prescribing difficult as we never know what is and isn't there. Its also rather worryingly taken as 8 tablets in one go daily for 3 days. 4 of Amodiaquine (which people will recognise and say they don't want due to side effects) and Artemsinin (which is effective very quickly, makes folk feel better, but doesn't entirely clear the parasites on its own). The possibility of taking one without the other is easily there and could lead to recurrent infections and in time resistance. Still its better to have something than nothing.

I've been getting on top of the research I'm involved with, mostly rather frustratingly. Research looks very glam from a distance and the ideas are all intriguing but actually carrying it out, requires meticulous rather boring adherence to detail which I can do but is not exactly exciting. Its good to be up-to-date though. Today in Australia the data I collected on eclampsia 2 years ago finally saw the light of day at a conference and was well received. I'm busy conceiving some more ideas about incidence of pre-eclampsia and all its sequelae.

We had been doing really well for maternal mortality with only 10 deaths in the first 8 months of the year and then 5 in the last 3 weeks. For the first year we've also kept meticulous perinatal mortality statistics – 125 so far this year, which is actually in line with previous years, only we've got more details on them now so we hope to be able to understand better what if anything we can do to reduce the number of deaths.

September is always a time when folk disappear to various study courses and this year it looks as though Mruma, the AMO who has been doing O&G with me is off to upgrade to MD. This hopefully will be good for him but leaves me rather busy. I have got hopes that Elice, a young Tz MD, will join me which would be nice as she works hard and needs to consolidate her obstetrics. It may leave a hole in medicine however so we'll see. The students are all starting a month late this year due to the election – we're told cynically to stop the students voting for the opposition as they will be at home not at the university town where they are registered. At least this time there is a viable opposition – very unlikely to win but big enough to concern the government.

Next week John Mahona is coming back for a week to do VVF's – supposedly 20 women will be sitting waiting for him. (VVF's occur when women are in prolonged obstructed labour and so due to pressure from the babies head a hole develops between the vagina and the bladder (usually although sometimes the bowel)) This can be mended surgically but few people have bothered to learn the skills as the folk involved are inevitably the poorest from the most remote areas. Its always a lovely couple of weeks when they all come and get “done” and gradually regain function and go home dry.

In the lab we have had such a quiet time there is nothing really to report. I have kept busy anyway with sorting out bits and pieces. For example I have finally managed to persuade the supplier of our blood cell counter that they should finish the installation training (we got it more than a year ago!). They suddenly became keen to train us when we needed to buy a maintenance plan from them after the end of the warranty. At the moment the machines in the lab are working well.

The President (Kikwete) visited Muheza in September – for the election He came in 3 helicopters with all his entourage and Catherine took Piran to see the fun. There were 2 Wazungu in one of the helicopters (South African doctors for some reason that we never got to the bottom of) who were startled to see a little white boy in amongst all the Africans and whisked him past the cordon of gun waving Askaris to see the inside of the helicopter. Pip thought it was great although Catherine was distinctly nervous and very glad to get him back into her arms !

Our house has had a facelift – the roof has been sealed (to keep the rats out), the windows have been re-screened (to keep the mossies out) and the walls have been re-splatted with little bumpy bits of concrete (to keep rats and bugs from climbing the walls I'm told). Inside all the walls have been repainted – which caused a certain amount of chaos but lead to a big clear out – much needed and the house now looks much nicer.

The boys are doing well - Piran continues to love going to school, Max is getting into the Harry Potter books and Zack is nearly into double figures !

Love to all

Ben, Sally, Zack, Max and Piran



Our house and boys!

Prayer and Praise

For the difficulties in drug supply

For the woman having their VVF's repaired

For working machines in the lab

For the work on our house