

It's a real privilege to be on the receiving end of the many newsletters our members working abroad send to us. Some leave you in tears, others fill you with laughter. I've extracted details from one of them, changing some of the details slightly for security reasons. It gives a brilliant word picture of medical work in a very different culture:

The patient

Once everyone has been greeted and the excess family removed (I've still not cultivated the ability to shout loudly and angrily enough), the fun, sorry, the work begins. Personal greetings are exchanged while I crouch next to the patient's bed and stroke a hand. The next challenge is the examination. As well as being buried beneath numerous blankets, most women, for example, wear at least one thick cardigan, two dresses, a beautifully hand embroidered vest-like garment which allows quick access for breast feeding (virtually a life time occupation here), an old piece of cloth tied several times around the painful area, and finally a piece of paper (glued with some formidable combination of egg and I'm not quite sure what) stuck directly over the skin. Try removing it at your peril!

The examination

There are aids in the battle though. For instance, if you want to listen to someone's chest, you just climb right behind them on the bed. Squatting on their pillow with stethoscope in your ears, you can get a good grip on all their layers of clothing, yank them upwards and finally place your stethoscope on the patient's back and whisper 'breathe' in their ear. It all seems so natural that I chuckle with God: at some point in the future, I might forget myself and leap up behind some prim middle class English lady on her pristine NHS bed and cry 'Breathe!'

The outpatient clinic

Stumbling out from the ward round, my heart does a little leap when I see the clinic surrounded by the colourful crowd of women and children. I know it means work and 'difficult' patients, but it is still an undeniably beautiful picture. An amazing array of people old and young, draped in beautiful bright turquoises, royal blues, purples, reds, greens, pinks. Even the blacks and browns have swirls of silvery glitter woven through them.

The crowd previously waiting outside has now been sifted and those who clearly don't have anything wrong with them have been sent away. The rest, after paying a cursory fee, are furnished with a number and ushered in. The women, however, are mostly illiterate and innumerate and the concept of queuing is totally alien. Unsurprisingly, the number system falls apart and all 40 women lurch forward in unison. The trick to survival seems to be to remain standing inside the clinic room, grab the nearest lady with your right hand and simultaneously pull the door shut behind her with your left. The door thankfully, is solid wood and about three inches thick. Anyone who tries sneaking in is usually shot down within seconds by cries of 'Get out, get out, get out!'

The consultation

Inside the room, which is no more than three metres square, there are usually two nurses and myself examining at least one patient, each of whom generally has at least one baby secreted some where on her person! It doesn't really make for a calm medical consultation. On the other hand, if I or my patient can't understand each other, there is always help available. There is no place for confidentiality here!

Is there a French speaking doctor out there?

In the last *News from Abroad* I asked, 'Where are the men?' and 'Where are the surgeons?' This time it's a different cry. One of our members (a retired GP) writes from Cameroon:

Meskine is a small hospital of 100 beds with a very busy OPD which has seen a 50% increase in numbers from 32,000 in 2005 to 45,000 patients in 2006. We carry out some 1,500 operations a year. Although the hospital is only twelve years old, it has gained a good reputation by word of mouth, and attracts patients from Chad, Nigeria and Ethiopia as well as a large area of Cameroon. The medical consultations are all carried out in French.

The hospital has paediatric, maternity, TB, leprosy and isolation wards together with X-Ray, ECHO, laboratory and physiotherapy services. We have a great team of nurses, many often doing the work of junior doctors. All doctors and medical students who come here are amazed by the vast spectrum of pathology.

Our aim is to share Jesus Christ with the patients and their families through a good standard of medical care and low key evangelism. We have devotions every morning and a ward prayer round every Thursday when we pray with all the patients individually, if they wish, and they usually do!

Contact John Baigent at jonbaigent@aol.com if you want to know more.

Known current needs

- General duties doctor at Rumingae Hospital, Papua New Guinea
- Help is needed in setting up a 'hospice in the home' service in Kyrgyzstan
- The United Christian Hospital, Lahore, Pakistan needs doctors
- The Leprosy Mission need a physician in NW Bangladesh
- Mercy Ships are looking for a physician to help in Sierra Leone
- An ophthalmologist is needed in Trinidad & Tobago
- Crosslinks need a medical officer to take over a clinic in Tanzania

You can find full details of these and other overseas vacancies on our overseas website www.healthserve.org/overseas_opportunities/

Peter Armon is CMF Overseas Secretary