

## IN BRIEF

### First UK baby free of BRCA1 is

**born:** The first baby in the UK to have preimplantation genetic diagnosis for the BRCA1 mutation, which is linked to breast cancer, has been born. Women with this mutation have an 80% chance of developing breast cancer and a 60% chance of developing ovarian cancer in their lifetime.

### Burma begins polio vaccination of children:

Burma, with financial backing from Unicef and the World Health Organization, is to vaccinate more than seven million children against polio. The country was declared free of polio in 2003, but it re-emerged in 2006. The programme, being carried out in January and February, will cost at least \$5m (£3.4m; €3.7m).

### Trust has made "huge strides" in infection control:

Maidstone and Tunbridge Wells NHS Trust has substantially improved its infection control since an investigation by the Healthcare Commission in 2007 identified serious failings, the watchdog says. The trust reported its lowest rate of *Clostridium difficile* infection in three years, for January to March 2008. However, more nursing staff are needed, and learning from complaints and incidents needs to improve.

### Complaint from Roy Meadow is rejected:

The Press Complaints Commission has rejected a complaint from Roy Meadow about an article in the *Times*, which referred to him as having "gone beyond his remit" when he acted as an expert witness in the cases of Angela Cannings and Sally Clark and submitted statistics based evidence even though he was not a statistician.

### Calls to NHS Direct over Christmas were up 16% on last year:

NHS Direct answered 255 562 calls between 20 December and 1 January this year, up from 221 225 in the same period last year. The busiest day was Saturday 27 December, when the service answered 29 179 calls, then Boxing Day, with 26 130 calls. The early outbreaks of colds, flu, and the winter vomiting bug were partly responsible for the higher demand.

### Measles cases rise in England and Wales:

A total of 1217 cases of measles were reported in England and Wales to the end of November 2008, exceeding the total of 990 reported for the whole of 2007. Most recent cases (74%) were concentrated in the North West, South East and West Midlands NHS regions.

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# An anaesthetist's life working on the Congolese front line

**Brigitte Breuillac** MÉDECINS SANS FRONTIÈRES

For Paul Kanulambi Walelu, dealing with gunshot wounds, open fractures and emergency caesarean sections is all in a day's work. Or, quite often, all in a night's work. For as well as working seven days a week, Mr Walelu, an anaesthetic nurse, works every other night, for the medical aid organisation Médecins Sans Frontières at the busy Rutshuru Hospital in North Kivu, the war-torn province on the eastern border of the Democratic Republic of Congo.

It is Mr Walelu who in October last year helped the British surgeon David Nott in a forequarter amputation on a 16 year old boy who was close to death (*BMJ* 2008;337:a2958, 10 Dec). Mr Nott made headlines across the world for carrying out the operation with the help of instructions sent by text message.

Mr Walelu is nonchalant about what he describes as the "very intense" pace of work at Rutshuru Hospital. The two surgical theatres deal only with emergencies, and their workload can multiply 10-fold when fighting in the region intensifies, he says.

"We operate on an average of 350 patients a month for a wide range of surgeries. We do laparotomies following typhoid perforations, peritonitis, or traumas. When there are gunshot victims we often find ourselves with abdominal wounds and open fractures on upper and lower limbs. We also perform a lot of caesarean sections and other obstetric emergencies," says Mr Walelu.



**Paul Walelu: the workload can increase 10-fold during fighting**

"Usually we see about 15 gunshot injuries every month. But in just one day in October, when the fighting and violence intensified, we saw 40 wounded people in two hours."

The two surgical teams at Rutshuru generally operate with three Congolese anaesthetists (two nurses and one doctor) and two surgeons (one Congolese and one foreign).

"We sometimes happen to have three surgeons, like in October, but this is rare," says Mr Walelu. "Occasionally we have an obstetrician gynaecologist. We work seven days a week, are on duty every other night, and get two weeks off every three months."

Mr Walelu studied anaesthetic nursing in Kinshasa and has more than 13 years' professional experience, the last two years at Rutshuru for Médecins Sans Frontières.

The operating theatres in the hospital are very well equipped, he says. "For the anaesthesia we have an oxygen concentrator in each theatre, an anaesthetic machine with a halothane vaporiser and a ventilator, a multifunction monitor (oxygen saturation, pulse, heart rate monitor, blood pressure, spirometer, and ECG [electrocardiogram]). And also—which is rare in DRC [the Democratic Republic of Congo]—we have two syringe drivers. Also, the hospital has a blood bank, and we have, on average, three units of blood available for each operation."

Médecins Sans Frontières is *BMJ*'s Christmas appeal charity. See [www.msf.org.uk/bmjappeal.aspx](http://www.msf.org.uk/bmjappeal.aspx).

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MÉDECINS SANS FRONTIÈRES

## Poor nations' health systems must be boosted

**John Zarocostas** GENEVA

Health systems in poor countries, especially in Africa and south Asia, need to be substantially strengthened to improve care of the newborn and to reduce mortality in women during pregnancy and childbirth, a Unicef report says. "Every year more than half a million women die as a result of pregnancy or childbirth complications, including about 70 000 girls and young women aged 15 to 19," said Ann Veneman, Unicef's executive director.

"Since 1990, complications related to pregnancy and childbirth have killed an

estimated 10 million women," she said.

The report says that most maternal and neonatal deaths can be averted through interventions that have been proved to work.

Essential services that are needed, it says, include better nutrition and safe water, sanitation, and hygiene facilities; adequate antenatal care; skilled assistance at delivery; basic and comprehensive emergency obstetric and newborn care; postnatal care; neonatal care; and integrated management of neonatal and childhood illnesses.

The report notes that severe infections often