

Let me tell you about Tuesday. Tuesday and Friday are my favourite days, and Sunday of course. It seems like all the other days of the week are a preparation for Tuesday and Friday, which are my surgical days. This Tuesday in particular is special.

The day starts at 5:15 when my telephone wakes me up. It is a Chinese phone that flashes coloured lights and plays *happy birthday to you*, and my wife dislikes it intensely. This early morning time is a great time to pray together, for our children, for the challenges of the day, and particularly this Tuesday for my patient. Her name is xxx, and she needs a total hip replacement. She comes from Rutshuru zone, and she's in her early 40s. She is a widow since her village was attacked in the war last year, when the CNDP took over the whole area. Her husband was killed, and she hasn't seen her two children since that day, when she fled into the forest. She was caught by the militia, and raped brutally and repeatedly. She was left with a dislocated hip, and total destruction of the joint. She was first cared for locally in Rutshuru and then transferred to HEAL Africa by Justine Vihamba of *Synergie des Femmes*. Total hips are very expensive; this sort of surgery is usually reserved for wealthy businessmen or their wives; it's not for a destitute widow with nothing left to her name since the war. Thanks to your gifts to the Mercy Fund, she can be an exception. Also, in the container, there were many boxes of steridrapes, and they make my life a lot easier.

I like to be at the hospital before 7:30, when prayers begin. All our staff come, and most of the patients who can walk. Many of the patients sing in a choir, and I especially enjoy the women from the transit centre, who compose their own hymns and dance with such abandon when they're praising the Lord.

Immediately after prayers we begin surgery. Everyone in the team knows their role, because the evening before we watched the video of total hip surgery. We do this every single time, so the team functions like clockwork. Good surgery depends on a good anaesthetist, and we have the best. Juvenal Lunjwire and I have worked together for seven years. Charles Bikulo, head of our school for orthopaedic officers, is my first assistant. He knows all the equipment, where to place it, exactly what I would need next. And he watches over of the team to make sure everyone is doing their job at the right time and in the right way.

We finish this case just after midday, and it is time to eat my lunch which I brought from home. Then I go with my assistant Dr Elie to check on a few patients in the wards. Then I go to check on the building of our new wing for hospital rooms; the engineer and I discuss what we can do to make the building functional before the money runs out: once the roof is on, we will finish just the ground floor, and leave the other two floors to later.

I am about to go back to my office to read some business letters, when there is a great commotion by the emergency entrance: they bring in a Canadian woman in her 60s with a most atrocious injury. A chimpanzee has bitten her arm, broken the radius and ulna in several places, and ripped off the skin and most of the flesh. He absolutely chewed her up. This is major surgery and it will be a long job. While they are rushing to get the operating room and all the supplies ready, I call my old friend Philip Wood. Dr Philip is a British surgeon, who taught me all the basics of surgery when I first arrived in Nyankunde in 1974. He just happened to be passing through Goma on his way from Bukavu to Bunia. When he went to get his plane out of Goma that morning, the immigration people decided that he had a problem with his passport and wouldn't let him fly. It was very inconvenient for him, but an amazing help for me, and probably a life-saving delay for our patient. As she was

going into surgery, Philip asked her for permission to amputate her arm if necessary; by God's grace, the artery was still intact, and the nerves to the fingers; so we did our best to save her arm. We now have to find ways to get her out of Goma back to Canada, or some other place where they can deal with the inevitable infection that will come after such a vicious bite from a filthy monkey mouth.

It was quite late when I got home to Maji Matulivu, our home beside the refreshing waters of Lake Kivu. The family of guests were already eating supper. It's a much bigger family than yesterday: a group has arrived from Edina, Minnesota, to stay with us for two weeks and bring some really professional expertise. Two of them will work with our hospital chaplains, to give them new insights and skills to help our patients spiritually. A doctor and a nurse worked together in the States in emergency medicine, and I am sure they will have a lot to teach us, despite the fact that we have so little of the equipment that they can count on for their work back home. And there is a physical therapist who will do special training with orthopaedic officers in the wards for long stay patients - those are my patients. And we have a new researcher who has just arrived from Johns Hopkins, with a research protocol that looks at injuries to children, both intentional and unintentional. Sadly, we have both.

I have just finished eating when the lights go out: we only put the generator on for three hours at night, and there is very rarely any city power. But I see we have light, and my wife is working on her computer. This is the first night when the new solar system is working in our house. I am delighted to say we are one step ahead of most of you, switching over to renewable energy wherever possible. This part of the world is so beautiful that I hope we can pass it on to the next generation, just as beautiful or even better. So now it's 9:30. Goodnight. I know I will sleep well, and I hope you do too.

