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bmj.com Tobacco displays are to be banned in a bid to prevent children smoking

Gang members from Glasgow offered way out of violent lifestyle

Zosia Kmietowicz LONDON

Strathclyde police have launched a scheme that they hope will see up to 500 young men reject gang violence in Glasgow's east end.

Under the initiative, men who promise to give up their gang membership are given the chance of a new life—a personal care worker along with access to health services, education, careers' advice, leisure and other diversion activities, and housing.

The £5m (€6m; $7m) initiative, which is funded by the Scottish government, is based on the Cincinnati Ceasefire project. It treats the gang as a unit rather than as individuals and gets the gang to police its own behaviour.

Gang members are invited to take part in a carefully scripted meeting, where they are addressed by a police officer, an emergency medicine consultant, a parent of a victim, and others, each giving their experience of gang culture. For example, the consultant will talk about the problems of trying to patch up victims and offenders.

Although the gang members are told that they will all be going home after the meeting, they are warned that if any member of the gang commits an assault or murder the whole group will be pursued. So far 63 members have taken up the offer of help.

"Our message is clear," said detective chief inspector Andy McKay, who heads the initiative for the violence reduction unit. "The violence must stop. Young men involved in gangs are one of the most at risk groups in Glasgow, and the corrosive effect of their behaviour on their communities is profound."

The murder rate involving a knife in Scotland is 3.5 times higher than in England and Wales. A total of 73 murders and 4050 serious assaults were reported in Strathclyde in the past year.

Peter Donnelly, professor of public health at the University of St Andrew's, who will be evaluating the scheme, says that the police now recognise gangland violence as a public health problem.

See PERSONAL VIEW, p 1419

Cite this as: *BMJ* 2008;337:a2972

Simple measures could cut deaths from accidental injury

Caroline White LONDON

Unintentional injuries kill more than 2000 children every day around the world, and harm tens of millions of others every year, say the World Health Organization and Unicef in a joint report published this week.

The global death toll could be halved with the adoption of sometimes relatively simple evidence based measures, says the report.

These include legislation on the wearing of car seatbelts and cycle helmets for children; temperature regulation for hot water taps; and child resistant medicine bottles, lighters, and household products.

Other successful approaches include the use of separate traffic lanes for motorbikes or bicycles, as well as redesigning nursery furniture, toys, and playground equipment.

The report, which involved contributions from more than 180 international experts, is the first global assessment of the scale of unintentional childhood injuries.

Road traffic crashes and drowning are the primary causes of unintentional childhood injury, followed by burns, falls, and poisoning—mostly from commonly used household products.

More boys than girls die of their injuries in every category except for burns; sex differences in injury rates are evident within the first year of life, says the report.

Road traffic collisions alone kill 260 000 children a year and injure 10 million others. This category of injury is the leading cause of death and disability among 10-19 year olds.

The rapid increase in traffic and roads is "especially pressing," warns the report, pointing out that the toll of deaths and injuries from road traffic collisions is projected to rise by 67% between 1990 and 2020.

In low and middle income countries death rates among children from injury are more than triple those of rich nations.

And in Africa the overall rate is 10 times that of countries such as Australia, the Netherlands, Sweden, and the United Kingdom, which have some of the lowest rates.

Although these countries have halved deaths among children because of injury in the past 30 years, unintentional injuries still account for 40% of all childhood mortality.

The report calls for every country to adopt a specific policy to prevent child injury. ***World Report on Child Injury Prevention*** **is at www.unicef.org.**

Cite this as: *BMJ* 2008;337:a2939

ROBIN LAURANCE/IMAGESTATE/IMPACT/ALAMY

A baby in Soweto hospital's burns unit: burns are the third biggest cause of unintentional child injury after road crashes and drowning

IN BRIEF

Dutch insurers offer discount for registering organ donation wishes: Dutch national health insurers have launched a "donor policy," which offers up to 10%, about £100 (€115; $150), off annual premiums for people who register their wishes, either for or against donating organs, with the voluntary national register. Insurers think that the incentive could see "several tens of thousands" of people offer to donate because seven million people have not registered. There are 1400 patients waiting for a transplant organ.

Deaths from measles cut worldwide: Deaths from measles worldwide fell by 74% between 2000 and 2007, from an estimated 750 000 to 197 000, says the Measles Initiative (www.measlesinitiative.org). Countries in the eastern Mediterranean region, which include Afghanistan, Pakistan, Somalia, and Sudan, have cut deaths from measles by 90%, from an estimated 96 000 to 10 000 during the same period, achieving the United Nations' goal to reduce deaths from measles by 90% by 2010, three years early.

Abortions in Spain double in a decade: The number of women who had an abortion in Spain has doubled in the past decade, according to the Spanish Ministry of Health. In 2007 112 138 women terminated a pregnancy (11.49 per 1000 of population) compared with 53 847 in 1998 (6 per 1000).

NHS consults on ethical buying: The NHS Purchasing and Supply Agency (www.pasa.nhs.uk) is consulting on the first national guidance on ethical procurement in health care. The NHS spends more than £20m (€23m; $30m) a year on goods and services. The guidance aims to help procurers develop policies that exert a positive influence on employment conditions and employee welfare in the supply chain. The consultation runs until the end of April 2009 and final guidance will be published next summer.

England gets new director of medical education: Patricia Hamilton has been appointed the new director of medical education for England and will take up her post in the new year. Dr Hamilton is currently the president of the Royal College of Paediatrics and Child Health. She will replace interim director David Sowden.

Cite this as: *BMJ* 2008;337:a2949

A 60th birthday present for the NHS from children's laureate

Zosia Kmietowicz LONDON

"When I was asked to write a poem for the NHS it was almost like [getting] a present," Michael Rosen, the children's laureate said last week at the launch of his poem, *These are the Hands*, which was written to celebrate the 60th anniversary of the NHS.

Born in 1946, just before the NHS itself, Mr Rosen says that he has his parents to thank for his enthusiasm for the NHS. He remembers them telling him how, before the days of the NHS, they and their neighbours used to "save pennies to go and see a backstreet doctor who might have been good or bad."

"My parents lost a baby during the war in part because of a lack of a health service and I can remember right from when I was very young my parents talked of the NHS as something very precious that had been won as a result of years of campaigning and as a consequence of the big Labour win of 1945," he said.

"Every single person who works in the NHS is there to make it work, and that is what I wanted to capture [in the poem]," he said.

He appears in a short film of the poem, alongside Michael Parkinson, Harry Hill, Jacqueline Wilson, and Dan Snow, and illustrations for the poem have been provided by Helen Oxenbury (top right), Tony Ross, Ed Vere (top left) and Axel Scheffler.

These are the Hands by Michael Rosen

These are the hands
That touch us first
Feel your head
Find the pulse
And make your bed.
These are the hands
That tap your back
Test the skin
Hold your arm
Wheel the bin
Change the bulb
Fix the drip
Pour the jug
Replace your hip.
These are the hands
That fill the bath
Mop the floor
Flick the switch
Soothe the sore
Burn the swabs
Give us a jab
Throw out sharps
Design the lab.
And these are the hands
That stop the leaks
Empty the pan
Wipe the pipes
Carry the can
Clamp the veins
Make the cast
Log the dose
And touch us last.

The poem and film are to be made available to schools and libraries to teach children about how health care has changed.

Cite this as: *BMJ* 2008;337:a2904

Parents not to be prosecuted over son's suicide

Clare Dyer BMJ

The parents of Daniel James, who accompanied him to Zurich for assisted suicide, will not be prosecuted, the director of public prosecutions, Keir Starmer, has announced. Although there was sufficient evidence to prosecute them for aiding and abetting their 23 year old tetraplegic son's suicide, it would not be in the public interest, Mr Starmer said.

Daniel, injured playing rugby, was "fiercely independent" and decided to take his own life despite his parents' "imploring him not to" (*BMJ* 2008;337:a2195).

Cite this as: *BMJ* 2008;337:a2990

Patients take £7.6m a month out of NHS

Zosia Kmietowicz LONDON

Thousands of patients are choosing to be treated in private rather than NHS facilities every month, moving millions of pounds away from NHS hospitals, show figures from the Department of Health.

Since January 2006 all patients referred by their GP for elective care should have been offered a choice of four or more hospitals commissioned by their primary care trust. This was expanded in April 2008 to allow patients to choose any hospital provider that meets NHS standards and costs in England. The number of private hospitals listed on the extended choice network, which are approved by the NHS and offer their services at NHS prices, has expanded from just

Health bill will oblige staff to take account of NHS constitution setting out core principles

Clare Dyer BMJ

Bills to reinforce a new NHS constitution to crack down on the irresponsible use of alcohol, and to reform the system of death certification form part of a thin legislative programme unveiled in the Queen's speech.

A health bill will be published in the new year along with the final form of the NHS constitution, which is still in draft. The bill will create a duty to take account of the constitution, which will "set out the core principles of the service and the rights and responsibilities of patients and staff."

Providers will be required to publish annual accounts on the quality of their services and the bill will pave the way for some patients to be given individual budgets to commission their own health services. Measures will be included to reduce the harm caused to young people by smoking.

The government this week said the measures would include a ban on cigarette displays in shops (see bmj.com).

A police and crime bill will set out a range of measures to tackle alcohol abuse, including a ban on "all you can drink" promotions in pubs and bars.

A coroners' and justice bill will create the office of the chief coroner, who will put national standards in place and monitor compliance. A new death certification system, in the wake of the Harold Shipman affair, will provide for independent checking of the cause of death.

One controversial measure in the coroners' and justice bill will be a framework for secondary legislation authorising sharing of personal data across public bodies.

Consultation on the draft NHS constitution has thrown up disagreement over a section which says: "Patients can...expect that a health professional or a research professional who owes the same duty of confidentiality as a health professional may use care records, in confidence, to identify whether they are suitable to participate in approved clinical trials. Appropriate patients will be notified of opportunities to join in, and will be free to choose whether they wish to do so, after a full explanation."

ARTHUR EDWARDS/PA

A coroners' and justice bill will create the office of chief coroner, and a new death certification system, in the wake of the Harold Shipman affair, will provide for independent checking of the cause of death

Bodies expressing reservations include the UK Council for Caldicott Guardians (UKCCG), the Patient Information Advisory Group, and the new National Information Governance Board. The UKCCG, whose members are responsible for safeguarding patient confidentiality in the NHS, says the statement suggests patient records will be accessed by researchers without consent and calls for this section to be removed from the constitution pending "much deeper discussion and legal consideration."

Hamish Meldrum, chairman of the BMA's council, said: "The BMA agrees that NHS patients deserve a clearer idea of both their rights and responsibilities and we have long been calling for a constitution that helps to achieve this. However, we are concerned that the constitution in its current form will be used to reinforce reforms that are increasing the commercialisation and fragmentation of healthcare.

"The government's proposals miss an opportunity to depoliticise the delivery of health care. We would like to see a constitution which reduces the role of politicians and gives health professionals, patients, and the public a greater say in the day to day running of the NHS."

Cite this as: *BMJ* 2008;337:a2903

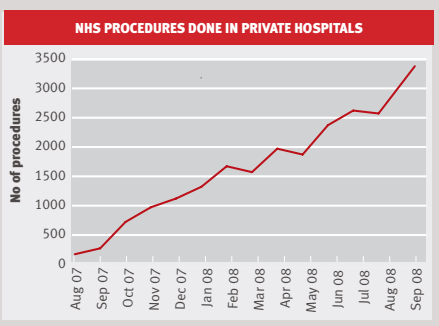
as they choose private sector treatment

one facility in January 2007 to 147 in September 2008.

In August 2007 just over 300 patients a month were choosing to be treated in private hospitals. But by September 2008 this number had risen to 3634, representing less than 1% of the elective caseload in England and costing £7.6m (€8.8m; $11m). In August 2007 less than £620 000 went to private companies for performing NHS procedures.

A survey by the department of more than 93 000 patients who had elective care in July shows that 46% of them recalled being offered a choice of where to have their first appointment, and 88% of patients offered a choice got the hospital they wanted.

Cite this as: *BMJ* 2008;337:a2911



E STAUB/CARTER CENTER

Dr Frank Richards, director of the Carter Center's river blindness, lymphatic filariasis and schistosomiasis and malaria programmes, examines Shehu Lliya, a Nigerian man with elephantiasis

Lymphatic filariasis has been eliminated in 16 countries

Malcolm Dean LONDON

Lymphatic filariasis has probably been eliminated in 16 countries, including 12 in the Pacific, since an eradication drive was launched 10 years ago.

The campaign, a private-public partnership involving two multinational drug companies, the World Health Organization, and many national governments, has treated 570 million people in 48 countries.

Some 21 Pacific countries, such as the Solomon Islands, Tonga, and American Samoa, have completed the five annual cycles needed to get rid of the disease, and monitoring sites indicate that at least two thirds of these countries will be entirely free of the disease and that mopping-up exercises should succeed in the others.

Several areas or countries in other regions have also completed the five annual cycles. Four are believed to be free of the disease: Zanzibar, Sri Lanka, Togo, and the Comoros Islands. Egypt, where the disease flourished 4000 years ago, has begun mopping-up exercises in districts that still have high rates of infection.

Lymphatic filariasis—better known as elephantiasis, just one of its forms—is the second leading cause of permanent and long term disability. It was one of the seven diseases that the International Task Force for Disease Eradication—formed by the Carter Center, the organisation created by former US president Jimmy Carter—placed on its "feasible" list in 1993.

At the start of the campaign more than 120 million people in 83 countries had the disease, and 1.3 billion, a fifth of the world's population, were at risk. Currently only one disease, smallpox, has been eradicated worldwide, but lymphatic filariasis is now just behind polio and guinea worm as the next possible candidate.

Leading international public health campaigners met at the Carter Center in Atlanta, Georgia, last week to discuss the lessons learnt from the campaigns.

Two of the world's biggest drug companies, GlaxoSmithKline and Merck, are key players. They are providing free supplies of two of the three drugs involved: GlaxoSmithKline's albendazole and Merck's ivermectin. Eradication is being achieved through a dual drug dose to all people at risk once a year for five successive years.

Trials have shown that this regimen eliminates 99% of the microfilaria, embryonic larvae of a much larger adult nematode worm, that mosquitoes carry between people. In most of the world albendazole pills are given together with the extremely cheap filaricide diethylcarbamazine, but this drug cannot be used in Africa because of the severe side effects it causes in people who are carrying other parasites found there.

Merck, which was already providing free ivermectin to the campaign to eliminate onchocerciasis, agreed to provide it for the lymphatic filariasis programme too.

Cite this as: *BMJ* 2008;337:a2944

Abortion does not cause mental health problems, says review

Janice Hopkins Tanne NEW YORK

Women who have an elective legal abortion do not experience depression or long term psychological distress afterwards, according to researchers at the Johns Hopkins Bloomberg School of Public Health, in Baltimore, Maryland (*Contraception* 2008;78:436-50). They reviewed the best 21 studies published in the past 20 years, involving thousands of women.

"The highest quality studies had findings that were mostly neutral, suggesting few, if any differences between women who had

Experts agree how

Susan Mayor LONDON

Independent oversight and a thorough informed consent process are essential to ensuring responsible use of stem cell treatments in patients, advise guidelines published by the International Society for Stem Cell Research.

The Guidelines for the Clinical Translation of Stem Cells set out a "roadmap" for researchers and doctors on how to move stem cells from the research laboratory into proved treatments for patients. The society, which represents stem cell researchers worldwide, recommends that governments and regulatory bodies adopt and enforce the guidelines to ensure the responsible development of safe and effective stem cell treatments.

Zimbabwe appeals for medical aid as cholera epidemic worsens

Ryan Truscott HARARE

Zimbabwe has finally declared a national emergency, because of the cholera epidemic that is sweeping the country and the collapse of state hospitals, and has appealed for international help.

David Parirenyatwa, the health minister, asked for drugs, laboratory reagents, renal and laundry equipment, x ray film, boilers, food for patients, and $11m (£7m; €9m) to persuade striking doctors and nurses to resume their work.

"Our central hospitals are literally not functioning," he said. "The emergency appeal will

abortions and their respective comparison groups in terms of mental health sequelae. Conversely, studies with the most flawed methodology found negative mental health sequelae," the authors write.

The authors say that their findings are important because claims that elective abortion causes mental health problems have been used in making policy. The US Supreme Court included adverse mental health outcomes in its reasoning to limit late term abortions in a decision last year. Several US states include warnings about mental health consequences of abortion in the information they give to women.

Abortion has been legal in the United Kingdom since 1967 and in the US since the 1973 Roe *v* Wade Supreme Court decision. There are about 1.29 million abortions a year in the United States.

Robert Blum, chairman of the department of population, family, and reproductive health at the Johns Hopkins Bloomberg School of Public Health and leader of the current study, told the *BMJ* that there had been much research about the mental health effects of abortion since 1989. At that time the then US surgeon general, C Everett Koop, an opponent of abortion, reviewed research and told President Ronald Reagan that there was no evidence that abortion caused later mental health problems.

Dr Blum's group identified 21 studies that met their criteria. These included use of a comparison group, use of valid mental health measures, control for pre-existing mental health status, and whether there were more than 100 participants and follow-up of more than 90 days. The study sizes ranged from 120 to 133 950 women, and maximum follow-up time was 25 years. The studies included women from the United States, the UK, Norway, Australia and Brazil.

Dr Blum said no study was perfect. He told the *BMJ* that pregnancy in itself was a stress and that long term follow-up needed to be beyond 90 days. He also said a definition of what constitutes a negative mental health outcome was needed—"a transient feeling of stress or an actual suicide?"

He compared the problem with the use of tobacco. "The US surgeon general said [that tobacco] was bad for your health. The definitive studies had not been done, but the surgeon general relied on the preponderance of evidence. It's the same thing here."

Cite this as: *BMJ* 2008;337:a2902

to ensure proper use of stem cell therapy

"Our guidelines will arm patients and their doctors with the information they need to make decisions about whether to seek stem cell treatments," said Olle Lindvall, professor of clinical neurology at the University of Lund, Sweden, and co-chair of the task force that developed the guidelines.

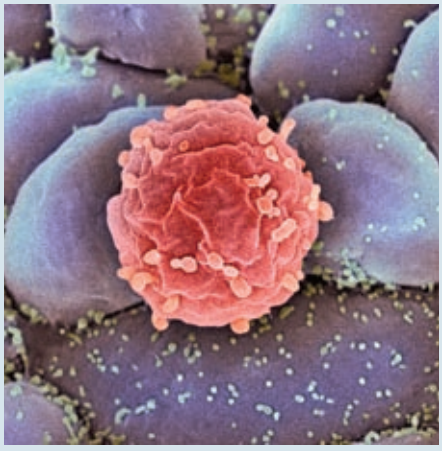
"Stem cell research holds tremendous promise for the development of novel therapies for many serious diseases. However, as clinicians and scientists we recognise an urgent need to address the problem of unproved stem cell treatments being marketed directly to patients."

The guidelines propose that all translational research with stem cells should be subjected to independent review and oversight by experts in the field. They warn, "Given the novelty and unpredictability of early stem cell based clinical trials, it is of utmost importance that individuals with stem cell specific expertise be involved in the scientific and ethical review at each step."

The guidelines also advise that "special emphasis be placed on the unique risks of stem cell based clinical research during the informed consent process." These risks include sensitivities about the source of cellular products, tumour development, immunological reactions, and unexpected behaviour of cells.

The Guidelines for the Clinical Translation of Stem Cells **are at www.isscr.org/clinical_trans/pdfs/ISSCRGLClinicalTrans.pdf.**

Cite this as: *BMJ* 2008;337:a2941



STEVE GSCHMEISSNER/SPL

Risks involved in stem cell research include tumour development, immunological reactions and unexpected behaviour of cells

TSVANGIRAYI MUKWAZHI/AP/PA

Four times more people die from cholera in Zimbabwe than in countries with basic health care

help us reduce the morbidity and mortality associated with the current socioeconomic environment by December 2009."

Cholera has killed at least 575 people in Zimbabwe since September, according to latest figures from the World Health Organization. About 12 700 people have been infected.

The disease has spread to neighbouring countries, with 455 cases reported in South Africa and two in Botswana. Parts of the Limpopo river between Zimbabwe and South Africa have tested positive for cholera.

Poor nutrition, sanitation, and water quality, and high rates of HIV infection and poverty in Zimbabwe have combined to push up morbidity rates.

WHO estimates that 4.5% of the people who contract cholera in Zimbabwe die, compared with a normal case fatality of below 1% when treated with oral rehydration salts and drugs.

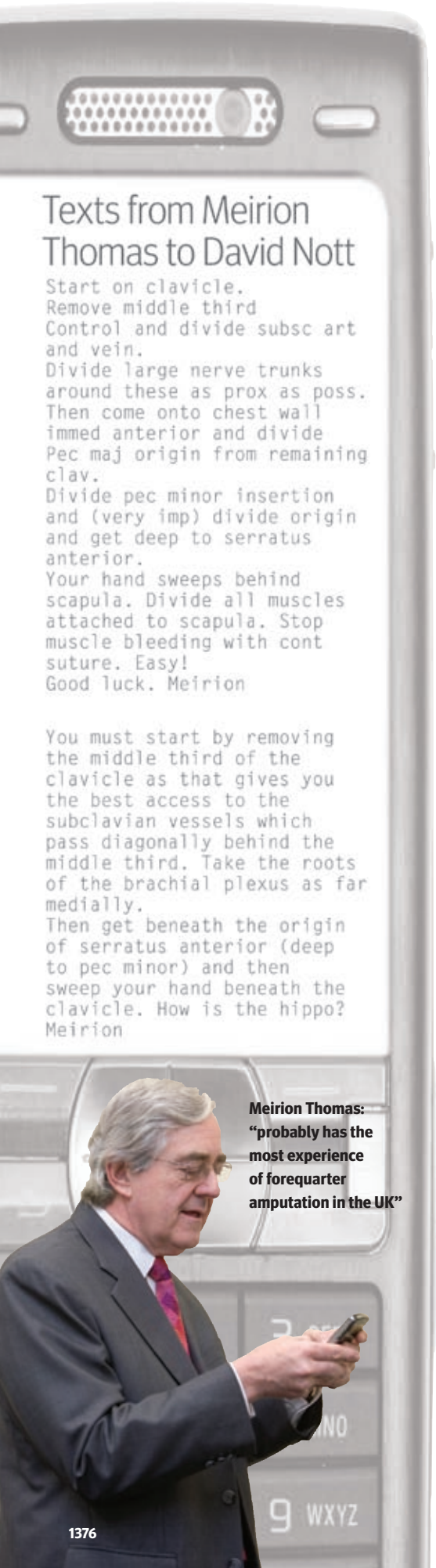
There were fears that the infection rate would escalate in Harare last week when the state run Zinwa water authority abruptly cut supplies to the entire capital, citing a lack of aluminium sulphate used in water purification.

Supplies were restored to some suburbs in 48 hours. But Simbarashe Moyo, a spokesman for residents of Budiriro township, the epicentre of the outbreak, said that people were still relying on emergency water supplies from Unicef on 5 December. Unicef is distributing about 360 000 litres of drinking water daily.

Oxfam has warned that at least 300 000 Zimbabweans are now in "grave danger" of contracting cholera. Mr Parirenyatwa said that it was "high time" locals stopped shaking hands.

In another setback authorities have reported an outbreak of the deadly cattle borne disease anthrax, in remote northwestern Zimbabwe. Health workers have reported 32 cases of human infection and three deaths. At least 150 cattle, 70 hippopotamuses, and 50 buffalo have died in an outbreak that could be the worst since the 1970s war for independence.

Cite this as: *BMJ* 2008;337:a2942



Meirion Thomas: "probably has the most experience of forequarter amputation in the UK"

A chance of life

The surgeon **David Nott**, a Christian who does regular voluntary work abroad, made headlines last week when he recounted how he used instructions sent by text message to do an amputation

David Nott LONDON

Every year I volunteer to work for a month as a surgeon for Médecins Sans Frontières. I have worked for the charity since 1994, in Bosnia, Afghanistan, Liberia, Sierra Leone, Ivory Coast, Chad, and Darfur, Sudan, and this year I was posted to work in the town of Rutshuru in the war torn eastern territories of the Democratic Republic of Congo.

On my first round I noticed a 16 year old boy lying almost motionless in one of the surgical wards. The surgeon that I had replaced had had to do an emergency left upper limb amputation for a severe injury several weeks previously. The cause of the injury wasn't clear. I was told that it may have been a hippopotamus bite, but when he recently became better it was revealed that he had been caught in crossfire.

He was very septic and unwell. Taking down the dressings showed a very infected stump. The muscles were becoming gangrenous, what was left of the humerus was infected, and the skin had that tinge of ischaemia.

I believed that this boy, if left, would have a certain miserable death. The only way to treat him was to perform an emergency forequarter amputation. Though a consultant vascular surgeon for the best part of 16 years, I had never seen one nor been involved in one. It is performed only very rarely in the United Kingdom, in specialist centres that deal with upper limb malignancies.

I am fortunate that I know and work with Professor Meirion Thomas at the Royal Marsden Hospital, London. We work together regularly, performing cancer operations that require vascular reconstruction. He probably has the greatest experience with forequarter amputation in the UK.

Communications in eastern Congo are mainly by mobile phone. The internet infrastructure is very basic. I decided to text my colleague to tell him the problem and also to ask him to relay instructions on performing a forequarter amputation. This he did almost immediately. I thought about the operation and the instructions that he had relayed to me and asked him to text some further instructions I wanted so that I could fully assimilate the knowledge.

I spent the next 24 hours planning and drawing the operation on pieces of paper. My concern was to place the incisions in the right place so that I would get the skin flaps to oppose once I removed the shoulder with Meirion's instructions. I discussed the patient with my Congolese surgical colleague and the anaesthetist and planned to do the operation the next day.

The hospital in Rutshuru was very basic but very well stocked. We had two operating theatres with sufficient lighting, ventilators for the anaesthesia, and surgical sets that contained all the instruments that would be needed for a variety of operations, such as caesarean section, laparotomy, and fracture management. There was no equivalent of an intensive care or high dependency unit. For the operation we could muster only one unit of cross matched blood.

I had had the opportunity to work with the Congolese anaesthetist, Paul, on several cases before this one and was very impressed with his skill. Although he is not medically qualified, being a nurse trained in anaesthesia, he is able to perform spinal, epidural, and technically difficult anaesthesia involving intubation and ventilation.

The operation, which took about three hours, took place with the patient in the lateral decubitus position. The incision started on the clavicle. I used a Gigli saw to remove the middle third of the clavicle and then dissected, ligated, and divided the subclavian artery and vein individually. I then divided the trunks of the brachial plexus as high as possible in the root of the neck.

The incision extended around the front of the chest, dividing the pectoralis major and minor muscles. It then extended around the back, following the whole of the medial aspect of the scapula, and all the muscles were divided off the scapula. All the blood vessels were ligated.

I lifted the scapula forward and divided the serratus anterior and trapezius muscles, including all the muscles of the shoulder girdle. The skin incisions were then joined up and the

The 16 year old boy, J, who lost his arm in crossfire, has been discharged from hospital and is living 100 km to the east of Rutshuru

DAVID NOTT. OTHER PHOTOS MARK THOMAS

whole of the shoulder removed. I sutured his skin with interrupted 2-0 Prolene.

Once finished, I was delighted when the boy woke up and was transferred to the surgical ward. I was very impressed with the Congolese nursing staff and their strict aseptic technique.

I texted Meirion to tell him that the operation had gone to plan, and he texted back to say how happy he was. The postoperative course could have been very different if the skin flaps or a haematoma under the wound had become infected but, with careful changes of dressings, antibiotic treatment, and careful fluid management, no postoperative complications ensued, and the boy very slowly started to get better.

Apart from the operation itself I faced a dilemma: was I was doing the right thing to perform surgery on a young boy who had such a high perioperative risk? I calculated that he must have had a perioperative risk of death of around 80%. This was on the basis that he was so sick, we had only one unit of blood, and at any moment we might have had to receive a massive number of war wounded, and as a consequence I would have been on my own without an assistant.

I also wondered what life he would be left with if the operation was successful. To be aged 16 in Congo with no prospects, what would the quality of his life be like? However, I had to put those concerns to one side; that was for another day. The ethos of Médecins Sans Frontières is to save lives throughout the world where otherwise people would die.

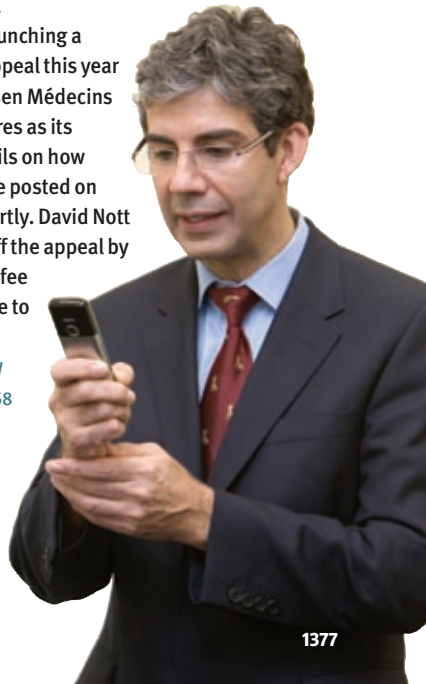
I understand that the boy has been tracked down by a French journalist. He is well and has been discharged from hospital and is now living in a village about 100 km to the east of Rutshuru.

This boy, through me and Meirion 7000 km away in London, had another chance at life. I would never have been able to carry out this procedure without the help of the text messages. I can only say that God works in mysterious ways.

Médecins Sans Frontières has missions throughout the world, mostly in countries where the healthcare system has broken down. For thousands of people its medical facilities are the only ones available. It cares for displaced people, the old and young, and all those needing treatment in times of war. It is always looking for volunteers, whether medical, nursing, or paramedical. If you want to help personally please visit www.msf.org.uk.

The *BMJ* is launching a Christmas appeal this year and has chosen Médecins Sans Frontières as its charity. Details on how to give will be posted on bmj.com shortly. David Nott has kicked off the appeal by donating his fee for this article to the charity.

Cite this as: *BMJ* 2008;337:a2958



David Nott spent 24 hours planning the operation