

species and discussed some of the research approaches used in their investigation. Recent initiatives that bear this out are the establishment by the Medical Research Council of the Comparative Clinical Science Panel to foster research links between human and veterinary medicine, and scientific symposia in comparative medicine organised by bodies such as the Royal Society of Medicine. Many clinical benefits are also to be derived from collaboration between the professions in terms of diagnostics and therapeutics (both medical and surgical). In gastroenterology, these have included improved surgical techniques, management of adhesions, advances in critical care, drug therapies, and parenteral nutrition. The direction of this knowledge transfer has traditionally been from human to veterinary medicine, but it is now clear that the movement of information can be two way, with mutual benefit.

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## A memorable patient

### Once there is hope, there is life

In May 2004 I was part of an international team that responded to an outbreak of Ebola haemorrhagic fever in South Sudan. In this outbreak the astuteness of the local medical staff and the rapid international response resulted in relatively few deaths. Public health doctors like myself were allowed contact with recovered patients, two of whom joined us in our social mobilisation and health education campaigns. One of them was a bright teenager in his final year of secondary school who had lost his mother to the Ebola virus.

He was quickly integrated into the social mobilisation team and came with a powerful message, which he delivered eloquently. He told his story through our loudspeakers carried around the villages, in churches, schools, and markets. Crowds came out to listen to the child who had survived the deadly Ebola virus. His presence reinvigorated the team, strengthened our message, and contributed substantially to controlling the outbreak.

With the outbreak over, we packed up to leave. Our former patient and colleague promised to keep in touch, and he did. Initially I replied to each mail enthusiastically, trying to inspire him to rise above the enormous obstacles in the path to success

in South Sudan. However, once I was back to my daily routine in Britain, investigating small outbreaks of gastrointestinal illness, South Sudan quickly became a distant memory. But his mails continued; he sought help to go to university; he wanted to be a doctor, to be like us.

There were no universities in South Sudan, and Khartoum was out of reach for those in the south. The best hope was to move to Uganda, a long trek indeed. Sadly, I could do little more, my replies became less frequent and eventually stopped.

I heard on the news that peace was close at hand between South Sudan (or New Sudan as they call it) and Sudan. I prayed for my teenage friend and for all the children in South Sudan. Decades of war and unrest had robbed them of a chance of an education. I prayed for the people of Darfur, that they too may have peace. I prayed that they might be spared the ravages of Ebola epidemics. I took up contact again with my friend, with a more hopeful tone. Once there is hope, there is life.

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