



THE TEXT MESSAGE THAT SAVED A LIFE

When a bullet passes through flesh it maintains the majority of its kinetic energy, but when it hits bone the energy is displaced—the bone explodes and fragments become secondary missiles shooting up into the soft tissue.

This is what happened to 16-year-old Jean.

BY NICK MORGAN





Jean in hospital—his wound had gone gangrenous; (top) surgeon David Nott (right) with the message he received from Professor Meirion Thomas (left)

ONE MINUTE JEAN WAS WALKING WITH HIS YOUNGER brother through a forest in Nyanzale, in the east of the Democratic Republic of Congo; then came the sounds of guns and screams. Caught in the crossfire, Jean* felt a heavy blast, then blackness. When he next opened his eyes he was on the forest floor and his brother was wailing. Jean felt pain in his left arm. He looked down and the arm was gone. His brother was fleeing in shock, but unhurt. Jean got to his feet in a daze and walked towards the armed men. They did nothing to help him.

Three weeks after the shooting, Jean found his way to the Médecins Sans Frontières (MSF) hospital in nearby Rutshuru. Newly arrived surgeon David Nott assessed him. Even before the bandages were removed Nott noticed the sickly-sweet smell of gangrene alongside putrefying flesh. Jean was in septic shock. Removing the dirty dressing Nott inspected the five-inch stump. Blood had not reached what was left of the arm muscles for at least a week—the boy's bone was sticking out and rotting.

Nobody expected Jean to live more than three days.

A WEEK EARLIER DAVID NOTT, 52, HAD BEEN DOING HIS rounds at the NHS's Charing Cross Hospital in London. The day before that he'd been working in his private consulting rooms just off Sloane Square. Now he looked around: paint was peeling

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off the tropical walls, the beds were old cast iron with slivers of plastic for mattresses, dishevelled rugs covered the patients. This was not just another country—it was another world.

He knew the only way Jean was going to survive until the end of the week was with radical surgery: the infected areas would have to be removed, including the collarbone and shoulder blade. But this procedure, called a forequarter amputation, was so extreme and dangerous that even in the UK it had only been carried out by a handful of surgeons.

That night Nott could not sleep, tormented by the decision

before him. It would be simplest just to let the boy die. Nobody expected him to live—he would be one of the thousands of casualties of this war. There were solid practical reasons for not attempting the surgery. It would stretch hospital resources: what if ten gunshot wounds came in mid-operation? Jean would probably need a lot of blood and there was only a pint available. And he was so sick that there was an 80 per cent likelihood he would die on the operating table. Could he justify using resources this way? And even if the operation were a success, how long would Jean survive in Congo with just one arm? What would he do to earn money? How would he survive?

Nott reached for his mobile. Reception was too unreliable for a conversation, but windows opened up at random times, making texting possible. In his address book he found the name Professor Meirion Thomas. A colleague and a consultant surgeon at the Royal Marsden Hospital in London, he was one of the few surgeons in the UK with experience of this operation.

Nott sent a message: “Hi Meirion, I have a boy here who will die if he doesn’t have a forequarter amputation, can you take me through it by text, voice comms very poor, text better.”

Three hours later his phone beeped as a reply came back: “How to do a forequarter amputation...” Nott scrolled down to see a list of ten actions, ending “... and get deep to serratus anterior. Your hand sweeps behind scapula. Divide all muscles attached to scapula. Stop muscle bleeding with cont suture. Easy! Good luck.”

Nott felt a surge of bravado—if he stuck to these steps he would be able to complete the operation. “I’m going to do this,” he whispered to himself.

JUST 48 HOURS AFTER SEEING JEAN, NOTT AND HIS surgical team were gowned and masked. The operating theatre was elementary but had good equipment and lighting. However, sterility wasn’t brilliant and the anaesthetist was less experienced than Nott would have liked—a nurse rather than a doctor.

The big worry was where to make the incisions—these would



The team that carried out the operation: David Nott with anaesthetic nurse Paul Kanulambi Walelu (left) and surgeon Jaques Claude Wani Adeba (right)

have a direct bearing on the skin needed to close the wound after the operation. There was no margin for error. Nott reminded himself again that there was just a pint of blood available.

He took a deep breath, then started to follow the texted instructions. The scapula (shoulder blade) was removed and the collarbone divided with a special saw. After that came the task of ligating (tying off) the major artery and major vein, which were sealed with a heavy stitch. Next, the chest muscles

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'I CAN DO THIS'**

were divided going round the shoulder blade; again the blood vessels were tied off quickly to prevent blood loss. The infected stump and shoulder were cut away and Nott found himself looking at Jean's chest wall. He lifted the skin flaps and stitched them closed—they fitted.

The operation had gone like a dream, in just three hours.

Jean was put on a course of intravenous antibiotics and was watched over by Nott. Against the odds he regained consciousness and slowly grew stronger. Crucially, he remained free from infection.

DAVID NOTT HAD BEEN VOLUNTEERING A MONTH EACH year with MSF for over a decade. It was moments like this that made him realise why he did it. But he didn't have time to reflect for long—the conflict brought streams of casualties from all sides as well as those caught in the crossfire.

After a local fight 75 civilians and soldiers arrived at the emergency room in a critical condition. Surgeons operated for 22 hours non-stop. The next week Nott arrived at the hospital gates to find that a lorry had arrived full of casualties. Blood-soaked men were being lifted off the vehicle. The hospital filled with people, some writhing and screaming in pain, others struggling to breathe. The most urgent—chest wounds due to bullets—were treated first, then the patients who were bleeding to death were placed in order of severity. Nott and a

team of surgeons worked through the night and all the patients survived.

The month passed quickly. Nott lost touch with Jean and was going home to his girlfriend and his old life. He hitched a ride on the ambulance carrying five patients to a hospital in Goma. When the trip started the road was full of displaced people on foot, which was normal. Then it suddenly became empty.

Four armed men jumped the ambulance, shouting in a mixture of Swahili and Congolese French. They were bandits—they wanted money and mobile phones, anything of value. The muzzle of an AK-47 was pushed into Nott's neck and he felt the spittle on his face and smelled whisky. Poverty, alcohol, guns and a lack of witnesses—a very bad combination. *This is it*, he thought. But a wounded soldier in the back of the ambulance appeared to know the gunmen. There were two minutes of intense shouting and arm-waving. Then the bandits disappeared as quickly as they had arrived.

Ironically, a patient had just saved Nott's life. But unlike his patients, Nott was able to leave that world. Back in London he often thought of those he'd operated on in the Congo, wondering how they had fared. One day, by chance, on the MSF website he saw a picture of Jean, along with a brief article about his recent life. "He said his father had been killed and his mother had left the family to live with another man," Nott explains. "Jean had the responsibility to take care of the family—something he now had to do with one arm."

DESPITE HIS ESCAPE FROM THE BANDITS, DAVID NOTT IS

going back to the Congo with MSF later this year. "Working for MSF is always challenging: you're often in parts of the world where the health structure has collapsed. There is no doubt there are risks for volunteers. But often the team is the only medical hope for millions of people. I think if I have the skills to help, then it is one of the best things I can do with my life."

STRAIGHT TO THE POINT

Advertisement seen in an Edinburgh supermarket:

"Room to let in flat with student. Female. Quite German."

Submitted by David Wallace, Edinburgh