

Dr. Peter Gill is an orthopedic surgeon, based in Sunderland, England, who has made several visits to Kalene to provide medical help.

God's Perfect Providence

Dr. Peter Gill

In November, 2004, Peter Gill, an orthopedic surgeon from England, his long-time friend, Raymond Allen, an anesthetist from Northern Ireland, with some others from Brass Tacks, Echoes of Service, and MSC (Canada), visited Kalene Mission Hospital in Zambia, with the purpose of seeing how best to improve its infrastructure and of making use of the new 24-hour-power opportunity. The upgraded power is the result of the construction of the Zengamina hydro-electric plant by the North West Zambia Development Trust.

The visit was very interesting and profitable, and they left Kalene in excited anticipation of the future for the hospital. The rest of this article is an account by Dr. Gill of an incident that occurred upon their departure which highlights the needs of this work at Kalene, and illustrates how wonderfully the Lord provides.

"The day before our departure from Kalene, Bruce Poidevin, our pilot, developed severe back pain. Indeed, he was so sore with back spasms that when he tried to walk, he was forced to stoop over at nearly a 45-degree angle. We were all concerned for his own well-being, and also as to whether he would be able to fly us, safely and comfortably, to Lusaka to connect with our British Airways flight to the United Kingdom.

"Raymond handed Bruce some of his own supply of strong anti-inflammatory emergency pills which gave reasonable relief. Early the next day, on the morning of our expected departure, Raymond and I



While in Zambia, the group had a chance to visit Sakeji school. Pictured above are Robert Young, a missionary at Sakeji, Dr. Peter Gill, Dr. Raymond Allen, and Bill Yuille of MSC Canada.

went to the hangar to see whether Bruce was in a fit medical condition to fly. He seemed in fair shape, but we thought it prudent to give him some additional medication for the next two or three days in Lusaka. Since this medication was in the hospital pharmacy, we left the hangar to retrieve it, arranging to be back for our flight out at 9:00 a.m. sharp. We also knew that a storm was threatening later that day. [It was the start of the wet season in November with its unpredictable weather.]

"Since Dr. Vivien Davies had informed us the previous evening that he would be performing a routine Caesarean section at 8:00 a.m., we decided go to the operating room enroute to the pharmacy to say 'good-bye.' Through the operating room door, we could see Viv scrubbed up with his back toward us. We knocked on the window, Viv turned to see us, pointed at us and very definitely beckoned us in. It was obvious from his demeanor that he was in some difficulty. I opened the door to see what was happening.

"Viv needed an anesthetist urgently, since his patient was having serious breathing problems because of the spinal anesthetic's unexpected complication of her obstetric condition. Raymond went off to change into operating clothes. The patient's breathing suddenly deteriorated, so I shouted to him to 'hurry and get in here quick!' The situation was definitely critical, so I, too, went to change. When I returned, Raymond was manually ventilating the patient with an old, dusty Ambu bag [used for the manual ventilation of unconscious patients] which he found in one of the operating room cupboards.



"By this stage, the patient was totally unable to breathe on her own. Viv was well into the surgery, by now an emergency procedure, and was about to deliver the baby. Opening the patient's abdomen, he found that the uterus had just ruptured with blood spilling out alarmingly. No wonder the poor mother was in trouble—and her baby too! Without further delay, Viv delivered the baby, handed it to the midwife, and began to repair the rupture. The patient's condition began to stabilize, and, thankfully, the manual ventilation was very effective as well.

"However, the little one was not trying to breathe, move, or cry—just a poor, 'flat', unresponsive newborn whose time was running out fast. I took the Ambu bag to continue to ventilate the semi-conscious mother while Raymond transferred his resuscitation and anesthetic expertise to the infant, using, this time, an old baby Ambu bag with a poorly-fitting face mask.

"Realizing that the ventilatory support provided solely by the baby Ambu bag wasn't enough, Raymond asked for a special infant airway from the selection he had brought to Kalene. These were still in a corner of the operating room in a large plastic bag. Its contents were quickly dumped on the floor and ransacked until the needed piece of equipment was found. Raymond battled on using what he had at hand, but soon concluded that he was not winning; he needed to pass a tube into the baby's lungs to deliver oxygen more effectively and to suck out all the mucus, debris, and blood that was accumulating. He asked for the necessary tools—ET tubes and a laryngoscope [some of the equipment he had brought to Kalene

in a large suitcase]. However, they were stored up at the guest house, so an urgent phone call very soon produced a breathless member of the hospital staff carrying the appropriate equipment. In the meantime, Raymond asked for extra oxygen and tubing. As is always the case, an oxygen tank was in the operating room, but within a minute of turning it on, the cylinder registered empty. And as all this was happening, both of us were calling out orders for vital resuscitation drugs and transfusion fluids, including blood, to be administered to the mother while Viv coped manfully with the demands of surgery!

"About this time, 9:30 a.m., Alice Turner, the hospital matron, appeared at the door to inform us that everyone was waiting at the hangar, wondering where on earth we were. It was an unforgettable sight that met her—Viv, splashed in blood, putting the last few stitches into a very badly torn uterus, I, ventilating a semi-conscious mother, and Raymond trying to resuscitate a tiny, 'flat' baby and barking out orders regarding drug injections. I will never forget Alice's question: 'Are you spectating or participating?'

"Most definitely participating!" Viv replied.

"About a half an hour later, the mother was at last beginning to surface and breathe unaided. We could confirm this using the Oxygen Saturation Monitor, a vital piece of equipment that had been shipped here earlier that

Bottom left: An ariel view of Kalene Mission Hospital.

Bottom right: The C.M.M.L. Flight Service plane, piloted by Bruce Poidevin, preparing to take Dr. Gill, Dr. Allen, and the others to Lusaka for their connecting flight to England.





The rapids where the hydro-electric facility is being built.

year from the UK. The little one also began to breathe spontaneously for the first time and started thrashing around. What a wonderful sight! Even more gratifying was that after thirty minutes or more of frantic resuscitation, this dramatic improvement continued after the ET tube was nervously removed!

"We stayed a little longer to ensure that all was well, then changed out of operating clothes, and rushed off to collect the medication for which we had originally come. Back to our room, grabbing luggage, off to the hangar, only an hour or so late—but, thankfully, this was the C.M.M.L. Flight Service and not British Airways; otherwise, the plane would have already flown! Needless to say, interest was high, explanations were required and given, and empathy and gratitude filled the air as we recounted our 'adventure.' Then Viv arrived up at the hangar, all changed, cleaned up, and relaxed, just in time to 'inflict' on us a great big good-bye bear-hug, before Bruce 'ordered' us on board. It was a poignant moment. Within an hour of leaving Kalene, we lost radio contact with our base there because the storm had just broken over that corner of the country. Had we delayed much longer, we most likely would have been grounded the rest of the day and missed our BA flight home from Lusaka the next morning.

"This incident confirmed to us that the improvements planned for the hospital were indeed necessary. We also

believe that it was a 'stamp of approval' from the Lord for the hydroplant and the upgrading of the hospital and all of its facilities.

"But even more importantly, what does this story tell us? God's providence is amazing!

1) If Bruce had not been crippled from a bad back, we would have had no reason to visit the hospital pharmacy that morning.

2) Had we not passed that way, Viv would have been in serious trouble, unable to do everything successfully at the same time.

3) There may well have been at least one death, perhaps two.

4) A devastated surgeon, heartbroken relatives, and a shaken and tarnished reputation for the Kalene Mission Hospital. Even in suffering, 'all things work together for good to those who love God, to those who are the called according to His purpose'—not necessarily for oneself or even for those we know. A week or so after arriving home, an e-mail from Viv confirmed that both mother and baby continued to do well." ❧

