

“MOONLIGHTING”

By Paul M. Riley MD:FACS

I spent almost fourteen years working as general surgeon at Raleigh Fitkin Memorial Hospital in Manzini, Swaziland, located in Southern Africa. I was serving as a missionary for The Church of the Nazarene. My responsibilities were overwhelming. In order to survive I had to force myself to take time off for rest and relaxation and to get better acquainted with my family. I was the son of Free Methodist Missionaries, John and Edna Riley who had served with Dr. James Lowell Rice. He was my hero and helped me decide to be a missionary doctor. The Free Methodist Missionaries were my “Uncles and Aunties” so I looked forward to visiting them when I had finished my surgical training and returned to Southern Africa.

I found that when away on vacation, I enjoyed visiting other mission hospital where I could consult, teach, and give advice on how to treat their surgical patients. Since I had very little money, we were glad to get free board and room in the home of the Mission Doctors. Sometimes it was necessary for me to do surgery at these smaller mission hospitals because there was no other surgeon available. I found this “moonlighting” to be very relaxing and refreshing.

As a child I had planned to return and work with Dr. Rice at Greenville Free Methodist Mission Hospital. But, by the time I returned, Dr. Rice had left Greenville and was working at Sipetu, at a more remote hospital, run by the Dutch Reformed Church. I then decided that I could serve best as a Nazarene Missionary Surgeon in Swaziland.

My brother Tom, who was also a Nazarene Missionary in Swaziland, and I drove down to see Edwaleni and visit Dr. Rice at Sipetu soon after I returned to South Africa. At Sipetu I was fooled. For many months the doctor had been draining fluid from the abdomen of one of his patients. Both of us thought she had ascites due to liver disease. I suggested that she be sent to Durban to have a shunt placed. Several months later I was told that the surgeon in Durban found the lady had a large ovarian cyst that Dr. Rice had spent so much time draining. Removing the cyst cured the patient! My mistake was assuming that the first diagnosis was correct. I vowed never to make the same mistake again!

- On my second visit to Sipetu, Dr. Rice asked me to see a ten year-old boy. He had been herding cattle with several other herd-boys. They supplemented their diet of cornmeal porridge with birds and striped field mice they killed with their throwing sticks. They surrounded a bush where there were several birds. One of the boys threw a stick that sailed through the bush and penetrated the other boy's skull. The boy had regained consciousness and was taken to the hospital where he was given antibiotics and the wound was cleaned and sutured. But the boy now was vomiting, had a severe headache, and had a stiff neck with signs of meningitis. When I studied the X-ray I saw that a one inch circle of bone had been driven deep into the brain. Dr. Rice wanted to send the boy to Durban to a Neurosurgeon but the family had refused. I had been trained in Viet Nam how to treat such injuries but needed better equipment. With the help of two nurses we got together some instruments, a Gomco foot suction, a very old Hyfercator for burning off skin tumors, and a skull trephine. Using local anesthesia the wound was opened up, the hole in the skull was enlarged with the trephine. Dead tissue was sucked out with the foot suction. The nurses got quite a workout taking turns pumping away on the foot bellows. Bleeding was stopped with the Hyfercator. Finally I found and removed the dead

button shaped piece of bone deep in the brain. A circle of strong fascia was removed from over the temporalis muscle and was used to patch the hole in the dura mater using nylon skin sutures. After the skin was closed the patient said his head ache was gone and he was hungry. Dr. Rice watched the surgery in amazement. He thanked me for not following his advice years before when he said I was wasting my time training to be a surgeon. A few months later Dr. Rice wrote that the boy had made a complete recovery.

The next time I visited Dr. Rice, he asked me to see a twelve year-old boy who had a blunt head injury. Another boy had thrown an ax head at him striking him behind the right ear. He had regained consciousness but had a severe headache and was vomiting. There was a very faint line on the X-ray which I thought was a skull fracture. My diagnosis was an epidural hematoma. Again using the same equipment I was able to remove a small circle of skull behind the right ear. Then I found the bleeding posterior meningeal artery and tied it off. The blood clot, compressing the brain, was removed and the boy's headache was gone and he was able to eat. This boy also made a complete recovery!

Just as I finished the operation a man was brought in with his right chest sliced open with a spear. He had a large sucking chest wound with bleeding from an intercostals artery. The wound had been packed with rags and a piece of plastic. Using local anesthesia the bleeding intercostals artery was tied off and the wound was sutured. Holes were made in a piece of sterile suction tubing. This was inserted as a chest tube. Then an IV bottle was made into a water seal drainage container. Fortunately the spear had missed the heart and lung so this patient also made a complete recovery.

I finally got my wish to work at Greenville Hospital. I had stopped by the Hospital to visit Dr. Ken Mudge who had been a classmate at Greenville College. He asked me to see a patient who was a witch doctor. The patient had been in the hospital the previous month. An amebic liver abscess had been treated and the patient appeared to have been cured. But then the patient had been readmitted with chills and fever and had lost a lot of weight. I spoke to the patient in Zulu. He said he had pain in his left shoulder so I thought he had an abscess under the left diaphragm. Usually the abscess is under the right diaphragm.

The abscess had to be drained without entering the peritoneal cavity or damaging the spleen. Since no anesthesiologist was available, Dr. Mudge started a Ketamine anesthesia IV drip. I helped Dr. Mudge remove the left twelfth rib. Then the peritoneum layer was stripped down off the diaphragm to avoid the spleen. The abscess was punctured at the very top and was successfully drained. In adults, Ketamine can cause vivid hallucinations. The witch doctor woke up saying "Umtakati Umkulu" [Super Witchdoctor]. He had seen vivid colors and creatures he could not even describe! He said he and his colleagues could never equal Dr. Mudge's magic! He showed great respect for Ken Mudge, the Chief among Witchdoctors in his opinion! Dr. Mudge had a very sick patient on his hands. The post operative care was more difficult than the surgery, but the patient finally recovered.

I visited a third Mission Hospital where there was a surgeon. I gave a lecture on shock to the medical staff. Then the next morning, which was a Saturday, the surgeon asked me to make rounds with him. He was covering the whole hospital for the weekend. On the medical ward he was surprised to see his nursing supervisor had been admitted the previous evening. She had been diagnosed as having "gastroenteritis" and had been given morphine injections. Both of us examined the patient. The other surgeon was convinced the patient had gastroenteritis. I was

sure she had a volvulus of the sigmoid colon. After a long discussion (aka argument) the patient was taken to surgery where a volvulus (360 degree twist) of the sigmoid colon was found. I had been asked to assist the other surgeon because he wanted to show me that I was wrong. The sigmoid colon was gangrenous and had to be removed. Then there was another argument. Because the colon was so swollen and friable I felt that the patient had to have a temporary colostomy. The other surgeon wanted to reconnect the colon. He said African patients would rather die than have a colostomy! Finally, with great reluctance, he did a colostomy. Several months later I received the following letter from the patient.

Dear Dr. Riley:

Thank you for saving my life. I was very angry when I woke up with a colostomy. My husband and other relatives were also angry! But I learned to manage the colostomy. The colostomy was finally closed after several weeks and I have completely recovered and am back at work. Since I had my surgery, we have had two patients with my condition. Our surgeon did not do colostomies on these two patients. Both patients had bowel resections that leaked. They suffered much and died in spite of undergoing several surgeries. The other nurses told me how hard it was for you to convince our surgeon that I needed an operation. Then again, at surgery, what a hard time you had convincing the surgeon to do a colostomy. God sent you to save my life. My husband and family are now thanking you. They now know that God directed you to come to our hospital at just the right time.

Signed: Your forever grateful Matron S.

The surgeon was older and more experienced than I. He never acknowledged that I had been right. But the patient's gratitude more than made up for his oversight.