pendium of practices around the world, the guidelines often provide examples of novel initiatives, such as split patient loads for family physicians over 60 years of age.

Home wanted: The New Brunswick government is hoping a private sector donor will step forward to fund a build-

ing for the medical school the province has pledged to establish. The launch of the new medical program, originally scheduled for 2007, has been delayed until 2010, and the government now says a temporary home may be necessary for the first 2 years of operation. Premier Shawn Graham says a proper site will cost about \$20 million. "We're

prepared to fund the operational side of a medical school, but the infrastructure has to have participation from the community." To date, the search for a permanent home has put the start date at risk. — Roger Collier, Ann Silversides and Wayne Kondro, *CMAJ*

DOI:10.1503/cmaj.080839

DISPATCH FROM THE MEDICAL FRONT

Six days in the delta

Published at www.cmaj.ca on May 30, 2008. Print version revised.

It is 5 am, Tuesday, May 7, 2008. We are approaching Heyngyi, our destination in the Delta region, struck 3 days earlier by a deadly cyclone. It is slowly getting light and along the banks we see looming skeletons. Tree skeletons. They are bent over and have broken branches that are shorn of any leaves. There are skeletons of buildings too, all lacking roofs and walls. As we dock in Heyngyi, I see the first people. I notice that many of them have a faraway look in their eyes. It seems as if they are looking right through me and don't actually see me standing there.

We start working in a half-destroyed building owned by a women's group. The local people help me to sweep all the mud out of the building and a few men repair the roof with plastic sheeting. As soon as that is done, the first patients start to arrive. I see more than 200 patients that day.

On Wednesday, hours later than planned, I get into a boat with 4 teams, medicine and supplies, heading for more remote villages along the coast.

The girl is 7 years old. She has a big, ugly head wound from a palm tree that fell upon her. Using unhygienic material, someone gave her emergency stitches. The wound is now terribly infected and she needs more medical help than our mobile team can offer.

Her father is a fisherman and they lived in a house by the sea. When the palm tree hit their house, the family fled inland. That saved their lives. The water

The United Nations has estimated that the death toll from Cyclone Nargis in Myanmar will top 100 000.

washed away their house and most of their neighbours drowned. I arrange transportation by motorbike and boat and send the girl with her mother to a hospital even further inland.

Four days later, our sixth in the delta, and everyone on our team has been seeing an average of more than 200 patients a day and many people are in shock or are experiencing trauma. There are confused people still searching for their families, children who have lost their parents, parents who have watched their children drown.

In the evenings, I sit with my colleagues and everyone tells what they've heard and seen during the day. It is difficult for everyone.

We are all tired and we sleep poorly. "I can't get the stench of the dead bodies out of my nose," says one of the

doctors. She spent a few hours sitting in a boat going through an area where there were many dead bodies and animal carcasses. The smells, the images and the people's stories together form an overwhelming picture. I feel myself blocking it out.

Tonight, I went outside for a moment. I didn't want to hear anything anymore. — Khine Myae, Yangon, Myanmar

DOI:10.1503/cmaj.080837

CMAJ invites contributions to Dispatches from the medical front, in which physicians and other health care providers offer eyewitness glimpses of medical frontiers, whether defined by location or intervention. Submissions, which must run a maximum 400 words, should be forwarded to: wayne.kondro@cma.ca