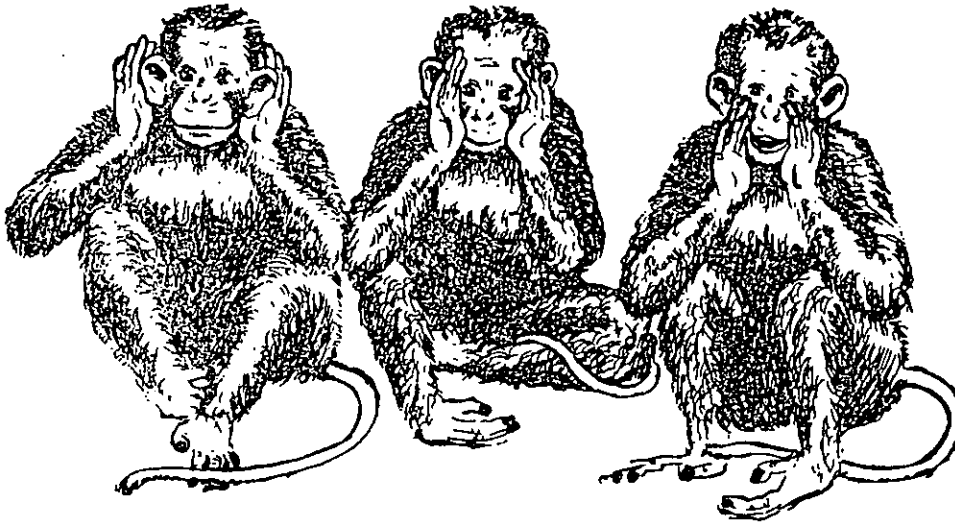


HEARD, SEEN & SPOKEN.



I like to think that my column is read by most of the doctors in this country. This is a wish of most writers and if I may be so bold as to presume that I am one, then I fall in that category. But recently there has been an undercurrent. I heard someone mutter 'Baidyaraj is getting too big for his boots.' As far as I know I am not a schizophrenic nor do I suffer from a persecution mania. Richard Mason once wrote 'The Wind Cannot Read.' That may be so but those who are illiterate can certainly speak. But coming back to what I was originally writing I think that a number of people may be annoyed as I am attacking so many sacred cows. Let me assure my present and future opponents of one thing however. I will not commit the ultimate blunder of blowing them to eternity or of extinguishing them from the face of the earth. I realise that I am living in the Hindu Society and after all cow slaughter is banned out here.

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Medical practice, according to some advocates is gradually losing its charms. If there is a disease there is a drug to cure it (well, nearly always). A lot of Nepalese remember the good old 'Jhar Phuk' days. Like the witchdoctors and the faith-healers the advocates of this system had their glorious days. For, example, if some one was suspected of having roundworms the 'Jhar-Phuk' man would utter various 'mantras' and press here, there and everywhere on the abdomen. The following day the worms were expected to come out. If they didn't he tried a second time. If he did not succeed, our 'Jhar-Phuk' man like old Bruce of Scotland would try, try and try again—and presto, like a magician pulling a rabbit out of a hat, he would entice the worms out from the patient's abdomen. The point about this story is that in these days of soaring hospital drug bills, one or two 'Jhar-Phuk' men appointed to our hospitals might in the long run cut down appreciably our drug bill.

The other day I received an invitation to attend the founding of the Disabled and Blind Society of Nepal. Its founder member and now President is Khagendra Bahadur Basnyat. I was very pleased that a society such as this has been founded. Upto now the only facilities provided for disabled people is a Deaf and Dumb School. This too is on a very limited scale. There was a real necessity for such a society. Besides other causes of disablement, the most vivid vision I have is of the scores of children who were afflicted with polio in the latter half of 1967. These children over the years will require all the help and guidance that they can get. But I would go one step further and advocate the immediate necessity of opening a centre for disabled people. Such a centre, though on a limited scale at present would ensure training of personnel in the future. Our focus must be for a Nepal fifty years, nay 100 years hence, when we are dead and gone.

I personally have no time for those people who say that there is no necessity for such social luxuries at present in developing countries like ours. Their argument runs to the effect that when we can't fully educate those who can see, then why spend vast sums of money and energy on those that are blind. They are like cart-horses who with their eye shields on the side can only see straight ahead. Ours is an age of automobiles and wide angle lenses. Let us banish these die-hard horses from the streets.

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About a month back I got a rude shock. I was told by one of good reputation and in the know-how that the so called pasteurised milk from the Central Dairy was not fit for human consumption. This itself was a serious charge and I dare not go further than mention it. If this is in fact so, it shows the necessity of having Public Health Inspectors or Food Inspectors in our country. Adulteration of foodstuffs seems to be an accepted notion by our people. I recall a news-item last year that when milk sold by 'Gualas' was analysed it varied from a mixture of equal parts of milk and water to four parts of water to one of milk. There certainly seems to be a lot of scope in this business.

Another factor about the Central Dairy milk is that the morning's supply is collected about 3-4 pm the previous day from the various centres. It is then brought to their 'chilling plant' at Sallaghari and then transferred from there to the Central Dairy, Lainchaur about mid-night. Here it is homogenised and the 8% fat of the buffalo milk is reduced to 3.5-4% of cow's milk. Is it then that the milk handlers do not pay adequate attention to cleanliness? During the course of filling the bottles after the pasteurisation process, some of the milk goes on the floor and some on the tray containing the bottles. I do not suggest that the milk spilt on the floor is mopped up and put into bottles but that on tray is certainly collected again and put into bottles without repeat pasteurisation. Are all these trays sterilised that they can afford to do this or are these trays the source of the contamination of milk? This is the 64,000 Dollar question.

All that I can say to the Central Dairy is that why don't they offer their milk to be tested at the Public Health Laboratory (now the Central Health Laboratory). It is then for that very function.

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On these same lines, I was rather surprised to see a sign near Babar Mahal which read 'FOOD RESEARCH LABORATORY'. I made a few discrete enquiries but so far have not been able to find out what its functions are. Someone told me that they sell "Changras" and chickens. That may be, but any work that they do regarding the Nepalese food habits, dietary values and their recommendations for a balanced diet would be highly beneficial to the country. Can anyone enlighten me a bit further about these people and their work?

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A lot of people write poetry. I want to go one step further. I would like to change Coleridge's "Water, water everywhere,
And not a drop to drink"

to "Water, water everywhere
And not a drop should be drunk".

The reason for my parody is that the so called filtered and chlorinated water which we drink is responsible for what is a virtual epidemic of Infectious Hepatitis in Kathmandu. For it to occur on such a scale since May of this year makes one think that the cause of it must be faecal contamination of water. Of course what I am writing is only guesswork but I would like to hear the views of my readers and perhaps the Water Board.

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The other day I was slightly indisposed and recuperating—believe it or not in Bir Hospital. I looked out of the window and saw a whole heap of people gathered outside. My thought went to France and the storming of the Bastille. Was the scene being re-enacted at Bir Hospital? Which surgeon had operated on a Police case? It turned out it was none of these things. It was a case of suicide by hanging—a police case which had been brought for autopsy to the vicinity of Bir Hospital. And there comes the irony—when there are no police surgeons in the vicinity of Bir Hospital, why bring these cases there. There should be facilities for post-mortem examination at the Sadar Jail Hospital. It just means adding another wing.

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The other day I come across a set of initials AHW for the Auxilliary Health Workers. These people, it turns out are taught the basis of Medicine, Surgery and what not in a matter of 2 years and then go out to man the various health posts scattered in the country. This is a commendable idea but 2 years training is too short a period. Furthermore, some of the examiners of these Auxilliary Health Workers feel that the syllabus prescribed for them is too advanced. They are expected to know the basis and procedures of Surgery, the signs and symptoms of Medicine, including details of treatment. What would be more rational would be to teach these people the essentials of Antisepsis and Dressings, matters relating to Public Health, basis of Immunisations, Family Planning,

and last but not least, practical pharmacy. Doctors would and should be produced by our Medical School if and when we have one. Let us not encourage pseudo-medical practitioners.

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Talking about Medical Schools brings me to another point. In a country where it is difficult even to get permission for an autopsy, where are we ever going to get corpses to dissect. The Government should think seriously about legislation in that line. I personally have a suggestion but let my readers judge about its practicability. My idea would be to have a liaison between the future Medical School and the Veterinary Hospital. Many people might not like to donate their bodies for dissection for the simple reason that it would be at least a year or so before the whole corpse can have its final rites. They would not like their dear ones to cross the BAITARANI a year and a half after the departure of the soul from the body. Well the solution is simply that if the Veterinary Hospital donated a cow which died about the same time, then the corpse and the dead cow could both be included in the ultimate final rites and the soul with the aid of the cow accompanying it would surely cross the BAITARANI.

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In Jersey police had the right to 'frisk' youngsters to see if they were carrying cigarettes. The Government of Jersey took this step to discourage smoking because of its almost sure association with lung cancer. Smoking by youngsters is an accepted way of life here and to try to stop it will take some doing. What is more worrying however is the widespread consumption of alcohol—by youngsters. Whereas enlightened countries forbid the sale of alcohol to those below 18 years, I think that perhaps because our coming of age is 21 years we should also legislate against the sale of alcohol to those below 21. If parents or elders of youngsters are foolish enough to buy the 'hard stuff' and give it to their kids, it is their own look-out and responsibility. If this is not done soon enough, we will in the near future be getting a number of cases of 'Alcoholic Cirrhosis' and our condition will not be far different from that of London in the 18th Century when people just 'turned up their toes and died'.

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With the passing of the Mulki Ain, the caste system has officially ceased. Because of it the previous Superintendent of Bir Hospital had trouble connected with the pipal tree. These trees used to grow and still occasionally grow in the most inaccessible of places at Bir Hospital. The story goes that Maharaj Chandra Shumsher whilst reviewing troops at the Tundikhel saw a pipal sapling on the Bir Hospital building. Seeing this he sent for the man-in-charge viz. Dr. Suresh and took him to task. Poor Dr. Suresh however could not get anyone to uproot the tree or cut it for fear of dire consequences by the Deities. Only a Brahman could do this after full religious ceremony. So before any function to be held at the Tundikhel where the Maharaja was likely to be present, Dr. Suresh used to send his orderly with the sharpest of surgical scissors to go and do a pipal 'leafectomy'. This accomplished, the

Baidyara

Maharaja would not notice the bare stem and branches of the pipal from the Tundikhel parade ground.

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The Nepal medical Council I thought was a defunct body by now. Whether this is a fact or not is a debatable point but the proof of its existence lies in the legacies that it has left behind. One of these is the N.M.C. Registration Number that has been issued by it to those doctors who registered initially. (Can anyone tell me if it still registers the new doctors?) Some doctors have acknowledged this august body by putting their N.M.C.R.No. on their pads—others have not bothered to do so, nor do they use their numbers when they sign official documents. At least two doctors have candidly found out that they must use their registration numbers. One had a Health Certificate for a driving license returned by the police and the other had a Health Certificate of a prospective employee for the Industries Department returned.

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I am rather annoyed with myself these days. Due to my indisposition, about which I have written earlier, I missed an annual event of great importance. This was the **Bhoto Jatra** of Machendra Nath at Jawalakhel. One of our Senior colleagues has been throwiag this Bhoto Jatra Party for a number of years. Food and drinks (both foreign and local) are available in plenty. The story goes (but please don't spread it around) that some of our colleagues in their less sober moments were nearly enticed to go and try milking a male Rhino at the neighbouring Jawalakhel zoo. My Gosh, what a party it must have been.

FOOD FOR THOUGHT

Medical science as practised in Nepal these days is the result of what we Nepalese have seen and learnt in Western Countries or in countries which already have a Western influence. Consequently we advocates of the Western system are quick to pronounce that what varies or is slightly different from our accepted norm is neither feasible nor practicable.

One glaring and obvious example of this is the instance of the Ayurvedic System of Medicine. But let us cast our minds back—Withering stumbled upon the discovery of digitalis after having heard that an old dropsical woman he had seen during a journey in 1775 had recovered on taking a concoction of herbs. He deduced that the foxglove must be the important item, his scientific mind searched for its healing qualities and found the basic ingredient. Similarly reserpine was found to be the active substance having a hypotensive effect in preparations of *Rauwolfia serpentina*. It had been used by local healers as a herbal preparation long before Western medicine grasped it with eager hands in 1950. Because of this, India is encouraging the local drug firms to delve into the mysteries and properties of local herbs and have it put on a surer and scientific footing.

We in Nepal have a Royal Drug Research Laboratory. We know that it functions and it produces various drugs. But how much better it would be if it did some research on local and time honoured remedies and published it in scientific journals.

Similarly, another of our Western inherited ideas is regarding food in government hospitals. The question is, is it really necessary? Take the case of Bir Hospital. First, those who are due for operation or the post-operative cases do not really need the hospital as such. Secondly, the really ill ones at the hospital cannot eat it and once they get better they ask for food from home, if they happen to live in Kathmandu. Thirdly, some religious reasons viz. caste system, do not take hospital food although there are Brahmins to cook it and although legally because of the Mulki Ain caste system does not exist. A question then arises for those that come from outside the valley to Bir Hospital for treatment. In their case food will have to be provided. Nevertheless a lot of money can be saved. Food has to be provided for only half the patients in hospital. Just to get an idea on the two comparisons, Bir Hospital spends Rs. 2.5 lakhs for food and Rs. 2.5 lakhs for medicines etc. Bir Hospital would have spent more for food and fuel but for the grace of Lord Pashupatinath. While sinking a tube-well for water they struck gas and thus are getting free fuel.

As far as the smaller hospitals in parts of the country are concerned, the suggestion would be not to provide meals at all—except in very special circumstances. This has a number of advantages.

- i). Money spent on food and fuel can be better utilised providing drugs.
- ii). It saves time and the unnecessary worries of the doctor in charge, who has to run after a 'Thekdar' (contractor) to provide food etc.

This is feasible in the smaller hospitals for most of the village folk will like to bring their own food as they are quite near. Only thing that the hospital will have to make provision for is to provide facilities for cooking. If the hospital so desires it can maintain a very limited food fund to keep a skeleton staff to provide the afternoon snack if required of tea and biscuits.

This idea is not completely foreign—it is being practised in various parts of the world and in Africa. Who has not heard of the Late Albert Schweitzer's Hospital at Lambaré? But again we are looking at all this with Western tinted eyes. We don't have to go far from home. At the Trisuli Hydel Project Hospital this is being done—patients arrange to have food brought to them in hospital. As a compensation for this hardship they can be assured that nearly always, all the medicine that they require is supplied free from the hospital.

It is about time someone pondered about these points. Doctors' views in this matter would be of tremendous interest.

BAIDYARAJ