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EDITORIAL (1)

ABOUT THIS NUMBER

Almost all the materials appearing in this number are specially commissioned articles or papers. Thanks are due to the learned authors who kindly contributed, without anp bope of remuneration ! We can only pray that a day will come when the JOURNAL may be able to reward its authors. A few initial enthusiasts however turned cold later on, much to the regret of your Chief Editor, by not sending their valuible papers for publication. nevertheless in a thankless task like this it is not unexpected; because Medical Journalism is in its very infancy in Nepal, and so no wonder then one just keeps on waiting even for a letter to be printed under the tittle of "LETTER-BOX". But patience is a virtue they say; and that is why we are still waiting for a good original paper or on article.

This number is an attempt, I must say, a strenuous one really, to present a comprehhensive view, under a single cover, of an important aspect of Health service. The aim is to reach, as far as yossible, readers of all strata of medical people, practising or non-practising, adminstrative or non-adminstrative, and the lay people with an interest in children's problems; to knock at their door being fully aware of the possibility, nay, probability, that the door may not be opened at all !

The subjects, under which the several articles are published, are entirely your Chief Editor's responsibility whereas those contents are naturally of the respective writers. We hope to publish similar NUMBER/UMBERS covering other aspects of health in future.

Readers, patrons and friends (and foes alike) are humbly requested to write to us. We may like to "drop" them inside the "LETTER-BOX" so that it may reach its destination !

(Y. B. S.)

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EDITORIAL (II)

A BIG CHILDREN'S HOSPITAL IS NEEDED, AND HOW TO MAKE ONE

The Stastical Bureau of His Majesty's Government, Nepal has revealed some interesting findings in the last Census held in the year 1960 :-

1. The Total population of the country comes to 10 millions, and the total Childhood Population (i.e., 0–16 years) constitute 50% of the total population. In Kathmandu Valley alone the total childhood population is 250,000 out of the total population of 500,000.
2. Whereas on one hand the population is said to be increasing more than 2% per year on the other hand the Infant Mortality Rate is 244/1000 live-births. (Compare it that of U. K. where I. M. R. (1962) was 22/1000).
3. In general *TOTAL DEATH in the population of 0-14 years is greater than total death between 15 60 years are above.* In particular, however, among the Childcod Population (see TABLE I) *about 4 times more deaths occur in between 0-4 years than in between 5-14 years; or more than in between 0–14 years.*

TABLE I.

Age of Dead	Total	Male	Female
0–4 years	53, 988	28, 277	25, 711
5–14 years	15, 528	6, 679	5, 849
0–14 years	66, 516	34, 956	31, 560
15–60 years or above.	55, 934	27, 998	27, 936

A BIG CHILDREN'S HOSPITAL IS A MUST

The above findings are further supported by the fact obtained over the 4 months' period from the KANTI HOSPTIAL (which was converted to the Childrens' Hospital about 2 years ago) which shows (see TABLE I) that as many as 100 Medical (not Surgical or Eye or ENT) patients per day have been examined in the Children's Outpatients (Bir and Kanti combined); 2 about 2½ times rhe number of outpatients are examined in Bir than that at Kanti Hospital.

TOTAL NUMBER OF CHILDREN OUT-PATIENTS EXAMINED OVER 4 MONTHS, PERIOD, (i.e. from ASADH 2027 to ASWIN 2027 INCLUSIVE.) (See TABLE II)

TABLE II

HOSPITAL	NUMBER	TOTAL No.	AVERAGE No. PER DAY
KANTI	3321	10227	27. 7
BIR	6906		57. 5

Regarding in-patients (who are admitted only in Kanti Hospital) the total number admitted over 4-months' period was 566. Admission per month was 141.5 and per day was 4. 7. At the moment the admission rate is only 1 in 20 because of FREE BEDS which are only 24. The nature of illness of the patients admitted till now may well be said Emergency. At the same time the doctor has to refuse admission almost daily to the patients who are serious in view of the lack of free beds. Out of the total 50 beds the remaining beds are PAYING BEDS which, to the majority of Nepalese people, do not exist at all. It appeaers that the admission rate would have trebled the present number if hospital could provide more free beds.

In general therefore it is proved that we need NOW a sufficiently big CHILDREN'S HOSPITAL at least in Kathmandu valley. If we provide 1 bed for every 1000 children (which is minimal) the figure for Kathmandu Valley alone comes to 250 beds, that mems a 270 bedded Children's Hospital should be ready AT THIS MOMENT... That being only possible with Aladdin's Lamp (which we regretedly don't prosess) PHASING IS NECESSARY. Needless it is to mention that it is ridiculous to keep about 50% of available Childred's Beds in Kanti Hospital as paying beds, As compromise, however, the number of paying beds may be kept to 10% of total beds. The total number of free beds may be increased from 26 to 45. Moreover about 10 beds can easily be accomodated by placing 2 cots in each Ward, the total going up 62 to 65.

Phase 2 should begin this year when beds should go up to 100. **In Phase 3** (i.e. in the 2nd year) this should go up to 150 whereas in **4th Phase,** at the completion of 3rd year, the beds should go up to 200, and in the **last Phase** (i.e. during the 4th and 5th years.) this should become 250.

* * *

The second prominent finding by the Statistical Bureau is that the age period between 0-4 years is particularly dangerous, in view of the fact that the death-rate at this period is greater than that in the age period 5-15 years or even beyond, so that 0-4 years should have priority in the Health Progamming of the country. This may be tackled in two ways : 1) by **Preventive Method** which looks after the whole country in which the MATERTINY AND CHILD PHEALTH PROJECT should take full charge, and 2) **Curative Method** in which the Hospital should try to cure preferably specific illness that afflict this age-group.

The latter is discussed as follows:—

I) To work in collabwration with Maternity Hospital, so that every Paediatrician is attached to it where he visits regularly, and also attends emergency duties;

II) Those needing contiouous care should be taken under NEO-NATAL Unit or PREMATURE BABY UNIT in the Maternity Hospital or in Children's Hospital Neonatal or Premature Baby Unit. This implies :- a) Special equipmemts eg. beds. Incubators, Exchange Transfusion set, Feeding tubes, I.V. tubes and Canullae, etc. and b.) Specially trained Paediatric Nursing Personell.

III) Special Outpatient Clinics.

The age-group patients (0-4 years) usually die primarily from Examthemations diseases, such as Smallpox, Measles, Whooping Cough, Diphtheria, Tuberculosis, Malnutrition, Gastroenertitis all of which can be prevented.

Thus the Special clinics should be opened either in the Maternity Hospital or Children's Hospital or both. The following Special Clinics should get priority :—

1. Inumunisation Clinic in both Hospitals.
2. Antenatal Clinic in Materity Hospital for painless labour, education of mothers regarding baby-care, sewing session for baby-clothes, etc.
3. Toddlers' Clinic (for 2-3 years olds) in Children's Hospital.
4. Malnutrition Clinic, aided by UNICEF, WHO, FAO, etc.
5. Gatroenteritis Clinic and Ward.

For this two important things are must... Laboratory and Infusion & Transfusion Units.

The Laboratory involes mainly two aspects :— i) Biochomical investigatoins, eg. esrum electrolytes, blood Urea, blood sugar and ii) Bacteriological section, for indentifying

the causative organisms. Further the Infusion & Tranfusion unit is a must for these Casteroenteritis patients who may need special fluids etc.

6) **ISOLATION WARD** in the Children's Hospital.

A question may be raised here as to why should an Isolation ward is at all to be entertained in a Children's Hospital since the Infectious Diseases have been till now, treated in the Infectious Diseased Unit. This seems however mether shortsighted to think in that way. Which disease is infectious and which is not is practically hard to categorise in the light of recent WHO Classification. It other words, for example, Pneumonias may have to be treate in Infectious Dissase Unit which however for all practical purporses is just impossible. Moreover in developing countries, and especially in Nepal, as much as 95% of illnesses are infectious or infective... Even WHO has realised and hence the change in the definition of Infectius Disease. Therefore except Exanthmatons Diseases eg. Smallpox, Chickenpox etc. the majority of so-called Infectious Disease should preferably be treated in the Isolation Ward of Childeren's Hospital.

This one must provide for and be able to treat such infectious deseases like Diptheria, Whooping cough, Gastroenteritis, Tetanus and so on in a Children's Hospital.

7) **Children's Chest Clinic** either separately or in collaboration with Dentral Chest Clinic. Paediatricions should be allowed to run their own clinics specially those follow up cases discharged from children's Hospital.

For all these more money and equipments are necessasy. Clearly the H. M. Govt. has to consider about this crying need immediately and has to share at least some of the expenditure. On the other hand there exist ways and means of obtaining help and aids from different sources. The following is the Agency or Organisation which could very well be tapped for the benefit of the poor children, so-called FUTURE OF NEPAL. These organisations or agencies— national or international or both are ever ready to offer help. The only WAY IS TO CRY FOR HELP.

FINANCIAL RESOURCES TO BE TAPPED

I. *International Organisations* :
   1. UNICEF
   2. WHO
   3. FAO

II. Voluntary Organisatins
   A. 'Foreign'.
      eg. 1. Rotary Club
          2. Red-Cross Society

3. International Planned Parenthood Association.
4. Womens' Volunteers' Corps.

B. Local.

6. 'Paropakar'
7. Children's Organisation.
8. Family Planning Assoiation.
9. Family Planning and Maternity and Child Health Project.
10. Disabled Persons' Association.
11. Women's Organisation.

III. MCH Project.

IV. Embassies from different countries.

V. Private Enterprises.

eg. 1. Cinema
2. Cultural Programmes.
3. Flower shows.
4. Exhibition.
5. Fun Fairs.
6. Lottery

VI. Volunteers.

eg. 1. Social Worker or Hospital Friends' Associatin (or Almnors)
2. FUND DRIVES from the public.

VII. Private Individuals.

eg. 1. Chief Patron H. M. the King and Royal Family.
2. Businessmen and Enterpreneurs. Fund may be raised and a seperate cot in the name of the donor may be put in the Hospital.

VIII. Propogand Organs

1. Radio
2. Press for Articls, Songs, Pamphlets, Books.

IX. Childrens' Day Stamp. (or as First Day Cover)

X. H. M. G. should give permission to the hospital to use the money obtained from paying beds for the Hospital itself.

(Y. B. S.)