Work at Pokhra—the Problems

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Pokhra is the centre of a very large hill area, and having few medical facilities, large numbers of patients come from this big district to see the three or four doctors working in the hospitals. Thus it is that our experience has been considerable, and perhaps the problems that we have met are in many ways typical of those found in the hill regions of this country. In the eleven years since I came to Pokhra we have seen a total of over 3 lakhs of out-patients in our hospital and had about 10,000 staying in our wards.

From the beginning the two main problems which we faced, mainly from the public health point of view were tuberculosis and leprosy, both of which are widespread in this country. In the field of leprosy our main difficulty has been the overcoming of prejudice and fear so that recovered patients can be resettled back in their villages after treatment in the leprosarium, and secondly that the tragic and harsh effects of discrimination against these patients—something that still exists today—may be overcome. This experience has been indicated in an article by my colleagues in a recent issue of the JNMA.

Tuberculosis, however, a more acutely serious disease, is not regarded with any fear by our patients, and it would seem that ignorance and lack of basic education are the main obstacles to real progress here. In one survey that I made of our male pulmonary tuberculosis cases attending hospital, over 80% had discontinued treatment before adequate chemotherapy had been given. The few who kept coming for regular treatment did well, showing that our real problem lies not in bacterial resistance
to chemotherapy as found in some countries, but in ignorance of the dangers of the disease. Only health education can overcome this. We are planning to build shortly some special accommodation for these folk to enable the ill and toxic patients to begin treatment and recover their strength before returning home. This will have to be linked to a village follow-up scheme, BCG for contacts among the children, and a case finding programme based on actual case contacts. Already we have made a start by doing BCG vaccination among children attending our infant welfare clinic, using material kindly supplied by Dr. Iwanura of Tansen, who obtains it from Japan. 200 such children have been vaccinated and more of this kind of work is planned. We accept the findings in Madras that tuberculous patients do better in their own homes and surroundings and we do not plan to build a sanatorium, but realising that difficulties of transport and access to patients in the hill are great, we provide short-term stay rooms to initiate treatment. For an adequate tuberculosis programme based on the hill villages, cheap and effective therapy is essential and while we find a combination of Isoniazid and Thiacetazone useful in this connection, relative slowness of response and occasional toxic reactions make it much less effective than Streptomycin.

The cost of adequate treatment for even one patient over a 12-18 month period is something that not all can afford. We need cheaper anti-tuberculosis drugs and the patients themselves need to have the security of their pay continuing while they are sick and their jobs kept open for them. It is a great pity and a definite step back that the customs rates on medicines coming into Nepal was raised last year from 2% to now over 11%, an increase which means that all drugs including those necessary for both leprosy and tuberculosis cost much more. This can only have the effect of depriving poor people of much needed medicines, especially in the hills where most of the drugs are bought and supplied privately. These are the kind of problems that make any tuberculosis programme exceedingly difficult, and unless there is some official recognition of the extent of the problem and a full scale effort to overcome some of these snags, I cannot see us making any progress in the crusade against this disease.

Another problem that all medical workers in Nepal must face is the
lack of statistics, showing the extent of every medical problem we cope with. We just do not know how serious are the conditions, or how widespread, that we treat each day in our clinics. Lack of birth and death registration, to take two of the simplest examples, means that neither birth rates nor infant mortality rate nor death rates can be calculated. We suspect from indirect evidence that child and infant mortality figures, at least in the hills, must be quite high. We often meet women patients who say that they have lost already several small babies through one illness or another. Would it not be possible, now that the Panchayat system is established, to have legally compulsory birth and death registration, done by house-holders, at the local Panchayat offices, at a village level? This, a simple yet effective method, would mean the beginning of the gathering of health statistics which in time to come would be of tremendous value in this land.

It has also become clear to us working in the hills, that the present public health service is in no way meeting the public health needs of Nepal. The serious and widespread disease such as enteric fever, dysentery, gastro-enteritis, tetanus and rabies—all of which are or can be killing diseases—are just not being tackled either from a preventive viewpoint or apart from two or three hospitals from a therapeutic viewpoint. There is complete public ignorance as to the need for a clean water supply, adequate latrines and sanitation, and the value of systematic inoculations against the infectious diseases. Many of these injections are either not available or are given in a rough haphazard fashion. I feel that it is a great pity that the health assistants trained here in Kathmandu and sent out to certain centres throughout the country, are being employed in ordinary clinic work seeing patients, whereas such great opportunities lie open to them to engage in true public health work in disease prevention, hygiene and health education.

To take a practical example—one simple yet useful piece of work would be to teach villagers the need to either protect fire-places or build them on a raised platform, instead of leaving fires unprotected on the house floors. Most of us will have seen the terrible burns that are produced when babies left alone in the house crawl or fall into unprotected fires or pots of boiling water or rice. We are never without 2 or 3 such cases
in our hospital in Pokhra, and deaths from over 90% body born are not uncommon. Even after recovery from the acute stages, extensive joint contractures from scarring may require prolonged stay in hospital for plastic surgery, and one or two of these patients are nearly always to be found in our wards. The means of prevention are so simple, costing nothing but a bit of care and forethought on the part of the parents, and of course the self-sacrifice and efforts of one or two health workers who would be prepared to go round the villages teaching and explaining these ideas.

Those of us who are busily engaged in hospital work find less and less time for direct preventative work, yet my belief is that rather than build more hospitals or open more treatment dispensaries, more direct public health work from the preventative aspect is the big medical need in Nepal just now. From the financial viewpoint it would be much cheaper to maintain a group of trained health workers in the hills to do this kind of work, than to build and equip and staff half a dozen hospitals— and as well as this we could be certain that in 5 years the work of such a team could make the need for at least one of these hospitals unnecessary.

I would end therefore with a strong plea for more doctors and health workers to leave the comforts and advantages of a place like Kathmandu and join us in the hills in tackling the huge medical problems that still await attention, skill and a lot of hard work.

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