Dharan Eye Camp

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[INTRODUCTION Dr. Hankins is honorary Director of Operation Eye Sight Universal of Canada which is philanthropic non-government organisation rendering invaluable services in restoring eye sight to many people of developing countries including that of Africa, India and Nepal. At present he is working in Shanta Bhawan Hospital as a general surgeon. Dr. Hankins and his wife Alison took a very active part in the Dharan Eye Camp and helped us in many ways. Among their many contributions, this paper including the statistics of patients is the important one. -Dr. Y. M. Pradhan]

Although Operation Eyesight has been supporting charity eye works in Nepal in a small way for a year and plans a major commitment to the Nepal Eye Hospital this year, the Eye Camp held at Dharan in East Nepal from Jan. 22-30/78 is the first large scale project that O.E.U. has underwritten in large measure. We were invited to join this Eye Camp to participate where we could, to observe all we wished and to submit a report to O.E.U. (of which Gerald is a not-very-useful Honorary Director). We also took a series of pictures which will be given to O.E.U. in due course. The United Mission to Nepal was gracious enough to release us from our regular duties for one week in order to join the Dharan Eye Camp

What is an eye camp? Starting from a position of considerable ignorance, we learnt during one highly-eventful week that it is a concerted "one-shot" attempt to examine and treat a large number of people with eye ailments, usually in a setting where

facilities are minimal and where drugs and medications, dressings and solutions, surgical instruments and supplies are all brought in by visiting Eye Teams. An Eye Camp in Alberta would never attract many patients but in a developing country like Nepal where health care facilities are scanty at best and non-existent in some areas, people come by the hundreds, sometime thousands – especially when treatment is “brought to them” so to speak, and everything is provided free of charge. Understandably the success or failure of an Eye Camp often depends on the vigor of the local effort—with regard to such things as promotion and publicity, provision of a suitable site, bedding, food and volunteers for the numerous jobs.

In our opinion, the Dharan Eye Camp was an unqualified success and an unforgettable if somewhat overwhelming experience for us, the only non-Nepalis taking part in the camp. As it turned out, we quickly became a part of the large team of workers at Dharan and for a week were completely engrossed in the activities. Here, we were both equals—neither one of us being very knowledgeable about eyes! Alison was official statistician and also assisted with the recording of blood pressures on operative patients, holding of flashlight in the operating room and cutting of eye patches – jobs requiring a person of some versatility. Gerald saw and examined some 300 patients, lent assistance in the operation room for most of the surgical cases and took a fair number of pictures for O. E. U. From Sunday Jan 22 until Monday, Jan. 30, when we left in a somewhat exhausted state to return to Kathmandu, we were completely and utterly absorbed in the seemingly endless activities of the Eye Camp. We count ourselves indeed fortunate to be a part of the Eye Team held by an Ophthalmologist of Kathmandu and assisted by another Ophthalmologist of Biratnagar. Three family doctors from the Dharan Hospital helped where they could. Other notable members of the hard working team included a Nursing Sister, a theatre assistant, and two nurses and an optician. **headed**

Although the Eye Camp began officially on Jan. 23 with a ceremony attended by the Minister of State for Health, in effect the Local Dharan Committee had been working for some weeks ahead. They obtained a fine location – fortunately a large clean building erected by the Gorkha Welfare Trust (Canada) Ltd. for the use of ex-soldiers. Male and female ‘Wards’ were provided by erecting a partition down the middle of the assembly hall and laying mats on the floor.

Anticipating over-flow, the committee requested the loan of five large army tents from the British Army Camp at Dharan but these soon proved quite inadequate and all told, fourteen tents (all about 20 or 30 feet long) were needed to accommodate the 'inpatients'. Food had to be provided and one man from Dharan took it upon himself to buy and have prepared all the food required for admitted patients. In addition food had to be cooked for all the workers and this sizeable undertaking was capably managed by one family from Dharan who did it all without charge. There were scores of young volunteers who carried stretchers, clipped eyelashes pre-operatively, tried to maintain order in the long squirming lineups, escorted patients to the refractant tent, held flash lights during surgery, etc. We could go on. Rarely have we seen such a fantastic co-operative effort. Altogether 28 organizations (including the Dharan Nagar Panchayat, Red Cross, Sport Club, High School-to name a few) took an active part. O. E. U. had the unique opportunity to be one of them.

Eye Camps have been held in Nepal on several other occasions but participants in previous camps consider this one somewhat exceptional. For one thing, the number of patients was staggering, at times over-whelming. They came from far and wide-some having walked for up to seven days, some of course had to be led by the hand. Members of the local Committee had done a pretty fine job of publicizing the Eye Camp not an easy job when most people can't read. Even so, printed notices were pasted far and wide in the town, radio announcements repeatedly carried the word, the local village panchayats (councils) did their best to disseminate the news and 'word of mouth' probably helped most of all. As mentioned already, the Camp was felt to be rather exceptional because of the superb community effort which undergirded it. And in terms of work done over a period of 8-9 days, the Dharan Eye Camp could probably hold its head high with any of its predecessors.

Some days were a real test of endurance. The average day would begin between 7-8 AM when the Eye Team would gather around tables in the large green outpatient tent and begin examining some of the ever present queue of patients clutching in their hands their 'purji', slip of paper with name, registrations number, etc. Usually there was at least one of the proper eye doctors present, and several of us untutored in eye diseases trying to help, but frequently having to consult with the eye specialist. But we learned a fair bit about trachoma, glaucoma, congenital cataract, syphiloma, corneal

opacity, etc. very rapidly. Medications (intra-ocular tension) were given when indicated (orbital tension) was measured for suspected glaucoma refractions when considered useful and surgery planned for those likely to benefit from it. Breakfast at 10 AM kept us from getting hypoglycemic. The balance of the morning was spent in a similar manner although when the operative load became too much, some of the team would have to slide away to the operation room a fair sized room with two tables each the size an average dining room table. Commonly, lunch was held up on the roof in the warm sun and the food was usually rice lentils, Nepali-style spicy vegetables, juicy Dharan grown oranges and coffee. From 3PM until 9 or 9:30, operations were done. Cases had already been prepared on the ward by the nursing team, given their injection and lined up in rows on the floor outside the operation room in a very semmolent state. The surgery was all done by an Ophthalmologist who good humor, patience and resistance to fatigue set an example for the whole team. The bulk of the cases were for removal of cataract, an opacity in the lens which fogs the vision and causes partial or complete blindness. Surgery was done with care and aseptic technique, complications were minimal. Some cataracts were removed in less than 10 minutes and in many cases the use of the Cryoprobe (an instrument which freezes the lens to itself on contact) simplified removal of the cataract. By 9:30 PM an evening meal was ready and we enjoyed it sitting on the open terrace under the stars. Insomnia thereafter was never a problem.

As the days passed by, the members of the Eye Team developed a genuine appreciation for and trust in each other and at the same time we grew to respect the contribution of the many workers who weren't actually looking at eyes. We have heard it said good organization and efficiency are not hallmarks of the Asiatic way of doing things; this generality certainly does not apply to the citizens of Dharan that we met. They left no stone unturned.

Sunday was a fairly easy day and little work was done except to see post operative patients. Twelve of us went on a little excursion in a jeep to the hillside home of one of the committee members where coconut palms and banana trees towered over the fields. Soon after getting back at night, we found that the volunteers along with an innumerable number of other people had gathered inside the large round tent to entertain the visiting Eye Team. A central campfire made it cosy and the music of three guitars and a drum really warmed us up. Most of the songs were Nepali, some quiet and

wistful, some quick tempo but the musicians were able to come up with 'Country Road' for us westerners. We introduced then to 'Alouttee' and they all joined in lustily. The following day the two of us had to return to Kathmandu but not before we were presented with two beautiful hand carved pagoda temples at the closing ceremonies where the Assistant Minister of Education (a Dharian man) placed plus 10 spectacles on the nose of one or two patients who had undergone cataract removal. Those of us sitting nearby noticed the look of wonderment on their faces as things became clear again. Of course most patients were told not to wear their new glasses for several weeks but this little gesture of actually 'restoring sight' seemed to be one that appealed to the politicians! Later that day we took off for Kathmandu with beautiful floral garlands around our necks, but part of us somehow or other still lingered back at the eye camp. Camp still not over although surgery had been brought to an end. The team stayed behind for 4 days to look after post-operative cases, see new patients who continued to come and to refer cases needing major or minor surgery to Biratnagar and Kathmandu.

Most reports of this nature demand statistics: At the end of this one we made a simple statistical review of work done. By way of summary, 2750 patients were examined and treated, if such were available while a total of 327 operations were done of which 254 were for cataract extraction. Many cases were unfortunately untreatable and some of the most tragic cases were young people and children, completely blind for some condition that would have been amenable to treatment, had treatment been sought or available early in the course of the disease. At least ten children were referred to the blind school at Dhuran for custodial care and teaching. One 30 year old incurably blind girl received rehabilitation on the spot when Alison bought her a pair of knitting needles and wool and taught her to knit. In one day her nimble fingers had mastered the basics.

As with all 'therapeutic' efforts in medicine, medical workers need to ask themselves 'What actually have we achieved?' In Nepal, where is such a reservoir of all types of diseases and so little means to cope with them, we wonder if an Eye Camp is just another example of the well-known ambulance at the bottom of the cliff when what is needed are some good substantial railings on the side of the road at the top. Our overall impression however is that, per rupee invested an Eye Camp is a sound venture. Blindness, complete or partial, may not be of itself life threatening but who can deny

that any effort within reason to store lost vision is bound to improve the quality of life? Some 300 patients from East Nepal likely benefited in this way from the Eye Camp. Other therapeutic efforts are less dramatic and perhaps not even measurable. Certainly some cases of trachoma which can go on to destroy the eye completely, were arrested and vision retained. We feel that more could be done at an Eye Camp to educate people on the subject of simple eye care after all the chance to shake one's bony finger at a captive audience of several hundred patients is an opportunity that Health Workers in Third World Countries would not care to miss a wonderful chance to build more guard rails at the top of the cliff. Further, our impression is the Eye Camps which are held in small towns or rural areas, are more likely to attract large numbers of patients in real need of eye care than hospitals and clinics held in the larger cities especially if treatment is free. Lastly our strongest impression is that the community of Dharan had grown in stature by undertaking such a large venture for the benefit of the larger far flung 'community' of their fellow countrymen suffering from eye diseases.

STATISTICS

A. TOTAL NUMBER of patients seen and examined			2750
B. OPERATIONS performed	327		
1. Cataract Removal	254		% of Total Opns
			77.6%
	Male	138	
	Female	116	
	Age Group		
	0-19	14	5.5%
	20-39	15	5.9%
	40+	225	88.5%
2. Pterygium Removal	36		11%
3. Optical Iredectomy			
(where pre-existing corneal opacity)	25		7.6%
4. Miscellaneous			
(including foreign body removal, ectropion, entropion)	12		3.6%

5. Referrals

Five major cases were referred to Kathmandu for surgery; Those cases were:-

- a) Malignant and Melanoma of orbit
- b) Two benign cyst tumor involving the lacrimal sac.
- c) Corneal Scarring
- d) Complicated Cataract involving his only eye