MEDICAL MISCELLANEA

IMPRESSIONS OF PAKLIHAWA

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Paklihawa is the main recruiting station and pension paying post for Gurkha soldiers in western Nepal. It lies on a hot plain within a couple of miles of the Indian border and about one hundred and twenty miles west of Kathmandu.

Until the early nineteen seventies the camp Medical Reception Station (MRS) was run by a RAMC doctor and a locally employed civilian, Dr Vishnu Rajouria. Since then however Dr Rajouria has managed single handed. During recruiting a general practitioner from Hong Kong usually goes to Paklihawa and Dr Rajouria takes the opportunity to have a few weeks leave. Nineteen seventy seven was slightly unusual in that recruiting was delayed for three months, so when I was posted to Paklihawa it was as a general practitioner locum without the added burden of eight hundred recruits to sift.

On a hot sticky afternoon in early October we landed at Bhairawa, two days after leaving Hong Kong, and after a night in Kathmandu. My stay in Kathmandu was unremarkable, unlike another officer who stayed at the same hotel and managed to contract amoebic dysentery. The green fertile plain looked a little like the English countryside from a distance and it was dominated by the brilliant white of the Annapurna range a hundred miles to the north. The drive from the airport showed me a little of the conditions that the local people were living in, so that the camp looked like an oasis in comparison.

My first evening was spent on a ward round and on documentation of the handover. The MRS is housed in six blocks and has forty beds, including twelve beds in the tuberculosis unit that are always filled. The main outpatient block also houses the path lab, X-ray department and the dispensary. Besides the medical officer there were only twelve staff, so that most basic nursing of in-patients had to be done by relatives, who usually slept on the floor near the bed. Dr Rajouria had made an effort to “clear the decks” for me, though there were still a few problems left viz: ileocaecal tuberculosis, and two children, one with meningoencephalitis and the other with tetanus. There were also several other less immediate problems: a little girl with infective endocarditis and cardiac failure and several men with pneumonia. After this brief introduction I was a little apprehensive of the weeks to come and it was with great difficulty that I got to sleep that night.

I was awake the next morning well before my tea arrived at 06.30 hours, though once in the office I lost all track of time with the deluge of ill people and continued with the clinic until all the patients had been seen.

My first patient was a child who had fallen from an ox cart. The X-ray only confirmed my worst suspicions, a supracondylar fracture with marked displacement. Thoughtfully he had not eaten for twelve hours so after a shot of atropine and a rather stormy induction we had him anaesthetized with an antiquated EMO.
machine. With the help of Apley’s system of Orthopaedics’ propped open I set to work. After the fourth attempt the X-ray looked a little better though by then his arm was as large as his thigh. Walking back through the waiting room it looked a little like St. James’ Park on a Saturday afternoon, all greeting me with “Nameste Doctor Saheb”. The next patient to be carried in was a young girl with tetanus, teeth tightly clenched and her back arched in opisthotonus.

Patients would come from all over western Nepal, distances being measured by days walked. Having served fifteen years in the army the men would come to collect their pensions and at the same time bring wives and children to see the doctor. During the twice yearly airlift of soldiers and families from Hong Kong the camp transit lines would be full to overflowing and among these families I met many from my own regiment on their way back to the hills.

Clinics were held seven days a week and were in strict order, the depot company first and locally employed civilians last with pensioners and their families somewhere in the middle. There were also ante-natal and tuberculosis clinics, and twice a week we held clinics for non-entitled civilians. These were known as the “Blitz clinics” and were limited to twenty patients. They started queueing up well before dawn and only the first twenty people were allowed into the camp. On one occasion one of the unlucky ones, being rather ill with amoebic liver abscess saw my chief clerk on his way home and with a note from him managed to get into the next clinic.

The number of patients I saw before breakfast was remarkably constant. Usually about forty. On a quiet day there would be another forty to follow and on a busy day up to eighty. The patients presented a complete spectrum, from the unhappy wife with a variety of nonspecific complaints to the terminally ill. With my command of basic medical Gurkhali and occasional help from a translator I found I got along quite well though there was always the thought in the back of my mind that the English version was a little different to the original.

Tuberculosis was very common and my pick-up rate was in the order of one smear positive case a day. Many had come down from the hills and had typical facies of the phthisis of pre chemotherapy days, so that diagnosis was possible as they walked through the door. All smear positive cases were admitted to the ward or, when no beds were available, were accommodated in a transit block, the “daramsala”. Standard treatment was with daily streptomycin and isoniazid with thiacetazone introduced later when the stomach could “stand it”. Equally therapeutic were the regular meals and clean water.

While I was in Nepal there had been six deaths in the Dharan area from cholera, though news of this did not reach me in Paklihawa. In two cases of hook-worm disease in “pensioners” the only complaints were of “giddiness”. Both had walked for several days and had haemoglobins of 3.0 g/dl and 3.8 g/dl respectively!

I saw three cases of tetanus during my locum with only one recovery, a seventeen year old who had had a criminal abortion performed in northern India.

Sexually transmitted disease was very prevalent and in some cases in remarkably young people. One unlucky lady presented with almost the ‘full house” of
syphilis, gonorrhoea, monilia and trichomonas vaginalis. We lacked facilities to
diagnose Lymphogranuloma venereum!

After two weeks I was fairly well settled into the routine and beginning to relax
a little when in the space of five days seven young people died. In the four youngest
(5 to 7 years) the presentation was with a very high fever and very stiff neck. There
had been mild diarrhoea or a cough a week or so previously and physical examina-
tion was otherwise unremarkable save for bilateral Babinski’s sign. The three
older patients (18 to 21 years) had in addition focal neurological signs of a mono or
hemiplegia. Investigations revealed only a slightly raised csf protein in all cases. My
initial treatment was with penicillin and anti tuberculosis drugs though all three
patients died within forty eight hours. In the later cases I tried high dose corticos-
teroids, but again all patients died within two days. In particular I remember a
pregnant eighteen year old with what I assume was meningoecephalitis, who went
into labour and whose child died of prematurity six hours later. The mother died
soon afterwards.

Our “one seater” mortuary had neither fridge nor air conditioning and with
afternoon temperatures around 34°C burial deaths were organised quickly.

After four weeks it was with mixed feelings that I left the MRS at Paklihawa,
sad at leaving the people who had depended on me, though relieved to be going
back to the relatively untaxing job as a regimental medical officer. I feel very for-
tunate to have worked, albeit for a short time, in one of the few places left where
a doctor is truly a General Practitioner.

**PRIZES AND AWARDS**

**Awards**

*The Guthrie Memorial Medal* — Mr Robert Cox (1978)
*The Mitchiner Memorial Lecture* — Mr Guy Blackburn (1978)


Royal Army Medical Corps Annual Prizes

*Montefiore Memorial* — Major K P Craig (1978)
*North Persian Forces Memorial* — Major D S Jolliffe (1978)
*Parkes Memorial* — Lieutenant P G S Fennell (1978)
*Leishman Memorial* — Lieutenant Colonel J B Stewart (1978)