

## **Somewhere in the vicinity of Nepal's Capital**

**Pun M**

**I**t was March 17<sup>th</sup>, 2004, around 5 PM in the evening. I was in one of the villages of Kathmandu valley. There are plenty of brick kilns, especially, Bull's Trench brick kilns. The labourers were working there as the sun slowly set behind the hills in the West. Some of them were moulding the bricks while others were carrying the bricks from the field to the chimney site. The field was hot, dusty and dirty. There were many Indians, possibly from Bihar, in the chimney site to fire the bricks. As I approached one of the brick kilns, I saw a large number of people gathering there. I thought there was definitely, something wrong. Most probably labourers were quarrelling with kiln owner. By the time a woman came towards me from the crowd. I dared to ask her as to what had happened. She told that a one year old male child had drowned. I was moved and ran to the place. Actually, I had already witnessed similar incident. That was two weeks before in another village, a labourer had informed but the baby was revived and had been sent to the hospital by the time I reached.

The Institute of Medicine, where I study, currently has the annual examination system, unlike other University's Semester system in the MBBS programme. The first Phase is the Basic Science which is also known as Barrier system. The students who have not passed first phase are not allowed to continue Clinical Phase. Those who have passed, have to wait for their classmates till two subsequent chance exams that the failures can face. There is automatically around five month's bonus for those who pass the exam in a single attempt. I am not that brilliant student but somehow managed to pass the Basic Science in a single attempt. Then I had four months package in my hand. Can you imagine what I did? I enjoyed my life in a full fledged manner. I attended workshops, seminars, conferences, parties, talk programmes and many more. I also participated in the one week long training of Research Methodology conducted by Nepal Health Research Council. I had been doing three months long survey project as a part of my hobby. It was the survey of brick kilns of three Village Development Committees of Kathmandu Valley. My concern was about the type of fuel used [of course, it was coal type], height of chimney, yearly production of bricks and total consumption of fuel so that, I could calculate the emission of brick kilns in that particular area. In the second phase, I was trying to evaluate the health

effects caused by the air pollution among labourers and the locals. The third phase was about occupational health among the labourers who were working in the brick firing. But everything went as hobby as narrated already. Had I been professional, I could have already quit MBBS programme.

When I reached the place, the mother was crying, burying her face on her towel. Everybody was dumb founded about what to do. The kiln owner said that the baby was already dead and there was nothing further to do. He was ordering everybody to go back to work. In fact, the baby had accidentally fallen into the pond dug nearby to store water to mould the bricks. The brick moulding labourers come in a family to work there and stay in small huts nearby. The baby had already been taken out of the pond, placed in the sloping position with head down, one hand pressed by the body and legs apart. The baby had no underwear and was clothed in old tattered Chinese T-shirt. He had mud around the body including in mouth, nose and groin region. The abdomen was grossly distended. I tried to enter the crowd and asked everybody to stand apart so that airway would be secured. I took the baby in my arm, put in the supine position. I checked breathing. The abdomen was not moving. Then I put my ear in his mouth and nose but I did not notice any sign of breathing. I felt his pulses -radial, carotid and femoral but there was none. He was cold and bluish to some extent. I started sweating; somebody remarked from the crowd- "He is already dead." Then I cleared his mouth and nostrils with my handkerchief and started doing mouth to mouth respiration. But every time I did, water and food particles came out from his mouth. I repositioned the baby to ensure the air entry into the lung but the result was sad. I reached the conclusion that the baby had laryngospasm. I could do nothing. If possible, tracheostomy could be the best choice. I was in great dilemma. The baby showed no sign of breathing and circulation. By the time, it was more than fifteen minutes. Ambulance, that kiln owner called, had been sounding its siren from half a kilometre away. The baby was taken to hospital. It was late evening - 6PM. I returned to my apartment. The next day, I was back to collect data. I asked one of them about the baby. He was, of course, dead. The female said, "You tried your best, sir!"

This incident had happened the very next day, I returned from BP Koirala Institute of Health Sciences

[BPKIHS] participating in a "Workshop of Airway, Ventilation and Resuscitation." The workshop had been on the 13<sup>th</sup> and 14<sup>th</sup> March. The anaesthesiologists from Nepal and India were there. There was demonstration of Advanced Life Support System and Techniques of Primary Trauma Care. The chief guest was the then secretary [*Dr. John Henderson*] of Difficult Airway Society of United Kingdom. They indeed did conduct an excellent workshop on tracheostomy. There had been an emergency case of tracheostomy done in the Operation Theatre at the time we were here. The latest procedures were also performed. They had performed retrograde intubations, subcutaneous tracheostomy and showed the use of latest fibre optic instruments as well. I felt quite helpless and useless when I could do nothing for the baby. When I walked away from the crowd, I saw the poor mother being consoled and supported by other women. She was crying and saying-"My only son has died; now my husband will discard me." The gender discrimination and the status of women with respect to their husbands had always been a concern for all including female activists for a long time in Nepal. The gravity of the problem can only be accessed if we see the situation at the grassroots level. It was quite painful when I saw her husband staggering with full dose of

alcohol. He was saying, "What happened? Your son died!" I made a hasty retreat from the scene. I was ashamed to hear such words.

The incident has continued to haunt me. Days and now even months have passed. The baby could have been saved had there been anyone who knew just ABC [Airway, Breathing and Circulation] in the very beginning. We can educate the people about this. We can conduct mass Health Education on such issues. But the sad story is very likely to be repeated and go rampant as our focus is much more on tertiary care, modern technology and drug management. The poor patient counselling is something of an open secret in the developing world where doctor population ratio exceeds one is to fifteen thousand. Health education and community awareness programmes are, almost the forgotten chapters. Health Education to the community is the capsule we should have administered. People with good Knowledge, Attitude and Practice of health can only enjoy better health. May be our curriculum and nation's health system should focus on them. This is really sad to come across such incidents, that too somewhere in the proximity of the nation's capital. This is hardly five kilometres away from the Tertiary Care Centres.

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## AIDS AT ALTITUDE

Pun M

It was a sunny day of 29 August, 2004. We were busy in the Health Camp at the Sacred Lake (Goshainkund: 4300m height) of Nepal Himalayas. The Health Camp was run jointly by Himalayan Rescue Association of Nepal (HRAN) and Mountain Medicine Society of Nepal (MMSN) for the pilgrims. According to Hindu mythology, Lord Shiva (Hindu mighty god who roamed with his wife Parvati in the Kailash Parbat of the Himalayas) took the poison that came from the churning of ocean by Gods and Demons with the rope of snake and the churner of mountain. He wandered in the Himalayan range and reached there where he pierced the earth with his Trishul (Three pronged weapon of Lord Shiva) through that mountain. The water came out, with which he quenched his thirst and relieved the intoxication. The water then formed a lake which is now called Goshainkund and the river originating from it called Trishuli (from Trishul). Thousands of people, from both the religions Buddhism and

Hinduism, gather there to take a holy dip in the sacred lake every year.

While filling the Lake Louis Scoring System (LLS) Sheet of the children, I was about a kilometre away up the Health Camp. There I found a young man fallen back and apart on the trail. He had his head down, one of his shoes was off and a light bag on his back. I aroused him and asked "What happened?" He mumbled, "I am dying." He was quite disoriented. He could barely stand and could not walk. I assured him. I made him stand and asked two other passers by pilgrims to help to take to the Health Camp. We took him forward, giving support to both of his arms.

He was 28 years old healthy male and had reached there in two days from his residence. He had severe headache, dizziness and lethargy. He had taken alcohol the day before and that day. He was smoker. He was treated in the line of moderate/ severe acute mountain sickness (AMS) with 4mg Dexamethasone

intramuscular, 250mg Acetazolamide, Oxygen and NSAID (Non-Steroidal Anti-inflammatory Drugs). We observed him for one hour. Then he was handed over to his friends and asked to descend as soon as possible. But to our surprise about one hour later he appeared," Doctor, my hands and legs are tingling." The side effects of Acetazolamide! We warned him that he will have other serious consequences if he did not descend i.e. if he did not return home. He said he was going to but the problems made him worry. We counselled him.

### **Acknowledgement**

*I am grateful to Himalayan Rescue Association of Nepal (HRAN) and Mountain Medicine Society of Nepal (MMSN) for support. I want to remember Dr. Bhupesh Khadka, Govind Basyal (senior medical person of HRAN) and Dr. Ramesh Subedi who were involved in the case diagnosis and management. Professor Dr. Buddha Basnyat, the president of MMSN deserves our sincere gratitude.*

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