Personal Paper

“Ruthing” without tears

ANNE SAVAGE

Is it not extraordinary in these days of feminine independence, when women consider it their right to have full control over their own destiny, that one particular group of wives should be expected to pack their bags, put their hands trustingly into those of their husbands, and say, “whither thou goest I will go, and whither thou lodgest I will lodge”? I refer to those whose husbands have accepted a medical post in a developing country.

Now for a man (and when I write man I mean, Sex Discrimination Act notwithstanding, man. Very few if any medical women are accompanied by non-employable husbands) the move abroad will mean a modification in his life style, but not a very large one. A doctor is a doctor whether in Torquay or Tanzania, though the skills required of him may be different. For his wife it is a complete rupture with the routine of daily life, with friends, libraries, entertainments, etc—a blind jump into the fearful unknown. I am sure that more than one woman has cried out in the privacy of her bedroom, “but what about the climate and the food, and the snakes, and will it be safe for the baby and, above all, what about me? What am I going to do while you are saving Africa or India?”

A perfectly reasonable question for, whatever you may find when you go abroad, there are a few noticeable absences such as fixed hours of duty, UMTs, locums, and appointment systems. Many a wife has waited for the clock to strike, dinner ready or the car packed for the weekend, and then waited and waited until a tired but triumphant husband returns full of his therapeutic success to be greeted by a virago screaming ominous words like divorce.

“Bloody” abroad

There are courses for doctors who want to work in alien environments where they may learn about tropical diseases and hazards, but the subsequent regurgitation of their new-found knowledge at home is likely to lead to more doubt and depression. Abroad sounds unutterably bloody, if not positively dangerous. All such orientation courses should include sessions for wives when they might find that their fears, if not groundless, were exaggerated. My own experience is very limited, to a small part of Africa, but I doubt if things are that different in most other places. By far the greater number of posts are in hot countries, and there, on the general question of health, I suspect the odds are about even. Respiratory infections against gastrointestinal upsets, mosquito bites or chilblains, frostbite or sunstroke—discomforts abound, but not dangers. Many a baby has been born in a foreign maternity home, and the children I have met have been active and happy, little brown bodies tumbling in and out of the swimming pool or rushing off to play

elaborate games with their local friends. Language is no barrier at their age. For their mothers domestic help is available and housekeeping less complicated in the absence of European supermarket multiplicity of choice.

What shall I do?

So to the big problem, “What shall I do?” Cut off from family and friends, relieved of a large part of the daily chores will I die of boredom or drink, or will my marriage founder on the rocks of mutual misunderstanding? Of course all these may happen (as at home). A new environment may be just a precipitant or it may be a marvellous opportunity.

Opportunity for what? That depends on tastes and predilections. For those who paint, write, or play portable musical instruments there is no problem, but for others the outlook need not be bleak. Sometimes I look around and think, “Oh, if only I had the time wouldn’t it be fun to . . .,” and the few suggestions I make could be modified by all the women who have “Ruthed” abroad and enjoyed it. Here are a few starters.

Anyone with a training or interest in biology could have, literally, a field day recording the different varieties of birds, butterflies, and beetles in their multiplicity of dazzling colours. Even more interesting and potentially valuable would be research into the plants and herbs. Over half of the children admitted to one hospital had had herbs by mouth or herbal enemas within the previous week. Some are time bombs, the deceptive symptom-free early stage followed by devastating gastrointestinal haemorrhage or coma. Others produce profound hypoglycaemia. Disentangling and identifying these herbs from the inert plants with which they are often combined would be a real challenge; but after all, Linnaeus had to start somewhere.

Anthropologists, professional or interested amateurs, will find a mine of interest in the local customs and legends, many still unrecorded. Those with a practical bent can become happily involved in the community. One wife I know has started a successful spinning enterprise employing local girls. Two young doctors here are raising day-old chicks to the stage when the first egg is eagerly awaited, the chicks are then distributed to the local people by the Anglican priest. And of course anyone with the patience to teach English will never lack a class of really keen pupils.

And the hospital? Tricky territory, as always with professionals on their own ground. Sail in as God’s gift from England and you will encounter politeness, and only that, but for anyone with the gift of making friends and a real desire to help there are tremendous opportunities. When there are three or more children to a cot and one-third of the adult patients sleeping under the beds the nursing staff is hard put to it to do the essentials. How I have longed for a physiotherapist to tip and tap a recalcitrant chest or get a wasted, stick-legged child walking again. Marvels may be done, I am told, making mats from dried grasses or lampshades from old x-ray plates, but who has the time? The older children are worrying; those with spinal

tuberculosis laid flat for months, often with nothing to do but look at the ceiling, perhaps they could be taught non-verbal games; and the babies who need someone to spoon fluid into them, but who often have to stay on intravenous fluids longer than they need because no such person exists. Once you start the list is endless.

No one will pay you for any of this. Your reward will be

getting to know the local people and sharing their tremendous enjoyment of life and gift for laughter. And, who knows, it may be that you will return one day from a busy and rewarding session to find your husband stamping impatiently around, waiting for you.

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MATERIA NON MEDICA

You can't beat success

It was very hot and humid at Chichen-Itza. We were on the top of the Temple of the Warriors, admiring Chac-Mool, the rain god, when one of the women in the group said she felt faint and did not think she could reach the ground unaided. There were only 40 steps to negotiate, but they were very steep, like those of all Mayan temples and pyramids. Although the Mayans were very short, the raises of their limestone steps were usually 10 inches to one foot high, and the treads six to eight inches deep; the treads are very uneven and frequently covered with fine slippery dust. It is therefore essential to watch one's feet carefully—and this means looking down. . . .

I decided that two assistants would be better than one. Looking around I saw a man nearby, who agreed to my request for help. I was, however, a little disconcerted when I noted that he had a mid-line sternotomy scar and a bulge below his level clavicle, clearly apparent under his shirt. Before we started our descent, subsequently completed without incident, I took a photograph of him and the anxious woman negotiating the first steps together.

A few days later, while sailing off the island of Cozumel, I took another photograph of the man with the scar, as he emerged from the water in scuba gear, holding a large lobster in one hand. By now we had become friends, and he had told me that he had had an antero-septal infarction complicated by complete heart block, requiring temporary then permanent pacing. Subsequently he had had coronary artery bypass graft surgery.

That afternoon, on San Francisco Beach, Cozumel, the lobster and other recently caught sea food was transformed into lime soup, a delicious Yucatan dish. While eating this, I noticed an extremely beautiful bikini-clad young woman close by. I asked her if I might take a photograph of herself and my friend, and she agreed.

A few months later, I used the slides to illustrate a lecture on coronary artery disease, concluding that after a severe myocardial infarction with coronary artery bypass graft surgery and pacemaker implantation, one could do anything.

Almost; and if one is very fortunate indeed.—WILLIAM C BOAKE (professor of medicine, Madison, Wisconsin).

What are lectures for?

As a technique of education, the lecture doesn't usually enjoy a good press. Perhaps it has had a poor one ever since Gutenberg completed his work and there was a press to be had at all. That was a bad day indeed for the lecture, since from then on the lecturer's matter could be bought readily and digested at convenience. So now, "Too long," people say of lectures, "too boring, and too many." And they arrange tests and questionnaires, and conclude that the kilobytes of information often don't go properly from the lecturer's notebook to the students'.

But is the transfer of the kilobytes the real and the only point? Perhaps nowadays we easily miss another function. There is an air of ritual about a lecture; in front of a participant audience stands a celebrant priest to conduct the ceremony. Properly conducted, it signals the collective reverence of the gathered assembly for the majesty of the subject. The student cannot suppose himself a solitary eccentric in his devotion; there are other people there, even if not always many of them, and some similar divine enticement has drawn them together to reinforce their shared enthusiasm. Mere spoon-feeding with kilobytes needn't be a collective ceremony, but when the audience is down to one, it hasn't the same power to inspire. And anyway the spoonfed baby never learns to use his own knife and fork. A lecture, like a party political meeting, may not change many hearts or manipulate many minds, but surely it can confirm people in a joint

resolution and stimulate them to action. Maybe bygone teachers who enforced attendance at lectures weren't entirely off the mark and recognised that irreverence is one of knowledge's enemies, even though passive docility is just as bad.

Such reflections sprang instantly to mind during a routine undergraduate medical lecture I attended recently abroad. Now here at home, people don't usually enter religious services or lectures late and rarely leave them early. But in the country of this lecture the religious services are long, and folk come and go as they are inclined. So it was at this lecture. Students entered unobtrusively up to at least half time, quietly and without showing or causing embarrassment. By half time some were tiptoeing out, without visibly distracting their neighbours. The lecturer was fluent, discoursing without notes but with a practised command of his subject, and he stimulated brief but quite eager discussion at the end; he was not being treated with any sort of contempt. The scene spoke its lesson clearly enough: kilobytes aren't all, and the rest of what a lecture means has a religious sort of shape to it. Thus to be present at half a lecture isn't just a bungling partial intake of information; it is also a short, but real, salaam to the subject—and to the subject's local representative, the lecturer.—JOHN FORRESTER (medical officer, Edinburgh).

The Bali experience

"My hat!"

"Yes Sar, 3000 rupiahs or 2000 rupiahs and your hat." I knew it was modish to bargain on Bali, but this was ridiculous. I began to walk away incensed, outraged. I must admit I had wanted to go on one of their native outrigger boats, but not at any price. I had my standards. My clothing indeed. The very idea.

"1800 and your hat," was a shouted last offer.

Well, I suppose that towelling sun hat had seen me through three summers of tennis and holidays, and anyway I had always considered the crown badly cut. Lucky of me to remember that, I thought. The sea sparkled as it broke over the reef. The breeze was gentle on my sweaty face.

"Done." Was that me really speaking?

"Sar will need flippers, snorkel, and mask for coral," he added.

Oh no! I suppose that meant hiring from the hotel and doubtless more haggling. It did. The ridiculous price brazenly asked, forced me to remind the clerk I was hiring the gear, not buying the east wing.

"OK, 500 plus your T shirt."

Somehow my sensitivities were less wounded this time and in any case that emblazoned motto "Alice Springs Surf Life Saving Club" was getting pretty thin as a joke, even to non-Australians. I walked through the foyer clutching the gear to my nakedness. The coral, crystal water, slender canoe, the light air in the strangely motified sail, later found to mean "Eat at the Swastika Restaurant" in Indonesian, was worth a hat and shirt in anybody's money.

Marvellous. This was the life.

But that tropical sun did beat down on my bare head, and on arriving back at Sanur Beach my first task was to seek out a hat shop. That was easy enough in the narrow, fetid street behind the beach, where they were piled high in their wide-brimmed and Batik splendour.

"Hello Sar, you look at hat. Very cheap, 2800 rupiahs." I cut her short. "Listen, this beach jacket for that hat." All my holiday clothes suddenly seemed expendable and rather tatty. Yet somehow I ill became the supplicant role, and felt further embarrassment when the shopkeeper's practised eye spotted the faulty zip I was trying to keep hidden.

"You drive hard bargain. Shirt broken down," and she fingered it offhandedly, inspecting it with a vacancy of expression that was elegant with disdain. "But will take your sandals." I sat on the floor, Balinese style, as I took them off.—JAMES H LEAVESLEY (general practitioner, Perth, Western Australia).