Middle Articles

OUTSIDE EUROPE

Vietnam Scrapbook

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"He's off to Vietnam next week," said Tim.

"What on earth do you want to do that for?" asked Colin. One needs a few meaningless replies to this sort of question.

"To get off the treadmill for a while," I said. "Who wouldn't?"

"I wouldn't, for one," said Colin.

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It was three years since the first Australian medical team had gone to Vietnam, two years since the second left home, and the third centre had been at work for nearly a year. There was no doubt that the reputation of our teams in all three centres was very high. Ours was the first composite team with representatives from several Australian states, and was something of an experiment. We met in Singapore, a very mixed group, especially if you throw in a Scot and an Austrian; but before long we had all learned to work well together.

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Monday mornings were marked by the flag-raising ceremony. At the foot of the flag-pole a transistor radio played martial music. Behind it the hospital staff lined up, Vietnamese on the left, Australian on the right. At two minutes to eight the Volkswagen came in with our nurses. One minute to eight; the second Jeep arrived with the late risers. At 8 a.m. the music stopped, and after an announcement in Vietnamese a choir began the National Anthem, the staff came more or less to attention, and the two flags rose slowly. With the last bars of the Anthem the flags came to the peak, the Australian leading the Vietnamese by about a tenth of a second—a typical Vietnamese courtesy, I thought. The line broke up into small conversational groups. Some of the staff weren't happy about the ceremony—they thought it was too militaristic—but I wouldn't have missed it for anything.

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Very soon after we took over from the outgoing team our first surgical patient was admitted. She was a woman of 31, with three children, and a past history of laparotomy for acute salpingitis. On this occasion she had abdominal pain and vomiting, was febrile, and was tender in the right iliac fossa. Jon had no hesitation in making a diagnosis of acute appendicitis and advised immediate surgery. Evidently the previous

surgeon was not a very good salesman, as she refused surgery out of hand, saying she would rather die than have another operation. "Tell her," said Jon to the interpreter, "that there is no suitable treatment for her condition except an operation, and if she doesn't want to have one she can either go to one of the Vietnamese wards or go home."

At this point the police arrived. Home was out of the question—it appeared that she had just come from gaol, where she was being held as an unregistered bar-girl, and while the police would not let her go home they were unwilling to take her back to gaol unless she signed a form of indemnity, and this she would not do. Accordingly she remained where she was on a low stretcher in the foyer of the theatre. Her "friend," a nondescript young man, arrived with food for her, and we left the two of them to sort out their own affairs with the thought that, if the worst came to the worst, the interpreter on night duty who doubled up as a male nurse could get us by 'phone.

As not infrequently happened, our problem was solved in the morning; when we arrived at eight o'clock she was no longer there.

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"How old is she?" I asked.

"Six," Hue said.

"She can't possibly be six," I said. "Please ask again."

Both the mother and Hue insisted she was six.

A few more questions, and I came to realize that Vietnamese babies are given the age of 1 at birth, and when Tet, the Lunar New Year, comes around towards the end of January they are regarded as being 2. Consequently, my patient, who was aged 6 by Vietnamese reckoning, would have been about 4½ by our conventional Western methods. So a good many children whom I had regarded as slow developers or undernourished were normal for age—by Vietnamese standard of heights and weights at least.

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In an Asian country where Western-trained doctors are few and far between, practitioners of traditional medicine are kept very busy, and, at least in the field of psychosomatic medicine, may for all I know make a great contribution to the health of the people. We, of course, as foreigners, must have been suspect in many quarters, and frequently realized that we were consulted late in the course of illness, only after the "Chinese doctor" had been called in and his remedies had proved unsuccessful. Sometimes he left obvious signs of his ministrations, in the form of bruises, scratch marks, and the purple circles of

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cupping. Sometimes there was more striking evidence, as in the case of a boy of 8. His mother brought him in, his right arm completely covered with an old rag. "Ask her to take it off," I said to Hue. The arm was dead from above the elbow down to the fingertips, black, stinking, and dripping pus. The deformity above the elbow was obvious. It appeared that he had sustained a supracondylar fracture of the humerus five days before, and the "Chinese doctor" had advised the use of a very tight bandage. His advice had been too slavishly followed. There was nothing for it but immediate amputation. The boy made an uneventful recovery, and by now should have been fitted with a prosthesis at the excellent Vietnamese Rehabilitation Institute in Saigon.

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Partly because of the language barrier, which was not invariably crossed by every interpreter, and partly because we thought it more tactful not to ask, we sometimes didn't know just how our patients came to be wounded. This was so in the case of a girl of 12 who had an abdominal wound, probably from a mortar fragment. Though I hadn't had much to do with operative surgery for many years, Jon seemed to think that even my two hands would be better than none, and I was very pleased to have the opportunity to assist him. He found and closed a hole in the ascending colon, mobilized the colon, removed a large steel fragment from the head of the pancreas, secured a couple of brisk bleeders, inspected the through-and-through wound of the liver—which fortunately was dry—repaired and drained the pleura, made a colostomy, drained the abdomen, and got out—all in an hour and a half. To my admittedly inexperienced eyes it seemed a slick job.

She had very little trouble postoperatively, remained in hospital until her colostomy was closed, and went home, a great advertisement for the Australian surgeons. "It seems terrible," my own 12-year-old wrote back to me some time later, "that little children can get hurt by bullets and bomb shells when they're playing."

It is terrible—the whole war is terrible—especially in the way it affects civilians—but I doubt if Solomon and Confucius together could find a way to stop it, at least this side of the American elections. Meanwhile life has to go on, and we never heard any of our civilian war casualties utter a word of complaint.

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Some people at home had expressed the view—and in print at that—that one public health nurse would achieve more for the Vietnamese than the efforts of our three Australian surgical teams put together. With plague, tetanus, and polio always on our hands, diphtheria and whooping-cough around the corner, and with pock-marked faces to be seen every day, we felt we had ample opportunity to begin a mass immunization programme in our district. I mentioned this casually to Roger, the liaison officer from the Free World in Saigon. In due course he wrote back: "I suggest you ask your medical officer of health to write to the chief health officer of region 3 at Bien Hoa stating the problem (he should also discuss this with the medicin chef and obtain his concurrence), and request help from the Korean preventive medicine team assigned to region 3. They would send down a man who would survey and make plans."

After this one would of course have the necessary stationery printed, with advertisements and immunization cards in Vietnamese, arrange for supplies of vaccine to be sent from the depot in Saigon, recruit suitable paramedical personnel, and start the campaign. There would be little doubt that with the patience of Job, the tact of a professional diplomat, and the determination of a bulldozer, one could have made a beginning. Unfortunately, before the first steps were taken, the Tet offen-

sive broke out, and for some time we were too busy dealing with wounds of war to worry about preventive medicine.

It may be that the professional pundits at home were right, and that we weren't achieving much. But our patients and their relatives may have had a different opinion.

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Duom, our former house-girl, celebrated her wedding at a nuptial mass at 4 a.m. on a Thursday. I don't know why it was so early, unless it had something to do with the tides, as her family and the bridegroom's were fishing people. We were invited to the breakfast, which fortunately was lunch the following Sunday.

The party was at the bride's parents' home, which had been scrubbed spotlessly clean. High up on the wall was a little crib, a table served as an altar, while on another table stood a radiogram with a selection of Vietnamese and Western records, including "The Sound of Music" in both languages. It was a Vietnamese meal, and delicious. It takes a strong nose and stomach to deal with *nuoc mam*, but to those who like it it is a great delicacy, and not even the knowledge that it is made from rotting fish could put you off once you've tasted it. Prawns and chicken, washed down with *ba muoi ba*, the local beer, was the main course. The din was terrific, particularly as everybody in the village had come, those who couldn't crowd into the dining-room pressing their faces in at the windows on all three sides. After dinner I was asked to make a speech. The words would have made a third-rate politician blush, but they were backed up with every sort of gesture and mime and interspersed with my few words of Vietnamese.

Our host, the bride's father, knew no English, but said that I had blessed his house and that I had expressed my pleasure that the Australians had been able to be there. He was right on both counts.

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"How many children does she have?" I asked.

"Seven," Mot replied, "but they're all dead." He laughed.

"Why do you laugh?" I asked him, knowing that he was no stranger to tragedy, as his eldest son had been killed in a traffic accident two years before and his wife had suffered from depression ever since.

"Seven children," Mot repeated, "all dead!" He laughed again, and this time the patient, a woman in her early fifties, laughed too.

"Did you hear that?" I called across to Donald at the other desk. "This woman has had seven children, but they're all dead. She and Mot seem to think it hilarious."

Inh, Donald's interpreter, was equally amused, and burst out laughing. This was too much for Donald and me—we joined in the laughter, and in two minutes everybody in the room, the usual 10 to 15 patients and their relatives and friends, laughed too.

The whole clinic was fairly rocking with laughter. Seven children—all dead. It was the funniest joke of the week.

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Christmas in Vietnam is not nearly as big an occasion as it is in Western countries, but our American colleagues, in their usual open-handed generosity, were determined to provide a party for the children at our hospital. Santa Claus went around the wards with a sack full of toys, which he was able to ration on a reasonably equitable basis. With the Coca-Cola truck, however, it was another story—all the mobile children in the hospital and in the neighbourhood for miles around

descended on the truck like a swarm of locusts. Most went away clutching several bottles; the more enterprising ran off with a few bottles, which they proceeded to hide under bushes or in hastily dug holes, and then returned for more. The entire vehicle was empty in a few minutes.

The highlight of the day was the presentation of the television set. With a choice of American and Vietnamese programmes, and good reception from Saigon, the set promised to provide welcome entertainment for our inpatients and their relatives in the evenings, and I am sure that even the Buddhists called down the blessings of their own saints for this very fine gift. Unfortunately it was stolen within 36 hours, and though the theft involved the sawing through of a fairly heavy chain, nobody saw or heard anything.

I think there are two morals to this story: it is a mistake to give much to those who have very little, and an even greater mistake to tempt honest people.

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Tet is like Christmas, New Year, Easter, and everybody's birthday all rolled into one. It is a great national holiday, when almost everyone stops work and goes home to his parents, taking his wife and children with him. The markets shut, the food stalls shut, household servants go home, hospitals run on a bare minimum of staff, and nobody attends hospital anyway, because your actions at Tet determine your fortune for the rest of the year—if you're sick over Tet, you'll be sick for the next 12 months, so hospitals are places to be shunned.

In a country that has known 2,000 years of war, the peace of Tet has never been disturbed until 1968. It began peacefully enough. I had gone to visit our colleagues in the first Australian surgical team "down the Delta." Their province had long been regarded as the most secure in Vietnam, and the town itself, a good-sized market town, was serenely peaceful, even beautiful, and obviously prosperous. Fireworks had been exploding all day, but at the moment of Tet, midnight on Monday night, the noise reached a crescendo, at which level it was sustained for half an hour, the din of fireworks being reinforced by that of firearms, the sky criss-crossed with tracer bullets, as everybody with a gun in his hand blazed away. Even the guards around our villa joined in the fun, firing up into the air with pistols and automatic rifles.

Next morning the streets of the town were uniformly covered with what looked like confetti—the papers of firecrackers. I can't imagine what it all cost, but it seemed as if the whole population had been saving pocket money, and had invested the proceeds to give a noisy reception to the New Year.

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The paediatricians were the busiest members of our team "down the Delta." They had 70 beds—often far more than 70 patients, most of them very sick, and until Dr. Rufe arrived Patrick was almost run off his feet. Dr. Rufe was a paediatrician in private practice in California, and was on his sixth overseas trip, having previously been to the Congo, Thailand, Alaska, Assam, and once before to Vietnam. He was an excellent mixer, and fitted in very well in our team, being given the status of Honorary New Australian.

We sat up late into the night discussing the pros and cons of short-term medical service abroad, a subject on which he could be regarded as an authority, and on which he had written a paper. I'm sure he won't mind if I quote from it.

"Those involved in the many programmes have generally felt that the short-time medical worker renders a very positive service. However, opinions have differed as to the medical areas he best serves. Experienced workers interviewed in the field suggested the following order of emphasis for the short-term physician's duties abroad:

"(1) To provide assistance, moral support, and education for doctors and paramedical personnel.

"(2) To help meet local medical and surgical problems.

"(3) To offer public health education to the local population."

And again: "The short-term physician's freshness and enthusiasm have been reported to be a major contribution of the assistance programme."

And yet again: "The short-term physician who is unaware of the conflict between modern medicine and local culture may criticize his local co-workers excessively. He should make his ventures in education in the framework of knowledge of both the existing local problems and modern medical principles. Short-term workers have at times failed to achieve goals in medical education either by totally accepting substandard cultural adaptations or by trying to establish an unrealistically high level of medical performance."

Friendly, unassuming, competent, and reliable, Dr. Rufe was an ideal colleague and can be sure of a welcome in any Australian team.

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The airfield was open again and my holiday ended. A Beechcraft of Air America took me down to the big air base a few miles away. It had been mortared the night before I was there, but the strip was in full use, as this was the main supply centre for all the neighbouring towns, to which ammunition, fuel, and food were being flown by a variety of aircraft.

The C.O. of the Caribou mission made me welcome in his office. He was a real veteran, having flown Flying Fortresses out of Britain in the second world war, been a prisoner of war in Germany, flown in the Berlin airlift, the Korean war, and in N.A.T.O. Forces. He had had a most trying day, with frequent changes of cargoes and destinations, incessant 'phone calls, and American soldiers and airmen, Vietnamese servicemen, and civilians and strays like myself coming in and out of his office. His courtesy was unruffled, he didn't ever raise his voice, and in the few spare minutes he had, asked me searching questions about his prospects of migrating to Australia, and the cost of living there.

A pilot drew the colonel's attention to the Army liaison officer's carbine which had been left in a corner, loaded and cocked, with the safety catch off.

"Is that yours?" the colonel asked the captain.

The captain admitted it was.

"I'd rather you didn't leave it like that," said the colonel.

Not for the first time, I marvelled at the courtesy of these wonderful people.

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The Caribou is a slow aircraft, very vulnerable to small-arms fire from the ground. Two of the aircraft were hit while making landing runs, and the pilots, youngsters in their early twenties, made the most of the story.

"You kids don't know what flak is," said the colonel. "I can remember when I got back from a mission to Frankfurt counting 120 holes between the wing tip and the starboard outer." He winked across to the other colonel, whose career paralleled his own, and to me. An explosion fairly close by shook the rook; a blast of the air came through the louvres.

"Mortar," said the colonel.

As a boy I had been brought up on Bairnsfather. "Ours or theirs?" I asked.

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It was time to go back at last. I boarded the Caribou with the two pilots, noting that the well-dressed airman these days wore over his flying suit one M.16 carbine, one automatic pistol, and one knife.

While the lieutenant went through his cockpit check the colonel spread a chart on the floor, saying to me, "Don't tell anybody about this; I'll show you our latest navigation aid." He pulled out a plastic protractor, put it on the chart, and laid off a rough course for home. "This isn't actually the right map," he said, somewhat apologetically. "I lost the last—they blew out of the window while I was taking photographs."

I wasn't unduly worried about this seeming casualness—the colonel had been flying continuously with the U.S. Army for 25 years. He pressed me to come up to the cockpit and take pictures over his shoulder, which I was very pleased to do, getting some good views of the Mekong and Bassac and the myriad small waterways with which the delta is criss-crossed. Luckily he didn't lose any more maps on my account.

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Of all the colourful characters in the Province there is no doubt that the best known was Basil. Tall, strongly built, always dirty, a filthy scarf loosely knotted around his neck, white teeth gleaming against his dusty face, he was the happiest doctor I ever met. He took medical aid to the surrounding villages, sometimes by helicopter, sometimes by truck, and, to show his complete contempt for the Vietcong, made a point of going to the same village on the same day on a regular schedule. I put it to him that this was suicidal, but he said that it was a carefully calculated risk, and in any case he owed it to the local population to make regular calls, so that they would know when to bring out their sick.

His travelling companions were two sergeants and three or four privates, and I would defy anybody to pick which were the Regulars and which were the National Servicemen. Mixed in with their medical equipment and drugs were usually one heavy and several light machine-guns, a variety of automatic rifles and pistols, and a grenade launcher. Occasionally they split into two groups, Basil going with one, the other travelling without a doctor. When I suggested diffidently that I might be able to help here, I was refused most emphatically with the usual apologetic "after all, we're paid to be shot at."

They were ambushed only once in my time there. Mike was grazed by a bullet, the child he was treating was killed, and the Vietcong, who had been sniping at them from a cemetery, got away unscathed before they were seen. Basil's boys all seemed most unconcerned and had no intention of changing their usual itinerary because of this unfriendly reception.

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In a recent television programme an allied doctor made critical remarks about the attitude of his Vietnamese colleagues during the Tet offensive. Our experiences were totally different. A holiday is a holiday, and nobody likes being disturbed while relaxing, particularly in a country that has long been in a con-

tinual state of war. In spite of this, we were joined down the Delta, by two Vietnamese surgeons, one nurse-anaesthetist, and two interpreters, who simply presented themselves at the hospital when the emergency arose. We were very glad to see them.

My own team had the same experience. The two interpreters whose families lived in the town had stayed home for the holiday. Both went to the hospital together with our Vietnamese medical colleagues and three other doctors who were on holiday at the beach. Relations between the Vietnamese and ourselves, always good, became even better after the crisis, as two of their doctors came to the theatre to understudy our surgeons, while Kim Lien, our ward nurse, began training in anaesthetics under the supervision of our two anaesthetists.

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Motor-bicycles are the common mode of transport in Vietnam. Often whole families are to be seen on a Honda or Suzuki—four on one cycle is a commonplace sight, five not unusual, and on two occasions I saw as many as six—father driving, two little ones perched in front of him, one behind him, with mother at the rear on the pillion, the youngest member of the family in her arms. While cars can be insured for a very heavy premium, bicycles cannot be insured at all, and so spend the night in the owner's kitchen or drawing-room for safety's sake. Naturally these bicycles kept us busy at the hospital with a steady supply of simple and compound fractures, head injuries, and other misfortunes, and, reminiscent of home, we had occasional visits from civilian and military police where possible legal action or third-party claims were involved.

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After outpatients on my last day at the hospital we had a party in the clinic—nothing very elaborate, just beer and Coca-Cola, and I was kept busy opening cans as the whole staff drifted in in ones and twos as they finished work.

When the crowd thinned out Donald produced his *ong sau* (Vietnamese bamboo fife). We had no idea Hoang could play—he proved to be a real virtuoso, so we took it in turn, Hoang playing Vietnamese music, to which I responded with Western airs. With much difficulty we persuaded Kim to sing. I don't know whether it was shyness or a professional reticence—she had sung over Radio Vietnam in Saigon—and she had a very true clear voice. We recorded her on tape, as well as Hoang playing the National Anthem. In reply to a sad song of farewell from Kim, I sang "Will ye no' come back again," referring to myself, with Donald harmonizing. We stayed long after curfew and had to drive Kim home. In honour of the occasion she had worn a plain green *ao dai* and looked stunning.

I still play the tape from time to time, but it does not need that to remind me of three fascinating months in Vietnam.