My Student Elective

Medicine among Nilotics in the Sud

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"So you are going to Ler. Well, I wish you luck. I don't know how the doctor stands it out there. It's the fly capital of the world," the pilot remarked cheerfully to me as we took off in a small single-engine plane. He was taking me, together with the fortnightly supply of food, drugs, and mail, to the American couple living there. Ler was the last stop on a long journey over

miles of crocodile-infested swampland in the southern Sudan: an area known as the Sud (fig 1). It is extremely flat inhospitable country, totally cut off by floods during the rains, while during the dry season the receding swamps become a semidesert. Apart from the fortnightly plane service the only other regular means of communication with the outside world was by private radio.

The southern Sudan suffered some 17 years of civil war during the 1960s and '70s. This resulted in all external aid being driven out and schools and hospitals being destroyed, so the people lived without medical services for

years. I chose this area for my elective because the people of the Upper Nile, the Dinka and Nuer tribes, are extremely isolated and have preserved their culture intact. I also expected to find some very primitive and basic medicine; the reality proved to be more than I imagined.

There was no running water or electricity in either the house or the hospital, and everywhere there were broken windows and handleless doors. Two wells served the whole area and frequently ran dry. Paradoxically in the middle of a swamp the greatest problem was water. On arrival I was carefully warned that my room was known as the "scorpion room," but I was told not to worry since there were far worse things than a few scorpions in the southern Sudan.

I shall never forget my first visit to the hospital. I expected dirt but was not prepared for what I saw. Through lack of water

everything was filthy: the walls, the patients, the beds, and the mattresses were all covered with a multitude of flies. Ler is a government hospital, but the doctor working there is employed by a missionary organisation and thus does not have the control or support necessary to maintain the standards that she would wish. Of 20 nurses on the payroll, only two were working. As a result I did nursing and laboratory duties as well as those of a doctor. In addition to becoming adept at the ancient art of drawing water from the well and kindling charcoal fires, I also learned how to do a third-world cross-match for transfusions and to recognise parasites such as amoeba, strongyloides, and schistosomes in stools and malarial parasites in blood films.

Left alone

After ten days the two American missionaries left for a five-day retreat in Juba. I was left on my own in charge of the hospital with only their 21-year-old daughter as company. The nearest expatriate, with whom I had radio contact daily, was about 300 miles away. Although I hoped nothing would happen, inevitably it did.

At the hottest time of the day my first obstructed labour arrived. The woman had been in labour for three days. It was a breech presentation and the head was firmly wedged in the pelvis. The patient had been brought in this condition over 100 miles in a dugout canoe, and by now she expected a great deal from me. The mother was well, but the baby was dead. I realised that I would have to do a destructive manoeuvre. But to my dismay the large, glossy American text books in the house had nothing about this. I had a rough idea of the kind of instrument I was looking for, now a museum piece in England, but, when I eventually found the theatre instrument cupboard, there was only a pair of Simpsons forceps. While the nurse and helpers

Fig 1—The swamps of the Sud.

spoke Nuer and the medical assistant Arabic, nobody spoke English—so even asking for a catheter brought its difficulties. The major problem, however, was restraining the medical assistant, for, while the fires were boiling water in which to sterilise everything, he decided to extract the baby himself by brute force and pulled until the patient almost came off the table. After I had managed to restrain him, and with a great deal of sweat and commotion, I extracted the baby without any serious damage to the mother, by compressing the head gently with the blades of the forceps, having performed an episiotomy under local anaesthesia. The eventual outcome was unknown, however, since the mother ran away two days later before her course of antibiotics had finished.

Apart from a large amount of obstetrics and gynaecology, the major inpatient work load was with infantile diarrhoea and tuberculosis. In such a swampy area malaria and schistosomiasis, both *mansoni* and *haematobium*, were common. We did a small amount of surgery using spinal anaesthesia, but it was surprising how rarely an emergency operation was required. Encouraging the Nuer to give blood involved a delicate political negotiation. Even if a relative was exsanguinating in front of them, compassion did not encourage anyone to come forward. A request note, however, sent to the chief of the village from which the patient came would bring a crowd of young warriors willing to give blood.

An eye safari team, led by a British ophthalmologist, flew in to operate for three days. They worked almost without stopping, completing about 70 operations—mainly cataract removals and entropion repairs. Their visit, although exhausting, together with the problems of feeding everyone in such a barren, isolated area, was well rewarded when the bandages were removed and glasses were handed out: in this country blindness commands so little support. Following their visit I was able to do some entropion repairs myself on the unfortunate people who had arrived too late.

Ways of the Nuer

Though the hospital was depressing, the difficulties were more than compensated for by the wonderful local people. They still remain relatively untouched by Western civilisation, partly because of their physical isolation and partly because of their pride. They think that God's own people are the Nuer and if you are anything else it is just bad luck. They are extremely tall and slim, usually wearing no clothes but adorning themselves with beads and bangles (figs 2 and 3). Some men wear skins hanging from their necks but these serve no purpose in terms of modesty. No man travels without his spear, although, reassuringly for me, he would leave it outside the hospital before he entered. They laughed readily at many things, particularly at me. Whatever I did seemed to be a big joke. Privacy was an unknown concept to them; on one occasion during dinner a tall Nuer walked into our house, displayed his hydrocele, and demanded attention.

A Nuer's life revolves around cattle. Cows represent a man's wealth and are particularly important in enabling him to buy wives. The price varies according to the desirability of the girl. All the Nuer and Dinka had cattle names and even I was honoured with one. Certainly I had never been called a cow as a compliment before.

One evening I was fortunate enough to go to a local dance which celebrated the making of a marriage contract and the exchange of half of the agreed bride-price cattle. My apprehension increased as I approached, when I found whirling clouds of dust and noise and drunken men leaping around with their spears. As soon as I was spotted (not very difficult) everyone crowded around me; the centre of celebrations was switched from the bride and groom to me. All the young marriageable girls who were being fattened up at the expense of the rest of the family were the focus of the dancing. They were decorated with the family's total sum of brightly coloured beads and bells, and their legs were covered with ash.

Fig 2—A Nuer tribesman.

Fig 3—A Nuer carrying water.

The boys go through an initiation ceremony when they enter manhood. While he lies flat on the ground each boy's forehead is cut deeply down to the periosteum five times, passing all the way across from side to side. If he flinches or if, to his misfortune, the operator is drunk, he carries a crooked scar as a mark of shame for the rest of his life.

After seven weeks in one of the most taxing but fascinating parts of the world I was ready for a holiday on the Kenya beaches. I shall never forget, however, what I have learnt about medicine—so very different from ours—where circumstances make compromise as well as experience and clinical acumen vital. I remain in admiration that any expatriates are dedicated enough to make their home and work under such difficulties.

WORDS JOG-TROT. Many people go jogging these days. It is not so much a question of where or when they are jogging as what. Their livers and spleens? To jog is to shake, shake up, or give a slight push to something, as anyone knows who has retreated backwards from a bar carrying five drinks. When this now fashionable and allegedly health-giving form of locomotion was imported from America, it brought with it the American designation "jogging" (as an intransitive verb). Before that, the few dedicated and regular practitioners of this form of exercise called it trotting, a word which truly denotes locomotion, and which derives from the same Germanic root as "tread." The *Oxford English Dictionary* tells us that a trot is the gait of a quadruped, originally a horse, in which the legs move in diagonal pairs almost—that is, front near-side with rear off-side—and the word is applied to a similar gait of man between a walk and a run. I must take issue with the *Oxford English Dictionary* here. In walking the number of feet touching the ground alternates between one and two; in running, between zero and one. A person either walks or runs; there is nothing in between. All walkers in competitive athletics know this only too well, as becoming even momentarily airborne leads to disqualification. Trotting (or jogging) is therefore a form of running. I have nothing against jogging for those who derive pleasure from this activity or who hope to live *bis hundertzwanzig*. After all, *de gustibus non est disputandum*. I just look askance at the introduction of new uses for old words when there are already in existence entirely satisfactory ones.—B J FREEDMAN.