My Student Elective

On the North West Frontier

BARBARA-ANNE WARD

There had been many political changes before my trip to Pakistan in January 1980, the most important being the invasion of Afghanistan by the Russians in December 1979. Thousands of refugees were now spilling over the border and the political outcome was uncertain. I was to spend my elective in Peshawar, North-west Frontier Province, about 25 km from the Khyber Pass and only 50 km from the Afghan border.

I arrived in Rawalpindi at dawn on a cold, rainy day. The airport was dirty and teeming with Pakistani soldiers, who were there to greet the foreign ministers attending an all-Islamic conference. It was a taste of the military strength I noticed as I travelled along the Afghanistan-Pakistan border. I also sampled the administrative disarray when I was told my flight to Peshawar was fully booked and after much persuasion got a ticket to find the plane only half full. In the four hours I had to wait I experienced the difficulties that an un-

accompanied woman faces in Islamic culture.

No quiet in Peshawar

Peshawar itself has two distinct parts, the old city and the cantonment. The cantonment is cleaner, with wide tree-lined streets with low lying buildings on either side surrounded by walls. The military presence is obvious. The bazaar is ordered with shops looking very much like garages filled with goods, but with the usual open sewer just in front. The old city is a network of alleyways, the narrow streets full of bicycles, rickshaws, tongas, lorries, and donkeys, and the air thick with the noise and smell of it all. There is no quiet in Pakistan and even in the countryside there are always people, as the land bulges with population.

Surprisingly there is plenty of food. The stalls topple with a wide selection of the finest fruit and vegetables and the most grotesque-looking fish I have ever seen, together with a variety of clothes, electrical goods, cameras, and Western gadgets. There are a great many pharmacies freely selling every type of medicine, and I was to see many cases of the too-liberal use of these resulting in severe toxic effects. The people tend to go to "quack" doctors in the bazaars before going to a qualified doctor. These "quacks" inject anything—even lizard's blood—in incorrect sites, and excessive doses result in appalling damage to the patient.

The Mission Hospital to which I was attached is run by Dr Anwar Ujager and was set up by the Church Missionary Society to treat the local population and the Afghans who come down from the mountains in winter. The work load is variable. I was surprised at the amount of obesity, diabetes, and hypertension, typically in the richer patients, together with the expected tuberculosis and poor nutrition of the poorer and nomadic people. Extra work was created by the Afghan refugees, who were treated free.

I was to spend little time in the hospital as medical supplies, quilts, blankets, and clothing sent by various charities were arriving daily in multicoloured painted lorries. All these goods had to be checked, sorted, and distributed as quickly as possible and as so much was arriving it was almost impossible to keep up. The refugees were in camps, many on the outskirts of Peshawar, the largest having 12 000 people. New refugees were arriving every day, however, and at this time no one could really say where, how many, or how big all the camps were. Many were scattered in the mountains of the tribal area along the border. It was decided to take a small medical team of two to five doctors, a nurse, a pharmacist, and an interpreter with our own medical supplies and travel around the camps treating any illness we found. At the same time, as the general health of the refugees was unknown, we recorded what we found and our report was eventually given to the United Nations High Commission for Refugees.

The help of the headman and the political agent for each area was imperative if any work was to be done at all, and required lengthy diplomacy and the drinking of much tea. Otherwise, the distribution of quilts, blankets, and clothing was long and tiresome. Without knowing the families it was difficult to make the distribution fair, with each receiving what they needed, and squabbles and arguments soon ensued. It was difficult to know to how much use these goods would be put, and when one packet contained a full dress suit complete with stiff shirt and tails it was not surprising that much of it ended up for sale at the local bazaar.

The tribal area can be a dangerous place. A strip of land that straddles the Afghanistan and Pakistan border, it is considered by the Pathans as "their" land. A checkpoint marks the point where the road crosses the boundary. The Pakistani Government has little jurisdiction over the area; the men of each village, led by the headman, squat down in a circle and argue out any problems among themselves. They are an emotional and

volatile people, proud of their fighting skills, and many carry a rifle across their shoulders. We visited the gun village of Barra where many of these are made. It is possible to buy any gun ranging from a converted pen to a heavy machine gun.

One incident I remember occurred in an isolated spot high in the mountains about two hours' drive from Parachinar. We had travelled in jeeps on a winding route across the rubble valley of the river Kurran. The country was spectacular, with snow-covered mountains stretching far into the distance, merging into cloud. We took many photographs: one included an old woman (she had given her permission). A young man, on finding out, became extremely angry and soon a crowd of young men were arguing aggressively, and the women patients we had been seeing quickly dispersed. The predicament was tricky, but was solved when the roll of film was removed and ceremoniously held aloft and torn to shreds by the angry men. It was an unfortunate incident, but was an example of how careful we had to be among the Pathan tribesmen.

Problems of women in Pakistan

Throughout my stay in Pakistan I was always aware of being a woman. Few are seen in the villages and bazaars and are then covered from head to foot in a *bourdka*, which leaves only a grill to see through. Often the men would not shake my hand in greeting as they did the other members of the team. I took care to dress appropriately, but was often treated in a manner acceptable in Islamic society, being followed by groups of youths, and I found this difficult to accept.

In the camps we saw 200-500 patients a day. This was in the open in the most convenient spot for everyone. On one occasion this was the improvised camp mosque, which consisted merely of a large square marked out with stones, and we took our shoes off and were indeed true 'barefoot doctors.' Examination in the open was difficult, and the women would sit shrouded in cloth. Sometimes all they wanted was to be touched by the stethoscope as this itself was 'healing.' Language was a big problem: we were lucky to have a good interpreter who knew several languages. Many of the women, however, were reluctant to talk to a man about their problems and would giggle shyly and complain of 'weakness.' Often I would go with them into a tent to examine them, but the problem was not always simple, and I could not always understand. I shall always remember the warmth and kindness of the women I met, whose work and many children made their lives hard and who would fill my hand with nuts as a present as I left. Their health in general was poorer than that of the men, who would not always let us see them. On the whole, however, the refugees were in good health, indicative of the quality of their living conditions rather than their sudden flight across the border. Nevertheless, some men had gunshot wounds and many of the women were depressed and weepy. A number had respiratory tuberculosis and would produce their x-ray films carefully tied with ribbon for us to see. Among the

children there was a lot of gastroenteritis, worm infestation, otitis media, and poor nutrition. There were one or two bad burns from the open fires. Many small babies had died from respiratory infection and gastroenteritis.

At the end of the day we were usually invited into the headman's tent where we sat crosslegged and barefooted. A large plate of rice was placed in the centre and we all ate from it with our fingers. This was followed by hot sweet green tea and the recounting of what had happened to make them leave Afghanistan. Many had sad stories, but some refugees were nomads who left the mountains in winter anyway. There was much anti-Russian feeling, highlighted by one amusing incident, when children chewing gum described it as the 'foreskin of the Russian king' (sic).

Poorer still in Tank

I had a brief respite in Lahore and visited Badshahi Mosque, Shalimar Gardens, Lahore Museum, Minar-e-Pakistan, and the beautiful clothing bazaars. In Lahore I was more free to walk around although often followed. I returned to Peshawar for an all-Pakistan ophthalmological conference. From Peshawar I flew south to stay at the Christian Hospital in Tank. The journey from the airport was along a flat straight road. It had been raining and the baked, barren land stretched as mud for miles to the hills in the distance. Tank itself was a dirty place—everything black with flies and pools of stagnant, smelly water. It was not surprising that malaria was rife. The grounds of the hospital were beautiful and contrasted sharply with the land surrounding it. They were full of beautiful trees and spring and summer English flowers. It really was a paradise in a wilderness.

The refugees in this area were in poorer health as they were used to the freshness of the mountains. Many had malaria, tropical sores, gastroenteritis, and worms. Our party consisted of women doctors and nurses, and so we managed to get a fuller history from the women, many of whom had long-standing gynaecological problems. These were referred to hospital. I was amazed at the stamina of all the people working in the hospital. The inpatients varied from those with severe tuberculosis, pneumonia, fractures, severe injuries, cancers, and tetanus to women brought in at various stages of prolonged labour. It was a very worthwhile and enjoyable stay for me, and I learned a great deal.

On the whole I gained much from my experience in Pakistan, and travelling around the camps enabled me to see many areas it would otherwise have been too dangerous to visit. I had my first taste of refugee work with its multitude of problems, but it was difficult to know how worth while our work had been. It opened my eyes to Pakistan, a third world country with great potential wealth, and helped me to appreciate the culture of the many Pakistanis in Britain. I felt for the first time, however, the problem of simply being female, and it was this aspect which I found the hardest.

An infant passes loose motions after breast-feeding but when artificially fed produces normal motions. Why might this be?

All infants (except, so it is said, those with Hirschsprung's disease) when receiving nothing but breast milk have loose stools. Furthermore, the stools may be very frequent—for instance, 20 or more a day. They are often explosive, contain curds (soap-plaques) in the early days, and may be bright green. All that is normal, but mothers without experience of other fully breast-fed babies may think that the baby has diarrhoea. Other breast-fed babies may have very infrequent stools—commonly one every four or five days (sometimes even less often), but it is normal: such infrequent stools are no more firm than those passed much more often by other breast-fed babies. The reason why artificially fed babies normally have much firmer stools (and much

less frequent stools than many breast-fed babies) is not fully understood. I guess that the answer to these questions may be found in the gut hormones¹⁻³—for instance, gastrin, neurotensin, motilin, enteroglucagon, gastroinhibitory polypeptides—known to be different in breast-fed and artificially fed babies. Maybe future research will elucidate the matter, but it will have to explain the common experience that a breast-fed baby may begin by having very infrequent stools, and that his pattern may change, as he matures, to much more frequent motions.

¹ Lucas A, Blackburn AM, Aynsley-Green A, Sarson DL, Adrian T, Bloom SR. Breast vs bottle: Endocrine responses are different with formula feeding. *Lancet* 1980;i:1267.

² Markovitch H. Mother's milk: beware of imitations. *New Scientist* 1980;88:371.

³ Creutzfeldt W, (ed). Gastrointestinal hormones. Vol IX. No 3. *Clinics in gastroenterology*. Philadelphia: Saunders, 1980.