free. In this camp, situated so far in the north behind the Pechora river, it seemed like a dream, totally divorced from reality. I was one of the first in the hospital to whom this historic message was delivered. I was called to the KGB office in the hospital, where the officer in charge proclaimed my freedom in a ceremonial way. He suggested that I remain in Russia as a free doctor; I would be offered a good position owing to my experience and fluent Russian. I could settle down to start a new life. The officer warned me that north Russia was the safest place at that time as Russia had just joined the war against the Nazis. I expressed my thanks and explained that my parents were in Yoshkar Ola and my duty was to find them, and that I would look for a job in a hospital to be near enough to help. The officer shook hands with me and wished me every success.

I was soon on my way to Tockoye to join the new Polish army, which was assembling there. I subsequently served with this body in Uzbekistan, Iran,

Iraq, Palestine, Kenya, and Egypt. It was while in Egypt in April 1946 that I received news from my parents, who had returned to Poland from exile in Russia, that my wife, Zosia, had died in the Belzec concentration camp. Having now no reason to return to Poland, I resolved to settle in Britain and landed at Southampton from the hospital ship *El Nil* on 24 November 1947. I have lived in Britain ever since.

Recently I received an invitation to visit the Collegium Novum in Cracow to receive an honorary degree. In view of the improving political climate there I may well go despite the strong emotions that such a visit to my native country would generate even now, nearly 50 years after I last set foot there.

Dr Geller's book, *Through Darkness to Dawn*, based partly on his secret diaries, was published this year by the Veritas Foundation. It is also available from the agent, Mr G Fraser, 35 Copse Avenue, W Wickham, Kent; price £4.00 (including postage).

Medicine on the move

Peter Godfrey-Faussett

Did I know anybody who wanted to spend six weeks as the medical officer for the British Police Karakoram Expedition in 1989? With a contract that finished in June and a research post starting in September it was a pleasant daydream so here I was, sitting in the snow on a glacier nearly 4900 m up, six days walk from the nearest village, surrounded by 150 Balti porters asking for tablets. I perched awkwardly on my lightweight rucksack, warm in my duvet jacket, and sheltered from the sun by wide brimmed hat and goggles. The porters squatted comfortably on their heels, each wrapped in a coarse woollen blanket, his 25 kg load sitting beside him on the snow. We could have come from different planets.

Our team of 17 members had flown out to Islamabad, but the weather was too bad to fly on to Skardu, the main town in Baltistan. The 28 hour bus journey into Pakistan's northern areas was an unforgettable experience. The Karakoram highway clings optimistically to the sides of the gorge carved by the river Indus. With each terrifying hairpin bend we uttered silent prayers,

and those who had chosen to travel on top of the bus (where leg room was more generous) clung to our luggage stacked around them. Sleep was almost impossible, although at times I thought that the driver had managed.

From Skardu the road deteriorated and we continued our journey in jeeps, leaving the Indus and following the Braldu river until the track petered out. It was a considerable relief to start walking; at least you control your own destiny. We passed through the treacherous Braldu gorge, crossing precipitous scree slopes covered with dust, where each step sent rocks crashing down into the torrent, before turning north on to the massive Biafo glacier. Each day's walk ended with an unforgiving scramble over the broken ice and rubble of the lateral moraine to reach the campsite. No sooner were the tents up and the tea brewed than the porters started gathering for evening surgery.

The pressure to give out tablets was huge. Even the sirdar's English was limited to discussions of campsites and load sizes; symptoms were therefore described with anguished faces and eloquent gestures. Who would not ache after a day toiling up the glacier in the fierce sun with an ungainly barrel strapped to his back?

As the days went by, patterns emerged. A headache earned two paracetamol tablets, but the man who convinced me that his abdominal pain came on after he ate was given an antacid. The size of the antacid pills was at least five times that of the paracetamol so the next day headaches were forgotten and rows of soft bellies exposed. An old man with a toothless grin assured me that his knee was near to collapse. In a sentimental moment I offered him a tubular support bandage. Next day they were all the rage, and I noted that their principal use was to keep the snow out of the tops of the porters' rubber ankle boots. Even the old man queued up to explain that yesterday's bandage had been lost. This time I was firm, and sure enough he was wearing it the next day.

A porter in the Himalayas or Karakoram has a very hard life, and no pill of mine will change that. Furthermore, to walk day in day out over hostile mountain terrain the porters have to be fit, strong, and healthy. They have wildly inaccurate ideas about the power of Western medicine. I believe that some assume that I hold a panacea that will let them into the

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Examining a child's ear at Askole (3700 m)

secret of the expeditionary members' pampered lives. I am reinforcing these myths by acceding to their demands for pills. During the eight day trek up to our base camp on Snow Lake above the glacier one of our 150 porters (who had signs of chronic obstructive lung disease) developed a purulent cough and a fever and was sent home with antibiotics and one man fell and lacerated his cheek. Nobody else required my attention. On the other hand, I remember a day's walk in the sun when my head began to ache and I would have resented fiercely anybody denying me a couple of paracetamol tablets.

The villagers too provide problems. In these remote underdeveloped areas medical facilities are limited, and the arrival of an expedition is a call to bring out the sick. With no follow up and no continuity of care it can be hard to know what to do. We passed through the thriving village of Askole, which is three days' walk from the nearest medical post. The first patient was aged about 45 and had been seen by a Korean expedition one month previously. His chest hurt, particularly on the left, and he had a cough. (Most of the porters had by now learnt that a dry cough would sometimes produce a throat lozenge.) I sighed and asked him to cough into the dust of the campsite. A large globule of bloodstained pus appeared at my feet. Even the audience of villagers were impressed. The man had a massive left pleural effusion and claimed to have followed the Koreans' course of amoxycillin rigorously. His fingers were not clubbed, but he had a low grade fever. Chronic empyema, tuberculosis, or carcinoma of the bronchus do not lend themselves easily to a 10 minute all or none treatment so I tried to persuade him to pack his bag and head for hospital. He seemed unconvinced and looked hopefully at my pill boxes. I will never know what happened.

The next lad was also unwell. He had a high fever, a flushed face, and a tender, swollen right jaw. The source of the problem was clear—a lower right molar had rotted through. Only the slimmest rim of tooth remained above the gum. I sweated. My dental artistry had been learnt in one afternoon when I had watched just such a tooth snap off, leaving its root to be ferreted out after a gum elevation. I chose discretion and gave him antibiotics, painkillers, and strict instructions to go and have the tooth pulled.

Four weeks later we returned after a successful if rather snowy period on the lake. It took me a moment to recognise the young man trying to sell me his woven mat. I'm not sure if he recognised me either until I insisted that he showed me his mouth. There, as ugly as ever was the carious tooth. He smiled bashfully, but

Replacing a dental filling. Snow Lake base camp (5000 m)

I am sure that he will not have it removed until the next infection supervenes.

I would have berated him, but already I was being summoned urgently to visit the lambadur—the head man of the village. I stooped under the low wooden doorway and paused to allow my eyes to adjust to the gloom. The room was crowded with the wise and elderly of the village. The lambadur sat morosely on a low dais covered with rugs and foam rubber. The local schoolteacher was called to interpret. It seemed that the head man had been feeling rather low and had sent to the chemist (three days away) for a tonic. This had arrived in the form of vitamin B complex injections, but the errand boy had only brought back one needle and syringe. This had sat around, no doubt, in the same dusty, fly ridden room in which we were now seated, for a week after the first injection. Shortly after the second dose his arm had become red, hot, swollen, and painful. The cellulitis was spreading round into the axilla and down into the forearm. It had not been helped by the suggested Balti remedy of a hot egg poultice. This had been prepared by frying two eggs and then tipping them from the pan on to his arm. I assumed that the bullous lesions were burns rather than a primary problem. I cleaned the arm and suggested politely that no more topical preparations be tried (there were traces of green vegetables that had been recommended when the eggs failed to cure the problem). He accepted my dressings and antibiotics and offered me sweet tea and two hard boiled eggs.

As is usually the case, the expedition members took up much less time. The gradual climb, acetazolamide, and an enforced rest of more than a week at base camp (nearly 5000 m) due to terrible weather ensured that mountain sickness hardly raised its head. The diarrhoea was sporadic and mild, possibly because many of the team took prophylactic doxycycline or possibly owing to the remoteness of the base camp and to good camp hygiene. During the trek in somebody slipped on the glacial moraine and slithered 15 m down an ice wall into a cavern, but with a few stitches, some painkillers, and two days recuperation he was able to climb with the rest. After the assault on Snow Lake Peak (6593 m) several fingers and toes were frost nipped, but fortunately no one developed overt frostbite.

I have been lucky enough to trek in the Himalayas on five occasions. The serenity of terraced valleys; the grandeur of snow covered mountains; the fascination of rural villages; the delight of gurgling irrigation channels after hours of toil up arid gorges; the pleasure of leaving behind electricity, alarm clocks, and automobiles; and, above all, the joy of learning a little about the ways of other people are addictive, and no doubt I shall find time to go again. And once again I will sit on my rucksack and debate whether to pass round the paracetamol.

Snow Lake Peak (6593 m), Karakoram