treatment of wounds to the hospital, they often have their blood pressure measured. They only feel 'treated' if they undergo a physical procedure.

NEPALI PHARMACIES

Most patients avoid seeing the doctor unless it is absolutely necessary. For them visiting the doctor equals spending money and western medicine offers a much smaller tablet for a considerably larger price. As a result, many patients tend to present late with serious diseases which makes treatment much more difficult. In order to save money by avoiding the doctor, many locals go first to the city's pharmacy. This can be a problem as Nepali pharmacists often dispense medication liberally without prescription, even to children. They generally have no more knowledge of the drug than the customer receiving it as they often are not qualified pharmacists. We saw children with discoloured teeth due to inappropriate tetracycline use. When we fell ill with gastroenteritis, we visited the pharmacy and asked for metronidazole. While the medication is cheap (ten rupees for a packet of ten metronidazole tablets), some of the medication we received was out of date. The 'pharmacists' do not seem to know important side effects and potential drug interactions of common drugs such as aspirin. We found that they often lied about the purpose of the medication when asked. A patient often ends up buying random drugs without having been diagnosed by a doctor. This practice increases resistance to antibiotics, is dangerous and can only add to the locals' mistrust of western medicine.

THE NEPALI LIFESTYLE

The Nepalis love smoking, including *dagga*, the Nepali word for cannabis. This is used by many of the freelance holymen of Nepal to help them attain Nirvana while meditating. Almost every Nepali seems to be a smoker. Given this, and the heavy air pollution from dust, sand and fumes from vehicles (especially in Kathmandu), it was not surprising that we saw many lung pathologies in the hospital. Poor water conditions, unhygienic food preparation and poor hand washing practices contribute to the seemingly endless episodes of cholera and dysentery rampant in the country. The vast majority of children presenting to the paediatric unit had either enteric fever or pneumonia and, as a routine treatment in the hospital, every patient was given metronidazole. As the doctor put it, "everyone has worms." Indeed in our short stay in Nepal, not one of us escaped the nightmare of *Giardia lamblia* despite being obsessively loyal to bottled mineral water throughout our stay. Infected water was everywhere. It was used to wash our vegetables and utensils, thus there was really no escape from the organism.

Most Nepalis eat one or two meals a day, usually brunch and dinner. The meals almost never vary from the traditional *daal bhaat* (potato curry, lentils and vegetables) and the occasional bowl of curd. Only the richer locals have the privilege of tasting chicken and buffalo. There is little animal protein in the diet. This raised questions for us in relation to drugs that must be taken with food in order to be absorbed properly. It is a worry that many drugs may not be efficacious due to the local eating customs of the people. The close proximity of Nepalis to their livestock also means that we saw many animal-borne parasites including lice, ticks and scabies. Livestock such as goats, chickens, ducks and some pigs frequently wander freely. They trample over rice and lentils laid out on straw mats for drying before being consumed later in the day. Infection can obviously spread very easily.

DIABETES, INTERMARRIAGE IN NEPAL AND ITS PROBLEMS

At the moment, Nepal is experiencing an epidemic of diabetes similar to other countries in South Asia. Recent crude data indicates a prevalence of diabetes as high as 15%-22% in the Kathmandu Valley.[2] As locals eat brunch rather than a breakfast meal at about ten or eleven in the morning, this causes a significant problem with insulin regimens. The best way to solve this problem would be to regulate eating times or change the types of insulin used by diabetic patients, but this proves too expensive for the typical Nepali patient. The genetic predisposition for diabetes is maintained in families as a result of extensive intermarriage. A consultant in the hospital in Kathmandu explained that intermarriage within the one family is becoming problematic for some of his patients in that it appears to be increasing the prevalence of certain conditions such as diabetes. One patient presented with late complications of diabetes and had been taking herbal medication. Two of her sons had also died from the complications of diabetes in their early 40s after taking herbal medications. Her last surviving son had also recently been diagnosed with diabetes, while the only daughter in their family tested negative. The consultant intervened and stopped this last daughter from marrying her cousin because of the greatly increased risk of diabetes in their future children.

DOMESTIC ABUSE

Domestic abuse is common in Nepal and many females suffer in silence. An obstetrician

told us that up to fifty percent of females experience some form of domestic abuse in the home during their lifetime. This ranges from physical violence to deprivation and discrimination. Mothers and daughters typically toil in the fields, do the housework and are seldom spoken to or seen. Fathers and sons on the other hand usually sit in their shops awaiting customers or smoke *dagga* socially. In the hospital, we sometimes saw evidence of domestic abuse in the form of burns or missing body parts, including eyes. Sometimes the abuse would be more subtle. For example, a mother came to see the paediatrician with her two children. One was a weak looking four year old female child weighing 12kg and the other was a healthy two year old son of 10kg. The doctor’s comment to me was, "guess who gets fed more." The sexual imbalance often results in females being afraid to visit the doctor for fear of being punished further by their husbands and as a result many do not return for reviews or scheduled appointments.

THE AMBULANCE

The ambulance service in Bhaktapur is appalling. The interior of the ambulance is dusty, dirty and oppressively stuffy and hot. It has absolutely no medical equipment on board. The sirens and lights do not work. The sick patient is offered two broken benches and a ladder on the floor which functions as a makeshift bed. The ambulance service provides transport to Kathmandu where better help and better technology could be sought, but the journey is long and vehicles on the road do not seem to follow any particular highway code. The journey is akin to riding the dodgems at the funfair and traffic does not give way to ambulances despite their constant sounding of the horn. However, the ambulance does transport people to the hospital more quickly than they could manage on their own. Not many people own cars and before the presence of the ambulances patients had a much smaller chance of survival in critical situations.

SUMMARY AND CONCLUSION

Practicing medicine in Nepal is very different from its practice in our western culture. It has its own unique difficulties and obstacles. Much of the time, the frustration of inadequate treatment and compliance is intensified by the language barrier. The battle to correct these problems cannot be won easily over a few years, but charity organisations and medical volunteers flock to Nepal from all over the world bringing hope and technology with them. Each volunteer comes and contributes his own ideas and influences to Nepal’s steadily changing healthcare systems. Once we became accustomed to the culture, it became apparent that Nepal offered us an even greater gift in return. Nepal does not offer the possibility of material or financial gain to any of the volunteers, but the memories it provides are their own reward. It was not just memories of the majesty of Mount Everest and the natural beauty of the country that we received, but also those memories of a different way of life and of the generosity and friendliness of the people that live there. We will always hold special our memories of children who are so contented and yet who have so little materially. These children live in such difficult and dangerous conditions and yet their faces radiate with glee while pursuing such simple pleasures as rolling a wheel down the road, throwing slippers in the air and forming the longest line with the fewest people. Because they do not expect much in relation to healthcare and material wealth in general, they are content with receiving only a little. My own Nepali experience taught me how uncomplicated and inexpensive true beauty and happiness really can be. Reminiscing on my experience there brings a smile to my face. Nepal has earned a place in my mind and heart forever and as I close my eyes to sleep I say to that beautiful country thousands of miles away, "goodnight and *subha raatri.*"

REFERENCES

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