

# VIETNAM LAOS CAMBODIA



## MEDICAL & SCIENTIFIC AID NEWS BULLETIN

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### MEDICAL ELECTIVE : VIETNAM, CULTURE OF CONTRAST

It wasn't long after stepping off the plane at Hanoi's International Airport, mid-September 2007, that I found myself immersed in a rich and daunting culture quite different from my own. With the kind permission of Professor Nguyen Thanh Liem,



Director of the National Hospital of Paediatrics in Hanoi, I was about to start a four week medical elective in the departments of Infectious Diseases (ID) and, Ear, Nose and Throat (ENT).

The weeks and days leading up to my elective were frantic; my previous elective plans were cancelled last minute so I had only started organising the elective four weeks before my departure date but with the kind help of Dr. Madeleine Sharp and MSAVLC, I had succeeded in organising an entirely new and exciting opportunity. Having just completed an important medical school exam the day before I was due to fly, I didn't relish the idea of a ten hour flight the next day particularly because I still had to pack. Having travelled back from York to London that evening, and being especially careful to

remember my all important Vietnamese phrase book and trusty travel guide, I set about packing - ready to leave early next morning.

On arrival in Vietnam the first noticeable difference, other than the heat, was the swarm of motorbikes that immediately surrounded my taxi as it pulled out of the airport car park. There were motorbikes on each side, behind us and in front. Rarely was there a motorbike with only one passenger; mostly there were two adults sharing a seat, sometimes two and a young child, and very occasionally, two adults, a young child and a baby! This frenzy of motion was accompanied by the never-ending 'beep,

beep' of horns - a sound that is constantly present and which I later came to realise would be the unremitting sound track to Vietnamese cities!

City Gate Hotel was to be my base during my four week stay; it was a small, friendly, family-run affair located in the heart of Hanoi's historic Old Quarter. Mr Hung and his family were most welcoming and, on learning that I was working at the Children's hospital, proceeded to call, and indeed introduce me to others, as 'Doctor.' Despite regular reminders that I was not quite a doctor yet, Mr Hung didn't relent and having succumbed to his infectious jovial manner, I gave up

reminding him of the fact after the first few days.

The hotel opened onto a street that embodied the full diversity of Vietnam's culinary culture. There were bubbling bowls of water, home to exotic fish, nets full of rustling crabs almost bursting at the seams, woven baskets jammed with every type of fruit and vegetable one could imagine, and large circular metal tables used for dissecting all manner of different meats; all on display on the pavement, encroaching on the narrow road from either side. As I walked down the street, dodging both overflowing bowls of food and determined motorcyclists approaching from both directions, I was bombarded by a myriad of striking sounds and smells; the buzz of chatter between stall holders and their



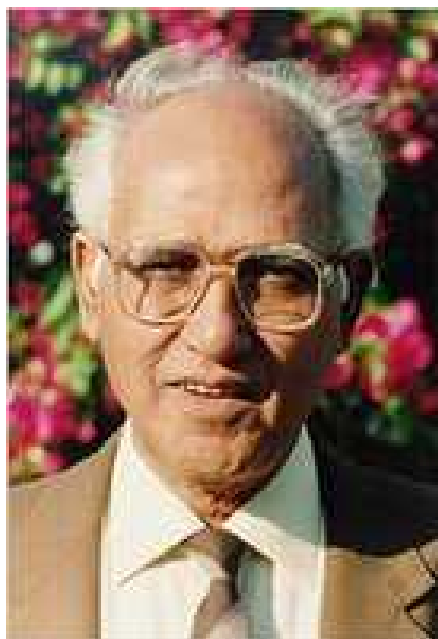
customers, each bargaining for the best possible price - many of whom wore typical Vietnamese style conical hats - mixed with the inevitable dull roar of motorcyclists and the high-pitched scream of children on their way to school.

## **DR. P. K. SETHI** **CO-INVENTOR OF THE “JAIPUR FOOT”**

Those of us who were involved with our Jaipur Limb Project were sad to hear of the death of Dr. Sethi in January and I found myself recalling how we had heard about this revolutionary prosthesis in the first place. Not long after the full horror of the Khmer Rouge holocaust was revealed, the huge problem of limbless in Cambodia, who had lost legs as the result of stepping on unexploded anti-personnel mines or daughter bomblets of cluster bombs, also became apparent, MSAVLC was contacted by the newly-established Cambodia Trust. A surgeon and a diplomat familiar with Cambodia were about to go to Phnom Penh to find out the situation “on the ground” and ascertain what help was most urgently needed. We gladly agreed to organise a public report-back meeting in Coventry when they returned but, in the event, two such meetings were held because the speakers returned at different times and both were well-attended.

Thereafter, we heard from time to time from the Trust and, on one occasion, were requested to purchase a quantity of limb-making machinery which Blatchfords (the company supplying such equipment to the Roehampton centre for amputees) were discarding prior to re-tooling and were offering for sale at about 30% of its original cost. While this appeared to be quite a good bargain, we had to refuse because the purchase would have taken up a very large proportion of our annual income. However, we undertook to give the Trust £1000 once it was “up and going”. Some months later, we were asked to release this money because the diplomat was in Phnom Penh on the Trust’s business and needed a new car.

We heard no more from the Trust but were subsequently contacted by the surgeon, Dr. Mitra, from whom we learned that, in the course of wide reading about prostheses, he had come across the “Jaipur Limb”, developed by an Indian orthopaedic surgeon and a craftsman in rubber. (This had happened at about the time that the Trust was considering buying the equipment from Blatchfords.) Dr. Mitra had advised that no action be taken until he had been to Jaipur to find out if the limb was as good in practice as it sounded on paper, since it was suitable for wear with or without shoes, on dry



land or in water, cost a fraction of even the cheapest of other prostheses, and could be made to measure in about an hour. It had been widely used by rice farmers in India and Dr. Mitra reckoned that, if they found it satisfactory, so would farmers in Cambodia. He was welcomed in Jaipur by Dr. Sethi, watched limbs being made and fitted and the amputees sitting cross-legged, riding bicycles and climbing trees, and brought a child’s limb back to the UK.

To his considerable surprise and disappointment, he found that the Trust had concluded the deal with Blatchfords, was not interested in the Jaipur Limb and terminated his appointment as its medical advisor. So he came to show the child’s limb to MSAVLC, and to show us a video about the making of the limb. We were so impressed that we decided to propose to the Vietnamese authorities that it would be very useful in Vietnam, which itself had thousands of victims of unexploded submunitions. The Vietnamese authorities agreed, Margaret Methley and I went to Jaipur to meet Dr. Sethi and to discuss details of the proposed project, and then to Vietnam to discuss it with the Ministry of Labour, Invalids and Social Affairs. It was decided that our limb project should be established at a small orthopaedic hospital at Tam Diep in Ninh Binh Province, one of many set up in 1975 to provide prostheses for amputees. These prostheses were made from wood – beautifully made but, of course, with SACH (Solid Ankle Cushioned Heel) feet, which allow heel-to-toe

movement but not the side-to-side (inversion and eversion) movements possible with Jaipur feet. A Jaipur Limb clinic would function here, alongside but separate from, the existing facilities.

We then launched a public appeal, reckoning that £30,000 would allow the project to be launched and this was raised in under two years. We had just achieved this when we received £10,000 from the States of Jersey and £20,000 from the Baring Foundation, giving us £30,000 for future developments. Reports of progress appeared in the News Bulletin and, although the project had eventually to be abandoned for apparently insuperable obstacles, many hundreds of amputees (including long-standing victims of leprosy) were enabled to walk and to return to employment.

But I started to write this because I recalled many happy memories of our good friend Dr. Sethi, for whom nothing apparently was too much trouble. We found him to be a man of unshakable high principle, devoted to his patients, vehemently opposed to patenting the Jaipur Foot since he believed that medical discoveries and inventions should belong to the people of the world, willing to work with craftsmen with no formal medical training but who understood how the prosthesis should be constructed, indignant that anyone should look down on such gifted people.

There have been so many instances of verbal and written denigration of the Jaipur Limb, implying that it is “primitive” (although many Indian families, wealthy enough to buy the most expensive and “high-tech” on the market, have chosen it for amputee members), so I was delighted to learn recently that an orthopaedic surgeon in the UK, Dr. Viquar Qurashi, and his family had set up the Naya Qadam Trust, a registered charity in Pakistan, to provide Jaipur limbs for victims of the South Asia earthquake of 2005; and also that millions of amputees had benefited from the limb’s use in countries affected by war, including Afghanistan and Nicaragua.





This year's London Marathon brings extra interest for our charity. John Sharp (no relation to Madeleine) has agreed to run the marathon on our behalf with all of his sponsorship being donated to our work in South East Asia.

For details of how to sponsor John you can visit our website: [www.msavlc.org.uk](http://www.msavlc.org.uk)

Good luck to John and all the other athletes raising money for charities across the country.

## OBITUARIES

It is with much sorrow that we have to announce the deaths of two very long-standing loyal friends and supporters of the charity and the people of Vietnam.

Prof Grant Lathe of Leeds and Dr. Catherine (Kitty) Gray of Coventry.

Our deepest sympathy goes to their families and friends and we give thanks for having known them

## FUNDRAISING FUNDRAISING FUNDRAISING

In January Peter Lidgard, Susmita Ghosh and Siobhan McCarthy met with new Vice-President Martin Horwood M.P. to discuss fundraising.

Martin brought along with him Sue Crow, a former colleague who is now a freelance Fundraising Consultant.

In a wide ranging and fruitful discussion the following avenues for exploration were suggested:

- The Big Lottery Fund
- Legacy promotion
- Charitable Trusts
- Mass Media
- Corporate funding
- Overseas Aid Committees
- Specific Projects

Over the next few months the Executive Committee will be looking in detail at each of the suggestions to see how best we can move forward.

Our thanks are extended to Martin and Sue for giving up their valuable time and sharing with us their many years of fundraising experience.

Watch this space for further reports on our fundraising efforts.

## A CHANCE ENCOUNTER

Over the festive season I had the misfortune to be hospitalised. After 14 days of prodding, probing and, I must say, pampering I was sitting awaiting discharge when a young medical student asked if she could carry out a case study on my condition.

Following a detailed "interrogation" about my illness the discussion turned to lifestyle and I mentioned my connection with the charity.

"Do you know Madeleine Sharp" asked my student who then went on to tell me that she was soon to travel to Ho Chi Minh City to do her elective in a hospital there.

Madeleine's single handed success in persuading students to opt to do their electives in Vietnam is wonderful. Our front page article shows that the students find the experience both informative and exciting.

We look forward to including extracts from the journals of other students who have travelled to the other side of the world to enhance their studies

## MSAVLC PUBLICATIONS

### Forty Years of Devoted Support

(E. J. Shellard)

£5.00

We still have some copies of earlier accounts of MSAVLC's activities, Part 1 covering 1965-1990, and Part 2 covering 1990 to 2000

£3.50 each

£5.00 for both

### Short History of MSAVLC

(1965 - 1985)

(Joan McMichael-Askins)

£3.50

(1985 - 1990)

(Madeleine Sharp)

£1.50.

(1990 - 1995)

(E. J. Shellard)

£1.50

### Children of Vietnam

(pub. 1968 by MACV)

Reprinted 2003

£5.00 (£2.50 concessions)

### Courage

An account of the lives of Eliza Adelaide Knight and Donald Adolphus Brown

£5.00

All may be obtained from the Hon. Secretary  
49 Baginton Road, Coventry, CV3 6JX

Please make cheques payable to MSAVLC

## A MESSAGE FROM THE CHAIRMAN OF THE EXECUTIVE COMMITTEE

In advance of the February Executive meeting Margaret Methley had indicated her wish to stand down as chair of the committee. Margaret will remain a member of the Executive ensuring that we retain the benefit of her long experience of the Charity's work but without the pressure of both the role of chairman and editor of this bulletin.

Over the years Margaret has kept us all focussed on the charity's aims and objectives, not always an easy task when

there are conflicting priorities and limited resources available.

Thank you Margaret, I hope that I can justify the faith that you and the Executive Committee have shown in me by continuing the high standards you have set.

Margaret would never forgive me if I allowed this opportunity to go by without mentioning the continuing need to raise funds for our work in Vietnam, Laos and Cambodia. Elsewhere in the bulletin you will find a report of a meeting with our new

Vice - President Martin Horwood MP. Martin was a fundraiser for another charity before he entered parliament

As at previous meetings, of the Executive, fundraising occupied a major part of the discussions

Peter Lacy



## MEDICAL ELECTIVE

*continued from front page*

It is easy to spot a tourist in Hanoi; simply look for those with puzzled expressions on their faces, standing on the edge of any pavement, struggling to reach their desired destination a mere couple of metres away! Crossing Hanoi's many roads is one of the hardest things to get used to; whilst being relatively simple in the UK, in Hanoi it is a true art form.

For those unaccustomed to the fast pace of Asian city life, the sheer number of motorbikes whizzing past on the road can be particularly daunting; it's like stepping out in front of a motorised Tour de France, only there are no gaps in traffic, no pedestrian crossing and the zebra crossing being merely suggestive of places to cross, not actual places where traffic has a duty to stop! The trick is to keep moving and only stop once you've reached the other side! Needless-to-say, I nearly created quite a few 'pile ups' during the first few days; thankfully the locals are all quite adept at avoiding hesitant tourists. It certainly made walking around town that little bit more interesting during my first

few days in Vietnam!

On Monday morning, armed with a map of local bus routes, I set off from my hotel to find the Paediatrics hospital. Fortunately, with the help of some locals, together with some innovative sign language, I successfully located the hospital; or at least, a hospital - unfortunately it was not the Paediatrics hospital but rather the Women's hospital that I had arrived at! It was only after half an hour of trying to communicate to a Vietnamese nurse who spoke little English, and who had taken me on a tour of at least half the hospital, that I finally realised my mistake; in retrospect, the large number of pregnant women waiting in the corridors and the relative lack of children should have given me a clue! We found a doctor who spoke a little more English and he pointed me in the right direction for the children's hospital, which thankfully was only ten minutes walk further down the road.

Robert Crowley

## Ky Anh Hospital

As rebuilding work continues at the British Friendship Hospital in Ky Anh we are reminded of how vulnerable such establishments are with the ever present threat of typhoons.

The damage to the buildings is very graphic but we need to also remember the effect the typhoon has had on the equipment inside. With this in mind we are making a special appeal to raise money to help re-equip at least one ward in the hospital.

£1,000 will endow a bed, together with its ancillary equipment, to the hospital.

With your help we can aim to re-equip at least one ward in the hospital that we worked so hard to have rebuilt 27 years ago.

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