[12] Spence, cf. Lindeboom, p. 203. EC van Leersum, 'Two of Boerhaave's Lecture Lists', *Janus*, 1919, p. 115–24. Murray, letter 7. Lectures and French, cf. Clerk correspondence, p. 287–89 and 301.

[13] *Selections from the Family Papers Preserved at Caldwell*, ed. W Mure, *Maitland Club*, vol. 71, Glasgow 1854, p. 220–224. Mure's name is not in the Album. Swammerdam, list of subscribers. Price, cf. R Arrenberg, *Naamregister van* [. . .] *Nederduitsche boeken*, Rotterdam, 1788, reprint Leiden 1965. Murray, letter 7. Book purchases by law students, cf. Clerk correspondence, p. 276 and 298–300. G Bogle letterbook (1725–27), Glasgow, Mitchell Library, Bogle Papers, fol. 54 (21 Jan. 1727) and fol. 68 (25 March 1727).

[14] He frequently referred to him in his orations, cf. E Kegel-Brinkgreve and AM Luyendijk-Elshout, *Boerhaave's Orations*, Leiden 1983, passim.

[15] Cf. Cohen, p. 36.

[16] There were 956 registered students in February 1736 and 830 in February 1737. *Pallas Leidensis MCMXXV*, Leiden 1925, p. 292–95. Fifty of the 124 Scots who registered in 1729–38 studied medicine. Number of inscriptions of Scots, 1734: **13** (8 Med.), 1735: **5** (1 Med.), 1736: **12** (10 Med.). John Murray, Album 1 Oct. 1735 (20 Jur.) stayed until 1738. Henry Monro, Album 18 September 1736 (19 Jur.), stayed until 1740. Hamilton, p. 467–68 (December 17, 1736).

[17] According to a letter of 28 May 1716, the Rector of the university and the city magistrates had declared that if anybody's extradition was demanded the Scotsmen would be given a timely warning (*HMC*, *Stuart MSS*, vol. II, p. 191). Hamilton, p. 501–02 and 489.

[18] Gowan, James Balfour, 27 May 1729, SRO GD69/296/4. French church, cf. *Leids Jaarboekje*, 1955, p. 108–30. Social life, cf. also Alexander Carlyle, *Anecdotes and Characters of the Times*, ed. by J Kinsley, London 1973, p. 84–95 (1745–46). CD van Strien, 'John Talman en andere Britse toeristen in Leiden en omstreken rond 1700', *Leids Jaarboekje*, 1990, p. 31–60.

[19] Gowan informer, cf. HMC, *Townshend MSS*, p. 193 (11 May 1723). Hamilton, p. 458, 468, 477, 484–85 and 492. Album, 25 May 1747, 48 Jur., at his old address with lieutenant Aliome. By February 1748 he had left.

[20] SRO GD18/5396/3, letter 22 April 1737. Cf. N Struyck, *Inleiding tot de algemeene geographie, benevens eenige sterrekundige en andere verhandelingen*, Amsterdam 1740, p. 301–02; 299⋆–300⋆. *Philosophical Transactions*, **XL** (1737), p. 111–22.

[21] Hamilton, p. 501. Cf. Clerk Correspondence, p. 275–76. SRO, GD247/177/6, financial accounts of Andrew Niddrie of Wauchope in Holland (1722–25). Bogle, fol. 54 (21 Jan. 1727).

[22] Utrecht, cf. Clerk correspondence, p. 281. Data on the cost and conditions of travel (not provided by Sinclair) have been taken from CD van Strien, *British Travellers in Holland during the Stuart Period*, Leiden/New York/Köln 1993, *Brill's Studies in Intellectual History*, vol. 42.

[23] Weather, Hamilton, p. 477 and 488 (April–May 1737). William Hay, see n. 6. Album, 5 April 1737: Charles Hay (21 Med.) and Walter Stirling (22 Med.), staying with Pieter Suurland in the Papengracht. Linnaeus published his *Hortus Cliffortianus* in Amsterdam in 1738. Cf. Boswell, p. 208.

[24] Cf. Van Strien, *British Travellers*, p. 209–11.

[25] Hintzsche E ed., *Albrecht Hallers Tagebücher seiner Reisen nach Deutschland, Holland und England (1723–1727)*, St Gallen 1948, p. 45 (1726) and 95–96 (1727).

[26] The Utrecht Album, which registers only a small minority of students, has 32 entries for 1737. No. 10 (no date) is George Sinclair (d. 1776), eldest son and successor of John Sinclair of Ulbster (cf. Henderson, p. 73).

[27] Nicholson, Leiden Album 25 September 1736, (American, 22 Med.), stayed with Christiaan van Gerwen on the Rapenburg (also 1737); MD Rheims, 10 March 1738, together with William Hay.

Proc. R. Coll. Physicians Edinb. 1995; **25**: 305–316

A PERIPATETIC PAEDIATRICIAN

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Like my father before me I was born in Kulim, Kedah a state in the northwest coastal region of Malaysia. He was an only child of Sikh parents who had their roots in a feudalistic society, living on their agricultural lands in a district well-known for its lawlessness, north-west of Lahore and now in Pakistan. My grandparents moved to Kedah at the end of the 19th Century where my grandfather worked for the State as revenue collector of the five districts which had been ceded to Kedah by Thailand. When I was a few years old, our family moved to Penang for my schooling. My father practised as an advocate and solicitor. I completed my Senior Cambridge Examination in 1936. He had heard of Dr Ruth Young, Principal of the Lady Hardinge Medical College at Delhi, and was in correspondence with her whilst I was still at school. Dr Young advised him to send me to Lahore to study science and qualify for admission to her College. Whilst in school, I had read every book I could find in the public library on life in India including Kipling's books as he had worked in Lahore as an editor of a paper. None of these books was written by an Indian.

Medical education in India 1939–46

I was not prepared for the intense heat of summer, nor for the severe cold in winter in homes built to keep out the heat or for transport in rickety wooden contraptions called tongas in which you held on to the sides for your life in case the ill-fed horse decided to gallop instead of maintaining a slow trot. The cultural shock was yet to follow. On admission to the hostel, I found myself confined behind high walls that shut off the outside world. Most of the day scholars at the College wore a black burqua similar in function to the chaddors worn by the women in Iran today.

Lahore with a history going back 2,000 years had an ambience all of its own. Although it was the centre of Muslim culture and power, much of Sikh history, secular and religious, had been enacted in and around it. This I had to see. The college was close to the Mall, the modern part known as the Paris of India. We were told we could not leave the hostel grounds without permission. We could meet males only if they were members of our immediate family. I could never go out with anybody else. I wrote to my father. He sent me back a blank sheet signed by himself stating that I could enter the names of any friends as and when I wanted. When I presented this to the Principal, she was not amused. My father arranged for one of his friends to become my guardian and I was allowed out on two Sundays a month. Having travelled from Penang via Rangoon to Calcutta on my own, as the Captain's ward, been met at the docks in Calcutta and put on the train by friends and then been on my own again for the 36-hour train ride, I

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felt this was a come-down. I had promised my mother that I would only travel 3rd class or inter-class on the trains which were not as crowded as they are today. She maintained it was unsafe to travel otherwise and said that if she found out I had disobeyed, I was to consider my education over.

Fortunately, I could spend all my summer holidays at home in Penang. Life there was so beautiful, easy and free. Walking up Penang Hill in rain or sunshine with my father, bicycling to the foothills of Penang Hill looking for fruit farms or spending a day at the beach or botanical gardens with my school friends or visiting my grandmother on the mainland, occupied every week-end. Was this back to roots?

I went to the Lady Hardinge Medical College in Delhi in 1940. Dr Ruth Young had retired earlier that year. When I came to Edinburgh in 1952 I called on her at her home to thank her for her help in advising my father on my behalf. I owed much to her, and vividly recall her genial and warm personality. She in turn said that she had been very impressed by my father's letter and was glad to have met me.

Although separated from home and family by the Japanese occupation, I spent five enjoyable years in Delhi. The winters were beautiful and life was full of interest in many fields. I found it altogether a wonderful experience; the students were representative of every part of India, so different in every way, yet one people. In my first clinical year I fell ill with a prolonged bout of typhoid fever and was sent away to recuperate for a year. I had lost 40 pounds in weight, and the professor of medicine thought that I would go down with tuberculosis which was rampant in the medical wards. I spent the summer in the Murree Hills near where Islamabad is today and then with an uncle in a remote town which had no electricity on what is now the Indo–Pakistan border. My uncle believed in taking me for walks at 6.00 a.m. in winter in the dark. We were preceded by a watchman with a lantern on the dusty road leading to his orange grove where I had to perform breathing exercises. I was not enthusiastic but had no choice. In three months I regained not only my physical health but improved in maturity and in my understanding of the unpredictability of life and learned to accept the inevitable. I had so much time to think!

I graduated in October 1946. I was fortunate not to have lost the war years. It was a wrench to leave my college without doing a house job but I felt I had to return to Penang to be with my family whom I had not seen since 1941, and to try and make arrangements for my brother's rehabilitation as he had contracted poliomyelitis and lost the use of his legs. I managed to get a passage on a troopship in January 1947, sailing for Madras.

Postgraduate experience

The ship docked at Singapore and I travelled by train to Penang. On reaching home, I saw that the tennis court had been ploughed up to grow tapioca, there were no cars, the house was very dilapidated and devoid of furniture and carpets, but nothing mattered or hurt. I was home. In a few days, however, I became bored and restless and went to the general hospital with the aim of seeking a job. I was interviewed by the Chief Medical Officer, a Welshman. I was wearing a white cotton saree. He said 'you cannot work in that'. I replied that 'if I could study in it, I could work in it'. I was asked to report for work the next morning and expected to be appointed as a houseman. I was aghast when told I was to be

the medical officer in charge of the third class male and female wards and the female social hygiene clinic, as I was totally inexperienced. On my first day, I was taken to the medical wards by the physician then in charge and was briefly introduced to the patients. Walking with him down the ward, I remembered enough Hokkien, the local Chinese dialect, from my school days to understand a conversation between patients, 'She's a doctor'. 'Can't be'. 'Never seen an Indian woman doctor'. 'Then can't you see the ear phone jutting out of her coat pocket?' 'Oh dear, it is so'.

The British Military Administration, known as BMA, demonetised the Japanese currency as not worth the paper it was printed on, calling it banana money, Black marketing was rampant. Rice, our staple diet, was in very short supply. It was rationed and cost five times as much as in 1941.

My salary was $250.00 per month. I was puzzled when my father told me not to spend it. When I received the money in cash at the end of the month, he took me to a bicycle shop to buy a Sunbeam lady's bicycle and become mobile. It cost just $250.00 I realised then that the war had not fully ended. Little did I know that we were to face a prolonged war at the hands of the Malaysian communist party for the next 12 years. Twice a day I cycled the four miles to and from the hospital. By nature I am not inclined to athletics. However, I am grateful for the enforced exercise as it has stood me in good stead all these years. I lost 30 lbs in my first year. It felt good.

I also spent the first 18 months looking after the female social hygiene clinic whose patients were mainly the 'ladies of the town'. Every morning at 8.00 a.m. I was assailed with all the perfumes available in the market, so much so that until today I find it difficult to use the stuff. I could never bring myself to go out to restaurants for medical get-togethers as I inevitably recognised some of my patients, who would stare me out till I had to look away!

There were only five medical officers on call for night duty. It was hard work, but no one really complained. We were so happy and relieved that the war was over and we were free. The wards were full of tuberculous patients and in the afternoons we were occupied in screening and inducing pneumoperitoneums and pneumothoraces, moving from table to table, blissfully free of any fear of mishaps and legal suits.

There was a children's ward. The doctor in charge was an ex-RAF officer who wanted all Sundays and public holidays off duty for sports. I gladly offered to do the rounds and to stand by on call as I wanted to learn paediatrics, and at that stage I realised self-teaching was the only way to do so. Two years later in 1949, Dr Elaine Field was appointed child specialist to Malaya and was stationed in Penang. I was fortunate to train under her, for which I shall always remain deeply grateful. She practised and taught by example that the care of the child covered every aspect of a child's life and that preventive care was the true basis of paediatrics. I was sent every week to Province Wellesley to see Mother and Child Health (MCH) centres in Nibong Tebal and Sungei Bakap or Butterworth in the afternoons, returning late in the evenings. I also worked out of office hours as medical officer to the orphanage at the convent, at the deaf school and at St Nicholas' home for the blind.

It was Elaine Field's vision to have a trained paediatrician in every state. After I had worked as her medical officer for two years, she arranged study leave for me to do the course at Great Ormond Street Sick Children's Hospital which led

to the Diploma of Child Health. This was followed by a two month attachment to the Sorrento nursery for the new born under Dr Mary Crosse, and then to the Hospital for Sick Children in Edinburgh with Professor Ellis. Finally I enjoyed a period with Sir James Spence in Newcastle. Sir James made me promise to keep mothers together with their sick children in the wards, no matter what the odds.

On returning to Malaysia at the end of 1952 I was posted to Malacca. In addition to being in charge of the children's ward and the MCH centre in town and visit MCH centres in the district, I had to be MO in charge of officials and the female wards.

Tuberculosis became rampant because open infectious cases, isolated before the war in Pulau Jerejak, an island off Penang, had been sent back into the general population. I had many cases of tuberculous meningitis on long term intrathecal therapy. It was a depressing picture as few recovered. Fortunately, BCG was introduced by a WHO Norwegian team under Dr Buss Hansen in the early fifties. The pilot scheme was initiated in Malacca. I was assigned to the team and immunised the first 5,000 school children in both the rural and urban areas of Malacca. There was a high incidence of severe positive Mantoux reactions in the town centre where the ventilation in the classrooms was very poor. Establishment of the National Tuberculosis Institute in Kuala Lumpur and the hard work of the staff under Dr J. S. Sodhy eventually greatly reduced the disease and it was a relief not to have the meningitis cases in the wards any more. However, today with the influx of immigrant workers, tuberculous meningitis is again a threat.

The Emergency

The first half of my career as a doctor was under the shadow of the communist insurrection referred to as the Emergency. The word was derived from the Malayan Government's declaration in June 1948 of a state of emergency throughout the country. It was a difficult period of sustained violence. The Emergency was lifted in 1960 when the remnants of the Malaysian communist party (MCP) guerrilla army eventually crossed over to South Thailand. The leader of the MCP finally denounced communism in 1989. It was a period of armed revolution, terrorising and intimidating the people, particularly in the rural areas, and an attempt to paralyse the Government and ruin the economy which had only just begun to recover from the cruel oppression of the Japanese. The communists' aim was to establish a Malaysian People's Republic. The counter measure, implemented by General Briggs, was to isolate the terrorists from sources of food and information by resettling squatters in villages with barbed-wire perimeters and guards and by building up the strength of the police force. These villages were called New Villages. Later, General Gerald Templar took command and he created white and black areas. White areas were defined as areas where food restriction and curfews were suspended on co-operation of the villagers, while in black areas which were mainly densely forested, terrorist activity continued unabated. Malaysia became the first country in the world to have beaten armed communism.

During my posting at Malacca, the Emergency continued unabated. The big rubber corporations such as Dunlop and Guthrie had extensive plantations in and around Malacca extending to Johore in the south. Once a month I used to visit the MCH centre at Jasin and drove on my own to Tangkak, 11 miles away, at the bottom of Mount Ophir (Bukit Ledang) to see the families of the rubber

tappers on our family estate. They were housed in the town under supervision and each day were escorted to the estate four miles away. They were not allowed to live on the estate. Both places were designated black areas. In 1951, the factories for smoking and storing rubber were burned down and the manager killed. After mowing him down, the terrorists walked up to his dead body and riddled it with bullets as a warning to us either to pay protection money or keep away. The estate remained relatively unsupervised for many years. When I was in Edinburgh in 1958, I was informed that 23 terrorists had been shot on one of its fields by a unit of North Rhodesian soldiers. We never went back to the estate.

I had not fully realised the dangers of the Emergency and its benumbing effect on the Government and its administration down to the individuals at risk. I had hoped to be fully involved in expanding the paediatrics services but found myself being absorbed into the general medical service. I realised I needed the diploma of membership of a Royal College of Physicians (MRCP) to reinforce my position and to provide me with the clout to persuade the Ministry of Health to build up the paediatrics services into a distinct service encompassing both preventive and curative care when the Emergency would be lifted and the country returned to normal. The recession in 1953 and 1954 and the high cost of the Emergency had put all schemes for expansion and improvement on hold. I also realised that the longer I delayed sitting the examination the more difficult I would find it. The palpable tensions in and out of the hospital made my staying on untenable and I applied for a transfer to Johor Bahru to enable me to attend lectures and rounds at the Singapore General Hospital on Thursdays and Fridays which were public holidays in Johor Bahru. Dr Field at this time was not satisfied with the constraints imposed on her attempts to improve the paediatric services. She accepted the post of first professor of paediatrics in Singapore and left Malaysia.

In Johor Bahru (JB), my work was restricted to the hospital. Here I met Han Su Yin, the well-known Chinese woman writer, famous for her many books on China. She was at that time married to a special-branch police officer. She worked in the new villages, Kulai, Senai and Skudai, outside Johor Bahru, which were continually under curfew as they probably had close contact with the communists or perhaps harboured them. She used to send many cases to the hospital. She has written about this episode in her life in her book *The Rain My Drink*, which is all about the Emergency and how the communists who had taken to the jungle for justice, had only rain water to drink. I continued to visit Tangkak, driving across to Malacca and going to Tangkak in the morning and returning to JB before the curfew began in the villages I had to pass before getting home. I was never stopped for speeding! If one was late, one slept holed up in the car all night within a New Village.

I was then recalled to Penang. The children's ward was under the consultant physician and I was the registrar. Dr Field had built a small annex to house the diphtheria and polio cases. It was referred to as Field's Folly by the medical bureaucracy who could not see the need for it. Sick children had always been housed in one ward before, so why this fuss? In 1955 I met Sir Ian Hill who was on a visit to Malaya and asked him to arrange for me to attend various courses in London and Edinburgh and so get a good grounding as I had had no opportunity to study for some years, he said he would do so when he got back to the UK.

Nutritional survey on the East Coast of Malaya, 1955

The Malayan Peninsula, about the size of England, lies below Thailand. A range of mountains runs down its spine and two-thirds of the land is covered with dense primordial tropical forests. The west coast is dominated by an urban sector of cities and towns; the rural areas with rubber estates, rice fields and tin mines had a good standard of living. The east coast states did not come under direct British rule till the beginning of the 20th century and remained isolated because of the terrain, the monsoons and lack of communication and transport. The river basins are subject to severe flooding during the north east monsoon from October to April. The people, mainly Malays, had only two main occupations, growing rice and fishing. The diet of the rural folk was very low in proteins and calories and was composed mainly of insufficient rice mixed with tapioca root or the pith of the banana plants or young coconut stems, boiled and then eaten with a little *budu*. This is a highly flavoured fermented product made by preserving little river fish in salt in sealed jars. Rice production depended on the monsoon. There was no fishing during the monsoons. The strong winds of the north east monsoon invariably caused the rivers to overflow and flood the plains.

The project, a nutritional survey of the incidence of protein malnutrition, was carried out on the east coast at the behest I think of the Colonial Office in Whitehall. No one in Malaysia would have suggested doing it at that time of the year and in an area where the Emergency was at its worst. Dr R. F. A. Dean of the Department of Nutrition in Kampala, Africa, arrived to conduct it. I was assigned without notice to accompany him. I was told that I was to go to the east coast—but where? I was flown to Kuantan in the state of Pahang across the hump of the mountain ridges running down the spine of the country in a DC3 twin engine plane—ex-RAF. We flew straight into a thunderstorm, lightning flashing through every window and with air pockets all the way. The monsoon was in full swing. I was taken to meet Dr Dean at the rest house. Before we had greeted each other, he asked if I was going on the trip in the clothes I was wearing. Again, it was a saree. I had come away from Penang in a rush and not given it any thought. I said I had no choice as there were no shops open at that hour and we were leaving at 6.00 a.m. the next morning by jeep; where was I to look for trousers? Jeans had not then been created. He was correct in his assumption as my saree was consistently wet every time I got out of the motorboat. But it soon dried on walking around in the sun. We visited practically every school in the *kampungs* (villages), including those deep in the interior, in Kelantan, Trengganu, Pahang and Kedah.

One trip I can never forget! About 30–40 miles along the river from Kota Bahru, the capital of the state of Kelantan, was a small town Kuala Krai. There was a road between them and we were driven there one morning. From Kuala Krai we had to take a motorboat to a very small town called Dabong, about 27 miles up the river deep in the hinterland. Both Kuala Krai and Dabong were surrounded by dense jungle, excellent hideouts for terrorists. Both remained black areas throughout the Emergency. Communists were still being found in and around Dabong till 1968. The army maintained their post there until 1970. The area was always under curfew. We set off in the morning with three seamen manning a motorboat that had seen better days. There was a faded red cross sign on the roof which nobody could see. Dr Dean being very tall sat outside on the boat at the bow. The water level of the river was high, and long bamboo poles

were floating down; occasionally one went at right angles to the others, making us hit our head on the metal roof of the boat. An elderly inspector of public health, Mr Pillay went with us. Dr Dean did not take his advice to stop work at 2.30 p.m. as it would get dark suddenly in the jungle. We stopped work at about 4.00 p.m. and soon found ourselves travelling in practically pitch darkness for over five hours till we got to Kuala Krai. No one dared strike a match or use a torch for fear of becoming sitting ducks for the communists who were lurking in the jungle. No one even spoke a word. On the way down, we came to a bend in the river and felt relieved at seeing lots of shining lights in the distance. We thought it was a village but on getting close, it turned out to be a bush of fireflies. On the way up the river, the inspector told me that he had done a similar trip early on in his career, the boat had struck a rock and broken into pieces and everyone fell into the river which harboured crocodiles and river snakes and he had saved the health nurse by pulling her up by her hair. He was praying hard it would not happen again as he was then due to retire. I saw little hope of getting home alive. We were fortunate to get back to Kuala Krai.

On this trip I realised the extreme poverty of our people. We detected all degrees of vitamin A deficiency in the children but there was no way I could ask the Ministry to issue a warning regarding overdosage with cod liver oil/Scotts emulsion, a marked favourite with Malaysian mothers on the west coast. I have a strong view that overdosage with vitamin D in childhood may be a major factor in the high prevalence of renal calculi in Malaysia. Sadly, Dr Dean was stricken by Japanese B encephalitis whilst continuing the study on the Parit river in Perak and had to return to the UK and, after a distressing period of disability, he died.

Study for the MRCP

In 1956, Dr David Bowler, an eminent physician with a marked interest in paediatrics, was posted as child health specialist and I was allowed to leave for the UK to study for the MRCP. Not having had much time to study since my previous visit, I made sure that I obtained a good grounding by attending courses at the London Hospital, and Institute of Neurology at Maida Vale, a postgraduate course at Hammersmith Hospital, the Brompton Hospital and the Institute of Cardiology. On reaching Edinburgh, I was fortunate on requesting an interview to obtain an attachment as a postgraduate student with Sir Derrick Dunlop, professor of therapeutics at the Royal Infirmary. I found Edinburgh incomparable in its serenity and solidity after the uncertainties and turbulence of the Emergency in Malaya. I was able to study under Sir Derrick Dunlop. He had the charisma to charm everyone. Of all the lecturers and professors it was my privilege to learn from, no one so effectively drilled into me the need for clear, logical thinking as Sir Derrick. His Sunday morning rounds were the highlight of the week and were a must. I enjoyed attending them although I stood at the end of the long line that accompanied him as I was a postgraduate. Messages coming down the line that he was now making love to a myxoedema kept me highly amused. However, I had to be alert in case a question came may way. He once said to me in the tea toom that it hurt him to see Indian women walking two steps behind their husbands. I had to do some quick thinking and replied that it was habit and that in Indian villages the man walked in front with a stick to ward off wild animals and the woman followed with the children. He then said, 'What if the man gets killed?' I replied that the next generation was there with the woman

and that is what counts! He kept shaking his head at what I implied and got the message that we are not as dumb as we may look. His comment on someone like myself who was slow to answer was that he could hear our cortical cells rattling every time we began to think. This has many a time prevented me from over-reacting to the bureaucratic machinery. I heard that he lived in a castle and seeing him doubling up to fit his tall frame into an ancient Morris Minor needing a new coat of paint was an interesting phenomenon. I treasure these memories.

I was also attached to Professor Ellis's wards at the Sick Children's Hospital. I met him in the examination hall with Sir Stanley Davidson as co-examiner. He asked me the incubation period of tetanus neonatorum. I said that it could be very short—24 to 48 hours. He looked unhappy and repeated the question. I gave him the same answer. He then looked down. I felt like a pilot in a spitfire caught in a crossfire taking a nosedive. Then I said that although his textbook gave an incubation period of 1 to 2 weeks, I begged to differ. Sir Stanley asked Professor Ellis to let me continue. I then told them that in an up-country hospital cows were seen to wander around near the labour room in a mainly wooden building. Cases of neonatal tetanus had occurred in quick succession with very short incubation periods. Tetanus spores were isolated from spider webs on the walls. I was told that in subsequent editions his textbook had been amended. It was great of him to have accepted my word.

Sir Ian Hill had made it possible for me to get a seat on various courses in London and Edinburgh. I spent 2 weeks at Dundee attending his ward rounds and enjoyed the hospitality of his home. I also had the pleasure of having Lady Audrey Hill visit me at Kuala Lumpur. Sir Ian was a 'living dynamo' and fired questions faster than I could answer. At an ECG session he raced through rolls of ECG and I felt as if I was having nystagmus trying and failing to keep looking at them at that rate.

I am grateful to Sir Stanley Davidson and to Dr Chalmers Davidson both of whom I met only once in the examination hall for their compassionate patience and calm demeanour which saw me through.

Return to Malaysia

I returned at the end of 1958 and was sent to Kuala Lumpur. The first thing I did on starting work there was to encourage mothers to accompany their sick babies into the wards. Often they did not have even a camp stool to sit on. The principal matron once marched in and said that I had reduced nursing to nothing and that she would be withdrawing her nurses. I asked her to do so if she so felt as four nurses per shift couldn't do much with 50 beds and 70 occupants. I felt that mothers in the wards could at least learn something positive in basic child care such as washing their hands frequently, sitting up their babies whilst feeding them, etc. To my knowledge, she did not withdraw the nurses but she never visited the wards again. When I requested 50 chamber pots for the unit, imagine my chagrin and surprise at bureaucratic efficiency when I saw 50 Victorian extra large pots. Obviously no other discipline had accepted them. The children squatted in them with their legs extended in the air, like miniature hockey sticks; I arranged for our ward attendant to pick up one of these pots with a child and its contents and to proceed to the medical superintendent's office in order to place the pot on his table. However, someone must have telephoned to warn him that this procession was on its way. The hospital administrator caught up with us and

pleaded that we return to the wards as there were newspaper photographers milling around for front page news. I relented. By 2.00 p.m. I found 50 new children's pots installed. Urgency was mistaken for immediacy or was I wrong in my assumption? Once I asked for ice cream for the diphtheria ward and was told by a senior officer in the main office that I was working in a hospital and not a five-star hotel. What option did I have when I accepted an invitation from Dr J. S. Sodhy, our chest physician, to address the Rotary Club at one of their weekly luncheon get-togethers but to ask them to donate ice cream? They did. A great gesture. I cannot recall exactly what I said to them. We were given two quarts daily for two years after which time they forgot about us. Then I included it as a necessary item in the yearly paediatric indent. No one queried how it was introduced and who had paid for it before. The method worked and it was approved!

An attempt was made to give a series of lectures on preventive paediatrics to young women in the rural areas. I visited these centres at Jitra, Jasin and Nibong Tebal in Province Wellesley, until the local teachers felt confident to continue them. When possible similar lectures were organised for members of women's institutes, girl guides and nurses from milk companies in Kuala Lumpur itself.

A six months' course in paediatric postgraduate nursing was started at the nursing school in Kuala Lumpur but the students were slowly absorbed into the general nursing cadre on promotion and transfer, and were unable to continue practising paediatric nursing. Weekly evening rounds drew a small crowd of old faithfuls but the interest was not there, although presentations of paediatric cases at clinical meetings were well attended. I made repeated requests for improvements in the paediatric services. The DG asked his deputy to form a committee to look into this at the Ministry of Health. This was headed by the MCH director with myself as adviser. It failed to achieve anything as it seldom met. These would appear feeble attempts as what was needed were cohesive action and motivation which were wanting.

The paediatric unit comprised two large ground floor wooden buildings open on all sides with excellent ventilation but primitive toilet and washing facilities. Half the ward was occupied by gastroenteritis cases. Soiled napkins were washed under a running tap, the water running into the drains around the ward. Only after the virologist from the Institute of Medical Research (IMR) had cultured poliomyelitis type 1 from the drain was I given the funds to get an electric laundry. Most cases responded to oral and i.v. replacement therapy. Mortality was reduced from 20 to 3.5 per cent in the first year. On presentation of the cases at a clinical meeting, a senior surgeon true to type, asked humorously whether I had sent the cases home to die! Diphtheria cases occupied a separate smaller hut. Tracheotomies had to be done as emergencies. Measles cases were invariably severely ill and a constant source of admission. Mortality was high.

Our office where we conducted the follow-up clinics was another hut. Originally it was the labour room of the Malay Hospital, as it was called before the war. Staff was minimal. We shared one receptionist and one nurse between us. Initially I worked with one medical officer, taking calls on alternate days. In time, we were alotted another MO. Many years later the staff was increased to include a houseman, a registrar and a paediatric consultant.

When the new hospital was built, the wards were shifted to the second floor of the new complex although I kept my office in the old labour room until I

retired in 1974. I stayed there as I was not going to allow the IMR buildings to encroach on our grounds. Owing to the strategic site of the buildings at a cross roads, it would have been very convenient to put a bus station nearby. That is where the new paediatric institute is now situated. Had the institute been placed behind the maternity hospital, as originally intended, the only approach for poor patients would have necessitated their coming via Jalan Tun Razak and Pahang road by taxi, as was necessary at the children's hospital in Singapore, which was situated behind the main hospital block. The building of the Institute of Paediatrics in 1991, separate from the General Hospital, was largely due to the vision of Dato' Abdul Wahab. He trained under Elaine Field and incorporated her plans in the building of paediatric units throughout the country and his enthusiasm continues.

It took the tenure of three successive ministers of health for me to establish, in their eyes, the role of a paediatrician appointed to a hospital and that I was not on call for house visits for running noses or colic from constipation. I allowed them each the courtesy of a single visit, gave my diagnosis and firmly requested that such demands be not repeated. All I wanted was to be left to get on with my work in my free wards with an average of 4,000 admissions and 10,000 outpatients yearly.

Severe protein malnutrition and kwashiorkor were rampant on the rubber estates. In one instance, I reported a number of cases from Sungei Choh on one of Barlow's estates and requested that the nutritionist, Mrs Lim from the IMR should investigate. She write a shocking report which was submitted to the estate manager. On a subsequent follow-up to check if the food in the créches had been improved and her recommendations implemented, she was literally chased out of the estate. Of what use were the films and photographs of these cases except to be printed in medical journals!

Cases of child abuse and rape were sometimes detected but there was no liaison with the social welfare workers who resented a paediatrician's advice or an offer to visit the children's homes, fearing a takeover. The message they sent to the Ministry was that if a paediatrician's advice was needed they would request it.

Paediatric hospitals

When the British military authorities returned the Kinrara Hospital to the government, I thought that it would be a wonderful centrally located place for children needing a long stay in hospital and that the hospital would serve the whole country. With the kind support and help of Datuk Paduka Saleha bte Mohd Ali, at that time President of the Malaysian Council of Child Welfare, I approached Tunku Abdul Rahman our Prime Minister to try and get this hospital converted into a federal children's hospital for long stay cases, mainly orthopaedic and medical, because, in those days, tuberculosis of bone, lung, and meninges was very common. This would have taken the load off the children's wards in all hospitals, enabling them to cater for a rapid turnover of acute cases and to care for more patients with their limited bed allotment. Tunku promised to look into it and referred the matter to the Ministry of Health who in turn referred it to the CHMO of Selangor. He promptly invited consultants from all disciplines to an urgent meeting and asked them individually how many beds they would like. The meeting was a farce. I realised the futility of hoping for

anything positive to emerge from such diminished perceptions, and that mine was a lone voice. Clearly a paediatric hospital at Kinrara was out of the question.

The supposedly open competition, advertised world wide, for the building of the new general hospital was won by a couple of young foreign architects. I attended the prize awarding ceremony at the Dewan Bahasa and Pustaka and on examining the model I could not believe my eyes. I saw, instead of a separate paediatric block, a series of wards on one floor sandwiched between radiotherapy above and the mortuary below. On seeing my expression two officials quickly requested me to lower my voice as the press were milling around, and they promised that this would be changed. I had merely asked if they were so worried about high infant and child mortality rate in the tropics that they had put the paediatric wards above the mortuary. Perhaps they had installed chutes for easy disposal. Eventually, both radiotherapy and the mortuary were moved to new buildings, and again the building of a paediatric hospital was left to the future.

Visit to communist countries

In 1971 I had privilege leave which I used to visit Hungary, Yugoslavia, Bulgaria and Romania to see their hospitals and paediatric services. I was under the impression that communist countries had good paediatric services and was very keen to see them for myself, and particularly to learn how basic paediatrics could be practised with limited funding—I saw an impressive new children's hospital in Ljubljana, Yugoslavia, and was given a copy of the plans to take back and study. The MCH services there were of a high standard.

A visit to Zagreb was an exercise in futility. The Croatian secretary of the hospitals refused to allow me to visit the paediatric ward, although the professor of that department had personally and effusively invited me when we met the Secretary General of the International Paediatric Congress in Vienna just the month before. It appears that she was not on speaking terms with Belgrade from where my visit had been organised. On reporting this at Belgrade I was asked to report it to WHO but I ignored this, having realised how intense was their dislike of one another.

In Bulgaria I was shown MCH centres in some of the villages around Varna but I was not taken to any hospitals. It is a beautiful country. The doctors were desperately in need of the latest books on recent advances in all fields of medicine and were very unhappy and tense.

In Hungary I saw only hospitals. The impressive one was in a converted castle. The other considered the number one was under a chief who was given the post on the strength of his political connections. In this unit boracic acid and sulphur were being applied to neonatal umbilical stumps!

In Romania I was just a visitor to the country. The same effusive invitation had been made by the two Romanian professors at the Vienna meeting, but when I contacted their offices at the telephone numbers they had given me, a voice informed me, that as I was not fluent in French, a visit was not feasible. I was told by fellow guests at the hotel that this was a standard feature of life there. My visit had not received the approval of the Politburo, although arranged by the Romanian Embassy in Kuala Lumpur!

It was an educational experience. The doctors were so human and vulnerable in all four countries. Two weeks was enough for me to want to get back home.

I had refused to accept a post as a state physician. Fortunately I was kept on

as a paediatrician with one medical officer to help me in the wards until such a post was created. What mattered was a second post in the country as there already was one in Penang. Once this was established, the pattern built up slowly in other states. Study awards for paediatrics were difficult to obtain as adult physicians laid claim to the few that were available. Through the kind offices of Dr J. S. Sodhy, a scholarship from Smith and Nephew was awarded to Chin Yoon Hiap to study paediatrics at Glasgow. S. C. E. Abraham obtained a British Council scholarship on my giving him the required reference.

On one occasion I asked our DG how many doctors went to seem him asking to be allowed to do more work. He shook his head but said nothing. I wanted permission to be allowed to visit the district hospitals and health centres. Objection was raised by the hospital authorities to the effect that I was to stay put in my hospital in case a VIP child fell ill. I felt trapped and failing in my duty as a paediatrician. I was unable to get rid of the constraints through lack of personnel, and the only solution was to wait for more paediatricians to qualify.

I wish to express my thanks to Tan Sri Din who always gave me a patient hearing. He had advised my colleagues always to hear me out as that would keep me quiet for three months before I again offered to tender my resignation. On one of my visits to the DG's office, he told me that the Minister wished to recommend me for an award. I replied that there was no need to do so as I already had the award I wanted given me years ago and that no other award would ever equal it. After some hesitation, I finally told him that the award was the KSM. He said he had not heard of it and wished to know who had given it to me. I replied, that I had given it to myself and that it stood for *Kerja Sampai Mati* (work till you are dead). His startled expression of utter disbelief remains deeply imprinted in my mind. It has been worth more than a thousand confrontations.

I was coerced into submitting this resumé of my random recollections by our President Anthony Toft, but having done so, I am glad. I would like to place on record my deeply grateful thanks to Dr Elaine Field whose guidance and encouragement led me to a meaningful career, also to my mentors, Sir Ian Hill, Sir Derrick Dunlop and their staff and to Dr Anne Lambie and Dr Anne Phillips whose friendship with me has deepened over the years. My gratitude also goes to Tan Sri Mohd Din, and to our DG, Datuk Paduka Saleha bte Mohd Ali, ex-President of the Malaysian Council of Child Welfare, to Dato' Dr J. S. Sodhy, and Dato' Dr Abdul Wahab, not forgetting Dr Param of Penang, President of the Malaysian Paediatrics Society who initiated my recollections. Last but not least, I am grateful to my patients, nursing staff, friends and all those wonderful people all over the world whose lives have touched mine.

I would like to end with a short poem by Walt Whitman

> It is provided in the essence of things
> that from any fruition of success,
> no matter what, shall come forth something
> to make a greater struggle necessary.

FIFTH YEAR STUDENT ELECTIVE: REPORT TO THE MYRE SIM BEQUEST COMMITTEE

Paediatrics and Politics in Malawi: A Harsh Reality

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Malawi, on my arrival in May 1994, was in the grip of election fever. The countrys first democratic elections took place on 17th May and ended the thirty-one years of rule by President Hastings Kamuzu Banda, now in his nineties and in poor health, but still able to draw over thirty per cent of the vote in spite of the often repressive way in which he had ruled the country. His replacement by Bakili Miluzi of the United Democratic Front heralded a mood of celebration throughout Malawi, and pledges were made by the new government to improve standards of living, education and health care. Malawi is one of Africa's poorer countries, and the capital for the sweeping changes proposed will not be easily found. The most notable change for the better has been an increase in freedom of speech and association, rights denied by fear under Banda's rule. The elections were carried out under international observation and took place without incident in a carnival atmosphere to the great relief of all concerned.

The population of Malawi is almost 10 million, 47 per cent of whom are under the age of 15. My elective in paediatrics was therefore guaranteed to be busy. Families tend to be large, and many mothers have lost at least one child to malnutrition. Health education at present is centred on prompt treatment of fever with Fansidar in the home to prevent death from malaria, ensuring that tuberculosis contacts are traced and that all children passing through hospitals or clinics are up to date with vaccinations. Immunisation campaigns have been successful against measles, which is no longer the principal cause of childhood death, with outbreaks being sporadic and usually limited. Over 80 per cent of the population is scattered throughout the countryside where there are higher rates of disease and less access to health care. Food shortages are a fact of life for the majority, and malnutrition, both marasmus and kwashiorkor, is common in Malawi's paediatric wards. The management of such children is often complicated by tuberculosis, parasitic infestations and HIV infection.

In common with most African countries, Malawi has an AIDS problem. Blood donors in Blantyre and Lilongwe were recently 35 per cent positive for HIV. Although few children are tested, up to a third of those in the acute ward at any one time in Lilongwe's hospital were thought to be infected, with implications for the child's parents and siblings. Fear and ignorance about AIDS are prevalent; the new climate of openness may help to overcome reluctance to discuss the subject, but doctors, while wishing to publicise the gravity of the situation, remain reluctant to broach the subject with individual patients or parents of affected children. The numbers of AIDS orphans is growing, and these children, even if uninfected, are more susceptible to further disease and disadvantage due to their vulnerable social situation.

Health care in Malawi, including drugs and surgery, is free in government hospitals, although many have private wards for those who can afford to pay. The government has so far resisted pressure from the World Bank to introduce