

Nov. 21
kontum

Deon Amos, David et al. -

Lunch is not hour after a very quiet sundae morning at the hospital complete with mass in Bahnan which is always a high point. Do you know the African Missi Lubu? This is rather like it, largely a kind of contrapuntal chant, female voices answering male. The singing is usually quite good, the choir master being an clinic registrar, Tre Deo, a middle aged gnome who wears his montagnard blanket topi fashion is looked like nothing so much as a rather self-important minor Roman senator. In fact Tre Deo is a clown is has a large, splendid voice which is much in evidence at mass.

We are having quiet times in general with even only serious cases at present being plaque (for which I've developed a healthy respect: it's a swift killer) is the odd gun shot wounds. The latter are sometimes the work of the U.C. (there's a good

deal of harassment in the villages) but all too often they're simply the result of too many guns, no restrictions, & an impulsive western-oriented society. The other night we got a girl in whose husband had shot her in the leg. They live near one of the military compounds & she had taken to wearing tight blue jeans & too much make up & the husband apparently felt she was overdue for discipline. Pet told him in no uncertain terms that in future he could beat his wife but that he was not to shoot her again. Minh guy has better things to do. Really there are times here when the sight of Marshal Dillon & Doc Holiday strolling through the yard would seem perfectly normal.

I begin to settle into the work & find it familiar & manageable. By & large these patients respond so rapidly to treatment that it's tremendously exciting. I suppose one

could get into a lengthy theoretical argument over the ultimate wisdom of our liberal use of drugs in general $\hat{=}$ antibiotics in penicillin (even adult plaque regime, for instance, is 10 tetracycline 50 mgm/kg, chloramphenicol 10 push 200 mgm/kg/day in 6 doses, Kcentex 15 mgm/kg/day $\hat{=}$ streptomycin 1 gm q6h for the first 48 hours), but faced with the reality of disease $\hat{=}$ recovery it's well nigh impossible to avoid the big guns arsenal. And I'm learning all kinds of fun new tricks: LP's $\hat{=}$ cutdowns $\hat{=}$ abdominal taps. As they used to tell us at Harvard, where will we find our peer group in the real world after this? Well I, for one, will spend at least my first few months at home perusing a typewriter although at the moment it's a little hard to see how I can get anything that is publishable $\hat{=}$ is not libelous out of this year. Distnam attracts some very peculiar people: Pat, of course, but also the stream of UPUW's (AMA sponsored MD's on a two month tour here) that come through the hospital. So many of them

seem to be here with the liberating & exhilarating idea that in Vietnam they are not required to give responsible care but can do their own thing. We're suffering currently from a Mormon GP who is hipped on encounter groups & cosmic surgery - hardly keep a record of need at Minh-Quy. He gives scant attention to the patients (What's this one got? You treating him? That's o.k., then - with never a look at patient or chart) & devotes most of his time to amateur analysis of the staff & acutenizing moods for the local GI's. A bit of a trial. Pat is mad in her own way & frequently drives me to distraction (can you picture me waiting out the storm as she rampaged through the ward screaming obscenities at the top of her voice?) but she gives the patients thorough, conscientious, & effective care & both the staff & the patients realize that & try to keep forgive her her wild temper tantrums when they occur.

The patients are lovely. I have enough Boehnen now to communicate a little

with them (at least with those who speak Bahman
as distinct from Tarnai, Seckeny, Rheckel, Tzi or
the other Montagnand dialects) although my
vocabulary is still largely medical. Still, I
even exchange civilities & even occasionally
manage a rough joke which is always ~~not~~
received with delight. For all their deprivations
the Montagnands are or want to be happy
people & they relish an occasion for laughter:
one has the feeling sometimes of laughter
just waiting for an opportunity to be let
loose.

I see that it's getting on for clinic time.
Karen sent word of your housing difficulties:
I'm certain the house will be worth the
delay but very sorry you should have to
go through this period in limbo. It sounds
trying & tiring & I do hope it will be over
soon. Give my best to the kids & when
things do settle down a bit let me know if
your brother-in-law ever gets up to the
highlands - I'd be glad of a chance to
meet him.

Take care -

Hilary