



Working Out of the Box



By Fred Pratt, MD

Several photos by the author appear on the website edition of the magazine, at www.ssvms.org.

For the past 15 years, I have visited the Shanti Mangalick Charity Hospital in Agra, Northern India, a half mile from the Taj Mahal, one of the seven wonders of the world. Mr. and Mrs. P.C. Mangalick, still alive in their 90s, founded the hospital to care for the poor.

Agra is, in general, even poorer than more southerly areas, and most of the people I treat live in grinding, intractable poverty.

There are many severe limitations associated with a primitive surgical unit with inadequate equipment and supplies, but each year conditions improve. Although extremely frustrating at times, what is accomplished is immense, and the results give great joy to the patient, family and to me.

Patient communication is carried out with the aid of an interpreter, usually a hospital staff member, and completed with a hug from me. This helps patients understand the nature of the surgery and develop confidence they are being treated compassionately and skillfully. The following illustrates what I do there, and why.

A few years ago, I interviewed Mahesh as he sat on the floor. He was 25 and had been burned three years earlier. The resulting severe contractures of his legs left him unable to stand or walk. He moved about by sliding his buttocks forward on the ground while pulling with the flat of his feet. He was of the "untouchable" class, with dirt deeply embedded in his skin and ragged clothing. He appeared very solemn with very dark and pleading eyes.

I asked why his burns had not been treated. My interpreter reported: "I went to the doctor soon after I was burned and he said it was too early; I went to the doctor when I could no longer walk and he said it was too late."

We worked much of one day releasing his scars, followed by multiple skin grafts, and splints and dressings. I followed his immediate post op care very closely.

About a year later, as I was walking one morning in the field across from the hospital, I heard behind me someone calling. Mahesh came rushing up and excitedly showed me his legs with the multiple skin grafts. He demonstrated, with a very large smile, how he now was able to walk and push his cart.

The list of surgical procedures is too extensive to describe here but includes treating patients with burns and extensive post burn contractures that may affect all areas of the body.

Burns are extremely common. Open fires are a way of life at this survival level. Acid burns are also frequent; dousing a person with acid is a revenge tactic, causing extensive

facial scars and blindness. These scars are extremely difficult to manage and require multiple grafts, scar releases and revisions. Of course, there are tumors of all varieties. Although most are small and easily excised, some are beyond the manageable stage. Even in these cases, sincere attention and care results in a glimmer of hope in the patient.

However, my first love is surgically treating children with congenital anomalies, including cleft lips, palate and faces. Gradually this has become my primary focus. Reconstructive procedures, such as lip repair can usually be completed in a single procedure, enabling me to care for many children with satisfaction and success.

Most of us wish to count, to make a difference. My simple motivation and my admonition is to find out what is wanted, what is needed, and do it. Caring for the poor in Agra was an option that ultimately provided both the patients and me with considerable joy.



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