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A Holiday Season Letter to Readers of *JTM*

The editorial below is not a scientific report or comment, but we thought that in this season, you should be able to lean back a few minutes to "dangle with your soul," as the German author Kurt Tucholsky expressed it. The following letter also serves as a reminder that although these final days of the year may be a reason to celebrate for many among us, for others they may bring hardships as usual.

With very best wishes for 2005.
The JTM *Editorial Team*

Papa Noel

Rough hands scraped the nylon wall next to my head. I awoke to a soft voice loudly whispering, *"Doctor! Doctor! Mi nina esta infermo! Por favor, doctor!!!"* I roused from my sleeping bag and unzipped the tent door. A full moon illuminated a woman holding a child. The mother wore a tattered dress, layered with sweaters and shawls. Her arms supported a brightly colored, handmade papoose, in which lay a sick girl. My headlamp cast light across the child's face, revealing weathered, sun-damaged cheeks and a runny nose. The child stared blankly at the sky. Occasionally, a raspy cough shook her body and strain showed across her face. She was not crying.

We had few medications in our expedition's first aid kit, but we did have some old antibiotics. As I fidgeted in the dark with the tablets and a Swiss Army knife, the child had a coughing fit. It lasted a few minutes. By the time the toxic-appearing girl caught her breath, her lips, although sun scorched and dry, were clearly blue.

We spent the morning drinking fresh coffee and asking for seconds on omelets. We showered, got dressed, and checked out of our rooms. Our outfitter staff carried all our bags as custom dictates that loading your own gear is rude and implies that one's "staff" is weak. So we watched, lazily, as they lashed duffels of expensive gear and crates of food onto the top of three Toyota Landcruisers. On the way out of La Paz, we napped behind $100 sunglasses and listened to personal CD players. Occasionally we would stop and take out our autofocus cameras to take photos of the dramatic scenery. A colorful marketplace. A woman washing clothes in a river. Children playing soccer.

The dusty road to base camp winds across the bone-dry Altiplano, or "high plain." On the horizon are the magnificent peaks of Bolivia's Cordillera Real, our climbing objective. With some over 6,000 m in elevation, their granite shoulders are draped with hanging, blue glaciers, leaking fine ribbons of meltwater from their snouts. The only settlement on this route is the small village of Chunavi. It is a cold, sad town with not a tree in sight to protect it from the howling winds that scour the plains on their way to the Andes. There are no phones. No marketplaces. No doctors.

We pulled off the dusty road, down an alley between two rows of crumbling, adobe homes. In the schoolyard, patients were already waiting. They were all women and children. The women were dressed in ornate, colorful, traditional garb. They talked, breastfed, or spun alpaca yarn while they were waiting for the clinic to start. Out of the school, which had been closed that week to allow its use as a medical clinic, came the village mayor. His face was badly scarred. He smiled and shook my hand. He spoke to me in Quechua, a pre-Inca language, which I did not understand.

A high, adobe wall surrounded the schoolyard. A few blocks were missing, leaving a hole. Through the hole, I saw a group of men walking across the adjacent field and toward the school. "The village leaders," Carlos, my Bolivian contact, whispered to me. They entered the schoolyard and surrounded me. Suspiciously, and through two translators, the mayor spoke.

"What do you want from our village? Why do you want to help us? What do you want in return?" At first I was surprised. I had expected a warm welcome, not skepticism. Then I glanced across the courtyard at our three shiny SUVs, loaded high with gear and food. I looked at the work-hardened faces of the men who surrounded me. I looked down at my boots. I was embarrassed.

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"This is your land. Your mountains. Your Altiplano. We climb here. You live here. We are your guests and would like to offer a gift. We bring a doctor, a nurse, and enough medicine to treat your village." The men mumbled, exchanged looks, and broke out in laughter. They closed in on me and ruffled my hair. The mayor raised a steer horn and pressed it to his lips. He blew it into the sky. Within 15 minutes there were 300 people in the schoolyard, playing ball, chatting, waiting to see the doctor.

The school was one room. It held two handcrafted benches and a table. The walls were adobe, and the roof was thatched with reed. Carlos's nephew, a neurologist from La Paz, was helping us with the clinic and translating. The two of us worked while giggling children kicked balls and drew with crayons in the courtyard. The "triage table" was littered with stickers and candy, brought by our team.

Within a week we treated the entire town. Parasitic infection, fungal infection, tuberculosis, low back pain. Some things we could treat. Others we couldn't. It was frustrating. As doctors we want to heal. We want to cure, but sometimes all we can do is examine and listen. Often pain control was all we could offer, and this was understood. The townspeople were incredibly grateful, often asking when we were returning. They hugged us and thanked us.

Before we left, the mayor and his advisors again circled me in the courtyard. They presented me with an ornately decorated, notarized letter from the government of Chunavi, thanking us for our help. Translated, the letter read, "Your gift was like that brought to the children on Christmas. We feel like we have been visited by *Papa Noel*." As we loaded into our trucks, one of the townspeople, Jose, approached me. He had walked six hours through the night to ask for our help. He urged me to visit his wife before I left. She was too ill to come to the schoolyard. She had been sick for a year and had never seen a doctor.

We drove across the plains for an hour to Jose's one-room home. We entered, walking past a rusty, tireless bicycle, a hitching post, and a mule. In the corner of the room, there was a tattered single mattress. Jose's six family members shared this bed. It had no sheets. On the bed was a woman, lying perfectly still, wrapped in soiled shawls and blankets. She made eye contact with me, then looked away. I approached her. As I eased onto the corner of the bed, the mattress shifted, moving the woman very slightly. She wailed in pain. As a tear ran down her cheek, her husband dashed to her side. In Quechua he told me: "She went blind a year ago. Her arms and legs hurt so badly she can't move them. She has trouble breathing, and she won't eat. And then this happened..." He unwrapped her dry, cracked hands to reveal them. Her fingers were severely subluxed, characteristic of rheumatoid arthritis. As I gave her steroids and explained her disease to her, a gust of cold wind sliced through the house and rattled the uninsulated tin roof over the woman's bed.

After the clinic we sent all leftover medications back to La Paz to be donated to a hospital. I hadn't anticipated a woman bringing a 1-year-old girl with pneumonia 16 km up the trail on a mule, through the night, to seek the help of the nearest doctor. Feverishly, I crushed tablets and stirred Gatorade mix to create a makeshift antibiotic suspension. We force-fed it to the child, gave a Ziploc bag of the concoction to the patient's mother, and crossed our fingers. The child stayed overnight at camp and was taken on mule back to town in the morning. A week later the mother reappeared, in the afternoon this time, with the girl in her arms. She approached me and held out her child. The young girl smiled and giggled.

We plodded up the glacier as the sun rose over the Amazon Basin far to the east. It flicked orange light onto the summit of the peak across the valley. In the crisp morning air, I could see each breath as I heard the metronome of my pulse deep inside my ears. I thought of the people in the Altiplano, already working in their fields. I pictured a sick woman on a bed. A rusty, tireless bicycle. A little girl with blue lips. As I looked at my feet, warm inside my expensive, graphite mountaineering boots, I felt ashamed. And I thought about Papa Noel.

Brian Irwin, DO

ORIGINAL ARTICLES

Changes in the Pattern of Health Disorders Diagnosed Among Two Cohorts of French Travelers to Nepal, 17 Years Apart

Patrick Hochedez, Pierre Vinsentini, Séverine Ansart, and Eric Caumes

Background: Few on-site studies involving local doctors have been published.

Methods: We conducted a prospective on-site study of health problems occurring among French tourists to Nepal between 1 January 2001 and 31 December 2001, and compared the results with those of an identical study performed in 1984.

Results: Of the 21,457 French tourists who visited Nepal in 2001, 276 (1.3%) consulted the French Embassy doctor in Kathmandu with health complaints. The main reasons for seeking medical advice were diarrhea (26.8%), high-altitude illness (15.6%), lower respiratory tract infections (11.6%), dermatoses (8.7%), and fever (8.7%). Fifteen patients (5.4%) required hospitalization, five required medical evacuation (1.8%), and 14 (5%) were rescued by helicopter in the Himalayas. One patient died of cardiovascular disease. Relative to the 1984 cohort, significantly more patients consulted for high-altitude illness ($p < .001$), lower respiratory tract infections ($p = .001$), physical trauma ($p = .01$), and psychiatric disorders ($p < .001$), and significantly fewer patients consulted for dermatoses ($p = .04$), sexually transmitted diseases ($p = .001$), and upper respiratory tract infections ($p = .005$).

Conclusion: These results, obtained 17 years apart, illustrate the changes in the pattern of health disorders causing travelers in Nepal to consult a doctor.

Most prevalence studies of travel-associated diseases are based on questionnaires.[1–6] Studies of travelers on their return to their country of origin generally focus on tropical diseases such as malaria and dengue fever, and on disease categories such as respiratory tract infections and dermatoses.[7] Prospective questionnaire-based studies suggest that the proportion of travelers who fall ill during travel ranges from 15% to 64%. Most authors agree that diarrhea represents between one-half and two-thirds of health problems, followed by respiratory tract infections and dermatoses.[1–6] Few on-site studies involving local doctors have been published.

We analyzed travel-associated illnesses occurring among 276 French tourists to Nepal in 2001, in comparison with those identified in an identical study performed in 1984.[8]

Patients and Methods

Between 1 January 2001 and 31 December 2001, we prospectively studied health impairments diagnosed among French travelers consulting the French Embassy doctor in Kathmandu. Patients of other nationalities, local residents and travelers consulting for simple health advice or vaccination were not included.

Diagnoses were based mainly on clinical signs. Paramedical examinations included differential blood cell counts, blood culture, blood smears, liver enzyme assays, stool tests and culture, and chest and bone radiography. Diarrhea was defined as at least three unformed stools daily. The term high-altitude illness covers the cerebral and pulmonary syndromes that can occur in an unacclimatized person shortly after ascending to high altitude. Cerebral abnormalities are subdivided into acute mountain sickness and high-altitude cerebral edema, and pulmonary abnormalities are included under the term high-altitude pulmonary edema. Acute mountain sickness was defined

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