

# My Kelantan 'Connection'

BY

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I am writing this article as a series of anecdotes, sometimes disjointed, as I rack my ageing memory to recall incidents that took place some fifty years ago. I am hoping it will give some insight to the younger doctors, of the 'trials and tribulations' I faced as I attempted to set up the first Paediatric Unit in the East Coast, in Kelantan.

After passing the M.R.C.P Paed. exam in early 1968, I managed to get a posting at the Hammersmith Hospital, London, with Professor Tizzard. He first started me on a research project, and following this, he wanted me to do a term in neonatology. I applied to the Ministry to extend my stay in U.K for a further six months, but this request was turned down and I was instructed to return once my two year term ended. Before I left for Malaya, Prof.Tizzard, who was disappointed with the Ministry's decision, gave me a letter, addressed to the Director of Medical Services, strongly recommending that I be allowed to join the Faculty of Medicine to pursue my interest in research and an academic career. When I produced this letter at the Ministry, the Director turned down this request. He insisted that as I had gone to U.K on a government scholarship, I would have to serve out my seven year contract with the Ministry of Health. He also informed me that the country was acutely short of paediatricians.

*"The Director informed me that I should feel privileged to be the first paediatrician to serve in the East-Coast!!"*

I was posted to Ipoh, on October 1968, as the second Paediatrician, to work with Dato Dr. Pathmanathan. Incidentally he was my registrar in Penang in 1960. I was enjoying this posting, when I got a letter from the Ministry of Health, informing me that I had been reposted to Kota Bahru. It was Feb.1969. I was totally devastated when I got this letter of transfer, as I had always dreaded an east-coast posting. My efforts to work my way out of this posting was not successful.

I left my daughter with my in-laws in Alor Star, and proceeded with my wife in my new Toyota Corolla for the long drive to Kelantan. The Alor Star - K.L. leg was pleasant but the drive along the Karak Highway was a nightmare. The timber lorries made every effort to run me off the road. We however managed to arrive in Kuantan safely, but a bit shaken. We decided to have lunch and managed to find a lovely spot, with a beautiful view of the South China Sea. The exquisite east-coast cuisine, and the majestic waves, lashing the white sandy beach, soon settled my nerves. After the delicious lunch we set off for the long drive to Kota Bahru.

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This drive was a memorable experience. There was hardly a car on the road and the spectacular beaches of the east-coast made this trip special. As we approached Terengganu and came down the hill we were suddenly mesmerized by the breathtaking beauty of the Kemaman beach.

We arrived in Kota Bahru late in the evening and checked into its 'premier' hotel. After tea we decided to take a drive around the town and as we drove, my wife commented that we had not encountered any traffic lights. We were wondering if it was possible that Kota Bahru was a town without traffic lights? We were happy to learn later that there was indeed one set of traffic lights in Kota Bahru!! I also took a drive pass the Kota Bahru General Hospital. It reminded me of a district hospital, like the one in my home town Butterworth, and even though it was not my idea of a General Hospital, I decided I should try to make the most of this posting.

Early the next morning, I reported for duty to the C.M & H.O. I was quite excited and was looking forward to establishing the first paediatric unit in Kelantan. After a long wait, I was finally ushered into his office. There sat a

stern unsmiling North-Indian gentleman, who introduced himself as the C.M. & H.O. Next to him sat a Sikh gentleman, who kept stroking his grey beard, while looking at me from the corner of his eye, a smirk on his face, and who was introduced to me as the M.S./Surgeon. I was surprised by the indifference shown by both the administrators. I was made to feel like a schoolboy on his first day in school, reporting to the headmaster. The C.M. & H.O looked at my letter of introduction, turned to the M.S and finally said with his strong Indian accent "Until we receive a letter to confirm your appointment as a clinical specialist, we have decided for the present, to designate you as a Medical Officer and you will be posted to the out-patient department". I was stunned. There was not a word of welcome, not a smile. I could not believe that after all my effort to pass the M.R.C.P Paediatrics & DCH Exams I am now back again as a Medical Officer. And the irony of it all was that the officials at Ministry had informed me how ecstatic Kelantan would be to have their first paediatrician.

I left the office feeling dejected and at a loss, and not sure what I should do next. I spent a few days thinking about what had happened, and I finally decided I had no option but to tender my resignation. I was not prepared to work as an M.O. in the O.P.D. I sent in my letter of resignation, addressed to the Director of Medical Services, through the proper channel, explaining clearly what had transpired, and that as it appeared Kelantan did not want to use my training as a paediatrician, but instead had decided to post me as M.O to the O.P.D, a situation unacceptable to me, I had no choice but to resign.

When the C.M.&.HO received my letter, he immediately passed it on to the M.S. and asked him to deal with it. The M.S. came rushing into my office, smiling sheepishly, patted me on the back, and suggested I withdraw my letter. Apparently they had reconsidered my position, and had now decided to appoint me as the State Paediatrician. He further invited me over to his house for afternoon tea, which I accepted, and after a cup of hot exotic fragrant Punjabi tea and delicious samosa that his wife had prepared, all the 'intricacies' of the past few days was forgotten and in fact we became good friends.

I finally got round to do my first ward round in the children's ward. I remember there were only thirteen children. As I looked around the ward, I suddenly noticed a child with a drip in the thigh. I was initially surprised that the medical officer was able to find a vein in the thigh. I had never seen this done before. When I went over to take a closer look I realized that the needle was in the subcutaneous tissue. The nurse seeing the shock on my face, tried to explain to me that it was a 'sub-cut', short for subcutaneous drip. The nurse explained to me that the Physician, who was in charge of paediatrics before I arrived, had instructed the M.O.s, to use this method if they were unable to find a vein.

*"As I was without the help of an M.O. it was basically a one man show. I had to clerk the cases, admit them, set up all the drips and do all the procedures."*

It was fortunate that I had brought with me a bagful of butterfly needles (brannulas were still not available) and I soon started to set up drips with these. I was also able to fall back on cut-downs - a procedure I was quite good at, having done my share while training as a housemen in Penang. In fact, on one occasion, while the M.O. was struggling to find a line in the I.C.U with an O.&G. case, that was bleeding profusely, I helped out with a cut-down and got the blood running in 15 minutes. "Sub-cuts" I decided was definitely out. It is with interest, I now read from a recent article from Singapore, that subcutaneous drips are back in fashion, and used at Hospice Centres by paramedics and nurses, and referred to as hypodermoclysis. But the article also made it clear it was not meant for paediatric use. I also started to set up scalp vein drips, and soon the staff were learning to manage them. Even so, of and on, I still got called up to reset drips - how our lives changed when brannulas arrived! Soon the ward began to fill up, and I also had a healthy outpatient crowd, but administration still refused to give me the help of an M.O. The mind set was 'paediatrics was a minor speciality' and I should be able to manage on my own.

One day I had to do a home visit to see a V.I.P child. When I arrived there, the matriarch of the house greeted me warmly, and told me she had heard I was setting up drips into the brain of children and saving them. I was mortified!! I tried to explain to her what a scalp vein drip was, but it took some effort to convince her that I had not put a needle into the brain, but into a vein. I was only thankful that the child she heard about had survived.

My first exchange transfusion was an absolute nightmare. There was a large crowd, including the ayamahs, who had all come to see this procedure. No one had seen one done before. When I cannulated the baby all shouted "Aiyoh apa dia buat". When I withdrew blood from the baby the nurse assisting me keeled over. As there were no cardiac monitors then, I had to monitor the baby with a stethoscope stuck to my ears, and perform the exchange

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single handed. By the end of the procedure, I was a total wreck. It was fortunate the baby was well, and as always, this news soon reached the V.I.Ps. The story was I had removed 'bad blood' from a baby and the baby lived, but no mention was made that I had replaced the 'bad blood' with 'good blood'. I also soon became

aware that the 'news carriers' were my ward ayamahs, and that everything that happened in the ward would reach by 'direct courier service' to the V.I.Ps. I could also now understand why the stories got so distorted, as these ayamahs never fully understood what they saw.

I soon began to learn some of the cultural beliefs of the Kelantanese. It was for instance, impolite to use the left hand over things. As this is also part of my Indian culture I had no difficulty complying with it. In any case I arranged to seat my patients on my right so I never made a mistake. I found the Kelantanese to be very polite and they expected the same from me. The spoken Kelantanese Malay was also 'lembut' and pleasant to the ears – very different from the Penang Malaya, which my V.I.P mothers kept reminding me how "kasar" or rough it was. I learnt about their belief in fate, or "nasib" as they called it. I also heard about the famous 'kapak kecil', the little axe, carried with a little string attached to the wrist, and with a flick, to deliver a minor head wound to settle a grievance. I was surprised to find that these axes were freely available at the market. In my stay in Kelantan we had one case of a kapak kecil attack as a result of a love triangle. I was careful to avoid any confrontation with my patients, as I did not want to end up with a 'Kelantanese craniotomy special'.

One evening, just as I was about to leave for home, casualty informed me there was a very ill child who had just arrived from Gua Musang. The child was febrile, deathly pale, and I knew I was dealing with malaria with severe anaemia. We started the child on oxygen and I managed to get a line in and emergency group O blood running within 15 minutes. Unfortunately the child died. I thought the parents would be grateful to me for my effort. The father was not upset with the death as he said, it was nasib. He however only wished I had not given the blood, as this he said had violated the body. As I drove home, feeling deflated and down, I realized I still had a lot to learn about the Kelantanese.

I had been in Kelantan for seven months and I was still without a phone. Hospital contacted me in an emergency by sending over the ambulance with a call book. I was told that as I was living in a new residential area, there were no telephone lines.

Early one morning, I heard stones being thrown at my window. I woke up to find out that the reason for this commotion was that a V.I.P. child was ill and they needed me. I quickly dressed up and followed them in my car. I saw the child and got him admitted to the V.I.P. ward and spent the whole morning in hospital. When I finally got home, I found my wife

*"The monsoon months are difficult times for the kelantanese."*

smiling. She informed me that the telecoms technicians had been over, and had installed a phone. I was thrilled and relieved that I finally had a phone. But even so I could never understand why the administration was not able to get this done a long time ago, and had frustrated me for seven months! The State Secretary, who was responsible for getting the phone installed, was shocked at the incompetence of the Hospital administration for leaving a specialist on call without a phone.

The monsoon months are difficult times for the Kelantanese. We had only a few outpatients to see. Even the ward patients insisted on being discharged as they had to look after their property in case of flooding. The flood waters would sometimes over flow into the ward and huge rats would make their appearance, as they made their escape from the rising waters. Fortunately the children found this amusing and enjoyed chasing them around. Our coffee

breaks were extended, and while the rain kept pouring down, we sat around in the coffee room discussing our golf scores, and the missed putts.

During one of this monsoon months, the Besut river had over flown and the bridge was underwater and impassable. We got our oxygen tanks from Kuala Lumpur and I was told we were going to run out of oxygen, as it was not possible for them to transport these tanks by road. In paediatrics, we needed oxygen, as we had many children with asthma and pneumonia during this wet season. It was fortunate by then we had a new, more responsible C.M. & H.O, and he immediately called for an emergency meeting. We initially considered flying these tanks from K.L. but the cost would have been exorbitant. Our pharmacist suggested that we could use the commercial oxygen used in factories. Apparently this oxygen was safe to use as it was prepared with no impurities. He got in touch with the factories and saved the crisis.

All the consultants played golf. It was our break from the daily gruelling work. This was at the Kelantan Golf and Country Club, at Pengkalan Chepa, about six kilometers from town. The club house was a little shack with no one to take phone messages. This was also the only golf course in Malaysia, with sand greens! But we loved it, and enjoyed our twice weekly game. Unfortunately the only way the hospital could contact us in an emergency was to send the hospital ambulance. Those were the days before the arrival of the pager and later the H/Phones. Watching this old antic ambulance, with engine straining, making its way over the bumpy fairways, going from hole to hole looking for us, always reminded me of a scene from the 'Carry on Doctor' series. The other golfers seeing this 'comic relief' would help by screaming directions to the driver informing him where we were on the golf course. Most important they wanted the ambulance off the course, so that they could continue with their game. The doctor who was called up, would leave with the ambulance, and the rest of us relieved that the call was not for us, would happily continue with our game.

*“Watching this old antic ambulance, with engine straining, making its way over the bumpy fairways, going from hole to hole looking for us, always reminded me of a scene from the ‘Carry on Doctor’ series”*

Clinical material in Kelantan was interesting and challenging. Malnutrition was common. I even saw children with keratomalacia and borderline Kwashiorkor. Multiple worm infestations with trichuriasis, amoebiasis, and hookworm was very common. Most of these children were anaemic, some with haemoglobin levels below 4 gm/dl. We often gave them a top up of packed red blood cells. Those were the days we gave blood transfusions freely with no fear of H.I.V. At that time, we only had antipar which was effective only against round worms. Memendazole and combantrin were not available in the market. Treating trichuriasis was a nightmare. Memendazole for trichuriasis, only became available in 1973. I remember we did a trial in Penang and were amazed at the result. I presented the results at the 1974 Asian Congress in Manila. Fortunately flagyl was available for amoebiasis, and I did not have to use emetine, the drug we used in the sixties, and which had a potential cardiac risk.

It was also then an accepted practice that any child admitted with recurring high fever, was malaria until proven otherwise. We often prescribed chloroquine while waiting for the blood results. During the dry months we had to think of cholera when we saw cases of gastroenteritis.

During my stay in Kelantan I was involved with one epidemic of cholera. It was a very challenging experience. All diarrhea cases had to be isolated in a common ward for both adults and children, and nursed on canvas beds with holes to collect the faeces. It was also necessary for us to be fully gowned, wearing rubber boots every time we entered the ward. I remember it used to be a struggle for me to try to set up a drip on a screaming child, in this outfit.

When I first arrived in Kelantan we were still treating cases of gastroenteritis with a mixture of kaolin and antibiotics. I used Bowlers special mixture, prepared by my consultant in Penang in the sixties. It was also the practice to stop oral feeds for twenty four hours while the child was on a drip, the idea being to rest the gut, and

then to regrade them slowly on to dilute milk. In 1970 in a double blind trial, Dr.Loh from Singapore, showed that there was no place for antibiotics in the treatment of gastroenteritis. Then came O.R.S and the importance of early introduction of feeds to prevent malnutrition, especially in the developing countries. In 1981, Prof.Wong Hock Boon, introduced the idea of using rice water for oral rehydration as a useful alternative to ORS. This he said would be ideal in developing countries. In 1993, my M.P.A committee, prepared a guide line for management of diarrhoea in children and recommended there was no place for oral antidiarrhoea preparations for children under six. And now we are learning the value of Zinc and Rotavirus vaccination in the prevention and management of gastroenteritis. Hopefully this would put an end to the scourge of gastroenteritis.

I saw my first case of congenital Malaria and presented it at the Annual Physicians Meeting in Penang. I was fortunate, no one challenged my diagnosis.

I also saw some 'exotic' cases. I will always remember this family of cretins. In spite of attending the O.P.D regularly, for years, no one had made the diagnosis as they were labeled as dwarfs. The sad part was some of them were grown adults. I was informed by Prof Wong Hock Boon, whom I consulted, to only treat the children. The adults I was told would not benefit from the thyroxine.

I saw my first case of Soto's syndrome. I also saw a rare case of Lipoma of the Corpus Callosum. The diagnosis had been made at the G.O.S. when the parents were in the U.K. The parents were also informed that no treatment was available. The child was admitted frequently with convulsions, which was poorly controlled with the then anticonvulsant drugs we prescribed. Those were the days we used deep intramuscular injection of paraldehyde to control an epileptic attack. Because of its rarity I decided to publish this case in the local journal. I was informed by the father, whom I met years later, when he visited me in Penang, that she had passed away. I will always remember this lovely happy child..

*“Even though I had been in Kelantan for some months, I was still having difficulty getting paediatrics recognized as a speciality.”*

While I was in Kota Bahru, I also managed to publish the research I did in Hammersmith Hospital. This was to show the effect of starvation on the foetuses of pregnant rats when starved in the last trimester of their pregnancy. Our results showed a two standard deviation reduction in the weight of the foetuses. The idea of the experiment was to show the possible effect of starvation in humans. One morning, Dr.Wigglesworth my boss, told me he was taking me to the London Home Office, the next day to get special permission for me to kill rats. He also told me that I should be appropriately dressed. I initially thought it was a joke. The idea of getting permission to kill rats! I still remember, with amusement, sitting at 'The London Home Office' in my immaculate three piece suit, sipping morning coffee, while seriously discussing my experiment with the officer in charge, to get special permission for me to kill rats. That is the strength of the U.K. R.S.P.C.A.!

Some parents still opted to see the Physician, who happily obliged. This trend I think finally changed after this incident.

One night whilst doing my night round, I saw a child admitted with a diagnosis of dysentery. The child was having recurring colicky abdominal pain and was well in between. I immediately thought of a possible diagnosis of an intussusception. On palpation I was sure I felt a lump just below the liver. The R.I.F felt empty. I called the relief surgeon, who was having dinner with the physician that night, to inform him about this case. Those were the days when air/barium enema reduction was not in practise. Ultrasound was also not available. It was really a clinical diagnosis, and surgical reduction was the treatment. How things changed over the years. I remember, in 1992, at the M.P.A. Meeting in Penang, I presented 88 cases of intussusception my colleague and I had seen at the G.M.C.Penang. With the help of two skilful radiologist, all but 3 cases, were successfully reduced by Barium/Air enema. The surgeon said, he would come in after dinner. I set up a drip stopped oral feeds, and left for home. Next morning when I started my round, I was shocked to see that the child had not been operated on. By now I could see the intussusception at the anus. I was told by the nurse that the physician who had accompanied the surgeon,



decided it was just a case of dysentery, and could be observed for the night. He also told them it was not necessary for them to inform me. I rang the surgeon, and he came rushing over, agreed with my diagnosis and the child was immediately taken to theater and operated on. Fortunately, after a stormy postoperative period, the child survived. The point was finally made that it is sometimes best to leave paediatrics to paediatricians.

I also soon found out practising paediatrics in Kelantan was different from what I was used to in Penang. I had to change my mind set. Visiting times had to be lax, and I had to get used to the idea that it was common practice for a whole village to visit a sick child. They would camp around the ward but they never interfered with our normal routine. I also had to get used to the idea of the bomoh being around to help with the management of patients. I got on well with them, and in practice they never interfered with my management. Looking back, I am amused at how I used to seriously discuss the cases with them.

*“I found it to be a friendly place and we entertained ourselves by visiting each other especially during the festivals.”*

Mothers breast fed their babies in the ward openly, and there wasn't this feeling of embarrassment as I used to encounter in Penang. Breast milk was the accepted milk for babies, and I hardly saw artificial milk around the ward. Unfortunately, during my stay, this practice began to change when Nestle sent an 'Orang Putih Nurse' over to Kelantan. She started to visit all the Health Clinics, and to

brain wash mothers about the convenience and benefits of artificial milk. It also became fashionable, and a prestige symbol. Looking back, I have always regretted, I did nothing to stop her. In fact, I even accepted milk samples from her. I only wish Dr. Koe Swee Lee, the champion of breast feeding, had come to the rescue.

Now a little bit about the social life in Kota Bahru. I must make special mention of Dato Dr. Ezanne Merican, an icon in Kota Bahru, who invited my wife and me for lunch to his house soon after we arrived. He played a major part in helping me settle in Kota Bahru, to make me understand the local culture, and was always there for me when I needed his help.

One Hari Raya I was invited for lunch to a V.I.P. house. There I was given my first taste of Kelantan's special cuisine. In the center of the table, there was a large roasted duck covered with a thick sauce. The matriarch of the house tore a leg and placed it on my plate and invited me to try it; "Makan doctor. Ini lah itik golek". It was prepared by their cook, who was a leading Kelantanese chef. The duck was tender, juicy, and had an extraordinary flavour. I still dream of this dish, as I sit on my desk, on a cold wintry day in Sydney, writing this article. The other specialty of this chef was "akar berlauk", a sponge cake stuffed with shredded chicken floss. That was another exotic Kelantan cuisine I relished. I understand it is a difficult dish to prepare. I was grateful to the V.I.P for sending me this dish, off and on, when the cook prepared it.

The Sultan's Birthday Garden Party was the highlight of the Kelantan calendar - 'The' party of the year. It was held in the garden of the Istana, by the side of the Kelantan River. There was always a buzz around town. The ladies

*“The highlight of my stay was being decorated with the Bintang Setia Makota Kelantan.”*

were all rushing to Happy Tailor, the premier tailor, to get ready their formal ensemble. All the hospital consultants are invited. As we stood around the garden, sampling the many Kelantan delicacies, the Sultan and the Royal entourage, including the children and grandchildren, all dressed in the formal Kelantanese finery, made their slow walk

around, meeting the rakyat. They were very gracious and warm. The children, who by now knew me quite well, would call out to me as they recognize me in the crowd. Looking around, the ladies in their colourful national outfits, we in our best suits, the Royalty in their glittering formal dress, and in the setting of the beautiful Istana Garden, gave it the pomp and ceremony of the occasion - one I still fondly remember.

The highlight of my stay was being decorated with the Bintang Setia Makota Kelantan. I received it on December 1970. Although I had received other awards later in my career, I always value this award, as I felt my effort to establish paediatrics in Kelantan was recognised.

After my two year stint, I was posted to Seremban and left Kota Bahru in December 1970. By now paediatrics was recognized as speciality. My ward was full and we finally had a separate ward for isolation cases. I had also built up a busy outpatient.

As we drove off, after saying our farewells to the many friends we had acquired over the years, we had mixed feelings.

When I left Kelantan I never thought I would be back. In Oct.1971, while I was enjoying my posting in Seremban, I had a call from Kelantan, requesting that I return , to serve another term. Apparently, the paediatrician who was posted there did a AWOL. He arrived in the morning and left in the afternoon. As it was a personal call from a V.V.I.P, I was not in a position to refuse the request. It was fortunate that Tan Sri Sardon, the Minister of Health, who was involved with this move, was kind enough to agree to my request that it would be for one year.

*“Glad to go back to our families in the west-coast and yet feeling a little sad at leaving Kelantan, where we had some memorable moments.”*

My second term was less stressful, as by now the paediatrics department was better established. Most of my recommendations had been passed. We had more equipments. I also had the luxury of a house-doctor to help me. During this posting I got involved with some teaching, helping some doctors to prepare for the M.R.C.P. My brilliant Sikh house-doctor, got his Australian M.R.A.C.P and my Chinese G.P friend his M.R.C.P. This G.P is I think, one of the best equipped, best informed, private practitioner in Kota Bahru. In that exercise, I learnt more from these doctors, than they did from me. After serving out my one year, I got my wish and was posted to my hometown, Penang.

We left for Penang on Oct.1972. Although my total stay in Kelantan was only for three years, I have always had a soft spot for Kelantan, and have kept in touch with the friends there, visiting Kota Bahru, whenever the opportunity arose. I last visited Kota Bahru in 1995 in conjunction with the Sultan’s Birthday Celebration. I got an opportunity to visit the Faculty of Medicine and I was amazed at the advances paediatrics had made from that day in Feb.1969 when a young inexperienced paediatrician was attempting to set up paediatrics in Kelantan. I only hope I had contributed in some small measure, towards this. Now as I come to the end of this article, my thoughts once again, go back to the first day, I tasted the delicious sponge cake – “akak berlauk”.What I would now give, for just a slice of it!

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