Charlie Kind writes:

During the summer vacation in 2016, I was fortunate enough to spend 7 weeks working as a clinical researcher in Kenya. I focussed on the epidemiology of epilepsy in children in the rural Kilifi County on the country’s coast. I was based in the Neuroassessment Department of the KEMRI-Wellcome Research Programme, led by Charles Newton, Professor of Psychiatry and fellow of St John’s College.

Being relatively early on in my studies (between years 2 and 3 of undergraduate medicine), working in Kilifi was a unique first step in gaining science and clinical experience. My part in the research, recently published in [Epilepsia Open](http://onlinelibrary.wiley.com/doi/10.1002/epi4.12069/epdf), involved statistical analysis of neurological and sociodemographic data, as well as carrying out and interpreting electroencephalograms (EEG brain scans) of young children. We found that the burden of seizure disorders was greater in this area than many high-income countries, and was often associated with neurobehavioural comorbidities such as autism spectrum disorder. Our identification of certain common features of seizures suggested preventable causes of epilepsy. Worryingly, more than 80% were not receiving anti-epileptic drugs, highlighting an important opportunity to improve outcome. The emergence of eating soil and snoring as risk factors warrants further investigation. However, it was difficult to establish the causal role of such risk factors.

Most of my time was spent between the Neuroassessment Department and the Paediatric High-Dependency Unit at the adjacent hospital. The experience I gained from shadowing and assisting doctors and nurses on the ward was an invaluable insight into healthcare in this low-income area. I saw how they deal with challenges such as a lack of blood for transfusion, and families who struggled to understand the reasoning behind doctors’ interventions: the majority of local residents believe that seizures are caused by possession with evil spirits. The impact of conditions such as malaria, malnutrition and HIV/AIDS was made clear from my time on the ward, and on field trips to remote areas with community liaison teams. With a mortality rate of around 20%, the ward environment was at times hard-hitting, and demonstrated the healthcare providers’ skilful balance of empathy and pragmatism.

I am indebted to the College (especially to Professor Newton) for providing such a unique opportunity to experience clinical and research work in another country, at such an early stage in my career. That this resulted in published work is incredibly satisfying. Mine is just one example, among those of my friends and colleagues, of the attention the College pays to the support of such extra-curricular experiences. My work was made achievable thanks to the generous financial support of the Moritz-Heyman Scholarship, to whom I am sincerely thankful.