



# Current Practice in Neurosciences

Food for thought

NOVEMBER 2020

VOLUME 2, ISSUE 6

Sunil K Pandya

Department of Neurosurgery, Jaslok Hospital and  
Research Centre, Mumbai, India

### Editor's Note

I pen these words to bid adieu to the role of steward of a resource which was thoughtfully instituted two years ago by our Secretary Dr. N. Muthukumar. He realized the need for a periodic publication that would provide a succinct but up to date review of a neurosurgical topic. Thus was born a topic-based bimonthly - Current Practice in Neurosciences. I have enjoyed the privilege of helming this fledgeling publication for two years and have learnt a lot in the process. I would like to thank all the contributors to the 12 issues, who delivered excellent material and more importantly stuck to the deadlines (sometimes unrealistic) set by me. I also want to record my gratitude to the members of the Editorial Board, Editors of Neurology India, Drs. Sanjay Behari and P. Saratchandra and the technical team at Medknow for their cooperation.

For my swansong issue, I went out on a limb and requested Prof. Sunil Pandya to write an essay on five non-curricular books (but were related to medicine) which he feels are essential reading for not only neurosurgeons but doctors in general. More than the list of books, it is his reviews of these books that are to be treasured. Thank you, Sir, for producing such a gem!

I hope you all enjoy the November 2020 issue of CPINS.

I am certain that my successor, Dr. Girish Menon, will enhance the features of this publication and I wish him and his team all success.

Prof. V. Rajshekhar

### Introduction

Johannes Gutenberg, a goldsmith, changed the world of learning forever when he invented the printing press around 1440. It was no more necessary to painstakingly copy texts manually, often taking weeks to do so. Thousands of copies of literary works could be prepared, relatively inexpensively and distributed far and wide. Knowledge, recorded experience and wisdom were no more restricted to the rich and powerful. Democracy of the intellect was now a reality.

The old adage about the horse and water continues to operate. To partake of the intellectual feasts on offer, it is necessary to make the effort. Selectivity is the key to differentiate between wheat and chaff. It is so easy to get lost in ephemera and trivialities.

I have been exceedingly fortunate. Born into a family where learning and books were respected, I came under the spell of teachers, especially in my impressionable days as a medical student, who pointed me in the right direction. I remain grateful to Dr. Rustom N. Cooper, the doyen of surgery in Bombay in the 1950s and 1960s, who permitted me to borrow books from his well-stocked library even when I was an unknown house surgeon.

I place before you information on some books in English that I treasure. I have chosen books from the past for you must already be well-acquainted with modern works. I do hope you will thrill to them as I have over the decades. Similar lists can be drawn up for books in Hindustani, Urdu, Bengali, Tamil and the other rich cultures of our country.

### Ancient Indian Medicine



This classic book was published by Dr. Pandipeddi Kutumbiah (1892-1976) in 1962. He was a professor of medicine in the Andhra Medical College, Vishakhapatnam (1938-1945), principal and professor of medicine at Stanley Medical College, Madras (1945-1948) and professor of medicine and principal at Christian Medical College, Vellore up to 1957. He had started work on the book in 1935. World War 2 and the pressure of professional work delayed its completion.

Immediately after the title page and publication details, he provided three quotations. I reproduce that from the *Charaka Samhita*: 'The science of life has always been in existence and there have always been people who understood it in their own way; it is only with reference to its first systematized comprehension of instruction that it may be said to have a beginning.' I have yet to see a better introduction to any work on the history of medicine.

If you need coaxing to study this book, read the preface by Dr. S. Radhakrishnan. 'Dr. P. Kutumbiah has given us in this book a scholarly and systematic study of ancient Indian medicine.' He, too, quoted from Charaka's text: *Krtsno hi loko buddhimātam ācāryah*. (The whole world is the teacher for the wise.)

Early Western writers on the history of medicine ignored developments in India millennia ago. Dr. Kutumbiah felt that this followed their ignorance of Sanskrit – the language in which our medical Samhitas were written. Sir William Jones, founder of the Asiatic Society of Bengal in 1786 and Mr. Henry Thomas Colebrook, 'the first great Sanskrit scholar in Europe' aroused interest in Sanskrit classics. Dr. Kutumbiah provides us with references to subsequent works by European authors on the medical and surgical sciences in ancient India.

In the preface to the second edition, Dr. Kutumbiah showed that there was no debt to be paid by our pioneers to Greece or Egypt. On the other hand, Greek physicians may have been indebted to our ancient medical sages. Throughout the book, Kutumbiah correlates advances in ancient Indian medicine with those in Greece, Mesopotamia, Babylonia, Assyria, Egypt and other ancient civilizations.

The general introduction (pages i-iv) deserves careful study for in addition to tracing the development of our knowledge on pre-Vedic, Vedic and post-Vedic medicine, it contains a wealth of information on the philosophy of the physicians of yesteryear, the selection of teachers and students, the status of the physician in society, logic and disputations, the science of debate and discussions, and on medical ethics. It reproduces relevant quotations from Charaka and Susruta Samhitas.

The text treats the story of the development of medicine in India with chapters on anatomy; physiology; the doctrine of *tridosā*; etiology, classification and pathology of diseases; diagnosis and prognosis; materia medica and treatment; specialities such as surgery, ophthalmology, obstetrics, gynaecology and paediatrics. Kutumbiah takes care to explain the terms used by our ancient sages and helps us correlate them with our present concepts.

In Chapter one, we come across a description of the reason why each medical student must master anatomy for it is only then that he will marvel at 'the wonderful structure of man.' This chapter also describes the manner of dissection permitted in the times of Susruta and we marvel that with such limitations, he was able to describe the function of the recurrent laryngeal nerve! The prevalent views on the formation of the fetus, why the heart was formed first when the organs of sense make their appearance, details on osteology will make you wonder.

Beware, though, of the danger of comparing their concepts with ours. Such temptation is especially likely to assail you when you study their ideas of the etiology of disease, descriptions of diseases due to sorcery and the role of *dosas* (*vāta*, *pitta* and *kapha*). We stand on their shoulders and those of hundreds of generations of their successors and so have a broader view. It does not behove us to ridicule their views even though they are far removed from our own.

The language used by the ancients was almost poetic, far removed from the stilted semantics found in current textbooks. Here is an example of the description of the heart

in Atharva Veda: 'lotus with nine gates'. The diagram provided by Kutumbiah of the ancient Indian concept of circulation (page 50) appears to anticipate the work of William Harvey in the 16<sup>th</sup> century (C.E.) – almost 2200 years later!

'Very little is said about the brain in Indian medical literature,' Kutumbiah tells us and this is not surprising. The ancients had no means for preserving the brain and spinal cord and by the time they got to these structures in their anatomical and pathological studies, they had already turned into mush. And yet, they recognized that the brain is 'that part of the body in which the life breaths are said to inhere, to which all the senses are said to belong...' (Charaka). Bhela (6<sup>th</sup> century BCE) also recognized the brain as being in the centre of the *manas*. For centuries after these Samhitas was written, physicians in the West continued to believe that the heart was all-important. The ancient Egyptians preserved the heart and discarded the brain which was removed as pulp through the cribriform plates.

Chapter 5 deals with diagnosis ('the greatest achievement of ancient Indian medicine') and prognosis. Once again, we cannot fail to admire the language: 'The physician who fails to enter the inner body of the patient with the lamp of knowledge and understanding can never treat diseases.' (Charaka Samhita) As we study this chapter, we realize how much we have lost in not attending to many of the criteria used by Charaka in diagnosis. Our failure to use our senses of smell and taste when examining patients is just one example. Rational thinking governed prognosis. 'There are patients that meet with death notwithstanding the application of treatment in its entirety. Not all patients obtain recovery through treatment. Not all diseases are amenable to cure.'

*Materia medica* ('medical material' - a Latin term for all substances used for healing) incorporated vegetable, animal and mineral substances. 'Magico-religious' procedures were also used as weapons against witchcraft. Some injunctions during therapy will produce amused curiosity: 'Regulation of sexual intercourse (milk was to be drunk after it); forbidden on the 8<sup>th</sup>, 14<sup>th</sup> and 15<sup>th</sup> days of the month and in the morning.'

'In classical times, surgery (*salya*) was regarded as the most important branch of medicine'. It is dealt with in Chapter 6. Associated principally with war and injury, it required detailed knowledge of the *marmas* – danger spots where great care was required. You will find details on *marmas* on pages 154-155. By modern standards, surgery in ancient times was primitive in all civilizations and so it was in India but even so, learning about the evolution of their knowledge and techniques is salutary.

Ayurveda reached its acme in the days of Charaka, Susruta, Vagbhata, Bhela and other ancient masters. Dr. Kutumbiah has provided notes and references that enhance the volume.

(Note: I have used the spelling of Charaka as it is in Dr. Kutumbiah's book. It is also spelt as Çaraka.)

### Suggested reading

*Charaka Samhita*: English translations and commentaries by Dr. Pranjivandas Mehta, Kaviratna Avinash Chunder Kaviraj, M. S. Valiathan.

*Susruta Samhita*: English translations and commentaries by Kaviraj Kunja Lal Bhishagratna, Rudolph Hoernle, M. S. Valiathan.

Bhagvat Sinh Jee (Thakore Saheb of Gondal): *A short history of Aryan medical science*.

Bhatia S. L.: *A history of medicine with special reference to the Orient*.

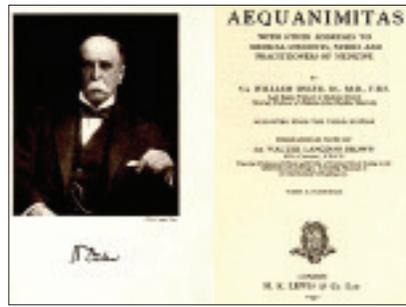
Jolly Julius: *Indian medicine*.

Mukhopadhyaya Girindranath: *History of Indian medicine*.

Vakil Rustom Jal: *Our glorious heritage*.

Zimmer Heinrich: *Hindu medicine*.

## Aequanimitas with Other Addresses – William Osler



When its first edition was published in 1904, it carried no preface. From the second edition onwards, Osler explains in a preface his rationale for collecting the various talks for publication: 'Loyalty to the best interests of the noblest of callings and a profound belief in the gospel of the day's work in the texts.' This sentence also sums up Osler's philosophy.

Three essays not included in the first edition were added from the second edition onwards. Of these, *The fixed period* had been followed by a major controversy. Osler explains how a jocular statement was mistaken for a prescription that every physician over 60 should be done away with.

The word *aequanimitas* was borrowed from a Roman emperor. On page 6 of the first essay, we note: 'Let me recall to your minds an incident related of that best of men and wisest of rulers, Antoninus Pius, who, as he lay dying, in his home at Lorium in Etruria, summed up the philosophy of life in the watch-word, *Aequanimitas*.' Osler explained why each of us must cultivate this quality. Elsewhere, Osler also pays homage to Antoninus' adopted son, Marcus Aurelius (121-180 C.E.), author of *Meditations*.

This essay, by itself, is invaluable. Consider other advice given in it to the valedictory class of 1889 in Pennsylvania: 'Cultivate...such a judicious measure of obtuseness as will enable you to meet the exigencies of practice with firmness and courage, without, at the same time, hardening *the human heart by which we live*.' (Although Osler does not specify it, this phrase is from William Wordsworth's *Ode on intimations of immortality from recollections of early childhood*, written in 1807. The last verse reads:

'Thanks to the human heart by which we live,  
Thanks to its tenderness, its joys, and fears,  
To me, the meanest flower that blows can give,  
Thoughts that do often lie too deep for tears.'

Osler advised the young graduates on the fact that patients will behave irrationally: 'Deal gently then with this deliciously credulous old human nature in which we work, and restrain your indignation, when you find your pet parson has triturated of the 1000th potentiality in his waistcoat pocket, or you discover accidentally a case of Warner's Safe Cure in the bedroom of your best patient. It must need be that offences of this kind come; expect them, and do not be vexed. Curious, odd compounds are these fellow-creatures, at whose mercy you will be; full of fads and eccentricities, of whims and fancies. Hence the need of infinite patience and an ever-tender charity toward these fellow-creatures; have they not to exercise the same toward us?'

Here you will also encounter the spindle of the Greek Clotho – who spins the thread of life; Osiris – the Egyptian god of fertility, the dead, resurrection and more; the monstrous Greek serpentine giant Typhon; the poet Milton, Richard Owen, the comparative anatomist and Hunterian Professor at the Royal College of Surgeons; Joseph Leidy of Pennsylvania who has a glacier named after him; Childe Roland – the creation of Robert Browning and eminent local physicians John Morgan, William Shippen, Benjamin Rush, Caspar Wistar, Philip Syng Physick, John Rhea Barton, George Bacon Wood, Samuel W. Gross, Palmer Howard.

I hesitate to bring forth similar examples from the other chapters for fear of overloading your search facility on the computer.

Osler could not resist including essays on his beloved subject. *Books and men* and *Some aspects of American bibliography* fall into this category. You will especially enjoy the former, with its autobiographical details. His personal library has been preserved and augmented in the eponymous Osler Library of the History of Medicine at McGill University in Canada.

Other essays address the role of family physicians; relationships between teacher and student, doctors and nurses; nurses and patients; internal medicine as a vocation; the hospital as a college; the utility of medical societies and chauvinism in medicine.

Oft quoted are his recommendations to students in *Teacher and student* – the cultivation of the art of detachment, the virtue of method, the quality of thoroughness and the grace of humility. Complementing this is *Teaching and thinking – the two functions of a medical school*. Many of his suggestions in these essays are applicable to medical colleges in India even today. Here are some examples:

‘The aim of a school should be to have these departments in the charge of men who have, first, enthusiasm, that deep love of a subject, that desire to teach and extend it without which all instruction becomes cold and lifeless; secondly, a full personal knowledge of the branch taught not a second-hand information derived from books, but the living experience derived from experimental and practical work in the best laboratories.’

‘Thoroughly equipped laboratories, in charge of men, equipped as teachers and investigators, is the most pressing want to-day in the medical schools of this country.’

‘A great university has a dual function, to teach and to think. What I mean by the thinking function of a University, is that duty which the professional corps owes to enlarge the boundaries of human knowledge.’

Of his talks on the history of medicine, this volume includes *Physic and physicians as depicted in Plato* – delivered at the Johns Hopkins Hospital, where he was the first professor of medicine, in 1893. *The leaven of science* (1894) focuses on the history of anatomy, especially in Pennsylvania though there are several references to the development of this science in Britain and elsewhere as well. *British medicine in Greater Britain* traces the evolution of medicine from the influence of the Greeks and Romans – and later the Germans and the French – to the work of Linacre, Sydenham and Harvey. *After twenty-five years* traces the development of medicine in Canada, especially Montreal, up to 1899, his own reminiscences forming a significant part. *Medicine in the nineteenth century* discusses the growth of scientific medicine – John Hunter, Boerhaave – ‘the Batavian Hippocrates’, Haller, Morgagni, Virchow, Hahnemann, Bichat, Broussais, Corvisart, Laënnec, Bright and others who contributed to medicine in this period. (Although we tend to think of Jakarta when we hear the word ‘Batavia’, this is actually the ancient term for that part of the Netherlands between the Rhine and the Waal.) The chapter also deals with the development of specialization in medicine and the growth of preventive medicine as a discipline. The concluding lines provide a cautionary note – valid for all time.

Scattered through these talks are references to India – Buddha, Hankin, Haffkine, Annesley, Ballingall, Morehead, Vandyke Carter and Cunningham and ‘the remarkable opportunities for study which India has presented. Where else in the world is there such a field for observation in cholera, leprosy, dysentery, the plague, typhoid fever, malaria, and in a host of other less important maladies?’

The controversial statement in *The fixed period* could have been predicted from his earlier declarations. In *Teacher and student* (1892) we find

‘...the seniors present will pardon a few simple remarks upon the disadvantages to a school of having too many men of mature, not to say riper, years. Insensibly, in the fifth and sixth decades, there begins to creep over most of us a change, noted physically among other ways the silvering of the hair and that lessening of elasticity. And with most of us this physical change has its mental equivalent... seen in a weakened receptivity and in an inability to adapt oneself to an altered intellectual environment. It is this loss of mental elasticity which makes men over forty so slow to receive new truths. There is no sadder picture than the Professor who has outgrown his usefulness.’

Some sources are not provided, perhaps because their quotations had passed into the literary currency of his age. Osler used ‘When to the sessions of sweet silent thought, you summon up the remembrance’ in his essays *Teacher and student* and *Unity, peace and concord*. It was William Shakespeare who, in 1609, started Sonnet 30 with ‘When to the sessions of sweet silent thought, I summon up remembrance of things past’ Osler uses several phrases from the Bible and other sources in a similar manner. In doing so, he enriches his prose.

I reserved the chapters I admire most for the last section of this note. *The master-word in medicine*, with its conversational tone, is inspirational. *The student life* starts with this sentence: ‘Except it is a lover, no one is more interesting as an object of study than a student.’ The last chapter, *L’envoi* is the text of the remarks he made at a farewell dinner given by American and Canadian physicians as he prepared to leave for his new position as Regius Professor of Medicine in Oxford, England. Autobiographical and conveying his sincere sentiments, it ends thus: ‘...I have made mistakes, but they have been mistakes of the head, not of the heart. I can genuinely say, that in my sojourn among you,

I have loved no darkness,  
Sophisticated no truth,  
Nursed no delusion,  
Allowed no fear.’

(This verse is from Matthew Arnold’s *Empedocles at Etna* written in the early 1850s.)

I do hope you will find the essays in this book as interesting as I do. I return to them from time to time.

Even if you discount everything above, do study this book for the following reasons. Osler’s in-depth study of the literary classics is reflected in his own, admirable prose. You will encounter quotations from and references to many of the great Western authors and philosophers of the past and of his time. If, as is advisable, you choose to look up the lives and works of these intellectual giants as you encounter them in Osler’s essays – and you can easily do so on the magical media of Google Search and Wikipedia – I assure you of a welcome broadening of your own horizons.

On the last page of this book, you will find a list of ten books recommended for every student’s bedside library. They are books from bygone times but worthy of study. If not by your bedside, ensure that they are in the treasure house reached through the magic door. (See below.)

You must also study all the writings of Egerton Yorrick Davis – Osler’s rascally *alter ego* who wrote papers that shocked puritan physicians of the time.

### Suggested reading

Camac C. N. B.: *Counsels and ideals from the writings of William Osler*.

Cushing Harvey: *The life of Sir William Osler*.

Fulton John F: *Harvey Cushing - biography*.

Osler William: *A concise history of medicine*.

### The Poet-Paediatrician



*The autobiography of William Carlos Williams* was published in 1948. If a hall full of doctors was asked about Dr. Williams (1883-1963), the vast majority would not be able to describe his life and work. An occasional paediatrician may recall his papers in the first half of the 20<sup>th</sup> century. A similar hall full of poets may, however, have encountered some of his poems, especially *Paterson*. He was awarded the Pulitzer award posthumously. And yet, his work with patients is at least as important as his literary output.

Dr. Williams starts his foreword with a caveat. 'Nine-tenths of our life is well forgotten in living. Of the part that is remembered, the most had better not be told. A thin thread of narrative remains – a few hundred pages.'

Intriguingly, he cautions us, 'I do not intend to tell the particulars of the women I have been to bed with... Do not look for it...' ('Famously Williams confessed the affairs to his wife when he thought he was dying, only to live for many more years – years in which his wife was doomed to take care of his failing body.' Harriet Staff 2011).

He summarizes the purpose of writing this book: 'All that I have wanted to do was to tell of my life as I went along practising medicine. As a writer, I have been a physician and as a physician, a writer; and as both writer and physician I have served sixty-eight years of more or less uneventful existence, not more than half a mile from where I happen to have been born.'

The urge to write was always strong in him. 'Time meant nothing to me. I might be in the middle of some flu epidemic, the phone ringing day and night, madly, not a moment free. That made no difference. If the fit was on me, burning inside me, having bred there overnight demanding outlet, that demand had to be met. Five minutes, ten minutes can always be found. Finally, after eleven at night, when the last patient had been put to bed, I would always find the time to bang out ten or twelve pages (on the typewriter). I couldn't rest until I had freed my mind from the obsessions that had been tormenting me all day.'

Several family vignettes are included here. The paragraph on page 9 describing the interaction between his mother, who lived to be 92 and her mother-in-law, who lived to be 83 is hilarious.

As a child, he remembered 'one of Grandma's naughty stories. If a lady was just about to take a bath and a man came suddenly into the room, where should she put her hands? Over his eyes, of course.'

His father introduced him to the poems of Paul Laurence Dunbar (1872-1906) and the works of Shakespeare (1564-1616). He offered his son a dollar apiece if he would read Darwin's *The origin of species* and *The descent of man*. 'I took him up. It was well-earned cash.'

He tried an interesting experiment. 'It is impossible to recall whether it was in late childhood or early adolescence that I determined to be perfect. The fascination of it still affected me: Never to commit evil in any form, never especially to lie, to falsify, to deceive, but to tell the truth always, come what might of it. The elevation of spirit that accompanies that resolve is a blissful one. It didn't last long.'

In 1897 he and his brother accompanied their mother to France and then to Switzerland, where they went to school. Some of his adventures in Paris are interesting, especially the episode where he was coaxed to wear his mother's clothes and visit Tante Alice (pages 36-37). His description of Joseph Pujol performing as *Le Pétomane* is brief but captivating. Pujol would get air pumped into his rectum and then expel it as desired, producing a variety of sounds. The grand finale involved the release of all the remaining air with a bang!

They returned to America in 1899. Whilst studying with Uncle Billy Abbott (who inculcated in him the love for old classics such as *The Ancient Mariner*, *Lycidas* and *Comus*) and Miss Butler (who introduced him to Greek, Roman and English history) he found his literary horizons widening.

It was around then that he developed his interest in poetry. You will find his first poem and his criticism of it on page 47. His realization that he could not earn a living by writing led him to join the medical school at the University of Pennsylvania. There, he developed a fascination for neurology as taught by Professor William Gibson Spiller (Spiller had worked with Oppenheim, Edinger, Dejerine and Gowers. When, in his later years, Spiller was asked to write a textbook on neurology, he replied, 'When I can write a better book than Oppenheim I'll do so.' Walter Freeman – famed for his lobotomies – was Spiller's pupil. Spiller's lectures were always crowded, and he was famous for the quotations from Shakespeare that punctuated his solutions of neurological mysteries – all produced in his rather soft voice.) Williams' description of the man is interesting: 'I loved the man with his big round head and the prominent temporal arteries like twin snakes upon his temples. Had I felt stable enough, nothing would have pleased me more than to have gone in for neurology.'

It was then that he met Ezra Pound and developed a friendship that was lifelong. Chapter 12 is devoted to Pound, and there are numerous other references to him throughout the rest of the book. Ezra's plan to make a million from 606 – the anti-syphilitic arsenical newly discovered by Ehrlich – in north Africa is worth reading (page 92).

Describing his friends at the time, he said: 'Flossie, my wife, who is the rock on which I have built. But as far as my wish is concerned, I could not be satisfied with five hundred women. Men have given the direction to my life and women have always supplied the energy.'

His early medical experiences included the offer to marry the widow of a prominent doctor. She was ten years his senior and was reputed to have a million dollars. Williams turned down this offer. Another incident provoked the wrath of Krumwiede, an outstanding pathologist. Krumwiede had asked for a dozen slides with blood smeared on them to be sent to the laboratory. When he tried to study them the next morning, he found no trace of blood. Cockroaches had cleaned up the slides!

Williams was appointed as a paediatric resident to Nursery and Child's Hospital. Whilst he admired some of his mentors, there were significant failings in the institution. On one occasion he demonstrated a multitude of bedbugs that were the cause of a child's nocturnal cries. The management was riddled with corruption. Eventually, he resigned his residency because of a run-in with the administration over ethics. Despite the coaxing of senior doctors and his mentor Dr. Kerley's dangling a lucrative job in his office, which would assure a well-oiled career as a New York specialist, Williams refused to sign papers that falsified the hospital's monthly report to the state government on admissions, discharges, births, and deaths. (As a result, Albany withheld financial aid to the hospital.) Williams' discovery that the Chairman of the Board of Trustees had been conducting a furtive affair with the hospital administrator, Miss Malzacher, and that the tainted money went to her, did not sway his decision. When none of the senior doctors backed him up, he quit and returned to his parents' home in Rutherford to mull over his future in medicine.

'It was during the next few months of spring weather that I first observed Flossie and my whole life came to a head.'

He went on a trip through Germany, France and Spain. On his return, he started general practice and recalled that his first patient sought treatment for dandruff. He attributed

his small practice to the location of his office and his lack of confidence in himself. By now, he had already published his first volume of poems.

Leibowitz, in his biography of Williams, offers another explanation for his poor practice. Williams hated pharmaceutical companies and supported socialized medicine. He ministered to poor immigrant Italian and Polish families who lived and worked around Rutherford. He faced poverty, illness and death often and developed a sympathetic worldview.

After three years of close companionship, Flossie married him. The jeweller, to whom Flossie took the ring to be engraved couldn't help exclaiming at the date of the wedding: 12-12-12.

In addition to poems, he was also writing plays. He had narrowed down his work to paediatrics but also gave birth to nearly every baby born on those streets above the old copper mines. At times, he learnt from his aged patients. 'I had an oldish woman with a retarded placenta. I had the undelivered placenta in my hands but could not withdraw it.' An older woman gave an empty bottle to the patient and jabbered to her in Italian. The woman in the bed pulled in her breath and putting the neck of the empty bottle to her mouth gave a mighty heave. 'My hand holding the placenta was expelled forthwith.' As in most such poor communities, they respected the doctor who did so much for them. At times, though, this was counterproductive. 'One night, whilst I was sleeping across three chairs (during prolonged labour), they put clean sheets down for me and gave me a fresh pillowcase. When I awakened during one the woman's noisier moments, the bedbugs were all over that whiteness.'

He had titled his third book *Kora in hell*. As he described its writing, he told of 'the stupidity, the calculated viciousness of a money-grubbing society such as I knew and violently wrote against; everything I wanted to see live and thrive was being deliberately murdered in the name of church and state.'

He describes the influenza epidemic of 1918 and how it hit his patients. And there were the problems of poverty. 'I've seen some terrible cases: a woman with six children living over a tobacco shop, who died following a criminal abortion; a case of placenta previa with every joint in her body infected (I drained them one after the other over a period of at least three months whilst she lay there)...an untreated case of diphtheria strangling on the floor because of an excess of religious fervour on the part of the parents.'

Two anecdotes featuring Ernest Hemingway might be in place here. On a visit to Paris in 1924, 'met Hemingway on the street, a young man with a boil on his seat, just back from a cycle ride in Spain'. Whilst in Spain, during a halt in the train ride, the passengers found a dead dog beside the track, his belly swollen, the skin iridescent with decay. His colleague wished to move away but not Hemingway. He got out his notebook and to the disgust of others, took minute notes describing the carcass. Williams could not help murmuring, 'I thoroughly approve.'

During their visit to the Louvre, Floss and he found a gap in the space occupied by the Mona Lisa. It had been cut from its frame and stolen just a week earlier.

Williams was committed to paediatrics by then. The account on pages 247-249 is especially delightful.

Chapter 38 is devoted to Gertrude Stein. Her icy demeanour and acerbic comments are encountered here as can be expected. On page 291, you will find more on her and her studies at Johns Hopkins as she believed that you must know medicine to be a good writer.

Chapter 40 should be of general interest as it deals with medicine and poetry. Williams was put off by surgery and surgeons. 'What is there to cut off or out that will *cure* us? And to stand there for a lifetime sawing away! You'd better be a chef or a butcher.' He tells us how his mind worked when he saw a patient - 'to treat him as material for a work of art made him somehow come alive for me.' There are further ruminations on physicians in the next chapter. He issues a cautionary note to every reader: 'The worst doctors know

how to make themselves attractive. They are usually popular.' He concludes: 'Today the hospital is part of the fairgrounds for the commercial racket carried on by the big pharmaceutical houses.'

He provides his own credo in the third paragraph on page 291. You can get further insights into Williams as a medical practitioner and how closely intertwines medicine and writing were in chapter 54 – *The Practice*. It is of interest that he listened to the histories of his patients so keenly that 'for the moment at least, I actually became them, whoever they should be so that when I detached myself from them at the end of a half-hour of intense concentration over some illness which was affecting them, it was as though I were reawakening from a sleep.' I strongly recommend this chapter for close scrutiny.

For those of us who are not enthused by poetry but would like to learn more about Dr. Williams – the pediatrician – he also wrote *The doctor stories*. Robert Coles, in his introduction, notes, 'I remember the doctor describing his work, telling stories that were real events, wondering in retrospect how he did it, kept going at such a pace, hauled himself so many miles a day, got himself up so many stairs, persisted so long and hard with families who had trouble, often enough, using English, never mind paying their bills. And as he knew, and sometimes had to say out loud, even mention in his writing, it wasn't as if he was loaded with money or a writer who took in big royalties.' During the Depression, the parents of many of his patients – 'obscure, down and out, even illiterate' – could pay nothing. And yet, Dr. Williams continued with his work amongst them. Even when tired and overworked, he found his work with patients sustaining, healing, inspiring.

Williams, himself, explained these stories thus: 'I lived among these people. I know them and saw the essential qualities; the courage, the humour, the deformity, the basic tragedy of their lives and the importance of it.

'You can't write about something unimportant to yourself. I was involved. That wasn't all. I saw how they were maligned by their institutions of church and state – and *bettors*. I saw how stereotype falsified them.

'Nobody was writing about them, anywhere, as they ought to be written about. There was no chance of writing anything acceptable, certainly not salable, about them.

'It was my duty to raise the level of consciousness, not to say discussion, of them to a higher level, a higher plane. Really to tell.'

As Coles points out, 'These are brief talks, or accounts meant to register disappointment, frustration, confusion, perplexity; or, of course, enchantment, pleasure, excitement, strange or surprising or simple and not at all surprising satisfaction. These are stories that tell of mistakes, of errors of judgment; and as well, of one modest breakthrough, then another—not in research efforts of major clinical projects, but in that most important of all situations, the would-be healer face-to-face with the sufferer who half desires, half dreads the stranger's medical help.'

He confessed to a sense of guilt when he used these medical experiences in his poems and stories. 'I would learn so much on my rounds or making home visits. At times I felt like a thief because I heard words, lines, saw people and places—and used it all in my writing.'

The book contains six poems and fourteen tales. (Of the latter, *The practice* is reproduced from his autobiography.)

I will leave you to read the poems in full. They bring out his experiences as he dealt with his poorest and most helpless patients.

*Old Doc Rivers* and *The use of force* are two examples of the compelling tales narrated by him.

As a finale, we have a bonus granted us.

*Afterword: my father, the Doctor* is an essay on Williams by his son William Eric Williams, also a paediatrician. '...My father sounds like anything but a struggling young physician,

three years married, father of one, still being judged by the established physicians of the town...’ He tries to explain the pursuit of literature even as he struggles to establish a practice. It includes a poem which says:

‘If I did not have  
verse  
I would have died  
or been  
a thief.’

Dr. William Eric Williams published *William Carlos Williams: an American dad* in 2005. This is a great help to all of us wanting to know more about the illustrious father.

#### Suggested reading

Cajal Santiago Ramón y: *Recollections of my life*.

Carson Ben: *Gifted hands*.

Cronin A. J.: *The citadel*.

Kalanithi Paul: *When breath becomes air*.

Kubler-Ross Elisabeth: *The wheel of life: a memoir of living and dying*.

Marsh Henry: *A life in brain surgery* and *Do no harm: stories of life, death and brain surgery*.

Sacks Oliver: *On the move: a life* and every other book by him, you can lay your hands on.

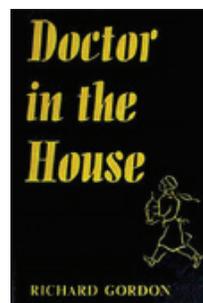
Schweitzer Albert: accounts of his life in Lambaréné in Gabon, *Reverence for life* and *Out of my life and thought*.

Vergheze Abraham: *My own country: a doctor’s story*.

### The Lighter Side of Medicine

In 1952, Gordon Stanley Ostlere, an anaesthetist at St. Bartholomew’s Hospital and an assistant editor at the *British Medical Journal* decided to write about his experiences as a medical student. Describing his stint with BMJ, he wrote: ‘Perhaps because I tried to introduce a funny column, the editor put me in charge of the obituaries. This was invaluable practice. It taught me how to write convincing fiction.’ (I commend his *Personal View* in *BMJ* - 23 December 1972, page 726.)

The successes of the book - *Doctor in the house* - and the movie, made two years later enabled him to pursue the vocation of an author with distinction until his death in 2017 at the age of 95. He wrote about his change of profession: ‘I wasn’t a very good doctor. I always thought my contribution to the welfare of humanity was giving up medicine.’ From then on, he was known by his pen-name: Richard Gordon. He went on to narrate the tales of *Doctor at sea*, *Doctor at large*, *Doctor in love*, *Doctor in the soup*, *Doctor and son*, *Doctor on the brain*, *Doctor in the nude*, but none of his later creations came anywhere near his original work.



By the time I joined medical college, the book and movie were the rages. Let me tell you about the book.

The title page has on it a quotation from Dickens. Those of you familiar with the *Posthumous papers of the Pickwick Club* will smile as you recognize the manner in which the landlady, Mrs. Raddle, describes medical student Bob Sawyer and his friends: 'a parcel of lazy, idle fellows that are always smoking and drinking, and lounging a parcel of young cutters and carvers of live people's bodies.' This opinion of the character of medical students was shared by Gordon's housemaster in school after he was forcibly administered an enema of Guinness' stout by a noisy party of would-be-doctors.

Some of Gordon's creations could hold a candle or two to Bob Sawyer! The medical stage in the book is set in St. Swithin's Hospital in a grimy section of North London, which the young author of the book had grown up to believe combined the medical efficiency of the Mayo Clinic with the teaching of Hippocrates and the recreational facilities of the Wembley Stadium. (Gordon takes care to tell us that St. Swithin's Hospital does not exist, doubtless to distance it from Bart's.)

As he entered St. Swithin's to seek admission, Gordon noted that the 'consultant physicians and surgeons could easily be picked out for they always moved from one spot to another in public as if they were in a desperate hurry. This gave the impression that their services were urgently needed in many places at once and were good for their professional reputations. The housemen strode importantly across the courtyard, their short white coats flying behind them... wearing the look of grave preoccupation seen only in the faces of very fresh doctors...' He also noted at the entrance hall Hippocrates' discouraging aphorism, 'The Art is Long.' On the notice board, on scraps of paper torn from notebooks were scrawled messages such as the invitation for two students to make up a party to dissect an abdomen in Edinburgh. 'Digs and abdomen fixed up. Good pubs.'

The introduction to Grimsdyke in the last row of the lecture theatre where the Dean, Dr. Loftus, delivered his introductory talk in 17 minutes is the preamble to the description of a long and eventful association. Grimsdyke had managed to fail in the anatomy examination four times in as many years. (You can find the reason for these willful failures on page 28.) When Gordon commiserated, Grimsdyke laughed. 'Don't sympathise, old boy. All my failures were achieved with careful forethought. As a matter of fact, it's much more difficult to fail an examination skillfully than to pass the damn thing' The neighbouring pub - *King George* - had, as its owner Albert Mullins, better known as the Padre. Gordon learns that this appellation originated in house surgeons announcing in clinics and wards that they needed to pop over to Chapel without causing alarm amongst the patients. 'Besides', said Grimsdyke, 'he's a sort of father confessor, Dutch uncle and Dr. Barnardo to the boys.'

We meet a number of fascinating characters in sequence. Here are three examples.

The professor of anatomy - 'an academic Captain Bligh' - 'was a tall thin man, shaped like a bullet. His bald head rose to a pointed crown ...' He had a particular antipathy to students walking with their hands in their pockets. 'It's all right for errand boys and pimps.' Anyone caught in this undignified posture was liable to be seized by him, shaken and abused thoroughly. Nothing could be done by the victims because the Professor controlled the examinations and held the power of justice.

Gordon's dissection partner, Tony Benskin, 'was a cheery young man whose mental horizon was bounded by rugby football and beer drinking and clouded over only with a chronic scarcity of cash'. We also encounter Moronic Maurice, 'who eventually surprised the teaching staff and himself by finally passing his qualifying exams and had gone off to practice the art to the publicly expressed horror of the Dean.'

There are nuggets for tenderfoot medical students. Frederick William Price's famous *Textbook of the practice of medicine* 'four inches thick, with two thousand pages...was also useful for propping open windows in summer and supporting a reading lamp'; 'refusing to study at all topics that have been asked in the past few years, in the belief that examiners, like lightning, never strike twice in the same place'.

Gordon's description of the sister in charge of the first ward ever entered after passing the anatomy examination may appear familiar to many: 'Sister... was about six feet tall,

her figure was as burly as a policeman's and she advanced on her adversaries with two belligerent breasts. Even her broad bottom as she passed looked as formidable as the stern of a battleship. She had a face like the side of a quarry and wore a fine grey moustache. My first impulse was to turn and run screaming down the stairs. Her eyes cauterized each of us in turn. She was to be avoided like a pile of radium.' After she left, Grimsdyke was the only one to speak. 'I wonder if she goes to lunch on a broomstick.' Not all sisters were like her. Sister Prudence, a fat, kindly, jovial woman with an inefficiently concealed affection for Guinness' stout, regarded medical students as pleasantly irresponsible imbeciles.

Gordon's examination of his very first patient will have you in stitches. The sister ensured that the temperature charts of her patients shone neatly from the foot of the beds. 'Any errors occurring through mercurial or human failings were not of great importance because the Sister always substituted figures of her own if the ones returned... did not fit with her own notion of what the temperature in the case ought to be... The other particular concern of the Sister was the patient's bowels. A nought was regarded by the Sister as unpleasant and more than two blank days she took as a personal insult and meant cascara, castor oil and the supreme penalty of an enema.'

This is his description of the capabilities of a neurologist: 'This is the purest and most academic branch of medicine and requires for its practice a mind capable of playing three games of chess simultaneously while filling in a couple of stiff crossword puzzles between the moves' Dr. Maxworth, the first physician under whom Gordon studies clinical medicine, 'was not primarily concerned with treating his patients and making them better, but if he scored a diagnosis before the proof of the post-mortem, he was delighted.'

As the narrative proceeds, you learn about encounters with surgeons 'who have now abandoned such playful habits as hurling a freshly amputated leg at a newcomer in the theatre..' and meet Sir Lancelot Spratt - 'the therapeutic thunderbolt'. He will remain in your memory long after you have completed this book and many of the others by Gordon featuring him. His colleagues termed him as 'a surgeon of the grand old school' in after-dinner speeches and 'that bloody old butcher' behind his back. Sir Lancelot described the qualities of a surgeon - 'the eye of a hawk, the heart of a lion, the hand of a lady'. As always, Grimsdyke added an appropriate ending: 'and the commercial morals of a Levantine usurer.'

'The Nurses' Home was known with a fair degree of accuracy as the Virgin's Retreat...' and Gordon's account of how medical students and residents attempted to rectify this situation will prove instructive to our greenhorn doctors who may be suffering from '*orchitis amorosa acuta* or lovers' nuts.'

Experiences in the midwifery wards; the ignominy of BBA births (where the baby arrived before the medical student supposed to conduct the delivery); frolics in the hospital before and during Christmas, encounters with nurses - in wards, especially during the night shifts; and with those B.I.D. (brought in dead) pale into insignificance when compared to the description of the final examinations leading to the medical degree - '...something like death: an unpleasant inevitability to be faced sooner or later'.

Amidst frivolity, Gordon lets slip hints of his acquaintance with such topics as the history of medicine. Describing the furniture in the flat in Bayswater, where he had shifted after a succession of boarding houses, he described the sitting room: 'Like Axel Munthe's room in the Hôtel de l'Avenir, there were books everywhere.' (Readers familiar with the works of the author of *The story of San Michele* will vouch for this description.)

Gordon went on to publish *The alarming history of medicine - amusing anecdotes from Hippocrates to heart transplant*. Let me give you a couple of examples of what you will find within this book. 'Everyone knows Hippocrates... because of his Oath, which few doctors can recite or even recall beyond a friendly discouragement to avoid sex with their patients...' and George Bernard Shaw's observation on one of the unwanted effects of the discovery of anaesthesia: 'Chloroform has done a lot of mischief. It has enabled every fool to be a surgeon.'

### Suggested reading

Bryson Bill: *The body* and *A short history of everything*.

Jerome K. Jerome: *Three men in a boat, to say nothing of the dog*;

Laxman R. K.: *A dose of laughter* with a hundred of his cartoons on doctors and medicine.

Molière: *The physician in spite of himself (Le médecin malgré lui)*.

Rabelais François: *The life of Gargantua and Pantagruel*.

Should your tastes run to classic and older literature, you can't do much better than study the works of that humane physician, François Rabelais 1483-1553, who enjoyed ribaldry. He was Docteur en Médecine, University de Montpellier. You will make acquaintance with the great Gargantua, his son Pantagruel, study learned discourses on codpieces and much more – bawdy and learned. As Rabelais wrote in the preface, 'it teaches little except how to laugh... Because to laugh is natural to man.' (To learn about the author, see Van Beuren, Frederick T: Rabelais as a physician. *Bulletin of the New York Academy of Medicine* 1937;13(6):349-365)

Thurber James: *The secret life of Walter Mitty*.

### Creating your own magic door

Dr. Arthur Conan Doyle's fame as the creator of Sherlock Holmes has, unfortunately, led to the neglect of some of his other books. *Through the magic door* was published in 1907.



As with most of his works, you are captivated from the first paragraph onwards.

'I care not how humble your bookshelf may be, nor how lowly the room which it adorns. Close the door of that room behind you, shut off with it all the cares of the outer world, plunge back into the soothing company of the great dead, and then you are through the magic portal into that fair land whither worry, and vexation can follow you no more. You have left all that is vulgar and all that is sordid behind you. There stand your noble, silent comrades, waiting in their ranks. Pass your eye down their files. Choose your man. And then you have but to hold up your hand to him and away you go together into dreamland.'

The tone is conversational and, as you proceed, you warm up to the voice of a wise friend.

'Come through the magic door with me, and sit here on the green settee, where you can see the old oak case with its untidy lines of volumes. Smoking is not forbidden. Would you care to hear me talk of them? Well, I ask nothing better, for there is no volume there which is not dear, personal friend, and what can a man talk of more pleasantly than that? The other books are over yonder, but these are my own favourites--the ones I care to re-read and to have near my elbow. There is not a tattered cover which does not bring its mellow memories to me.'

His experience as a student mirrors ours and the consequent kinship makes him even more endearing.

'Some of them represent those little sacrifices which make a possession dearer. Do you see the line of old, brown volumes at the bottom? Every one of those represents a lunch. They were bought in my student days when times were not too affluent.'

In my introduction above, I had suggested that selectivity is the key to developing a taste for what Ezra Pound understood as literature - language charged with meaning to the utmost possible degree. Doyle's advice to neophytes makes good sense:

'It is a great thing to start life with a small number of really good books which are your very own. You may not appreciate them at first. You may pine for your novel of crude and unadulterated adventure. You may, and will, give it the preference when you can. But the dull days come, and you are driven to fill up the chinks of your reading with the worthy books which wait so patiently for your notice. And then suddenly, on a day which marks an epoch in your life, you understand the difference. You see, like a flash, how the one stands for nothing, and the other for literature.'

As we proceed beyond the magic door, we are introduced to authors and books, not common currency today. Here are some of them from the 18<sup>th</sup> and 19<sup>th</sup> centuries: Publius Cornelius Tacitus and his biography by Thomas Gordon; Joseph Addison and his essays; Jonathan Swift's *Tale of a tub*; Edward Gibbon's *The history of the decline and fall of the Roman empire*; Thomas Babington Macaulay's *Critical and historical essays*; John Milton's *Paradise lost* and *Paradise regained*; Nicolo Machiavelli's *The Prince*; the works by Robert Louis Stevenson and by Rudyard Kipling; the novels of Sir Walter Scott; the poetry of the likes of Robert Southey, William Wordsworth, Samuel Taylor Coleridge and Lord Byron; and the prodigious literary outputs of Dr. Samuel Johnson LL D (Trinity College, Dublin), DCL (Oxford) and William Shakespeare.

Anecdotes about them, quotations from their works and learned commentaries that enable us to appreciate subtleties are interspersed with personal narratives that spark off memories of similar experiences in our own lives.

The paragraphs on Robert Louis Stevenson are exquisitely crafted. The answer to his own question, 'Is Stevenson a classic (author)?' is especially worthy of study. Stevenson was especially kind to the medical profession. He described his own physician thus: 'Dr. Chapnell, whose visits make it a pleasure to be ill.' His entry under *Dedication* in his work *Underwoods* (1887) has enveloped us in dignity. I reproduce the first paragraph below.

'There are men and classes of men that stand above the common herd: the soldier, the sailor and the shepherd not unfrequently; the artist rarely; rarer still, the clergyman; the physician almost as a rule. He is the flower (such as it is) of our civilisation; and when the stage of man is done with, and only remembered to be marvelled at in history, he will be thought to have shared as little as any in the defects of the period, and most notably exhibited the virtues of the race. The generosity he has, such as is possible to those who practise art, 'never to those who drive a trade; discretion, tested by a hundred secrets; tact, tried in a thousand embarrassments; and what is more important, Heraclean cheerfulness and courage. So it is that he brings air and cheer into the sickroom, and often enough, though not so often as he wishes, brings healing.'

The closing of Doyle's volume rivals its beginning:

'And now, my very patient friend, the time has come for us to part, and I hope my little sermons have not bored you over-much. If I have put you on the track of anything which you did not know before, then verify it and pass it on. If I have not, there is no harm done, save that my breath and your time have been wasted... My judgments may differ very far from yours, and my likings may be your abhorrence; but the mere thinking and talking of books are in itself good, be the upshot what it may. For the time the magic door is still shut. You are still in the land of faerie. But, alas, though you shut that door, you cannot seal it.'

Pandya:

Books - friends, teachers,  
counsellors and entertainers

Still come the ring of the bell, the call of telephone, the summons back to the sordid world of work and men and daily strife. Well, that's the real-life after all - this only the imitation. And yet, now that the portal is wide open and we stride out together, do we not face our fate with a braver heart for all the rest and quiet and comradeship that we found behind the Magic Door?'

#### Suggested reading

Doyle Arthur Conan: *Round the red lamp* and *Tales of adventures and medical life*.

Saxby Jessie Margaret Edmondston: *Joseph Bell: an appreciation by an old friend* – notes on the physician on whom Sherlock Holmes was modelled. You will marvel at Dr. Bell's powers of observation and deduction.

You may also wish to place works by the following authors on your bookshelves:

Frankl, Viktor: especially *Man's search for meaning*

Gunther John: especially *Death, be not proud*

Holmes, Oliver Wendell Sr.: especially the *Breakfast-Table* series

Thomas Lewis: especially *Lives of a cell* and *The youngest science*

Nuland, Sherwin B: *How we die: reflections on life's final chapter* and *The uncertain art and any other book by him you can find*.

Johnson, Dr. Samuel and his faithful Boswell, James.

Shakespeare, William

Sinclair Lewis: especially *Arrowsmith*

Sontag, Susan

Eliot, George (pseudonym of Mary Anne Evans): especially *Middlemarch*

## **Core Editorial Committee**

Dr. Vedantam Rajshekhar, CMC Vellore- Chairperson

Dr. P. Sarat Chandra, AIIMS, New Delhi- Editor,  
Neurology India

Dr. D.Muzumdar, KEM Hospital, Mumbai - Member

Dr. Ashish Suri, AIIMS, New Delhi - Member

Dr. Dwarakanath Srinivas, NIMHANS, Bengaluru - Member

Dr. Pravin Salunke, PGIMER, Chandigarh - Member

## **Ex-officio members**

President- Dr. Lokendra Singh

President Elect - Dr. V.P. Singh

Secretary - Dr. N.Muthukumar

Treasurer - Dr. Daljit Singh