# Letter from Mumbai

### THEN AND NOW: TEACHING MEDICINE AT THE PATIENT'S BEDSIDE

If you study papers or books on clinical medicine and search for pioneers in teaching medicine at the bedside, you will frequently come across the name of Sir William Osler. This Canadian physician, who was the first professor of medicine at the Johns Hopkins Hospital and eventually gained the distinction of being appointed Regius Professor of Medicine at Oxford, was, indeed, a votary of bedside teaching. He was also a strong proponent of studying disease processes at autopsy—a practice that is unfortunately rapidly losing ground.

The history of bedside teaching, however, is as old as the history of medicine. All the earlier great teachers—Sushruta (around 600 BC), Hippocrates (460–370 BC), Çaraka (around 200 BC), Claudius Galen (129–200), Avicenna (980–1037) and Guy de Chauliac (1290–1368) were famed for the manner in which they taught history-taking and clinical examination. More recently, the names of Thomas Linacre (1460–1524), Franciscus Deleboe Sylvius (1614–1672) of the University of Leiden, Herman Boerhaave (1668–1738) of the University of Leiden; Rene Theophile Hyacinthe Laennec (1781–1826) of the Hôpital Neckar and Hôpital de la Charité, Paris and Pierre-Charles-Alexandre Louis (1787–1872) at the Hôtel Dieu and the Pitié-Salpêtrière Hospital in Paris, France have been associated with insistence on instruction of students in medicine at the bedside of the patient.

All this is prelude to drawing your attention to an unsung hero of bedside teaching at the Grant Medical College and Sir Jamsetjee Jejeebhoy's Hospital in Bombay (now Mumbai) of which he was the first Principal and Professor of Medicine.

Dr Charles Morehead (1807–1882) was a pupil of Dr Laennec and Dr Louis in Paris. From them and, perhaps, from his earlier teachers in Edinburgh, he learnt the importance of clinical medicine and methodical record-keeping of the natural history of disease as seen in patients under his care. He emphasized repeatedly to his students and in several of his writings: '… It cannot be too frequently inculcated … that the mind may be stored with facts of chemistry and anatomy, physiology and materia medica and yet be a perfect blank as regards that kind of knowledge which fits for the safe practice of the art of medicine. This fitness can only be acquired by actual, patient and continuous observation of diseases and of the action of remedies at the bedside of the sick, and by applying to these in their proper place and order the necessary facts previously acquired on the elementary branches of medical instruction…' He was also very particular on completing the study of disease in the living by postmortem examination when attempts at therapy had failed.

On the basis of observations made by him, his colleagues and his students, Dr Morehead published his great work: *Clinical researches on disease in India* in 1856. A second edition was published in 1860.

The contributions of Dr Morehead to bedside teaching can only be realized by reading his book, annual reports of the college and hospital from 1845 to 1861 and other writings. He was far ahead of his time and the system of education he established at his college was deemed superior to that in vogue in Britain by the authorities at the University of London. Indeed, on his retirement and return to Britain in 1861, he was invited to assist in improving medical education at that university.

Let us now return to Sir William Osler. He was born in 1849. By then, Dr Morehead had been heading his medical college and hospital for four years and had already set in motion his pioneering system of education. Osler received his medical degree in 1872. By then, Morehead had retired from medical education and the practice of medicine.

Coming to the present, I learn with dismay that in some medical colleges in Mumbai and elsewhere, education at the bedside is being given short shrift. Leisurely ward rounds conducted daily by senior physicians and surgeons along with a retinue of residents and students; several minutes being spent at each bedside for elicitation of details of history, demonstration of physical signs and discussion on diagnosis and care are now matters of the past. Discussions in the outpatients department where rapid clinical assessment is best learnt by students and residents are likewise disappearing. Finally, the bedside clinic, where the head of the clinical unit sat by the bedside of a selected patient with students and residents on stools around the bed are also mere memories. It is unlikely that we shall see further works such as *Applied Medicine—descriptive cases and cases demonstrated at the bedside by question and answer* (G.E. Beaumont, J. & A. Churchill, London, 1950) and *Bedside clinics in medicine* (F.E. Udwadia, Oxford University Press, Delhi, 2007).

Medical students—present and of the future—are being deprived of a potent cure to the present practice of reliance on tests to the exclusion of the use of our clinical senses.

### OLD IS JUNK?

I am sorry to continue to witness the spread of this belief throughout Mumbai and other parts of India as well.

A prestigious hospital in Mumbai recently discarded all old books and journals in its library. When the librarian was asked why this was done, the answer was simple. 'Oh! These are old. We are only interested in stocking new books and journals.'

Generations of staff members in many of our leading teaching institutions have, on retirement, gifted their precious collections of books, journals, reports of important committee meetings and other such publications to their *alma mater*. In doing so there was a tug on the *chordae tendinae* for these had been collected over decades, referred to often, used as sources of inspiration and in the preparation of talks and publications. These cherished volumes were now leaving their home and their beneficiary. The parting was, in a way, a sweet sorrow as these treasures were now to find a home in a beloved institution where many others over generations would be able to study them and harvest invaluable fruit from them.

It was in this spirit that the founding principal of the Grant Medical College, Bombay, Dr Charles Morehead, gifted his library to the Grant College Medical Society as he left India forever in the 1860s. Several others have followed his example. I recall Dr Prakash Tandon, founder of the Department of Neurosurgery at the All India Institute of Medical Sciences, proudly taking me to the Dr Baldev Singh Library in the neurosciences block. This is where the books and other publications belonging to that doyen of neurology had been deposited. To these were added the library of Dr Tandon's teacher, Dr Kristian Kristiansen of Norway and Dr Tandon's own invaluable collection of important documents. In a *Letter from Mumbai* published in

this journal (2006;**19:**226), I had noted that 'this library should be serving as a focus of attention for all students of the neurosciences in the country. The reality? The library remains almost unknown and its contents almost unused. Many years ago, I was greatly saddened to see the books gifted by Rajkumari Amrit Kaur to the main library at AIIMS lying in a heap, amid dust.'

The total lack of concern for historic documents was brought into sharp focus recently when I sought the death certificate of Dr Annie Walke Sharp, the first woman to graduate from Grant Medical College and who died on 10 April 1901. These certificates are under the care of the Municipal Corporation of Greater Mumbai. After much effort, we were able to contact the lady in charge and were directed to a municipal office in Kalina (Santa Cruz east). After making an appointment with the officer in charge, my wife and I reached the office 10 minutes before the appointed time. As we entered the repository of death (and birth) certificates, there was a solitary assistant trying to set up the office for the day's work. His colleague joined him after another 20 minutes or so. The officer in charge was delayed and arrived about 30 minutes later.

He showed us around the hall where, near his table, recent birth and death certificates were neatly arranged in bound volumes stored on racks. As the period we were interested was over a hundred years ago, we were directed to the far end of the hall, adjoining the washroom. There, heaped on the floor, were over a hundred volumes in total disarray. They had been dumped volume on volume, the columns tilting, falling on the floor at places (Fig. 1). There was no semblance of order. A volume for 1898 would



Fig. 1. Certificates of birth and death, lying in a heap

lie next to one for 1908 and so on. Scattered around this heap, on the floor, were mounds of crumpled fragments of what were once certificates that had broken off from the files. Covers were tearing off the files and the first few certificates in such cases were damaged beyond repair.

The two assistants were, by now, busy with their task of findings certificates requested by a variety of individuals. Since these were recent births or deaths, they worked in the racks.

Our request for help in arranging by year the volumes in the heap on the floor on the rear was met by sad headshakes. 'This task will need at least five to six persons. One or two persons cannot do it.' Having made this pronouncement, they left me to my devices and continued with their legitimate work. The officer in charge agreed with them. He did not dissuade me when I requested permission to see what I could do but cautioned me about the dust.

After an hour and a half of labour, coughing and sneezing from time to time, I was able to isolate 14 volumes dated 1901. They were easy to spot in the columns on the floor as they carried a distinctive patterned cover used on all volumes for the year. I found the volume for 13 April 1901 but, alas, not that for 10 April. The reason why a whole volume was required for just one day is that some of these volumes contain certificates for the entire Bombay Presidency (present day Sindh, Pakistan, Gujarat, Maharashtra and Karnataka) and there were many deaths in 1901 from the plague epidemic.

Exhausted, bathed in sweat and raw in the larynx, I called it a day. My wife kindly made another attempt on another day with two persons helping her. She was equally unlucky. The necessary volume remained untraceable.

Our sorrow stemmed not only from our inability to trace the certificate we needed for a historical study but at the fact that these volumes contain fragile paper. Mere handling is enough to make the paper break into fragments. When a volume is tossed from heap to floor or one heap to another, many priceless certificates are destroyed forever.

The death certificates we were able to study contain much useful information. Apart from the full name, sex, age, race/caste/nationality, date and cause of death, there are details of the permanent abode of the person (district, subdistrict, ward number of house, street or *wadi*, number of house), duration of residence in Bombay, occupation, details of place of birth, name and address of medical attendant at the time of death, duration of disease and place of disposal of the dead body.

There are other treasures within these volumes. In one volume my wife found an explanatory note on the individual's death by none other that the eminent Dr Raghavendra Row with his signature at the bottom. Such notes too will perish unless cared for.

We sat for a while with the officer in charge, a kind and well-meaning person. He explained his dilemma. He was short-staffed and had very limited space. He faced daily demands for copies for certificates from a variety of individuals and agencies and had to meet them. He had neither the time nor the support needed to care for volumes containing certificates that were rarely requested.

He told us of a plan for storing all birth and death certificates in a building to be constructed on the grounds of the Acworth Leprosy Hospital in Wadala and looked forward to this. Unfortunately, this is still just a plan. By the time it is implemented, we may well have lost several thousands of historic certificates forever.

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