

## Letter from Mumbai

Dr DEEPAK PANDYA, NEUROANATOMIST, 1932–2020

Ms Sunita Lyn Williams, a retired U.S. Navy Captain, is well-known as an American astronaut. Her two spaceflights to the International Space Station combined lasted more than 321 days, ranking her second (after American astronaut Peggy Whitson) for most time spent in space by a woman. There is a possibility of her being included in a third spaceflight on Boeing's Starliner spacecraft to the International Space Station in the near future. However, it is not common knowledge that she is the daughter of Dr Deepak Pandya, an Indian-American neuroanatomist. Deepak was born in the Mehsana district of Gujarat in 1932. His father died when he was 2 years old. He was able to live with his older sister but at the age of 14, when she got married, he had to fend for himself. He received his MD degree from Gujarat University in 1957.

He moved to America for residency training in medicine. He joined the department of anatomy at Case Western Reserve University in Cleveland, Ohio in 1964. His interests prompted him to move to the aphasia research centre at the Boston Veterans Administration Medical Center in 1966 as an assistant professor. He also worked in the departments of anatomy and neurology at Boston University School of Medicine. His research work was on connectivity in the cerebral cortex. He also studied the corpus callosum and helped in devising operations on it for the treatment of specific varieties of epilepsy.

He was married to Ursuline Bonnie originally from Slovenia. Sunita is the youngest of their three children.

When Sunita went on her first space mission, her parents were anxious but dealt with the situation with equanimity. They were justifiably proud of her achievements.

Dr Deepak was a staunch follower of Mahatma Gandhi. On 4 October 2020, he passed away at the age of 87 of natural causes, surrounded by his family. His ashes were immersed in the Narmada river.

I regret to say that I can claim no relationship with him.

### THE NEED FOR FLUENCY IN EUROPEAN LANGUAGES

In the prehistoric era when I was a student, our school, run by Jesuit priests, offered French and Latin as secondary languages. We could opt for one of these while the general language of instruction was English. Parents of some students questioned this choice. The principal and teachers explained that Greek and Latin were the European classical languages. Since Greek was little used in all walks of life, they offered French instead.

I realized the error in my choice of French when I studied medicine and found innumerable Latin terms and phrases in use from the first day in the anatomy classroom and dissection hall. On the recommendation of our teachers, I obtained a copy of E.J. Field and R.J. Harrison's *Anatomical terms: Their origin and derivation*. The book reviewer in *The British Journal of Surgery* (1947, Volume 35) was on the mark: 'This small monograph should be of real value to students who have little or no knowledge of Latin and Greek. As the authors state in their preface, the modern medical student begins to specialise so early that it is not surprising his knowledge of the classics is negligible. One more year of the classics, English and mathematics would give him a much better grounding and stand him in better

stead for his medical education.' This slim book did prove an enormous help.

If this was true then, it is of even greater import in our globalized world. Many have proclaimed the need to understand Latin as it influenced the development of French, Italian, Portuguese, Spanish and other European languages in much the same way as Sanskrit did with Indian languages.

While Latin is no more the *lingua franca* today, it helps physicians understand nuances in medical literature and history.

Should you be blessed with an aptitude for learning several languages, French and German are also recommended for the roles played by their countries of origin in the development of our understanding of medicine.

Let me provide you but two examples of how understanding of the derivation of terms can not only inform but also amuse.

*Succedaneum*. A substitute medical drug... often of inferior efficacy. From Latin *succedaneus*, following after, from *succedere*, to succeed. In Tobias Smollett's *The Adventures of Roderick Random*, the apothecary Mr Lavement is '... the most expert man at a succedaneum of any apothecary in London... Oyster-shells he could convert into crab's eyes; common oil into oil of sweet almonds; syrup of sugar into balsamic syrup; Thames water into aqua cinnamoni; and a hundred more costly preparations were produced in an instant, from the cheapest and coarsest drugs of the *materia medica*.'

*Comedo*. A black-headed spot. Latin for glutton, from *comedere*, to eat up. Rather unpleasantly, the reference to gluttony stems from a 17th-century belief that these were little black worms rather than, as we know today, an accretion of matter blocking a pore. *Comedere* also gives us the word 'comestible'.

While on the subject, I repeat what I have stated in earlier *Letters*. It would be a calamity if we forsake English as the language of higher education in our country. By all means educate our children in schools in their native tongues but introduce English as an important subject from the 5th standard and improve the students' proficiency in it so that by the time they are ready to appear for the tests for admission to institutes for higher education—medicine, engineering or any other branch, especially in the sciences—they are fluent in it.

### BONES, ORGANS IN MUSEUMS, PRIVATE COLLECTIONS

The entire human body (especially of embryos and foetuses) or parts thereof, organs (with and without disease), dissected body parts, tissues on microscopic slides and bones have been preserved for medical education for centuries. Generations of students have learnt anatomy and pathology from them. Retrospective studies have been carried out on them to clarify doubts on the origins and causes of disease and on how the human body deals with it. Such eminent figures as Andreas Vesalius, John Hunter and Rudolph Virchow have created assemblages that have attracted students and teachers from around the world on the basis of their academic merit.

In the Grant Medical College in Bombay (now Mumbai) where I trained, Dr Phiroze Sirabji Dastur, a brilliant anatomist, created a museum that was then reputed to be the best in India.

Carefully chosen specimens, including those dissected by himself and by his trusted expert colleagues, laid bare the wondrous structure of the human body. He printed booklets on each group of specimens leading the student studying them to understand each of the components on display and their relationships to one another. It was not uncommon to see students at all hours of the day sitting in front of these specimens, booklet in hand, learning and assimilating anatomical facts. A similar situation obtained in the pathology museum, housed in an adjacent building.

No one had profited monetarily from the creation or maintenance of these museums. They were labours of love for passing on learning to future generations. If we, as students, had any feelings for the specimens and the museum, they were of gratitude for the wonder and curiosity they generated.

It is therefore a matter of sorrow and concern that curators of museums are being forced by sections of society to check the provenance of each specimen under their care with special reference to permission being sought and obtained for its preservation and display. Where such specimens are decades or even centuries old, how is such certification possible? Even considering the two museums I have referred to, most specimens were from patients without any families. They were admitted to the hospital as 'unknown' individuals and, where surgery was necessary, there was no one to provide permission for it.

The thesis referred<sup>1</sup> provides an interesting—though somewhat dated—discussion on the subject.

While understanding the concern on the ethics of collecting and displaying specimens, I plead that we do not throw away the baby with the bathwater.

#### THE NEED FOR FAMILY PHYSICIANS

I return to this item after an incident that has shaken me up. A relative in a distant city suffered an acute, troublesome and potentially serious illness. Over the years his family had noted a progressive disappearance of family physicians from the neighbourhood. As it was the weekend, consultants were unavailable. The family was forced to take him to a reputed hospital several kilometres away. Fortunately the casualty medical officer was helpful, sought the help of his specialist colleague on duty and soon sorted out the diagnosis and prescribed treatment. The family could return home, relieved of anxiety.

This is true even in the city of Mumbai. Consultant physicians are extremely difficult to find on weekends, many having left the city for rest and recreation. Even here, the patient in distress may have to seek recourse from one of our hospitals.

The family physician, almost a member of the family in times gone by, was a godsend especially in such times. His close ties to patients and their families enabled him to attend distress calls at any hour. The senior and experienced family physician soon set the patient at ease as symptoms were described and a gentle but thorough examination commenced. In most instances, reassurance and the prescription of an appropriate drug or measures resolved the problem. Where the illness was truly life-threatening, the physician, after discussing pros and cons with the patient and family, would contact the appropriate consultant and, if needed, arrange admission to hospital. The relief felt by the afflicted individual and those concerned was palpable. Gratitude was felt and voiced.

A search of the internet today for family physicians yields

advertisements of '3 best general physicians', 'general physician online', 'general physicians near me'...I do hope they are of help but cannot help wishing for the general prevalence of the family physician of older times when the doctor in the neighbourhood was truly a friend, philosopher and guide and a well-trained, experienced professional with common sense to boot.

#### AN INTERESTING HISTORICAL NUGGET

Acclaimed especially in Bengal, Dr Kadambini Ganguly (1861–1923) was the first female doctor in the Presidency.

Florence Nightingale wrote in 1888 to a friend: 'Do you know or could tell me anything about Mrs Ganguly, or give me any advice? She has already passed what is called the first licentiate in medicine and surgery examinations and is to go up for the final examination in March next. This young lady, Mrs Ganguly, married after she made up her mind to become a doctor and has had one, if not two children since. But she was absent only thirteen days for her lying-in and did not miss, I believe, a single lecture.'<sup>2</sup> Kadambini went on to become the mother of eight children.

She was strong-willed in other matters as well. Eleven days before joining medical college, she had married her erstwhile teacher, Dwarkanath Ganguly, who was seventeen years older to her. He was also a widower. She was ridiculed by friends and family and in newspapers. A cartoon was printed in *Bangabash* by editor Mahesh Chandra Pal, showing Dwarkanath as the chained one, being dragged down by his wife, Kadambini. With her husband's support, she made the editor of *Bangabash* pay a fine of ₹100 and made him suffer 6 months in jail.

She was soon ranked with Nilratan Sarkar, J.N. Mishra and Prankrishna Acharya in the medical hierarchy of Calcutta (now Kolkata). She won the admiration of the likes of Rabindranath Tagore and Upendrakishore Roy Chowdhury. They often joined her before Maghotsav, Upendrakishore bringing his violin with him. Kadambini liked young Upendrakishore. He married her step-daughter Bidhumukhi. (Bidhumukhi was Dwarkanath's daughter by his first wife.)

Of the many deliveries she conducted as an obstetrician, we especially remember that of Satyajit Ray, born to Suprabha and her husband Sukumar (Bidhumukhi and Upendrakishore's son). Satyajit Ray, who needs no introduction, never knew Kadambini as she died when he was only 2 years old.

In later life, she joined active politics, and was the first woman in the Indian National Congress to demand representation of women. At the Congress at Bombay (now Mumbai), she joined Rabindranath Tagore's elder sister, Swarnakumari Devi and her daughter, Sarla Devi Chaudhurani. Kadambini went on to become the first female speaker in the Congress session.

She died on 3 October 1923, after having conducted an operation the same day.

#### REFERENCES

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- 2 Sen BK. Kadambini Ganguly—an illustrious lady. *Sci Culture* 2014;**80**:271–4.

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