

Medicine and the cinema of Satyajit Ray

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The spools whirl smoothly, the projector coughs briefly, and a long-beamed tube of light passes mistily over hypnotized heads onto a receiving screen. The film has started. It is from 1955. Shot in the Bengal of the 1950s, on a slender budget, the brainchild of a vicenarian director, it was shown in Europe in 1957, where it elicited a positive reaction from admirers and a negative reaction from naysayers, but the positives outweighed the negatives and a director from India was garlanded with the top prize. The film was *Pather Panchali*, which is loosely translatable as 'Song of the Road.' From its first unveiling, exalted as a classic, it was the directorial entry of Satyajit Ray, who was thereafter marked out as a master of the silver screen.

Known to generations as a pinnacle of Indian cinema's mountain peaks, Satyajit Ray, a lordly man from the land of Bengal tigers, has a biography that, if it were a body, would lack a vital organ if it were to omit his early and acclaimed masterpiece, *Pather Panchali*. Since the film work of Ray is lauded as cultural treasure, it is only fitting that doctors should be curious about whether his films have any relevance in their sphere of activity.

Pather Panchali, often cited as the *meilleur travail* of Ray, is a spare-boned film, peopled by a cluster of characters living in rural Bengal and meeting a few misadventures, the film ended with the febrile death of a girl, a kyphotic doctor at her bedside, as he perfunctorily checks her tongue and listens to her chest with a stethoscope. Cinematic art flourishes in the expressiveness of Ray; the tragic moment of the girl's demise is not shown directly, but connoted through the visuals of a wailing wind and a repeatedly slamming door. It is introverted, intelligent cinema. In contrast to the melodramas and song-dance routines prevalent in mainstream Indian films, Ray's creations are recognizably understated and poetic offerings.

Hospitalized in 1992 at 70 years of age, the cause of Ray's fatigue was heart failure; Ray's proximity to doctors amplified his former interest in crafting a film that thematically would dwell on healthcare. Ray, a renaissance man, always learning hungrily, as a patient would ask his heart physician about medical provision in the rural quietude of Bengal. Amid the throes of illness, Ray wrote a screenplay in Bengali, a fable about a doctor who undergoes a moral metamorphosis, and hoped that upon his medical discharge he would direct its filming. His health, however, faltered. But, the wish to make a medical-themed film did not end with Ray's life, for his son later adapted the screenplay into a film entitled *Broken Journey*.

The story centres around a doctor who is being chauffeured from the city to a town, where he is to present the clinical advances of the past 20 years at a meeting. His soft-ride journey is broken when the car develops a flat tyre in the outlands. Stranded rurally, the doctor is exposed to a peripheral community, where

he finds a sick man exposed to the brutal witchery of a witch doctor. The doctor, a city dweller, is flabbergasted as the witch strikes the patient forcibly with a stick. Alarmed and enraged, the protagonist takes over the unwell man's care. A by-product of his involvement is that, for the first time, as a doctor, he becomes aware of the vast chasm between the healthcare available to his city patients and the meagre healthcare that is the fate of the countryfolk. An entwined idea is that while medical progress continues unabated, these new gains are not dissipated towards the neediest sections of society. The sentiment aligns with the stance of Indian heart surgeon D.P. Shetty, who has a succinct saying: 'It's not a solution if it's not affordable.'

Made 30 years ago, in the early 1990s, Ray's film is a timeless meditation on healthcare inequalities. Yet inequalities of a material type are innate in all quarters, as seen in the rich man in the car and the poor man on the bicycle, and these inequalities are more noticeable as the world struggles through a media-gorged century. *Broken Journey* (1994) is a document on the nature of healthcare in rural India. The depiction of a witch doctor is an apt detail in that it highlights the irrationalism that pervades the beliefs of insular Indian communities. Exposure to the wider world through the internet and television, since the 1990s, however, has had the effect of lessening the medievalism and stagnation that typify backwaters.

The fictional doctor of Satyajit Ray, with his broken car, marooned among a rural people, has a baptism of sorts, though not so much a baptism of fire, but more a baptism of enlightenment. The film holds an enduring message: that doctors in some niches, and in the myriad variety, can be ignorant and even arrogant about healthcare realities elsewhere. Displaying the spiritual renewal of one doctor, the *Broken Journey* is viewable as a metaphorical construct, the break in a car journey symbolizing the break in personal consciousness.

An inescapable facet of being in a personal life story is existing in a zone of experience. Realities of all kinds are invisible. Or, if realities are visible, life is only bearable if the awareness of such realities is suppressed. Hence one finds the phrase of our having a 'comfort zone'. That certainly is part and parcel of the human condition. Moreover, one might whimsically say that it is called 'the human condition' because being alive itself is an imprisoning disease. It is a cell. It is 'a mental-physical state'. There is the condition of the individual and, separately, the condition of the interplay between individuals. And then, there is the materialism: the cold house or the excessive calories. The doctor in Satyajit Ray's film is forced out of his comfort zone by dint of an automotive mishap. Through an unplanned experience, he is shown how people in the villages beyond his city live miserably. He encounters another, unfamiliar sight of the human condition and it changes him.

Any doctor who has removed himself, albeit temporarily, from a clinic and journeyed to locales of deprivation—ghettos, slums, rural areas—will empathize with the doctor in Ray's film. My concept of people, communities, societies, and healthcare has

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expanded sizeably when I have had the opportunity to venture beyond the West. Charitable excursions into faraway lands are sometimes criticized—I have heard the dismissive term ‘telescopic philanthropy’—on the premise that charity always begins at home. And that is true. Nonetheless, overseas travel, when undertaken as a doctor, is a developmental experience. There is growth along other lines than simply doctoring in a poor yard, as the inquisitive medic turns anthropologist and sociologist in alien and dismal contexts. Other, rougher realities are seen. It is an indelible imprint when one sees a child, the victim of a road accident, on a mat on the floor, in ‘a hospital’ with no light or water, shaking and dying, a scatter of onlookers as the wordless audience.

These exposures leave a scar on the spirit. Ageing over a lifetime teaches that life and medicine are unavoidably imperfect. In healthcare, the resources are insufficient, mistakes are made, systems fail, people suffer and people die. The perfectionism of the young, anxious, conscientious doctor withstands a catalogue

of blows over a career and in its place settles the later and braver attitude of acceptance. Things cannot always be right. One cannot always win.

Revisiting ‘Medical practices in Punjab’ (1999) and ‘Cataract blindness in sub-Saharan Africa’ (2010), vignettes I once etched for the *British Medical Journal*, which recounted my expeditions to locales that were distant to my daily doctoring in Britain, I find these travelogues to be evidence of a neophyte doctor valuing the leaps further afield, leaps that were nutritive in a geographical, medical and spiritual sense. Rather than awaiting the divine intrusion of an accident—as per the medic in *Broken Journey*—a doctor, early in a career, should work in healthcare zones where people are living and dying in a state of penury. Like the fictitious doctor in Satyajit Ray’s film, such stint will trouble the soul of the young doctor but add monumentally to personal growth.

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