

- Centers for Disease Control and Prevention (CDC). Notes from the field: Calls to poison centers for exposures to electronic cigarettes—United States, September 2010–February 2014. *MMWR Morb Mortal Wkly Rep* 2014;**63**:292–3.
- 7 Lim HB, Kim SH. Inhalation of e-cigarette cartridge solution aggravates allergen-induced airway inflammation and hyper-responsiveness in mice. *Toxicol Res* 2014;**30**:13–18.
 - 8 Centers for Disease Control and Prevention (CDC). Notes from the field: Electronic cigarette use among middle and high school students—United States, 2011–2012. *MMWR Morb Mortal Wkly Rep* 2013;**62**:729–30.
 - 9 Duke JC, Lee YO, Kim AE, Watson KA, Arnold KY, Nonnemaker JM, et al. Exposure to electronic cigarette television advertisements among youth and young adults. *Pediatrics* 2014;**134**:e29–e36.
 - 10 Hahn EJ, Begley K, Gokun Y, Johnson AO, Mundy ME, Rayens MK. Electronic cigarette retail outlets and proximity to schools. *Am J Health Promot* 2014 Jun 26.
 - 11 Speier J. E-cigs are a danger to young people. *SFGate* 23 Jun 2014.
 - 12 Yaqub F. A New York bill for regulation of electronic cigarettes. *Lancet Oncol* 2013;**15**:e56.
 - 13 *Sottera, Inc. v Food & Drug Administration*. United States Court of Appeals for the District of Columbia Circuit. No. 10-5032 (argued 23 Sep 2010; decided 7 Dec 2010). Available at [http://www.cadc.uscourts.gov/internet/opinions.nsf/D02F9D2CA50299F0852577F20070BCC2/\\$file/10-5032-1281606.pdf](http://www.cadc.uscourts.gov/internet/opinions.nsf/D02F9D2CA50299F0852577F20070BCC2/$file/10-5032-1281606.pdf) (accessed on 2 Dec 2013).
 - 14 FDA proposes to extend its tobacco authority to additional tobacco products, including e-cigarettes. *FDA News Release*. US Food and Drug Administration, 24 Apr 2014.
 - 15 AMA News. *AMA strengthens position on regulation of electronic cigarettes* [press release]. American Medical Association, 2014.
 - 16 Kaur J, Rinkoo AV. A call for an urgent ban on E-cigarettes in India—a race against time. *Global health promotion* 17 Jun 2014.
 - 17 Kaushik P. E-cigarettes create jitters among health watchers, policy makers. *Business Insider India* 11 Apr 2014.
 - 18 Electronic cigarettes market in India 2011–2015. Linarch Information Solutions; 2013.
 - 19 Travasso C. Government tells Air India to stop selling electronic cigarettes. *BMJ (Clin Res ed)*. 2014;**348**:g1669.

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Letter from Mumbai

THE ILLS OF SPECIALIZATION AND SUPERSPECIALIZATION

During a recent conversation with a respected ophthalmic surgeon, I learnt about his expertise in the management of disorders of the cornea. Others in his specialty have concentrated on squint, diseases resulting in glaucoma, abnormalities in the vitreous humour and, of course, retinal disorders.

It is easy to see the advantages of such superspecialization—the acquisition of great experience in a narrow field, ability to focus sharply on a topic that may be ignored by the generalist and, of course, the resultant benefit to the patient suffering from a specific malady.

As I expressed my admiration for his contributions to his field, he pointed to a drawback he and others are witnessing in younger colleagues and students. The superspecialty is developed at the expense of understanding and experience of the broad field. Modern Indian superspecialists are learning more and more about less and less and, in the process, diminishing their comprehensive proficiency. Such tunnel vision is detrimental to patients, especially in India.

Continuing with disorders of the eye but going well beyond this organ, it is sad to see the young ophthalmic surgeon unwilling to update his education on how the eye is involved in systemic disease. This makes his patient run the risk of misdiagnosis or delayed diagnosis of serious illness, perhaps in the liver.

All of us are witness to the terrible consequences following the visit by a specialist to the patient in the intensive care unit. The heart specialist studies merely the heart and at best the cardiovascular system; the chest physician looks only at the lungs; the diabetes specialist merely ensures that the blood sugar levels remain within internationally accepted norms... They remind us of Saxe's *The blind men and the elephant*. I reproduce the first and last verses from the poem:

*It was six men of Indostan
 To learning much inclined,
 Who went to see the Elephant
 (Though all of them were blind),
 That each by observation
 Might satisfy his mind...
 ...And so these men of Indostan
 Disputed loud and long,
 Each in his own opinion
 Exceeding stiff and strong,
 Though each was partly in the right,
 And all were in the wrong!*

Unfortunately, in the field of medicine and especially in the setting of the intensive care unit, the consequences of such diversity of opinions, interests, tests and prescriptions by individuals blind to all that lies outside their chosen specialty is not in the best interests of the patient.

CARING FOR THE ENTIRE PATIENT

A neurosurgeon in Mumbai had operated upon an ageing patient for chronic subdural clot that recurred despite three attempts at drainage through burr holes. He successfully performed a craniectomy and excised the subdural membrane that caused the recurrent clots. Some months later, the patient was readmitted to the hospital under a physician's care. This consultant referred the patient to the neurosurgeon, requesting surgery for recurrent subdural clot. The neurosurgeon was greeted warmly by the patient and his wife. Queries regarding headache, nausea, visual deficiency and limb weakness were dismissed as there were no such symptoms. Examination showed the scalp over the operative bone defect to be sunken. Obviously, intracranial pressure was low. The puzzled neurosurgeon asked for the cause that prompted readmission. 'I have episodic, severe pain in my abdomen',

replied the patient. Examination showed tenderness in the right iliac quadrant of the abdomen. Further queries resulted in the production of test reports showing subacute intestinal obstruction and a suspicious tumour as the cause. When this was brought to the attention of the consultant physician, he expressed surprise. Abdominal surgery uncovered a malignant neoplasm.

This experience is mirrored in the account by the young radiologist at St John's Medical College and Hospital in Bengaluru.

Dr Anisha Tandon wrote: 'Over the past few years I have noticed a disturbing trend that threatens to destroy the very nature of medicine. I have been witnessing increasing referrals for radiological investigations even before a clinical history has been taken. We radiologists are familiar with the experience of having to report radiological studies with absolutely the bare minimum clinical history or the complete lack of it. But what has begun to shake me to the core is the fact that even when I have gotten back to the referring clinician for more information, there have been innumerable instances where they simply do not know more just because they have not really talked to the patient in detail, leave alone examined the patient.'

(<http://radiologystories.com/2013/06/03/the-vanishing-art-of-clinical-science-hyposkilia/>)

At such times, the conscientious clinician may be pardoned for longing for the days when a wise and experienced general physician provided counsel based on an overall assessment of the patient.

POLITICAL INTERFERENCE IN MEDICAL EDUCATION

While the conversation with the eye surgeon referred to above was under way, his father, my respected teacher, reminded me of an event that occurred some decades ago at the Grant Medical College and Sir Jamsetjee Jejeebhoy Group of Hospitals in Bombay (as it was then named).

The department of neurology in these institutions was founded by Dr Noshir Wadia and that of neurosurgery by Dr Gajendra Sinh in the late 1950s. Both departments were developing satisfactorily, gaining state-wide and national recognition for their care of patients and their teaching of undergraduate and postgraduate students. In the mid-1960s there was consternation among the staff in these departments when Dr Ram Ginde, an eminent neurosurgeon, was suddenly appointed Director of Neurosciences at these institutions with Drs Wadia and Gajendra Sinh being ordered to work under his control.

Without going into the mechanics of the appointment, I can testify to the demoralization in the two departments as over a decade of hard work was disregarded and a person without any connection to the institution was placed in command. It was only with the retirement of Dr Ginde on superannuation that peace returned and smooth function was restored.

Since then, interference by ministers and bureaucrats in the functioning of government medical colleges in the state has become the norm. Deans of these colleges are either unwilling or unable to stem this rot. The consequences are evident.

The Grant Medical College, founded in 1845 and the first institution in India to possess a hospital specifically created to meet its needs, gained international acclaim soon after its foundation. It remained one of the finest medical colleges in the country when India gained its Independence. Its teachers included the brightest and keenest medical minds in the city and its patients included ministers and the intelligentsia. D.G. Tendulkar, whose nine-volume biography of Mahatma Gandhi is one of the classics of modern Indian history, died in the neurology ward of this hospital.

The weapon of transfer of professorial staff to and from the Grant Medical College not on the grounds of merit but by political patronage has deprived the college of teachers who are loyal to it. Many have successfully sought appointment to this college as a stepping stone to the posts of dean or director of medical education and research.

The patients seeking admission to J.J. Hospital today are, for the most part, those who have no means to seek treatment elsewhere. Ministers and bureaucrats shun the hospital, preferring the 5-star private hospitals in the city. The Grant Medical College now ranks eighth in the *India Today* analysis of national medical colleges. Even this rank has occasioned pleasant surprise in the minds of those within the college and hospital.

When students seek admission to undergraduate and postgraduate seats in medicine and its branches, their first preference is Seth Gordhandas Sunderdas Medical College and King Edward Memorial Hospital. Their second choice is the Lokmanya Tilak Memorial General Hospital and its college. Grant Medical College and J.J. Hospital tie with the Topiwala National Medical College and Bai Yamunabai Nair Hospital for the third place!

Senior alumni of the college founded in 1845 have been known to quote Shakespeare (*Julius Caesar*, Act 3, Scene 2) when voicing their dismay:

*O, what a fall was there, my countrymen!
Then I, and you, and all of us fell down,
Whilst bloody treason flourished over us.*

TWO HAPPY DEPARTMENTAL CELEBRATIONS

The Department of Neurosurgery at Seth G.S. Medical College (GSMC) and King Edward Memorial (KEM) hospital in Mumbai honoured its founder, Dr Homi M. Dastur, at two functions.

The first function at the Tata Memorial Hospital auditorium saw Dr Dastur's achievements highlighted in an oration delivered by his successor.

Dr Dastur graduated in medicine from these institutions and then trained in neurosurgery with Professor Wylie McKissock at Atkinson Morley's Hospital in Wimbledon, London. While there, he was summoned to his *alma mater* by the acting dean, Dr A.V. Baliga as Dr Ram G. Ginde had resigned from the hospital, leaving the institution without any neurosurgery facilities. Heeding his teacher's call, Dr Dastur returned and was appointed on the staff of GSMC-KEM hospital.

Dr Baliga was replaced as dean and the promises made by him to Dr Dastur remained on paper for quite a long time. Dr Dastur recalls drilling urgently needed burr holes to relieve life-threatening hydrocephalus with the patient on a trolley on the corridor of the hospital as the operations theatres were in use by general surgeons. Major neurosurgery operations were permitted only after the general surgeons completed their lists, often around 4 p.m. Since the last operations included drainage of abscesses and those with fistulae-in-ano, the theatres had to be scrubbed and sterilized with the result that brain tumour surgery started around 6 p.m.

The staff consisted of Dr Dastur and a house surgeon. Dr Dastur had insisted on a daily neurosurgery outpatient clinic as patients travelled long distances to reach the hospital and often arrived in desperate states. It would be inhuman to ask them to await the next outpatient clinic several days later. This added to the work he had to put in.

It was a few years later that the Department of Neurosurgery acquired its own operation theatres.

The burden eased with the unique appointment at Dr Dastur's request of Dr Anil Desai as a consultant neurophysician in the department. (There was a separate department of neurology in KEM hospital headed by Dr E.P. Bharucha.) Dr Desai shared the care of outpatients and inpatients, leaving Dr Dastur more time in the operation theatres. Together, Drs Dastur and Desai raised the department to its present national eminence.

The narration of these and other facts served as an eye-opener to the younger neurosurgeons in the audience and the current residents as they had been deprived of the opportunity of working under Dr Dastur's guidance.

A proposal was made for naming the department after Dr Dastur.

Some weeks later, the alumni of the department hosted a dinner with a difference. Dr Homi Dastur, Dr (Mrs) Roshan Dastur and

others who had worked in the department joined the current staff and residents. Drs Ashish Mehta, Ketan Desai, Milind Sankhe and Dattatraya Muzumdar had earlier recorded on video-cassettes interviews with Dr Homi Dastur, Dr Ranjit Nagpal, Dr Anil Karapurkar, Dr D.B. Deval and others. Excerpts from these interviews were shown at the start of the function. Each resident doctor from the earliest to those working in the department at present then spoke of their experiences. A souvenir listing all the alumni was released at this meeting.

The video recordings will form an important resource on the history of the department.

I am sure readers of this *Journal* will welcome reports of similar archival projects of other leading departments in our medical college hospitals.

SUNIL PANDYA

FORM IV

(See Rule 8)

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I, Dr PEUSH SAHNI, hereby declare that the particulars given above are true to the best of my knowledge and belief

1 March 2013

Sd-
Signature of publisher
