

Speaking for Myself

School of Tropical Medicine, Kolkata during the mid-1950s–1960s: Reminiscences in a lighter vein

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'The old order changeth, yielding place to new.' Over the past 4 decades our lives, work, culture, ethos and values have changed for better or worse; so has my *alma mater*, the Calcutta School of Tropical Medicine (STM). I spent my entire career (1955–90) there. Retired and relaxed, I thought I would pen down, in a lighter vein, something of the good old days of STM (1950s–1960s) when the working environment was different.

STM IN THE MID-1950s

When I joined STM, what struck me was its immaculate cleanliness and busy yet calm research milieu. Everything sparkled in the laboratories and the hospital. Even the brass hinges of ward doors were regularly polished. Research workers—very few of them held teaching ranks (only some departmental heads were professors)—were neatly dressed. Curiously, most of them wore red ties, walked confidently making sounds with their leather-heel, well-polished, brown shoes; and used Pelican pens. The few who could afford them owned Fiat cars. An apron was a must for all, the cost including that for laundry was provided by the School. Departmental heads were *sahibs*, the director *Bara sahib*, the deputy director *Chhota sahib*, and laboratory assistants/technicians *Baboos*, and the head clerk *Bara baboo*. In the tradition of the *Raj*, *Baboos* wore dhoti and full-sleeved shirts, with all buttons closed up to the neck. Work or *kaaj* was the watchword, and *kaaj* and research were pronounced with a particular accent and devotion. Everyone knew that the School was meant for medical research. Though there was no attendance register, most research workers used to come early in the morning and work till late in the evening. Some *baboos* also worked overtime without any grudge or financial incentive. There was a tiffin break in the afternoon; many enjoyed it but others preferred a snack while working.

GOOD MORNING/NAMASKAR

Wishing good morning to a senior was a must for a junior. The greeting would invariably be returned from the director to a grade IV staff. Many, however, said *namaskar* with folded hands, which was also returned with full grace. One morning, the *Bara sahib*, during his morning hospital round—a daily routine starting at 8.30 a.m.—found a junior trainee nurse shying away. At once he said to the accompanying matron, 'Sister, please teach your nurses to wish.'

KEEP YOUR EYES PREPARED

As a research fellow working on diseases of the colon (amoebiasis and irritable bowel syndrome) under Professor R. N. Chauduri (RNC), who was also the Director, part of my morning schedule

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was to work in the Radiology department with Dr S. P. Basu, popularly known as Capt. Basu in recognition of his previous military assignment during the Second World War. The day would start by 7.30 a.m. and while preparations were on in the X-ray room, Capt. Basu would wait in his chair, or more often stand on the verandah outside, wearing a pair of large red glasses and a lead apron. Since Capt. Basu was unofficially looking after the hospital administration, many of us thought that he was unofficially looking around through his red eyes. Be that as it may, since a second pair of red eyes was not available in the department, the first advice given to me in the morning was: 'Bhatchaj! Keep your eyes prepared.' In course of time I realized that in research it is very important to keep one's eyes prepared. That is possible only through keen observations combined with learning from the relevant literature documenting the observations of others. A mind, so trained, prepares the eyes to see. The eyes cannot see what the mind does not know.

FAECAL MORNING

The X-ray part of my morning work over, I would proceed to the Clinical Pathology laboratory to examine stool samples for about 2 hours. Samples were collected as fresh as possible in labelled petri dishes. Often a request had to be made personally and the patient concerned would oblige readily. A bowel patient is most happy when somebody takes interest in his valuable morning product. In this job I was assisted particularly by Shib *baboo*, laboratory assistant, who would reach the laboratory before me, taking the first local train from a suburb. Examination of faecal samples was indeed a task associated with varied assaults on one's senses—the odour being obnoxious, to say the least. Preparing a suspension of the samples to subject them to a concentration procedure for the detection of amoebic cysts was also my job! My interest in these valuable fresh samples was a matter of ridicule for many, including staff nurses. What they did not know, however, was that these samples were my bread and butter; I was working for my MD thesis. Incidentally, examination of stool specimens was of interest to many other departments and the material was shared. The Helminthology department would not be happy with a small sample. It was imperative to supply the entire morning product. One day, an outpatient brought the whole stool specimen in an earthen pot from a long distance but missed the appointed time. As the *baboo* told him that he might refuse the sample, the patient got angry and dropped the pot on the floor, soiling everything around.

RADIOLOGIST'S CAT

No research work was complete unless some innocent animals were sacrificed. The small garden in the central courtyard had an animal house with a red-tiled roof. It was well kept by the

caretaker, Mr Sen. I was asked to infect cats by per rectal installation of faecal material obtained from patients with amoebic dysentery. So a cat had to undergo the ordeal and it was kept in a cage in the animal house. Lest it got mixed up with the others, its cage was labelled as the 'radiologist's cat'. I wished the cat good morning every day. The poor animal only mewed imploringly. Anyway, it did not develop the infection and was released.

There was one Dr Smith of the Central Stores who was a lover of animals. Dr Smith bred golden hamsters in large numbers. He helped me to infect some of them with amoebic stool. Some days later they were sacrificed and to my delight the caecal contents showed fast-moving amoebae under the microscope. However, I found out that hamsters harbour a form of amoeba that is non-pathogenic to man. Never after this failure did I embark upon animal experiments. Many of my colleagues looked down upon the quality of my research which was purely clinical.

THE UNDERSTUDY DONKEY

In the green lawn around the animal house one would often find a donkey grazing. I wondered what it was for and asked Binod *baboo*, our radiology technician. Busy as he was with the heavy load of the department, he maintained his sense of humour. He said that it was not a donkey; it was the Deputy Director, an understudy. I did not understand what he meant. Years later, when I had the misfortune of being appointed the Deputy Director, I realized that he rightly meant the donkey's load that the Deputy Director had to carry with the dubious prospect that some day he may be promoted to the post of Director. I was also unfortunate to become the Director with no understudy to hand over charge of the Deputy Director in addition to the responsibilities of my substantive appointment to the post of Professor of Nutrition and Metabolic diseases. The Director was paid an extra amount, a princely sum of Rs 100 per month, and the donkey's job was unpaid.

BEZ'S PHILOSOPHY

Working hours in the Radiology department were long. My afternoon was spent filling up case proformas or doing library work followed by a session when the X-ray pictures taken in the morning hours were studied. Late in the afternoon, tired and uncertain about the outcome of my research, I used to walk down the hospital gate to my residence, a boarding house on C.R. Avenue, right opposite the hospital. Purnadas Bez, grade IV staff of the department, also worked long hours without any special incentive. One evening, as I was going out of the hospital gate, I overheard Bez telling the guard. 'But if you ask why I am here? Where else can I go?' I too had worked, before joining STM, in rigorous and prestigious clinical house jobs. I also had no other alternative assignment where I could do my thesis and I had to do mainly non-clinical work. I too appreciated Bez's philosophy. Throughout my career I found many teachers expressing their unhappiness at being 'forced' to work in STM in non-practising research posts. The fact was that most of them had no other place to go and wanted to stay in STM in their own interest. This was exposed on quite a few occasions when they resented a transfer!

OIL, OIL OR FLOUR

After 15 months of research fellowship on colonic diseases, I was pushed into a 5-year project of the Indian Council of Medical Research (ICMR) on malnourished children and I worked in this field during the rest of my career. Dr K. L. Mukherjee (Kanaida to juniors, Kanai Master to some seniors and KLM to others) started the project but left for the USA and on his return became

a Professor of Biochemistry elsewhere. I and my co-worker Dr A. K. Basu (later Professor of Haematology) were trying to process vegetable, protein-rich foods for malnourished children but RNC wanted to develop home-made food. So the gruel was prepared with roasted Bengal gram flour, green leafy vegetables and jaggery in the ward pantry. We communicated this work in the School Bulletin, which RNC titled 'Bengal gram-vegetable-jaggery gruel in kwashiorkor'. The diet was well accepted by children but RNC wanted to add mustard oil to increase the calories in it. Sometime during the 1960s there was an outbreak of a paralytic disease in the Dum Dum area of Calcutta. Investigations were undertaken by STM as well as by another institute. They said that it was due to oil contaminated with orthotricresyl phosphate while STM workers proved that it was the flour that was stored in drums containing the contaminant and remarked, 'how can only oil do anything?'

RESEARCH MATERIAL

RNC would tell us repeatedly, 'Don't lose any material, don't part with any. If the material is with you it is all right. But if you keep it with somebody else then you will never get it back. And above all, do something new.' Capt. Basu told me on my first day at STM: 'You will have patients, the laboratory, rats, guinea pigs, monkeys and everything you want. And you will have at your disposal the library, the best in Calcutta.' As I started working on malnourished children, RNC asked me during the daily morning round, 'Tell me why one child develops kwashiorkor and another marasmus'. The problem was indeed difficult and it took nearly 2 decades to arrive at an acceptable but not complete answer. However, many paediatricians feel that nothing more is left to be known in this field.

THE LIBRARY

Capt. Basu took me to the library. Indeed, it was very good. I found the librarian, Rakhil Ghosh, cleaning the central reading table himself. The assistant librarian, Bhabani *baboo* was an asset to the institution. Any work published by the staff was stored in his memory and he was proud to supply any such reference. He also took great pleasure in correcting the references for the School Bulletin. Any paper being sent out for publication elsewhere had to be scrutinized by him for the references. I had to consult him for the references of my MD thesis and he at once sat down with the ink-pot (red ink) and steel-nib pen to put them in order. Minutes later he opined that the references needed re-writing and he did that in a few days' time. Very often he would be seen working with an old model typewriter preparing a bibliography on some subject. One such bibliography on colonic diseases was given to me by RNC when I joined STM. Bhabani *baboo* was too orthodox in his style of writing references. When I submitted my PhD thesis I took the liberty of writing the references the way I wished and bypassed Bhabani *baboo* on the pretext of not missing the date of submission.

WRITING PAPERS

The quarterly Bulletin of the School was published regularly and papers submitted to it were rigorously scrutinized. Several seniors looked after that task but the complete set of pageproofs would be taken home by RNC in his 'blue bag', a small hand case made of blue rexin. The Bulletin attained international standards. Writing papers for the Bulletin was never taken lightly. Professor P. C. SenGupta (renowned researcher on kala-azar) did most of the editing. He had a Parker 51 pen filled with red ink. Later I was entrusted with editing the section 'Proceedings of the clinical

meetings'. These cases were presented in monthly clinical meetings by reputed clinicians of the city outside the School but most of those when submitted for publication had to be rewritten. Fed up with this thankless job I expressed my difficulty in continuing. Professor SenGupta told me, 'You gain nothing lamenting about it; there are some people who will never learn to write.' One of my major research objectives was to develop a classification for kwashiorkor and marasmus in children. It was not well received. I attempted to change my approach but Professor SenGupta advised me to stick to my guns and not bother about what others thought. I realized that quite late when my research was published in a quality journal. However, RNC had a different outlook. He was not choosy about the journal but was serious when putting anything in black and white. He used to correct and rewrite papers irrespective of the standard of the journal for which it was meant.

I caught this malady from him and made very slow progress in writing my papers independently afterwards. Somebody has rightly said that printed papers do not tell the background story of sweat, tears and bloodshed in their preparation.

THE X FACTOR

Every man is a philosopher in his own way. A man's philosophy keeps the balance in his life. One day Capt. Basu was in a pensive mood, he said: 'Bhatchaj! there is an unknown factor—call it factor X—which is the key to the success of a man. For instance, you and I go to the river Ganges. I drop a coin in the water. Both of us take a plunge to get the coin back. You get it. I do not. This is the X factor. Call it luck if you like.' Now that I'm retired from active work the role of this X factor governing the success or failure of a man frequently haunts me.

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