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SIR KEDARNATH'S INFLUENCE ON OBSTETRICAL & GYNAECOLOGICAL TEACHING & PRACTICE DURING HIS DAYS*

by

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I express my sincere gratitude to the organizers of this session of the annual oration in memory of Sir Kedarnath Das, to allow me the opportunity to associate myself with my worthy predecessors to do honour to the memory of one who had done so much to advance our speciality to a very honourable station in the estimate of the people to serve whom is our honoured privilege and duty. It has been held that a sincere and earnest desire to achieve any honourable object is always fruitful. I stand before you as a humble witness who has been fortunate to be so successful on more than one occasion.

Ever since it was decided to have this annual oration in memory of the great departed, I had a desire, and a very earnest one, of taking my humble part in a ceremony like the one being celebrated this evening.

The desire having been granted, I now look to the same source for the proper and adequate fulfilment of doing justice to the choice you have made. When I remember the galaxy of savants who were my predecessors, I feel, it may not be possible for me to play my part in keeping with the tradition they have established. But some force within me encourages me, some internal voice dictates me. I have been fortunate to associate myself with Sir Kedarnath in various activities in the professional, academic and social spheres of life. I have taken advantage of this valuable association and have tried to enlighten myself. Here this evening, it will be my pleasant function to recount them before this learned gathering. Naturally I shall not be boring you with personal matters. But if in the narration of events asso-

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ciated with the life and work of the eminent person if any such matter is mentioned — I shall depend upon your kind indulgence to excuse me.

My intimate acquaintance with him began from the end of 1929 when I used to go to his place with my friend Prof. P. Das. I saw his library and a small museum of specimens, diagrams and instruments. I had also the privilege of talking with him. I asked him about his early days in the Medical College as a student, and, after graduation as a member of the Bengal Medical Service. When he was the registrar—incidentally he was the first one to be so appointed—he was sent to the Campbell Medical School—now the Nilratan Sarkar Medical College—as the Teacher of Midwifery.

As a registrar he engaged himself in active practice. When he was working after graduation in the Medical College Hospitals.—There was no separate hospital for midwifery cases—the cases were admitted in the female wards of the Medical College Hospital. There was no special room for labour cases. There was, of course, no isolation of so-called septic cases from others apparently normal. The officer-in-charge was a member of the Indian Medical Service. His designation was Professor of Midwifery and Obstetric Physician to the College Hospitals. He went round the wards for three days in the week and operated on a wednesday each week. He was assisted by a junior member of the I.M.S. who was also the Resident Physician. The teaching work was actually in the hands of this junior officer and an Indian doctor who was a member of the Bengal Medical Service. This gentleman was not interested in midwifery. Young Dr. Das was not only interested in obstetrics but also was an eager teacher himself. The students also liked him. He taught the students for the Calcutta University M.B. and L.M.S. courses of study and also the nurses who were trained in midwifery. The professor gave Dr. Das all facilities and encouraged him in the teaching work.

He was also given opportunities to manage abnormal obstetrical cases, assist in gynaecological operations and to do minor operations himself.

Obstetrical practice in the late nineteenth and early twentieth centuries in the main cities and important moffussil towns of our country was in the hands of the few lady doctors, Indian and foreign, trained midwives and handy women (without training) in the rural areas. Confinements took place in domestic surroundings. Hospitals were not at all popular. Grossly neglected cases ending in destructive operations were the occupants of the hospital beds. Dr. Das and male members of his profession had practically no chance of doing any antenatal supervision or of conducting normal confinements on their own during these early days of their professional career. Whenever things went wrong or help was needed the midwives sent for doctors. Male doctors, again, were requisitioned for instrumental deliveries and for destructive operations on the unborn infants. Dr. Das had been the teacher of many practising midwives and women doctors trained in the Medical School. They naturally sent for him in their hour

of need. He was an expert surgeon, having taught himself and taken all the opportunities thrown in his way by his affectionate professors and house surgeons. He could therefore give entire satisfaction to the doctors and nurses who trusted in him. This would explain the exalted position he worked out for himself in his professional career. But he was not interested only in establishing his practice—but, as I learnt from him, he was a keen student, studying the methods adopted by the country midwives in managing some of the usual accidents and irregularities that crop up during the management of labour, normal or otherwise. From his inimitable way of describing anecdotes I collected details of many interesting cases. During the last five years of his life I was often grouped with him in conducting the practical and clinical part of the final M.B. examination—he being the seniormost examiner—and I had been taken as the youngest of the then practice of having four and later on of six examiners.

Contemporary obstetrics in the early part of this century taught that early rupture of the bag of waters was a sign of disaster. Dr. Das said, "The dhais welcomed this. They could not properly diagnose disproportion or mal-presentation. They knew how to study the nature of pains. If they realised that the pains were true they made frequent vaginal examinations. If after such an examination the bag could be felt, they ruptured it. Incidentally, you should know these rural midwives made it a practice not to pair off the nail of the right index finger. The nail was the instrument to rupture the membranes. After the membranes were ruptured, the patient was made to squat down. In fact, she was not allowed to lie on her back. That was perhaps a safety measure to prevent draining out of all liquor or the prolapse of the cord." This was the final remark of the great obstetrician. He would narrate many other practices which I, at times, got alarmed to hear. But not so Dr. Das. Not that he supported these antics, but he was always eager and anxious to find out why such apparently unscientific and dangerous practices were traditionally followed. If the cord did not drop after five or six days, the attendant handy woman, would smear her thumb with mustard oil and would warm it against a naked lamp and press the thumb against the infant's naval. Sir Kedarnath's explanation:

"You see the idea perhaps is to apply heat and improve congestion which might help the separation—as we apply "compress" these days. Oil was used and so there was no fear of causing sloughing. As there was no raw area, there was no fear of infection, nor was there any chance of burning the tender skin of the infant". When Sir Kedarnath was posted as the Teacher of Midwifery in the Campbell Medical School he utilized his manual skill and mental zeal to enquire into the scientific and historical matters in connection with the subject of his choice, viz: obstetrics, diseases of women and the care of the new-born child. In this School he took great pains to improve, amongst other things, the standard of teaching the students, viz. doctors and nurses that came under his care.

It is worth while to recount the salient features of the medical aid that was available for the public in those days. The number of trained medical personnel was very small. Some few graduates from the university were in Government service, the vast majority engaged themselves in very lucrative practice mostly in Calcutta, Howrah and the main district towns and such subdivisional centres as were near the few industrial or trade establishments. The bulk of the people lived then as they do now in villages. These villages were served by Licentiates trained in the Schools and by numerous quacks. When Sir Kedarnath was the teacher in the Campbell Medical School there was another school in Dacca. Subsequently other schools came into existence. The name and fame of the teacher in Calcutta was very great. This attracted students from all parts of the then Bengal Presidency and many other parts of India. Through them the scientific and practical teaching of Sir Kedarnath diffused throughout the country.

The method adopted by the teacher was didactic and practical, based on the realisation of scientific facts and theories as were current those days. He realised vividly the situation and the surroundings in which his students will have to deliver the goods and he fashioned his lectures and clinical instructions accordingly. A few instances will illustrate what I mean. He did not insist on the examination of urine in cases of oedema appearing during pregnancy. He did not want to go against the current belief that fire should not touch the excretions of the gravid women. But his treatment was that with the appearance of oedema, however slight, the woman should immediately be put on milk, rice and sugar. She should rest in bed and the feet were to be raised on a pillow. He was very fond of prescribing liquorice powder as a cathartic. He did not prescribe saline purgatives, his argument was that passing frequent stools is weakening, for the woman in villages has to go a long way from the dwelling house for this purpose. To procure sleep he prescribed potassium bromide and chloral hydras. I had the privilege of hearing what instructions he used to give to the School students; he was then the Principal and Professor of Midwifery of a College training graduates and post-graduates. I remember his remark: "You will see, I taught them what I still teach now, the principle is the same, the difference is that the teaching was empirical then and has been rational these days."

Sir Kedarnath, like his compeers of those days, was a sincere believer in what was called "Obstetric art." He thought and believed that delivery per vias naturales should be the aim of the obstetrician. He was a very skilful and able abdominal surgeon. Yet abdominal delivery he never sanctioned or encouraged. I have, on many occasions, asked him for the reason of this line of thought. He would say: "Leave alone Calcutta, there are few places in our country where timely medical aid is sought for or is available during a difficult labour. I therefore taught myself and my students the best way to separate the child from the mother.

True, in many cases, the infants had to be destroyed but our aim has been to save the mother and most of the infants." It was a lesson, almost a heavenly sight, to see him carry on forceps application. In this city myself and a lady doctor were fortunate to see him apply forceps, the particular instrument was his own invention, in a case of unrotated occipito-posterior in a primigravida.

The two great urgent complications of pregnancy were just as common then as they were during the days of my active practice, I mean eclampsia and ante-partum haemorrhage. He taught the details of the Rotunda method of treatment for eclampsia and he practised the same. During his sojourn for study at Madras he had seen this treatment adopted in the biggest Maternity Hospital in the country at that time, I mean the Maternity Hospital at Egmore, Madras. Many of the principles of his obstetrical teaching he had taken from Williams's Text Book, which he subsequently followed as a standard in his own text-book published subsequently.

In the treatment of ante-partum haemorrhage, the pathology of bleeding from a normally situated placenta was not clinically understood nor was an attempt made to comprehend the same. His words were: "It is the hemorrhage we cared for. This was not anxious and urgent in cases where the placenta was in its position and so such cases were frequently left alone. But in the other case the bleeding was usually dramatic and urgent and something had to be done. We tried to get at the placenta and 'Accouchement forcé' as you understand these days was our line of action." He supported plugging the vaginal canal in these cases. "What else could you do where there is no other person, no instruments etc., to help you." In his later years, while admitting the usefulness of abdominal delivery in suitable cases under proper circumstances, his obvious bias was for vaginal delivery. X-ray investigations for varieties of placenta praevia were not current in those days. He was no enthusiast for diagnostic help through X-rays. He was essentially a clinician in his teaching and professional work. I had often discussed methods of diagnosing presentations, disproportions, pelvimetry and similar topics. Though fully conversant with current literature, his innate conservatism and the paucity of the available means of recent investigations kept him confined in the ocean of his vast experience where he proved himself a successful skipper and a dependable navigator even when the worst obstetrical storms threatened.

His investigations into the study of incidence of varieties of clinical manifestations of puerperal infections are still regarded as original and have gone a great way to guide future workers. He had dived deep into the Ayurveda Shastras. He had found frequent mention of "Sutika" as a common complication in the puerperum. His earnest attempt to arrive at the manifestations of this complication led him to discover certain facts which he could find in his own cases. Space will not allow me to record all his findings. There is one such complication which had baffled many clinicians who could not effec-

tively cure patients before the days of sulfonamides and antibiotics. Sir Kedarnath's observations are quoted: "I also thought that these cases were caused by a virulent type of bacteria other than B.Coli that found access into the alimentary canal from the uterine discharges. I always aimed to secure proper drainage of the lochia and careful disposal of the pads. Diarrhoea or no diarrhoea, I allowed nourishment, taking care to help digestion with drugs." He was very conservative in treating mastitis, pelvic cellulitis and even in cases of pelvic peritonitis with collection of fluid in the pouch of Douglas. He used to look upon these cases as nature's attempt to increase the powers of resistance by localising the infective process. He quoted T.C. C.O. abscess fixation for increasing the number of leucocytes in the blood as was currently done in advanced cases of Kala Azar.

Gynaecology was not taught to the School students. Gynaecological surgery was not practised as a speciality till the second decade of this century. In fact surgical practice was mainly in the hands of the British members of the Indian Medical Service. Sir Kedarnath Das was the first Indian gynaecologist in this city and for that matter in the whole of the then Bengal. A good second to him was Dr. Guruprosad Mitra of Dacca, whose worthy son is now amongst us here in Calcutta. Even when Sir Kedarnath was a teacher with charge of beds in the Campbell Medical School his surgical activities were supervised by the European Superintendent of the School. It so happened that this gentleman was afraid to undertake vaginal operations. Sir Kedarnath took full opportunity of the situation. His surgical technique was of a very superior kind. Many of the present day group of flourishing expert surgeons may have many things to question about the techniques followed in those days. But the fact remains that "the goods were delivered no less efficiently and successfully than they are being done these days". He used to remark, "Surgery is not a mere carpenter's job. The great thing is to know what to do and not how to do." In the Eden Hospital where I had the privilege of meeting him when he came as a consultant to watch operations on his patients, I came across very many cases of brilliant diagnosis made by him. The surgeon had not agreed with him before the operation but afterwards his modest and decided opinion often proved true.

In summing up the contributions of the great man towards the teaching and practice of obstetrics and gynaecology in our country we may do so in the following way.

Sir Kedarnath Das, the teacher from the time he graduated till a few months before his death, had been connected with teaching institutions in various capacities. When the R. G. Kar Medical College, then known as the Carmichael Medical College, came into existence, Dr. Kedarnath Das, as he was then, was the first Professor of midwifery. He was no believer in delivering routine theoretical lectures in the theatre. He was no success in the mere delivery of a lecture, but he was thoroughly conversant in explaining and clearing his ideas before the students. He was,

however, marvellous when he delivered his bed-side clinics. He narrated what he had experienced himself and he insisted that his students should actually observe and realize the clinical facts at the bed-side. He would never repeat things from text-books nor did he repeat the clinical notes in his possession. It may be difficult for modern students to comprehend the difficulties their predecessors as also their teachers had to pass through half a century ago from to-day. Obstetrical palpation or gynaecological pelvic examination could not be done by an average student. There was a time when students had to watch the various stages of labour standing behind a screen. Under such circumstances it is not difficult to realize how laborious it was for a professor to satisfy the natural inquisitiveness of the future doctors. Sir Kedarnath had a world of experience. He could also demonstrate on the manikin with the foetus, or the macerated pelvis in a very realistic fashion. As I have described before, his aim was to train practical obstetricians and, later on as a professor, 'safe' gynaecological surgeons. The trend of his teaching may be deduced by describing his way of examining candidates in the final M. B. examination. For at least 12 sessions I was his colleague in the University examinations. He allowed the junior to ask questions. His part was to listen and if occasion needed he asked questions to get points clarified by the candidate. If a candidate was asked to enumerate the conditions suitable for the application of forceps the candidate would say full dilatation of the external os. Sir Kedarnath would demand "only dilated and not taken up"! To satisfy the examiner the candidate would have to explain what is the significance of the cervix being fully dilated and taken up. In gynaecology he would not let a candidate go through if he did not know the practical details and the usual hazards of such operations as curettage or Gilliam's method of ventro-suspension of the uterus. Once he recounted that he often came across cases where these operations had been performed by young enthusiasts and the results had been very nearly fatal.

Some of the golden practical precepts that came from him have guided many practitioners during the last quarter of a century. I myself never had the privilege of sitting at his feet to imbibe them but on the few occasions when I met him as a professional colleague. I have been charmed with his professional expediency. I sought his advice in a case of a primigravida who, according to the history, was 20 days postmature. In his own natural modest way he remarked, "You know I have, up to now, (June, 1934) seen at least two thousand such primigravidae (young girls married at 13 or 14 years, who have been either with there mothers or mothers-in-law, ladies who recorded correct dates of periods of young married daughters) and I have never had to worry about post-maturity." On another occasion I asked him to see a lady aged 43 years. I was suspecting malignancy; Sir Kedarnath disagreed. He told me that if a lady does not get a discharge either blood-stained or any other per vaginam for a continuous period of 10 days to a fortnight between two

regular periods it is a case which is least likely to be malignant. This lady died in 1960, twenty-five years after she was seen by us. At the time of her death her uterus was still in her pelvis. Many a change has taken place in the every day life of our patients, many an addition has been made to our clinical armamentarium but with all that it pays to note as the poet said, "Lives of great men all remind us". I must say I have been guided by such precepts on many occasions to the benefit of my patients and to the furtherance of my professional capacity.

The above delineation of facts will show that we had Sir Kedarnath amongst us when the principles of obstetrical teaching were in the melting pot. His services as an educationist in this speciality may now be considered. He was one of the principal experts to meet the "Needham Commission". The Commission's object was to enquire into the syllabus of training for the M. B. Degree of the Indian Universities. There was no one in the whole of India other than Sir Kedarnath who was connected with the teaching of students for a longer period. In his evidence he clearly laid before the Commission the circumstances that hindered the progress of obstetric teaching and the means that were being adopted to remedy them. At his suggestion and initiative, the new regulations were adopted. The important items were: (1) 3 months' intensive training, (2) conduction of 20 cases, (3) compulsory attendance at the out-patients' clinic where, amongst others, antenatal work was routinely taught. Arrangements were to be undertaken for separate teaching maternity hospitals for labour cases and gynaecological patients. The care of the new-born for the first ten days of life was made a subject of compulsory study by the students. To give effect to the new arrangement under his special request the authorities of the Carmichael Medical College opened an annexe for labour cases in a rented house at Manicktollah. This helped the students a great deal to get their 20 cases of confinement. When the authorities of the College built a big commodious maternity hospital which very significantly carries the name of Sir Kedarnath, the Manicktolla place was given up. It would be seen from the above that the teaching in obstetrics was put on the same level as those of medicine and surgery under the new regulations. One of the main architects of the structure was the great educationist to honour whom we have met this evening.

It has been very frequently remarked and admittedly with many matters of factual support that our contributions to research or knowledge for the benefit of the science of medicine have been meagre. Whatever the explanation for this apparent shortcoming in the medical men of the past may have been mentioned, it can definitely be asserted that Sir Kedarnath kept up the spirit of investigating into the scientific explanation of any abnormality that came in his way. He was always studying and had gathered, in his library valuable books. His investigations into the types of pelvis amongst Indian women and his masterly dissertation on the causes of difficult labour were published in the American Journal of

Obst. and Gynaecology in the year 1923 under the caption of "Midwifery in India". His original work, "The obstetric Forceps — Its History and Evolution", published in 1929, has added a good deal to the world knowledge about that valuable instrument in every day use.

Besides the above, he had published several original articles in the Indian Medical Gazette, the 'Antiseptic' of Madras and several other journals and periodicals. Let us now turn to the state of affairs that followed the demise of this great man. Let us see how the future generation has been benefitted from the study of the life and teachings of Sir Kedarnath Das.

One fact is plainly evident, that the science of obstetrics and the practice of gynaecology has attained its deserved place of distinction in the profession along with that of medicine and surgery. Students have been attracted for higher study and research. The elaborate principles adopted in the teaching of the subject have borne the expected results. In the Calcutta University a regular course of study and, to give effect to the same, the Post-Graduate College of Medicine has been established. The degrees and the diplomas conferred by the University have been maintaining their dignity and prestige not only in the country, but outside it in other eastern countries.

But there is the other side of the picture. The Science of Medicine teaches mankind to maintain standards of health and to treat diseases when they appear. It is practised as a profession and the practitioners not only derive material prosperity but also a psychological satisfaction for having been of use to ailing brothers and sisters. Obstetrics, in particular, is meant to help the individuals when in distress during the course of the process of birth which they have been destined to give effect to by the Creator.

With all our advances, the fact remains that we are far short of approaching the objectives in this part of the country. Domestic midwifery is fast disappearing yielding place to institutional practice. This is what it ought to be. But do the institutions help the patients in the way they are meant to? Patients are lying on the floors of spacious and palatial buildings instead of doing so either on the floor or humble "charpais" of their humble cottages. Having delivered the infant and before being strong enough to look after themselves they are being hustled out on the second or third day after labour. In many places patients are being delivered in public vehicles, railway stations and even on the roads in the very vicinity of the hospitals. Even in hospitals the wards are congested, but the beds for the rich patients are not always wanting. Leaving the hospitals managed by the State, there are so many others that owe their origin to the benevolence of rich donors or associate their names with spiritual leaders, where the rich are always welcome and where further the diet served and the medical care given are on a higher standard than what is meted out to others who are fortunate to secure accommodation in free beds. It is difficult to comprehend that practice of obstetrics is on a higher standard in face of the facts delineated

above. If the camera is now focussed on the practitioners who find it their sacred duty to utilize the latest and up-to-date knowledge they have obtained after going through improved system of training, another miserable picture is revealed. It has been stated that the best of humanity reveals itself only when the bodily requirements are fully met with; under the present economic conditions, it is difficult, almost impossible, for a medical practitioner to keep his head above the swelling current of uncontrolled prices for the bare necessities of life. When the cost of living was cheaper than what it is now every single practitioner earned his livelihood from a mere fraction of the patients that came under his way, a great majority of patients did not pay a regular fee in currency. Now-a-days the public demands medicine, and all that it means, should be practised as a vocation and not as a profession. The welfare states of the present day meet the demands of the public by providing free treatment in the hospitals by doctors and nurses who, however, even though members of the public in so far as they are human beings, are not provided with means of comfortable living in their standards of existence.

Where is the way out of this state of affairs. Many many Sir Kedarnath Dass will be born and will depart from this world leaving their footprints on the sands of time. The science and practice will improve in technicality, but, if the above is to be used for the benefit of the human race, other conditions will also have to advance along with them.