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OUR FAMILY PROBLEMS

by

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I ME: My Gratitudes

The God dwells in the soul of all of us. But the culture in which I am brought up commands me to bow in salutation to the mother first, then father, and then the teachers, before bowing God. Our parents bring us in the world and potentiate us to the teaching of the teacher who helps us in growing to a perfection. The credit of my achievements—if there are any, goes to my teachers Dr. Masani, Dr. Baba Patwardhan, Dr. B. N. Purandare, Dr. Saraiya, Dr. V. B. Aroskar, and also to a large extent to Late Dr. V. N. Shirodkar, Dr. J. N. Karande and Dr. S. N. Garde. I salute them with my reverence before I salute you all while accepting the charge of the Presidentship of the Federation today. I consider myself fortunate for being installed in Chandigarh, the marvel of modern architecture. It is the capital place of Punjab which is a premier part of our nation in agriculture, industry, education and valour.

My wife Smt. Surekha, my children and I thank you for electing me as the Vice-President in 1979 and as the President this year. It is with great awe and excitement that I approach this challenging assignment. My debt exceeds my gratitude for the sacred trust you have placed in me. To be frank, this is the most humble moment in my life. I am aware that the emblem of my office, viz. the Medallion put on my person by my dynamic predecessor Dr. Tarun Bannerjee, has been graced formerly by the giants in the field of Obstetrics and Gynaecology. Those great leaders of recognised excellence founded and nourished the Federation, and conferred upon it national and international status.

As you know, our Federation was founded in 1950, has grown from strength to strength during the last thirty years. It now boasts 68 member-bodies and

about 4200 members. The credit for this phenomenal growth goes to the devotion of all of you and especially the past Presidents and Office-bearers. We record with great pride that our Federation is deeply concerned with burning national problems like population control, family planning, and mother and child welfare. By adopting projects in this behalf all of us are actively involved in the national mission.

II WE: Profession

The Obstetrics and Gynaecological practice today has witnessed a revolutionary change. Frightening vistas born out of helplessness which was seen once upon a time due to lack of facilities, have disappeared in favour of bold approaches and active management. This is facilitated by advancement in the field of anaesthesiology, surgery, blood transfusion, electrolytes, shock and antibiotics. Major operative procedures which were dreaded once upon a time because of excessive bleedings, are performed with an ease and confidence at present even by the junior surgeons. Thanks to the recent advances, even junior colleagues have kept their minds open and readily adopted the modern approaches with enthusiasm and courage. Surgery has been made safe for the patients and with the help of modern method of investigations it has become easier to make the patients safe for the surgery so much so that the primary mortality due to radical hysterectomies has been reported less than one per cent in some clinics.

However, the availability of modern amenities has precipitated an adventurous temperament of doing hysterectomies and caesarean sections without proper indications, which is really deplorable. Surgery should be beneficial to the patients and tension-free for the surgeon. "When not to cut, what not to cut, and why not to cut" is the very essence of surgery. The 5 years cure rate of radical hysterectomies performed by various methods, e.g. Meig's, Okabayashi's, Shlink's and Mitra's, statistically compare so well that you are at a loss to understand the validity of doing mutilating surgery and killing oneself by its strain.

The latest reports of the metastasis spread by lymphatics in malignancies demand a thorough knowledge of oncology and a detailed know-how of the management of cancer, with surgery, radiation and chemotherapy. This has brought a limitation on the ability of the gynaecologist to treat cancer in spite of his skill. This realisation has dawned upon me after having done cancer surgery for over 25 years. However perfect your surgery may be—according to you, a sense of deficiency lingers in the treatment because you have no facilities which are available in a Cancer Institute. Cancer has become a specialised branch and I feel that all the patients suffering from cancer must get the benefit of the specialisation. In Obstetrics and Gynaecology with its dual responsibility one cannot cope with advances in different branches of medical sciences. It is difficult to specialise in more than one sector of medical science.

After the Second Great War, inventions of novel methods and gadgets resulted into pouring a fund of knowledge in our speciality, in regard to reproductive physiology, immunology, early detection of cancer, sterility and the high-risk pregnancy. Our Federation has been quite alive to newer developments, and time and gain these subjects or some aspects of them are taken up as themes for deliberation. However, there is a feeling amongst some members that the

problems, e.g. genital tuberculosis, abortions, prolapse, leucorrhoea, pruritus vulvae, vulval dystrophia and other important to the practitioners, especially in the mofussils are not so frequently discussed; while problems like maternal mortality, perinatal mortality and family planning are discussed as a matter of ritual. These day-to-day problems should have at least a place in the pre-congress workshop and items in the agenda of the Brain-Trust. Therein the private practitioners will have full scope to come out with their difficulties and experiences.

By tradition and training we are conservative in Obstetrics. Our cautious approach and acquired skill were influenced by British Obstetrics. I have witnessed long trials of labour with watchful expectancy and masterly inactivity. For over 10 years a new trend of active management of labour has come into being. It is a more humanitarian approach. It does not mean that there was no humanitarian feeling in older conventional method, but, there was a rigidity attached to it. Active management of labour assures a woman a delivery within 12 hours, but it requires intensive maternal and foetal monitoring and consequently a constant supervision. In our country, where the necessary facilities are inadequate, and the number of deliveries per day is large, the active management of labour remains a theoretical entity.

While conducting labour our constant striving is to avoid caesarean section, even though the indications for the caesarean section have been liberalised and the incidence of caesarean section has gone higher 5 times. The adage, "Caesarean section is the bankruptcy of obstetric art" has rooted so deeply in our mind that we hesitate to accept breech presentation as an indication for caesarean section. Those who have conducted breech deliveries will certainly join me in justifying this complex.

Foetal distress is another indication. Dr. Menon has jokingly remarked that the incidence of foetal distress is maximum between 11 p.m. and 7 a.m. Dr. Saraiya observed that if the obstetrician arrives in the first stage, the labour ends in caesarean section; if he arrives in the second stage it ends in forceps delivery; if he arrives late, then there is normal delivery. Leaving aside the jocular part of it, the satire indicates deep concern of the senior teachers with the injudicious caesarean section and damage to the obstetric future of woman.

The newer methods of investigation have created contradictory feelings of admiration and helplessness in our minds. The advancement in genetic engineering, sex determination, foetal abnormality, hormonal assay, radioimmunoassay, biochemistry, ultrasound and real time, has offered in advanced countries tools and facilities which are sadly lacking here in India. Even patients in Ahmedabad, the Capital of Gujarat, have to travel 300 miles to Bombay for hormonal assay. Even in Bombay there are only a few well equipped institutes. The expenses involved are prohibitive for the middle class and impossible for the poor.

However, I am proud to say that the deficiency in equipment is not a serious handicap. We can develop our clinical sense in such a way that our fingers act like antennae for remote sensation. On one accasion, while speaking on laparoscopy one of our senior colleagues remarked that eye in the peritoneal cavity is preferable to fingers in the vagina.

Now most of us, including my teacher, Dr. B. N. Purandare, close our eyes while doing P/V. The late Dr. J. N. Karande (who was also my teacher) used to close his eyes and used to put the tip of his tongue out. This attitude during investigations shows the degree of concentration—a kind of trance—which enabled them to see through the pelvic viscera. The Pitman's blind touch method of typing is another example of the fingers doing the work of eyes—the touch replacing the sight.

Let us not allow new methods and tools to replace our clinical processes. Hysterosalpingography and spray pneumography which help us in visualising the interior of the pelvic viscera cannot totally be replaced by laparoscopy. Let us not ignore the azoospermia in the husband before doing routine laparoscopy in the sterile wife. Diagnostic aid in a sterile woman has a therapeutic result. In my recorded series of about 1000 sterile cases who have become pregnant, about one-third of them conceived by mere passage of sound and cyclical hormonal therapy. Rubin has reported 30 per cent pregnancy rate after insufflation tests.

I adopted originally a method of double contrast hysterosalpingography, viz. spray pneumography which I reported in various Conferences including All India Radiological Conference, 1979. More than 1000 sterile women whose husbands were normal, were subjected to spray pneumography as a routine. My observations were that barring genital tuberculosis, the absolute incidence of cornual blockage is 3 per cent. I marvel at the frequency of the tuboplasties done and the tall claims of the success rate. I wonder whether we will maintain the same success rate in these 3 per cent cases. The failure of tuboplasty lands the patient in a blind alley and paralyses further gynec treatment.

Let us be ethical in our profession. The husband who is the key factor in fertility must be examined first before the wife is put through a number of investigations involving huge cost and avoidable agony. Let us not rush into surgery unless there are definite indications.

Sex education and sex counselling must be an inevitable concomitant of our speciality. For quite a few problems in practice are the outcome of sexual activities. Sex ignorance is a common phenomenon everywhere. Counsellor reported the funny case of a soldier, posted in a sector far away from home, who used to send his semen to his wife by mail. In his ignorance he thought that he was responsible for her conception. After five years of married life a lady about 24 years old was brought to me for investigation. To my utter surprise the lady was found to have agglutio vulvae. I think education in sexology should be part of studies at the undergraduate level. To qualify himself as a sex counsellor a gynaecologist should not lead a single-blessed life.

While administering drugs to pregnant mothers, care must be taken to see that the after-effects do not cause any damage to the baby. There is the case of an American congenital blind woman who held her obstetrician responsible for her blindness and sued him in a court of law. Her plea was that she was born a premature baby and was given oxygen for resuscitation. Fortunately for us such cases are rare in our country, for the Indian people are fatalist and hold the medical profession in high esteem. The list of drugs having teratogenic effect is so

big that one feels scared while giving a laxative to a pregnant patient in first trimester. In view of the nature of the medical disorder in our country one is forced to use drugs in spite of their teratogenic effects in certain diseases like malaria, pulmonary tuberculosis, epilepsy and jaundice. Thorough investigation and precise diagnosis should precede a cautious and judicious use of such drugs. It is preferable to avoid medication in the first trimester. May I venture to suggest the introduction of refresher courses with the help of I.M.A. in order to acquaint the general practitioners with the ill effects of drugs administered in early pregnancy? Member Bodies of the Federation can extend a helping hand in this matter.

III THEY: Social Obstetrics

Huge chunks of population in rural India are not touched by medical facilities. In some areas the facilities are poor; in many they are conspicuous by absence. The roll-call of rural problems covers poverty, malnutrition, illiteracy, unhygienic water supply, absence of sanitation. The situation poses formidable problems which defy solution due to scarcity of resources.

Turning to gynaec problems we notice that deliveries are often conducted in dark and dingy places by *Dais* ignorant of aseptic precautions. Government machinery working through the primary health centres touches the fringe of the problem. However, the introduction of the cadre of auxiliary midwives who look after maternal and child health service, and immunization programme, has helped in the alleviation of suffering. Still the majority of mothers have to do without this aid. Steps to improve the situation should include mobile medical service and the creation of youth leaders in villages. Institutions like Shardagram in Saurashtra where Indian culture is instilled and where rural leadership is forged, can be harnessed to bring medicine to the farthest corners of India. It is not beyond the capacity of local I.M.A. and Member Bodies of the Federation to train youth leaders in subjects like immunization and sanitation. Such leaders should be able to detect medical disorders and direct the patients to the P.H.C. or big hospitals.

It is gratifying to note that specialists have started practising in district places. Consequently the incidence of ruptured uterus, inversion of the uterus and the destructive operations has substantially gone down.

Indian tradition requires that man should go to the forests after finishing his worldly responsibilities. Contrary to our tradition junior doctors are expected, even compelled, to stay in villages. They are in a way expected to sacrifice not only themselves but the social life of their wives and the education of their children. In all seriousness I suggest that retired government doctors should stay in rural areas. We owe so much to society that even private practitioners, teachers in medical colleges should voluntarily go to village, say, after completing sixty years and government should see that they get all the amenities for their errand. This will help the rehabilitation of the retired doctors, who are physically fit to serve. Even nonmedical persons have recently been affected by their suffering of villages. A golden lead has been given in this behalf by the declared desire of the 'Melody Queen', Lata Mangeshkar, to set up a chain of hospitals in inaccessible places. If men of eminence in the medical field start practice in villages, the affluent may visit villages or settle there

permanently. This may result into an uplift of the rural areas.

WHO is the most noncontroversial and the most laudable institute floated by UNO. However, it works through bureaucracy-ridden government machinery and is not immune from political influences. Gynaecologists practising in their hospitals and others attached to charitable hospitals run by private trusts, are not associated or involved in health programmes. They feel ignored and become indifferent to programmes in the service of the community. I, therefore, suggest that if the Federation is represented in bodies like WHO, all of us can fulfil their urge to serve society.

Reduction of the maternal and perinatal mortality is the objective of our faculty. The maternal mortality is reduced by 7 times in our country. The perinatal mortality is about 3 times higher than that in the developed countries (Dr. Menon and Dr. Bhaskar Rao). It is observed that in countries where skilled medical services are available, the figures of maternal and perinatal mortality are lower. The avoidable factors which exist to the tune of 50 per cent are related to antenatal care. In our country, 60 to 80 per cent deliveries take place in rural areas, where poverty is rampant, the nutritional status is substandard, sanitation is deplorable and ignorance is colossal. These are the places where antenatal care is badly required but unfortunately denied to them, because of inaccessibility and reluctance of the medical personnel to work in rural areas. It is hoped that with the improvement of the socioeconomic conditions, and planting of M.C.H., family planning and medical services, the rate of maternal and perinatal mortality can be reduced.

Population control is a national necessity. It has been accepted as a part of programme by all political parties. While the interests of the nation are supreme and demand every individual to adjust to the national need, the happiness of human family should not be a casualty. Family planning method should take into account the possible derangements or the deaths of the children. A method should be so adopted that the fertility is not annihilated for all time.

Laparoscopic sterilizations are fast becoming popular, both among the doctors and the patients. It is an interval technique and the gynaecologists have a great opportunity of screening these patients from the viewpoint of cancer and other disorders. I had no occasion to visit a laparoscopic camp, but I am sure that the laparoscopist must be doing routine gynaec examination and vaginal cytology.

IV CHILDREN: Academics

There is an all-round deterioration in the standards of education. Medical education cannot remain an exception—a fact beyond controversy and the subject of annual lamentation in conferences. The paradox remains that medical colleges admit the most brilliant students but the final product is mediocre like the production of other faculties which admit defective raw material.

Social justice, one of the goals of good government, requires that medical education should be open to all classes of people—Scheduled and Backward classes. Standards of admission have to be lowered to admit students from classes deprived of rights for ages. There is an education explosion—huge quantitative expansion. As always quantity is the enemy of quality.

It is unfortunate that the education does not attract the best talents. Various

factors like low income and loss in social status are responsible for this sorry state of affairs. Those who choose to be teachers must read the latest literature on their subjects. Abraham Lincoln said, "It would not matter if there were no bridges across a river; people could cross the river with some difficulty. But books were necessary—the bridge between ignorance and knowledge." The responsibility of the teacher is very great as he has to produce the next generation of teachers, scholars, research workers besides doctors and technicians for the future.

A good teacher should not merely depend upon books writeen in foreign countries. He must have learning and acumen to test the soundness of and, if necessary, challenge the matter in text-books.

Text-books should not be imported like watches and T.V. sets from foreign countries. New books written by Indian writers need not be mere adaptations and abstracts of books written by foreigners. After a study of indigenous circumstances, our own practical experiences should be embodied in books. I, therefore, take this opportunity to congratulate those who have made a pioneer attempt in this direction—Dr. Menon, De. Devi and Dr. Bhaskar Rao have brought out a book for the post-graduate level.

A word about the syllabus. I venture to suggest that those who are in charge of framing the syllabus should drop the old colonial effect and consult specialists in various fields. The basic sciences—anatomy, physiology, pharmacology and biochemistry—are taught in detail in the first year of medical education. It is my observation that by the time students leave the portals of the University they retain about 20 per cent knowledge of basic science, i.e. at a time when it is needed most. The entrants to the medical course may be spared the burden of learning the details of these sciences. The syllabus should be so framed that basic knowledge is imparted in instalments or phases. In the beginning we should be satisfied with elementary knowledge so that in the final year there is completion or revision of the course in basic knowledge. Memory works if knowledge has a function to perform. The situation wherein the theoretical knowledge disappears when it is to be implemented in practice, needs to be amended.

So long as the medium of teaching is English, effective communication requires adequate command over the English language. Otherwise learning and teaching suffer. Teachers and students are after all co-passengers in this adventure of pursuing the evernew sectors of knowledge. This language problem is to be tackled at a national level and we cannot do much about it. It is of no use referring to the interference of politicians into the field of education. The students today form not an insignificant part of the population. And in their role as citizens, they are an irresistible temptation to unscrupulous politicians.

During the last three decades, literature is flooded with fundamental research in biochemistry, genetic engineering, immunology, virology and bio-engineering. The paucity of the facilities and lack of funds mainly come in the way of research work in our country. Even though we have scientists of the eminence like Dr. Khorana, the result is that whatever research is done, has to be an applied one. The lack of scope and appreciation has resulted into brain-drain

from our country. The Government is quite aware of the intellectual drain, but has proved helpless in stopping it. During my visit to the States I noticed that our doctors are doing such excellent work in various branches of medicine, that they are held in high esteem. Their migration to the foreign countries is a great national loss. Our Government should try to bring them back by giving them attractive terms. During my stay in the States, I found that what they wanted was scope for pursuing their specialisation and befitting posts in the academy. I strongly feel that if they really deserve them, they should not be denied jobs in teaching institutes on flimsy pretext of deficiency in teaching experience.

By doing so, we will be able to use their skill and experience in training our personnel and thus upgrading the present standard.

An abundance of the clinical material, a good laboratory and aptitude are requirements for research. But what is needed most is an inquisitive mind, the innate love for learning and perseverance. I venture to say this on the strength of my humble experience during the last 25 years, both as a teacher and as a research worker. These qualities required for research are best examplified by the late Dr. N. A. Purandare who studied the descent of anterior shoulder in his own private nursing home. This should inspire the budding geniuses in small places to contribute their mite to original observations. Some of our scientists, especially the juniors are hesitant to report about their contributions for the fear of being connived at. This attitude is really unfortunate on the part of the colleagues. I recall how my teacher, the late Dr. V. N. Shirodkar used to refer to it with anguish.

I would like to stress that it is unfair to discard any research work merely on some assumptions. A research observation can be only nullified after a research inquiry. To promote and encourage research, the Federation should appoint a panel of specialists to go through the contributions and assign credit in proportion to the merits. We should be proud of our scientists as they are in no way inferior to the scientists in other parts of the world.

V FAMILY: Federation and Members

The fabric of our Federation is formed by the warps and wefts of member societies. The organic unity of the Federation, therefore, lies in the sound functioning of the local society. This can be achieved if the societies adopt various projects taken up by the Federation by forming Committees like Maternal Mortality, Perinatal Mortality and others in addition to their routine scientific meetings—otherwise the Federation will be like a conglomeration of diverse bodies.

For many, the Conference is the be-all and end-all of the Federation. Excepting the thin bond of administrative correspondence an atmosphere of indifference exists between the member-body and the parent-body. Though autonomous, the societies must function as vital parts of Federation. This objective can be best achieved by the formation of a Co-ordinating Committee in the Federation. Its function would be to observe the working of the individual society by securing reports of activities (to be later incorporated in the Annual Report) and to look after the interests of the society.

For better mutual co-operation please allow me to make a few suggestions:

(1) In every annual Congress, a separate meeting of the Presidents and Gene-

ral Secretaries of all the societies should be arranged.

(2) The President and General Secretary of the Federation should be ex-officio Members of Managing Committee of the Society.

(3) The Society deemed to be the best on the basis of its activities should receive due credit in the Congress.

Our Federation is a huge family without a home. In order to house the Federation, Dr. B. N. Purandare suggested last year in the Bangalore Conference that every member should contribute Rs. 150 (one hundred fifty rupees only) to the building fund. I urge upon all of you to take up the challenge so that our dream will be realised. The vision of inauguration and the vision wherein I walk into the auditorium without a stick (without becoming a three-legged creature, as the Greeks would put it) as one of the past Presidents—well, these visions haunt me. I am sure your generous contributions will turn the visions into a reality.

In the context of a crisis facing journals and magazines everywhere, we are proud of the fact that our Journal has attained international renown in the able hands of our editors, Dr. Jhirad and Dr. Masani. Some articles have reached such a level of excellence that you are delighted to find references to them in foreign journals. This attainment should inspire members to contribute to the Journal. It is a pity that editors have to make a constant appeal in this behalf. The Journal could render signal service if the editors penned themselves or requested some veterans to prepare an upto-date digest of advance in our speciality material in the form of an editorial. Such a digest or abstract would be very useful to all the members and especially to the President as it may supply points for his address—a benefit I had to go without.

Our Federation is proud of our speciality because we are specialists of "Mother". A woman is the wife for a moment but an eternal mother. Ours is a taxing profession carrying a dual responsibility, which demands our services at any hour of the day, at the cost of our leisure.

In this context, we must have a word of admiration for them who strive for our comforts at the cost of their pleasure. They are the Little Woman and the Big Boss in the house. It is due to their sacrifices we can attend to our professional duties. I owe a lion's share of my success to Surekha who very patiently put up with my ruthlessness in the pursuit of my professional and academic career. Many of you must have been accompanied by your wives and husbands. Their deep attachment is evident by their attendance. I appreciate their presence and welcome them to this socio-medical gathering. In this bracing cold of Chandigarh and warmth of the hosts coupled with the warmth of our comradeship, let us partake in this Conference with a relaxed mind. Let us keep the torch of our science blazing aloft in the spirit of Olympics. Let me close the peroration with traditional wishes for peace everywhere. Saint Dnyaeshwar says—

"You cannot sow a seed in a furnace and bring out a tree."

Please remember, "Ours is a Family, and we need a Home".

Thanks,
Jai Hind.