ON EXHIBITIONS HERE AND ELSEWHERE

The announcement of an exhibition on a topic of personal interest generates excitement and anticipation. I look forward to learning more on the subject or enjoying works of art. Where the subject is of consuming interest, there is the hope of carrying home something from the exhibition such as a catalogue, book or replica to serve as a source of continuing education or pleasure.

Having the good fortune of being able to attend exhibitions at places such as the New York Public Library, and Smithsonian Institutions in Washington, the Museo Nacional del Prado in Madrid and the National Portrait Gallery and the British Museum in London, I have broadened my horizons, added to my meagre stores of knowledge and learnt to admire the works of authors, artists and other creators.

I was therefore excited to learn of the exhibition on the Bombay High Court in the historic Central Hall of the Court itself. This is where Bal Gangadhar Tilak was tried and sentenced. News reports on the displays stimulated an early visit. There is no doubt that whatever was on display triggered off memories of the great Indian judicial figures of the past. The original applications by Mohandas Karamchand Gandhi, Mohammed Ali Jinnah and Bhimrao Ambedkar for admission to the Bombay High Court as practitioners of law and the original certificates testifying to their training in the London Inns and Temples of Court were impressive as was the letter depriving Gandhi of his affiliation after he was found guilty of sedition. The old picture postcards showing the history of Bombay and its peoples from Rajen Jayakar’s collection too proved fascinating. There was much to learn.

The experience could have been more enriching if attention had also been paid to some other features. Poorly organized security barriers manned by unimpressive police guards marred the approach to the imposing building housing the High Court. Lounging in their chairs, the guards were in sharp contrast to the physically fit, constantly alert and attentive police officers at the British Museum where I saw the exhibition on Shakespeare a few months ago. The rear compound of the Court that one had to perforce enter to go to the exhibits was muddy as workers attending to additional construction carried their loads of wet cement mix. You had to mind your step all the time. The directions to the stairway to the exhibition bordered on the comic. 'Keep walking till you come across the No entry sign, walk through that corridor transgressing the sign and then turn right…'

It would have so much more impressive and courteous to the visitors had they been permitted to enter through the route along the front of the building used by the judges while taking steps to ensure their security.

There was no printed brochure or catalogue that one could take away from the museum. There was no museum store selling books on the history of the High Court or the many grey eminences who have graced it over the decades, nor were there copies of the postcards or documents on sale.

I have described this experience at length to focus on the need for well-organized exhibitions on the art, science and history of medicine in India. We hold a plethora of annual and mid-annual conferences, workshops and seminars. At almost all of these, there are stalls exhibiting the wares offered by the pharmaceutical companies and those manufacturing surgical implements, endovascular catheters and other goods. These occupy considerable space. The sum total of good done by them to the intellectual stores of the delegates is questionable.

Is it not possible to hold academic exhibitions to supplement the wisdom offered within the conference halls by a variety of speakers? Such exhibitions could incorporate audiovisual aids, posters and exhibits of master-works—past and present—to enrich the minds of delegates. An adjacent stall could offer on sale books, replicas of posters and copies of photographs, original documents, DVDs showing live procedures or documentaries and other such items. We have the expertise for producing world-class exhibits. Why are we not using it to augment the impact of our conferences?

ENSURING MORE EXPENSIVE—AND NOT NECESSARILY BETTER—MEDICAL CARE

The formation of a national board to oversee standards of care in hospitals throughout India and grant accreditation to those that meet high standards appeared to be an excellent move. At last we could ensure that an accredited hospital in Mumbai offered the same standard of medical care as a similar hospital in New Delhi, Kolkata, Chennai or Bengaluru.

Unfortunately, the board, in its wisdom, has seen it fit to impose technical dictats that outlaw tried and trusted methods in the treatment of patients. Worse, these methods are being replaced by ‘modern’, expensive and at times hazardous processes. Let me give you some examples.

1. Since 1957, preoperative scrubbing of the scalp and skin over the spine was done using ether, tincture iodine and methylated spirit in the neurosurgery operation theatre at the King Edward Memorial Hospital, Mumbai. Ether was used principally to get rid of the greasy accumulation of sebum and particulate matter. Tincture iodine was applied and allowed to dry, ensuring adequate time for its antiseptic action. Spirit was used to wash away the iodine and leave behind unstained skin. The incidence of infection following such scrubbing was gratifyingly low.

Methylated spirit has been abolished from the hospital by the board’s dictat. We are now expected to use ‘betascrub’ and ‘betadine’ for preoperative preparation of the skin. These are proprietary items and are expensive. The cost of scrubbing patients is much higher than with our old and effective methods. When patients scrubbed with ‘betascrub’ and ‘betadine’ return to the wards, relatives are alarmed by the dark brown stains on pillowcases and bed sheets—consequence of the iodine preparations not having been washed off. Those wishing to use methylated spirit are asked to use ‘sterilium’ instead at a greatly increased cost. Even more expensive substitutes are being considered as replacements for ‘sterilium’.

2. Some decades ago, we were fortunate in having the eminent German neurosurgeon, Professor H.W. Pia and his equally illustrious colleague, Dr Ernst Grote, visit neurosurgery centres in New Delhi, Kolkata and Mumbai to conduct workshops on microneurosurgery. The conventional practice was to cover the unsterile microscope with a sterile disposable plastic cover incorporating a plain glass window to be placed over the objective lens. The disposable cover was expensive—and not available in India then. The more important objection to its use...
was the fact that if it was torn accidentally during use, the microscope could not be used till another such cover was used to replace the damaged one. Finally, the cover restricted free mobility of the unencumbered microscope.

Drs Pia and Grote used formaldehyde tablets. They were placed for 12 hours in a plastic bag that covered the entire microscope. Microbiology studies before the use of the microscope repeatedly showed no organisms on the microscope. The plastic bag was carefully removed such that no part of the outer surface of the bag touched the microscope and was reused later. The sterile microscope could now be used freely.

We are now told to discard the tablets and use the expensive disposable cover instead. While the tablets needed for sterilization of the microscope cost less than ₹10, the disposable cover costs around ₹500!

In using such covers we are adding to cost, augmenting the quantity of plastic waste, using an inferior method of sterilization and handicapping the surgeon by rendering the instrument clumsy in use.

3. The use of tincture benzoin in steam inhalations for upper respiratory infections has been banned along with the use of hot-water bags.

It is almost as though the board is out to do away with all time-tested methods of treatment that also carry the virtues of simplicity and low cost and replace them with sophisticated and expensive methods.

NATIONAL INSTITUTE OF MENTAL HEALTH AND NEUROLOGICAL SCIENCES (NIMHANS) FORGES AHEAD

A recent visit to this historic institute greatly cheered me. It was set up in the late 19th century as an asylum for lunatics. It was upgraded to a Mental Hospital in 1925 and into All India Institute of Mental Health in 1954. On 27 December 1974, it blossomed into the institute we know today.

We learn of decay in many of our public sector teaching institutions. Medical colleges and their attached hospitals that served as leaders and inspired teachers and students to give of their best for the benefit of poor patients are now pathetic shadows of their earlier selves.

The demoralization resulting from this knowledge gained by first-hand experience was considerably reduced by what I learnt at NIMHANS. It has over 24 departments and subspecialties in a number of buildings on a green and spacious campus.

The facilities for the care of patients have increased year after year to ensure care of the highest quality. Spacious and well-designed outpatient clinics, wards and waiting rooms are supplemented by easy access to social workers and clinicians. The latest instruments and machines are provided for studying diseases and treating them. Separate operation theatres are provided for emergency neurosurgery in a dedicated building for the care of victims of accidents. Theatres for planned surgery are housed in another building that also contains the neurosurgery and neurology wards and intensive care units.

True to its traditions, the efforts lavished on patients are equalled by those on research. Existing facilities in various departments scattered throughout the campus were greatly augmented by the setting up of a new research building near the central library. Upon entering this centre and visiting the various laboratories, you could be forgiven for feeling that you are in an advanced country. Fully equipped to do the most exquisite studies, each of the many laboratories hums with silent activity as scientists work on microscopes, computerized machines and perform chemical experiments. The superb neuropathology museum on the ground floor is at once a place where postgraduates learn the natural history of neurological diseases and where students from schools and colleges are stimulated into wondering at the development, structure and function of the normal brain, spinal cord, nerves and muscles. They are invited to take mounted specimens to their schools and colleges and serve as teachers for their own fellow-students. I cannot think of a better way for diverting young minds into the study of science, biology and medicine.

The national brain bank is also housed here. Any medical researcher can take specimens from the brain bank free of charge for study. When thanks are offered to Dr S.K. Shankar, Emeritus Professor of Neuropathology and founder of this bank for this privilege, his answer is simple: ‘Don’t thank me. Merely acknowledge the source of your research material as “Brain Bank, NIMHANS” in your publication.’ The neuropathology department also provides a variety of facilities to clinicians from other institutions in the country sending pathological specimens to NIMHANS for study and opinion. These include photographs and microphotographs of histology findings free of cost with permission to use them freely in publications.

Dr Satish Chandra, Director of NIMHANS, gives much of the credit for the setting up of this superb citadel of research to Dr Shankar.

NIMHANS recently inaugurated its Centre for Public Health. It will focus on reducing the huge socioeconomic costs from mental, neurological and behavioural abnormalities by promoting preventive measures and working with local, state and national agencies in planning and programming and the formulation of relevant guidelines and laws. The institute is in the process of setting up a museum on the history of the neurosciences in its campus.

Realizing the finite capabilities of central and state governments to fund this public sector institute, the Director and his staff have already chalked out a long-term strategy to involve industrial giants and funding agencies—large and small—in the continuing development of its departments and activities.

NIMHANS now lists, with justified pride, among its objectives ‘to be on par with world leadership in the field of neurosciences and behavioural sciences’.

If such achievements are possible in Bengaluru, why can they not be replicated in other historic public sector institutes in the country?

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