Speaking for Myself

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

A. K. BHATTACHARYYA

‘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 deputy director Bara sahib, the director Bara 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. 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 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
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 amoebeae 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 the installation of faecal material obtained from patients with amoebic diseases. 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 amoebeae 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 the installation of faecal material obtained from patients with amoebic diseases. 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 amoebeae 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 the installation of faecal material obtained from patients with amoebic diseases. 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 amoebeae 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 the installation of faecal material obtained from patients with amoebic diseases. 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 amoebeae 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 the installation of faecal material obtained from patients with amoebic diseases. 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 amoebeae 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 the installation of faecal material obtained from patients with amoebic diseases. 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 amoebeae 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 the installation of faecal material obtained from patients with amoebic diseases. 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 amoebeae 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 the installation of faecal material obtained from patients with amoebic diseases. 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 amoebeae 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

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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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