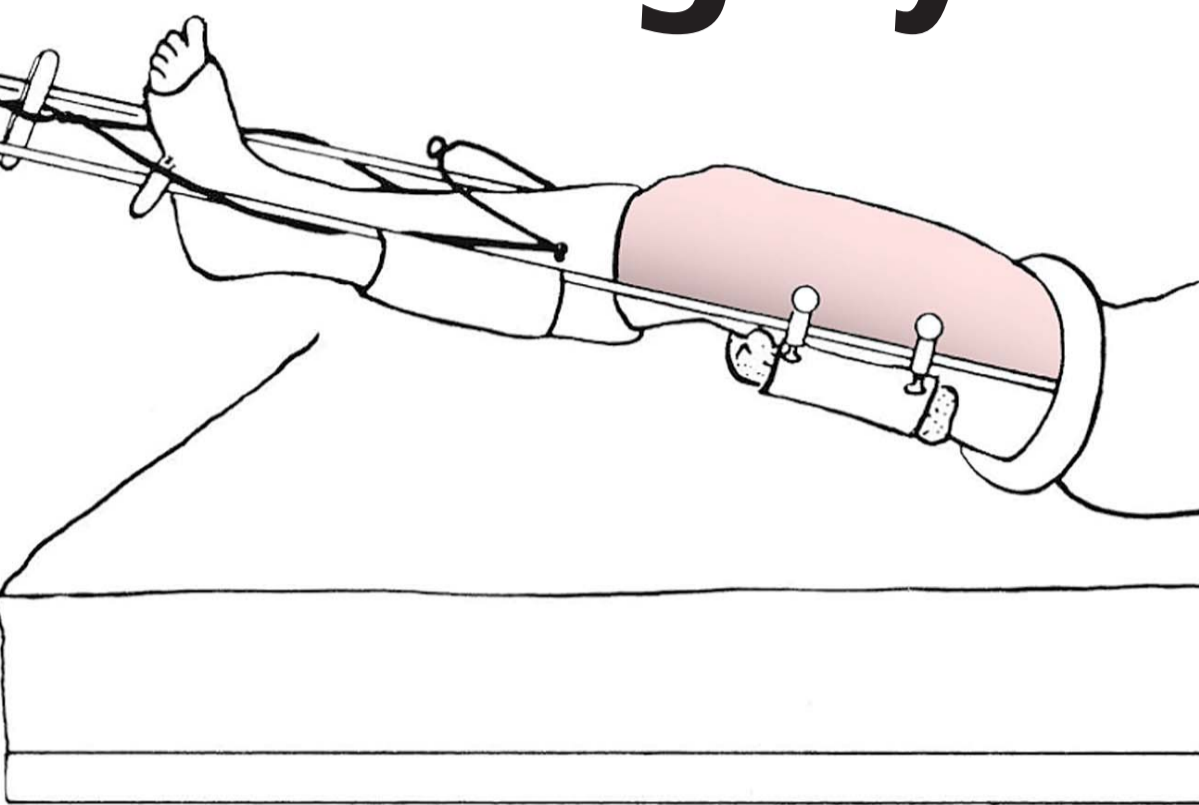


When all was ready the patient was shifted to this make-shift operation room. I was not permitted to go anywhere near but I found a chink in the window through which I could see all the activity. All I remember is how the patient was put to sleep by giving ether drop by drop to supplement the breathing. After a brief struggle the patient was asleep. My father was ready with his draped patient. He made a large incision on the tummy and soon huge pink loops of intestines bulged out of the wound. There was a hushed conversation amongst the people inside the room. Then my father took the huge loops of intestines and started to untwist them in an anti-clockwise fashion. I could hear the large gurgling noise and see how the distended loops started to decompress. The foul odour of shit and gas could be appreciated even where I was standing outside. A sigh of relief went through the operating team. The volvulus had been corrected. The incision on the tummy was quickly closed and the patient shifted to the library room where a bed had been put in.

They Lured Us Into Surgery!!!



Children's traction Device.



Dr Goutam Sen
CTVS Surgeon
Traveller
Story teller

#PARENTING

I have often wondered how I decided to become a doctor, a surgeon, and even a cardiothoracic one. Was it all preordained or was it insidiously introduced into my psyche? Many of us grow up to complete the unfulfilled dreams of the parents. It is possible by surreptitious continuous subliminal influence parents are able to do so by involving the child in activities which felt like fun then. Now a realisation is dawning upon me that it was also meant to attract me towards a desired profession.

When I was about ten years old a dramatic change took place in our family. My father, Dr G N Sen, who was one of the top surgeons of Jaipur, was asked to move to Bikaner by the newly formed government of Rajasthan. He did obey the order but found Bikaner not to his taste and quite primitive compared to Jaipur in the early fifties as far as surgical facilities were concerned. My parents made a difficult decision and my father voluntarily retired from Government service to begin a private surgical practice in Jaipur. In fact, this was probably the first nursing home with surgical facilities in the private sector in Jaipur.

Since he did all this from his home, I was able to witness many unique events then. Although my father was planning to construct a four room building with a central operating room in the rear of our compound he could not afford to wait for the building to come up. He needed to do surgery straight off and earn the money to keep building the nursing home. Initially he had the good fortune to use a small operating room con-

a session would begin about how important it was for a surgeon to learn to tie the knots in the correct fashion to ligate all the bleeding vessels. Probably besides surgeons there are only few groups of people (Tailor, Cobbler, Scouts and sailors) who appreciate the skill of tying knots. My father would sit with Dr Sethi and his other assistants all around and make them learn 'how to tie the knots' without even looking at the hands. Any door handle or chair arm was used as the prop for the string to go around. The first knot was a simple laying of the strings in a tight fashion around the end of the vessel. It was followed by a 'Granny' knot. This knot was used because in laying it the ligature could easily tighten the previous knot too. The only shortcoming was that the knot could also loosen as easily. So a third unslippable knot called the 'reef' knot was used in the third step to secure and tighten the ligature. Often more knots were supplemented depending on the material used. Cotton strands required just three knots but silk and synthetic material required many more because of their propensity to unravel. So it was quite a common practice for budding surgeons under my father's supervision to keep strands of thread in their apron pocket and practice tying knots in their spare time.

Later when we were medical students we used to marvel at the swiftness with which the senior surgeons tied their knots. Much later when I had become a surgeon and was posted in Ajmer under Dr G S Jhala I was often commended by him at my skill in tying the knots so fast. He made it a point to emphasise that all residents learn the skill from me. As surgery evolved the skill of

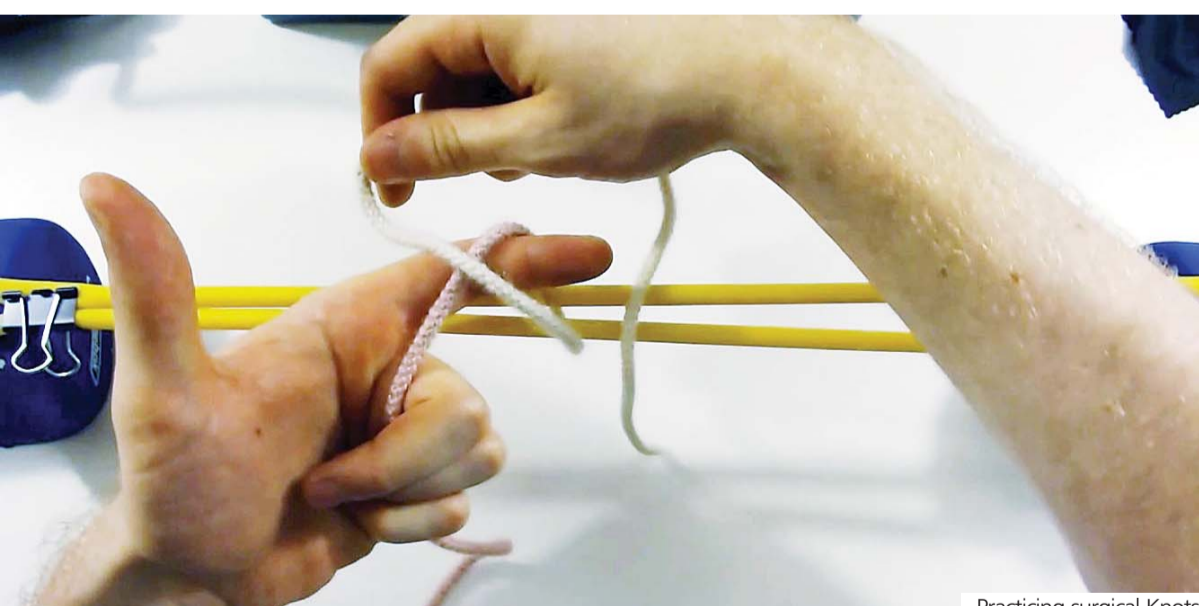
One of the interesting things that happened was that at the end of the surgery Dr Sethi would be asked to collect all the cut and left over strands of strings of every material used in the surgery. Then a session would begin about how important it was for a surgeon to learn to tie knots in the correct fashion to ligate all the bleeding vessels.

tying knots has become unnecessary because on most occasions the smaller blood vessels are now electro-cauterised. Coming back to the early days of my father's trial and travails in the private surgical practice I was a witness to the first surgery he did at home. He had gradually acquired instruments needed for surgery. My mother sat for hours at the sewing machine stitching the khadi and dusuti drapes and gowns that were required for surgery. Not a single scrap was wasted. The smaller pieces were used to make caps and masks. In my spare time I was asked to turn the handle of the sewing machine while my mother did the stitching.

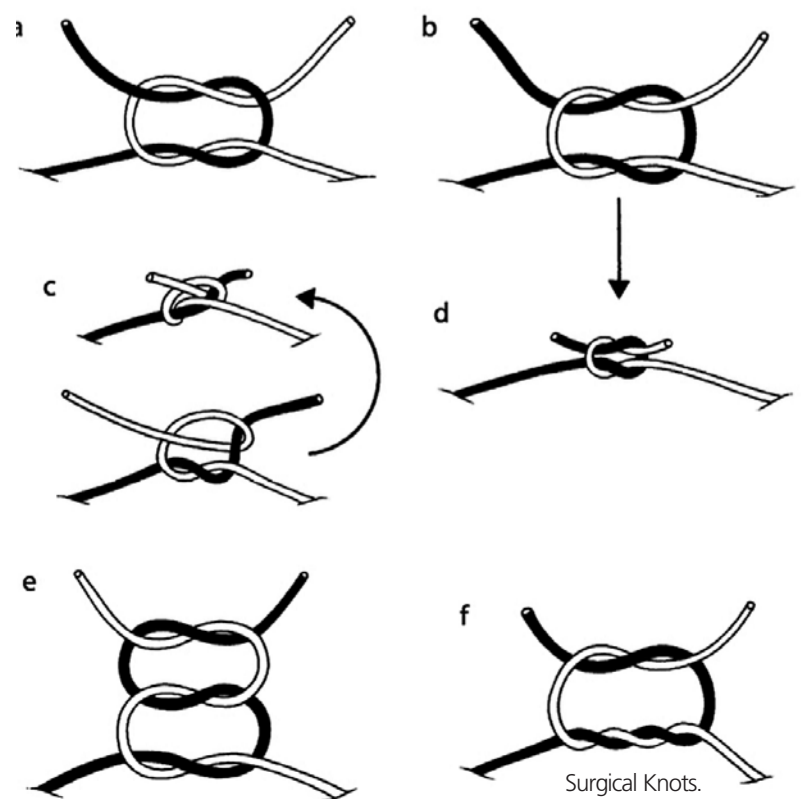
One day a patient came to my father with a history of not being able to pass motions for five days. He was bloated and vomiting bilious fluid and food taken many days ago. It was quite evident that he had an obstruction of the intestinal tract either due to twisting (Volvulus) or due to an organic narrowing. Both the conditions needed an operation. The patient was insistent that my father conducts the surgery! After a brief struggle the patient was asleep. My father was ready with his draped patient. He made a large incision on the tummy and soon huge pink loops of intestines bulged out of the wound. There was a hushed conversation amongst the people inside the

room. Then my father took the huge loops of intestines and started to untwist them in an anti-clockwise fashion. I could hear the large gurgling noise and see how the distended loops started to decompress. The foul odour of shit and gas could be appreciated even where I was standing outside. A sigh of relief went through the operating team. The volvulus had been corrected. The incision on the tummy was quickly closed and the patient shifted to the library room where a bed had been put in.

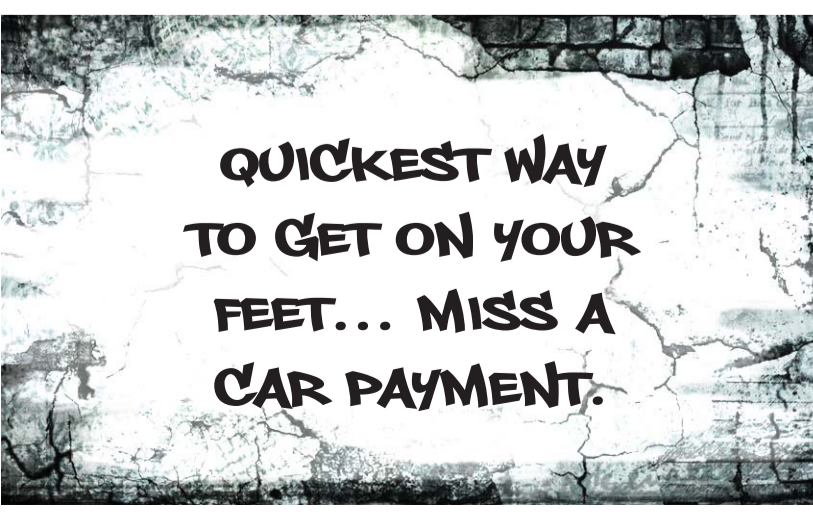
That was the first time I witnessed an operation! Somewhere in the back of my mind the message that being a doctor was a good thing was being registered. It would be an exciting and challenging life. The summer holiday was the time when I had enough spare time and 'Baba' would often call us into the consulting room to talk about all things in life. While chatting I helped him to clean his instruments. Without being aware I was being taught to identify all of them. The insidious method of attracting me to the medical profession was being continued. All surgical instruments were quite expensive. Even the regular and basic instruments like the knife handle, artery and tissue forceps and scissors were all imported. The British did not like the idea of India producing its own. My father was not willing



Practicing surgical Knots.



THE WALL



BABY BLUES



ZITS



World Parkinson's Day

World Parkinson's Day marks the birthday of Dr. J. Parkinson in April of each year. On this day there are efforts made to increase the public awareness of this terrible disease, as well as all the good works put forth by the world's organizations that are dedicated to preventing and finding a cure for this debilitating disease. On the birthday of Dr. J. Parkinson, the first to describe and diagnose the disease, learn about Parkinson's, donate or volunteer, and raise awareness.



Angle poise Lamp.

While the nursing home building was being constructed my father asked the ironmonger to copy all the traction and pulley gadgets used in orthopaedics. They also created many splints for him. When they were delivered, we, the children, were given cans of aluminium paint and asked to paint these appliances. We learnt the basic principles of reduction of fractures and realignment without realising that we were being taught.

While the nursing home building was being constructed my father asked the ironmonger to copy all the traction and pulley gadgets used in orthopaedics. They also created many splints for him. When they were delivered, we, the children, were given cans of aluminium paint and asked to paint these appliances. We learnt the basic principles of reduction of fractures and realignment without realising that we were being taught.

While the nursing home building was being constructed my father asked the ironmonger to copy all the traction and pulley gadgets used in orthopaedics. They also created many splints for him. When they were delivered, we, the children, were given cans of aluminium paint and asked to paint these appliances. We learnt the basic principles of reduction of fractures and realignment without realising that we were being taught.

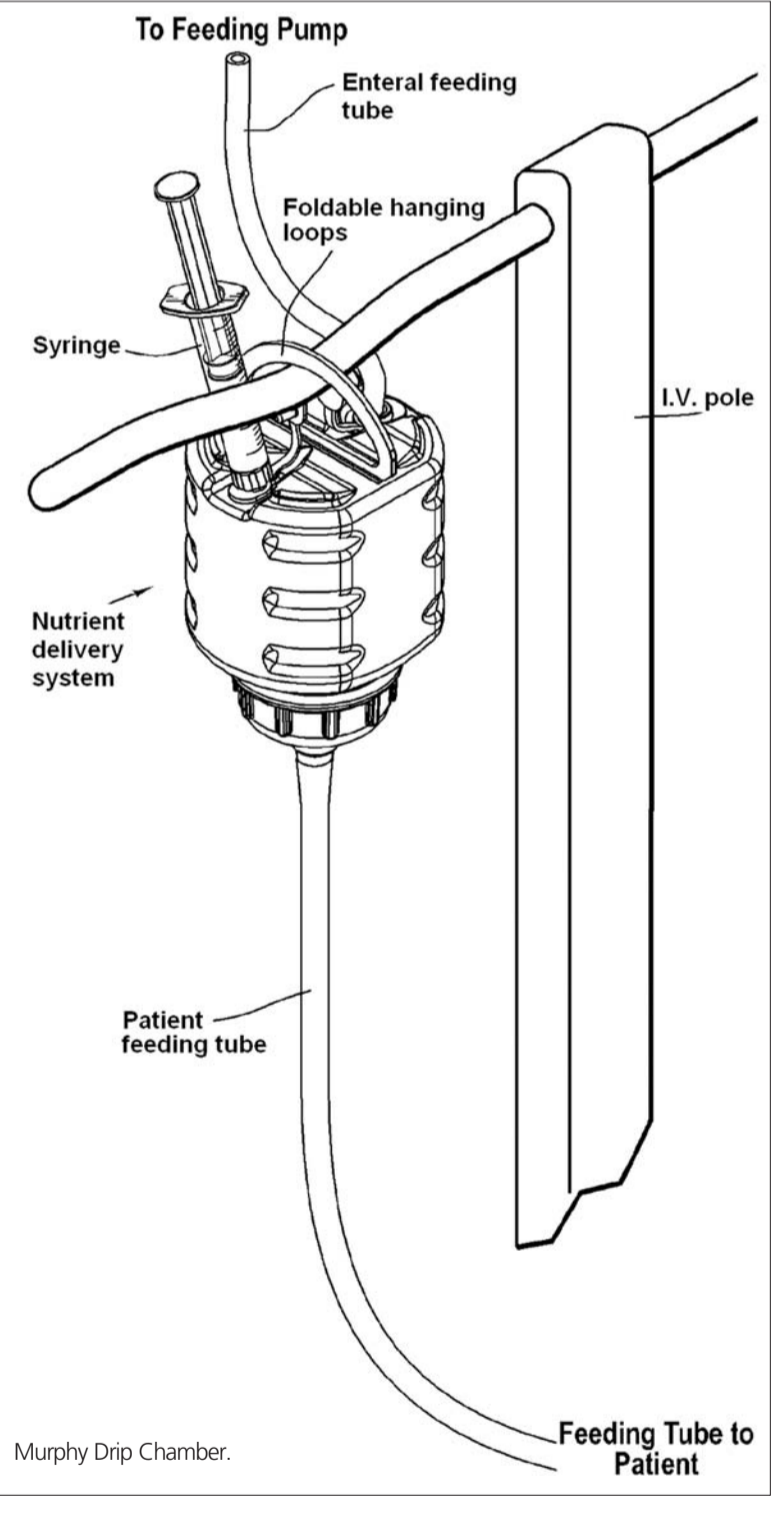
Dr Gulab Chand Sharma was one of the first Radiologists in private practice in Jaipur. He had an X-ray machine with which he used to screen patients and take X-rays. One morning 'Baba' asked me to accompany him to the X-ray clinic where he was going to reduce a forearm fracture of a muscular teenager. I thought I was being taken for the ride but when we reached there 'Baba' took me into the screening room. The boy was being anaesthetised and then he would be given traction at the elbow and the hand so that the ends of the bone would come apart and then under screening the ends would be manipulated into a normal position. I was asked to grab the hand and pull as much as I could. Every time I pulled hard my hand would slip. To prevent slipping I was given a few layers of gauze impregnated with gum. I wrapped the cloth around the hand then began pulling. The gum helped me to prevent slipping. In that era improvisation was the name of the game. I never realised how craftily I was being sucked into the medical profession. I recall how uncommon it was to

use Intravenous fluids and blood transfusion in the surgeries of that era. One does not realise how the plastic industry has totally changed the use of syringes and tubing today. In the fifties of the last century all syringes were made of glass and reusable. The drip set that is so cheaply available today had to be assembled. To make the IV drip set the latex tubes were cut into adequate lengths and a glass Murphy's drip chamber was interposed between the two lengths. The other ends were fitted with glass adapter on which wide bore stainless steel hollow needles were fitted. One end went into the 500 cc glass bottle of fluid and the other went into the vein as shown in the image.

Some time passed and I was admitted to SMS Medical College. All those years of listening and doing things in my father's practice gave me an added advantage amongst my peers. My desire to become a surgeon was fully established by that time. Fortunately I did well enough to be accepted for post-graduation in Surgery. All those lessons of knot tying, and cleaning my instruments came into use then. I had also learnt to sharpen my sharp instruments. This is where I had learnt the scissors are sharpened by repeatedly cutting strips of sandpaper. The cut throat razor used to create skin grafts needed sharpening on a grinding stone. I knew how to do it better than anyone else. Even the nursing staff marvelled at my skills. Seeing my efficiency they were quite willing to assist me. They also made sure I got the best instruments.

I am sure many of my friends who had doctor parents will agree with my premise that we youngsters were coaxed into the medical profession by gradual exposure to patients and medical practice. I, for one, certainly slipped down the slope into surgery.

rajeshsharma1049@gmail.com



#SWEET-DELIGHT

Trust me, having tasted all the flavours, every spoon full brings you closer to bliss.

Molly Moo Fruity Festival



Sadhana Garg
Journalist & social entrepreneur

It's that time of the year when everyone will soon be screaming for ice cream. Look no further. In the heart of C-Scheme there is Molly Moo, an ice cream sit down parlour that delivers happiness over the counter in the unique flavours that have been created by its owner Sachin Khurana.

Currently Molly Moo has launched its Fruity Flavour Festival so there is vegan mango, jamun, spicy guava, tangerine carrot with mango and hold your breath even mango 'panna' flavour. Few spoonful and you begin to see why crowds are thronging for the Fruity Flavours.

A chemical engineer Khurana preferred to dabble in organic and natural flavours. 'Our ice creams are healthier from the other main stream flavours in the market as one Molly Moo scoop has only about 120 to 150 calories where as other brands end up with about 250 calories' claims Khurana. 'In the zero sugar segment we have 6 flavours, namely chocolate, black current, fruit & nuts, roasted almonds and vanilla' points out the beaming owner with smile of a Cheshire Cat.

And trust me having tasted all the flavours, every spoon full brings you closer to bliss. For weight watchers especially or for the fitness freaks there is Keto in which the carbs have been reduced by using almond milk. We are the only ones in the country

that use almond milk as a base together with whey protein & fresh cream says Khurana. Also the consistent quality of their ice cream must come from Amul milk which is standardised. Forrest berries, chocolate hazelnut and roasted almonds are used in chocolate flavoured ice creams making sure no oil based chocolate is used. The dense mouthfuls & velvety texture at Molly Moo comes from the coco butter used and eliminating totally oil based chocolates. For the uninitiated it will be good to



the diet bloc there is jaggery based ice creams. Simply put, the latter are made from unprocessed sugar unlike other brands that add liquid glucose or sucrose. And there is also Bubble Gum ice cream made by mixing fresh banana, orange and strawberry. The Forrest Berries flavour a real treat for all those looking for tangy tantalizing of their taste buds there is Forrest Berries made from a happy concoction of blue berry, black currant and strawberry-obviously not meant for tobacco addicts or those with poor dental status. Does it explain why Forrest Berry ice cream in other places is not tangy enough? Because it has been made from artificial flavour. Also all things put together and the subtle level of sugar does make the Forrest Berries a bewitching flavour to binge on! Another very enticing ice cream is the Afghani Kulfi. So named after a region that once was the best top of the line nut basket of the world till Taliban happened to it. At Molly Moo the ingredients of the Afghani Kulfi are mulethi, kali mirch, sauf and roasted American badam. The latter for the crunchy effect. The Chocolate Fudge Pie that we Indians never seemed to get enough of is one of a medium blend of curvature chocolate, coco mass with milk solids that makes it a must in every wedding menu - big fat or ordinary. So this summer even if you cannot buy happiness go get some Molly Moo ice cream that kind of is pretty much the same thing! Unlike the animated character of a cow named Molly Moo that was short lived in the television series, Molly Moo ice cream parlour is here to stay. More importantly don't miss out on some good ice cream while you are busy eyeing someone else's sprinkles.



By Rick Kirkman & Jerry Scott

By Jerry Scott & Jim Borgman