

The senior people contended that the juniors should wait their turn for promotion. The younger set claimed that since they were the true specialists they should be fast tracked to higher levels and the experienced cardiologists be returned to Medicine. The issue of Experience versus Qualified was not just academic. This was a power struggle. It is here that the administration did not put its mind to resolve the issue. Rules are made and modified as the situation arises. A firm re-designation in the specialty could have been made in the specialty for the experienced physicians for a specific period. By that time the 'oldies' would have retired and the youngsters matured to really be suitable for the higher posts.



Dr GC Sharma, Surgeon Cum CT Surgeon.



Dr Ashok Panagaria, Neurologist.



Dr Ramesh Roop Rai, Gastroenterology.



Dr LM Sanghvi, Physician Cum Cardiologist.

#SMS



Dr Goutam Sen
CTVS Surgeon
Traveller
Story teller

Having Your Cake And Eating It Too (...2)

In the 1960's there was great desire amongst the practicing physicians and surgeons to gather experience by going to foreign countries on fellowships. It continued to be a practice to go abroad to USA and UK on Fellowships till the end of 1980's. They came back after their stints with great enthusiasm in the subjects they had trained in and desired to focus on the specialties. At the administrative level this was desirable and soon small specialty Units were created for these 'experienced' people. It was a double whammy. The patients were happy to be seen by specialists and the doctors were happy to be recognised as a new breed. The administration made a small distinction for these doctors. The created posts in the main specialty and added the specialty in brackets. For example, now a person who was primarily a Lecturer in Medicine would now be designated as Lecturer/Reader in Medicine (Neurology). Dr BM Sharma was such an example. The advantage of this designation was that the person was able to practice exclusively in the subject and the likelihood of transfer to another college in the state became rare in the absence of specialty Units. This system worked for a decade or so. The only problem that remained was that this group did not practice exclusively in the specialty. They would continue to see patients with all sorts of ailments. A sort of having the cake and eating it too! There was a degree of avariciousness in them which did not do the specialty they represented any good.



Commission (RPSC).

Recognition
A new problem arose when in due course a post graduate degree was offered in sub-specialties (DM or MCh.). Young people went on to acquire these degrees and then after completing MD/MS. When they came back they too wanted to be recognised as specialist on the basis of the degree and were quick to point out that they were better in knowledge and skills compared to the previous generation who were only partially qualified and were claimants on the basis of experience alone. Also the main point was that they were willing to be exclusive and see patients in their specialty. This claim of the youngsters was genuine and became a huge administrative issue. So the government now created posts of Lecturer in all specialties and appointed these youngsters through the Rajasthan Public

turn for promotion. The younger set claimed that since they were the true specialists they should be fast tracked to higher levels and the experienced cardiologists be returned to Medicine. The issue of Experience versus Qualified was not just academic. This was a power struggle. It is here that the administration did not put its mind to resolve the issue. Rules are made and modified as the situation arises. A firm re-designation in the specialty could have been made in the specialty for the experienced physicians for a specific period. By that time the 'oldies' would have retired and the youngsters matured to really be suitable for the higher posts. This was the state of affairs in neurology (Dr BM Sharma - Dr Ashok Panagaria), Nephrology (Dr KS Ratnu- Dr SK Pareek), Gastroenterology (Dr Pokharna- Dr Ramesh Roop Rai). In some Departments it was an open battle while in others it was covert. In surgery too this situation was pres-

There was an unwritten expectation that I would return to SMS and get going in building a Department of CT Surgery and create the first Open Heart Surgery Centre in the Public Sector in Rajasthan. I was at the age of 35 years, married with two lovely school going boys. I had old parents who needed care. My wife, Nirmal, was a Reader in Anaesthesiology.

in a slightly different format. The Departments of Urology, Plastic Surgery and Neuro surgery were also manned by experienced staff. Dr KC Gangwal was the specialist clamoured for an overhaul with the removal of the present staff. However the battles were of a lesser nature as the youngsters who were specializing came much later. Dr KC Gangwal was the Urologist of experience and all those who followed him were his students and so there was no clamour to oust him. The other two specialists which had smooth sailing were Dr KC Sogani (Paediatric Surgery) and Dr BS Chandala (Plastic Surgery). Dr MG Sarin (Neurosurgery) had no follower until Dr S R Dharkar was headhunted from Madhya Pradesh into the Department. There were no youngsters to claim the higher



Dr RK Madhok, Cardiology.



Dr Goutam Sen, Cardiovascular & Thoracic surgery.



Dr Karan Singh Yadav, Cardiovascular and Thoracic Surgery.



Dr VS Baldeva, Physician cum cardiologist.

posts and in most circumstances they were succeeded by their own students. On a personal note this was time of immense mental anguish and turmoil in my life. I had the good fortune to be deputed to AIIMS for M CH in CT Surgery in 1976. This was with the consent and encouragement of DR GC Sharma who was then Principal SMS Medical College besides being Head of General Surgery and CT Surgery. I was even promoted to Reader in General Surgery during my deputation. There was an unwritten expectation that I would return to SMS and get going in building a Department of CT Surgery and create the first Open Heart Surgery Centre in the Public Sector in Rajasthan. I was at the age of 35 years, married with two lovely school going boys. I had old parents who needed care. My wife, Nirmal, was a Reader in Anaesthesiology. I left them all and went through a very rugged training in AIIMS, New Delhi. Living in a hostel and being at work 24x7 was indeed a relentless task and training. On qualification, the anguish began when I was told that there was no post available for me in Jaipur and I was posted as Reader in General Surgery in JLN Medical College in Ajmer. This place had no facility for CT Surgery. I was not even given any hope of a posting later. I felt all my efforts were in vain. I would rust here and all my training would be a waste. It was with God's grace and encouragement of Nirmal and physician colleagues I decided to do all the possible CT Surgery in Ajmer until I returned to Jaipur. I was able to perform all closed cardiac and thoracic surgery there. I am not going to list the same but the numbers were sufficient to keep me going.

Experienced Vs. Qualified
The battle of the Experienced versus the Qualified continued in the corridors of power and each would also use their political clout to secure their positions. In case of CT Surgery the matter went to a Tribunal as well. The judgment was in favour of the qualified and designated surgeon. The Government solved the issue by creating a new post of Professor in CT Surgery for Dr Karan Singh

and let Dr Goutam Sen continue as Professor and Head of CT Unit. This was a onetime solution! There was no clear solution even after this. Friction continued amongst the old and young in most specialty departments. The outcome was the younger qualified were given separate Units. The government devised a Napoleonesque attitude. Napoleon had stated that if there was a contention the best method was to ignore it and let time and circumstances finally find a solution. It may not have been ideal but still workable. This was the general formula used in all specialties. **Unsettling Times**
The older heads who were experienced retired in due course. In my case I retired voluntarily from Government Service to continue exclusive Cardio-thoracic Surgery at SDM Hospital. I have often wondered if the administration had thought of solving the issue at all. Was it a trivial issue for them? They could have changed the rules even if it would have been hotly contested in the courts. I have a feeling that they enjoyed the strife occurring at the ground level and enjoyed the view of the ants struggling from their exalted seats on Olympus. Mind you I did meet one or two Secretaries to the Government who were concerned and gentlemen but most of them had an uncaring attitude. One particular person was a sadist and enjoyed the misery of the doctors. It was nearly two decades of unsettling times. Today all the departments have only fully qualified faculty. There is, of course, a new head of super -duper specialty now seeking recognition. Cardiology the interventionist are now dividing into two parts - one for CABG and others for invasive management of heart defects and valve replacement. In Cardiac surgery there are two parallel systems. One is for adult Cardiac surgery and the others for new-born and children below the age of Fourteen years. These two streams will soon require administrative recognition. **Concluded**

Electronic Greetings Day



With technology growing to be an ever more important component of our day to day lives over the last few decades and the fact that it's continuing to do so, the advent of electronic greetings became inevitable. You remember all of those sometimes cute, sometimes funny, and sometimes downright obnoxious electronic greeting cards that used to appear in your email inbox? Well, if you hadn't guessed it, there's actually a day devoted to electronic greetings. Fittingly, that day is known as Electronic Greetings Day.

#WORLD CUP DIARIES

When Kolkata Become Brazil's Second Capital



Boria Majumdar from Qatar

As in Kolkata, where a loss in cricket to arch-rivals Pakistan is perceived as a national calamity, in Brazil, anything less than the title of world champion is a national disaster. In the Brazilians, the Bengalis find their non-white clones.



Brazil's 2002 World Cup win.

When Brazil last won the title in 2002, this is how the victory was reported in the Kolkata press the next day. "India didn't play in the world cup. But they won it on Sunday night on the streets of Kolkata. 'Bra. aazil' - some sang, others shouted and still others hugged in friends in delight. One man - a wizard called Ronaldo - had made their day. Kolkata celebrated Brazil's record-breaking fifth world cup victory as if there was no tomorrow, living up to its reputation of being a true soccer-crazy city. Their faces were painted yellow and green, men and women dancing in the aisles and on the streets in unmitigated glee. From Netaji Indoor stadium, where thousands watched the match on a giant screen they marched on the streets of Kolkata and chanted 'Jai bolo guru Ronaldo holo boss', (Hail Ronaldo, he is the king) said a woman who came to sell muri-badam outside the stadium. Kolkata's love for Brazil was inexplicable but ubiquitous. Without exception, the two sexes stood in unison saluting the best team in the world. For the moment, Kolkata had become the second capital of Brazil."



It is no surprise then that the city was rooting for Richardson and Tite as Brazil took the field against Switzerland in Qatar trying to win a record 6th title. For one who has grown up in Kolkata, and has been witness to the football-crazy nature of the city for years, these scenes were natural, they have been replicated over and over again in the course of the last two decades. Every Brazilian victory has been cheered and every defeat has left the city in a state of gloom. Why is it that fans in Kolkata mourn a Brazilian loss in football just as they mourn an Indian loss in cricket, and why is it that Kolkatans feel this way about players who hardly know a thing about their football? Given the nature of the histo-



Cristiano Ronaldo.

With most Brazilian stars, who are soaring from lower middle-class households to become world icons, the poor, underprivileged young man in Kolkata, in attempting to emulate them, can still dream of conquering the world with his limbs alone. Add Pele's visit to Kolkata in 1977 and you will know why Prasun Bhattacharya, the poor, hard-working, small-town boy in the much acclaimed Moti Nandi novel, Striker, dreams of the Secretary of the Santos Football Club offering him a contract, having come all the way from Brazil. (Boria Majumdar is the founder of RevSportz and is India's prominent sports journalist. A DPhil from Oxford University and is also a Rhodes scholar)



Brazilian Football.



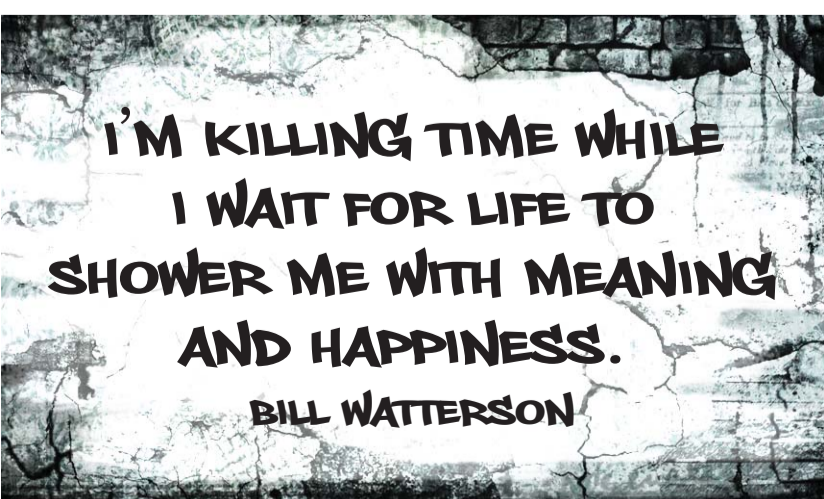
Indian Football.

Unusual Trivia

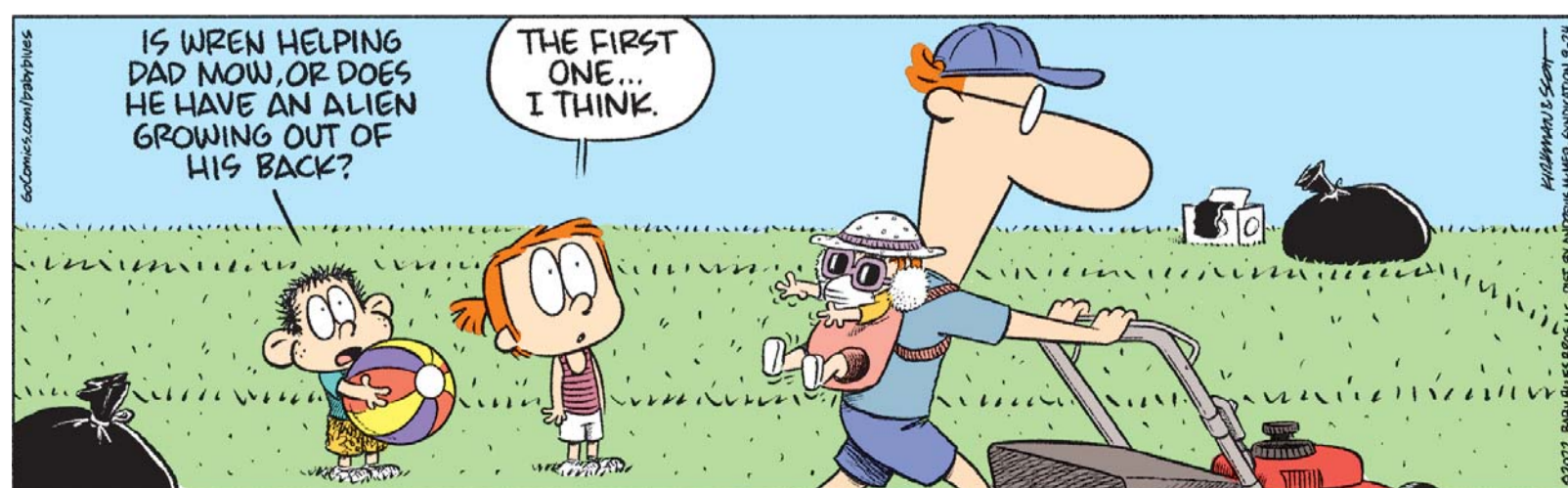
- The only solid elements that assume liquid form at room temperature are bromine and mercury. However, you can melt gallium by holding a lump in the warmth of your hand.
- Unlike many substances, water expands as it freezes. An ice cube takes up about 9% more volume than the water.
- If you pour a handful of salt into a full glass of water, the water level will actually go down rather than overflowing the glass.
- Similarly, if you mix half a liter of alcohol and half a liter of water, the total volume of the liquid will be less than one liter.



THE WALL



BABY BLUES



By Rick Kirkman & Jerry Scott

ZITS



By Jerry Scott & Jim Borgman