

Eminent Indians in Medicine



Dr Shantilal J. Mehta

Dr Shantilal J. Mehta is one of India's most outstanding surgeons. The Padma Bhushan, the Dhanwantri Award and the Dr B.C. Roy Award have been conferred on him. He has been a nominated member of the Senate of Bombay University and is a founder member of the Academy of Medical Sciences of India. He has also been honorary surgeon to the President of India and Governor of Maharashtra. In the following interview with the *NMJI*, Dr Mehta reflects at length about his background, his pioneering role in the spread of medical education and facilities in India, his achievements and failures.

***NMJI:* Could you tell us a little about your background?**

S.J. Mehta: I come from an average middle class family. I was fairly competent academically and secured about 98% marks in my intermediate examination. I also had a first class career throughout my medical education and secured all the prizes and medals except the one in obstetrics. In the 1920s most medical students went abroad for further training and I went to England to learn the finer points of surgery. In those days there were no superspecialists and a general surgeon performed operations on the skull, did cleft lips and cleft palates, breast surgery, abdominal and urological surgery. In order to become a complete surgeon I worked for three months in the Brompton Chest Hospital, for three months in the orthopaedics department, for three months in the ENT department under Professor Trethowan, and for three months I was second assistant to Lord Moynihan. I assisted Lord Moynihan in operations on his private patients in London. I have yet to see a finer abdominal surgeon.

I was deeply involved in the freedom struggle and was one of the six persons who went with black flags to receive the Simon Commission in 1927. I was arrested and locked up in Colaba Police Station. The British officer there hurled lots of abuses on us and said 'You damn Indian curs'. I objected and asked the officer to withdraw his statement. The officer refused, so I slapped him. This was the signal for a constable standing next to me to take out his belt and thrash me black and blue. I was asked to apologize. I said I would be damned if I would.

Through a friend, Bhulabhai Desai was told that I was a hotheaded person and I would get killed. So Bhulabhai Desai came to the police station and asked me to sign a written apology. I refused saying that I would rather die for my country than let my country be abused. Bhulabhai Desai left.

I was called again the next day and thrashed, during which time however I managed to slap the policeman once. I was thrashed till I became unconscious. Bhulabhai Desai came again and with personal assurances managed to secure my release. However, before being released I took a solemn promise from him that he had not signed any apology for my actions although I knew what my fate would be when I slapped a British police officer.

Because of my anti-British attitude in India I was kept under surveillance in England by Scotland Yard. Once I attended Prof. Samson Wright's Christmas party and there I met the headmaster of a public school. He asked me if I would speak to his students regarding social conditions in India. After my talk Scotland Yard issued a summons to me through the Dean. I reported to Scotland Yard and was jailed. They questioned me from 8.00 a.m. to 8.00 p.m. At the end they confiscated my passport and told me to leave England.

This meant I could no longer get my fellowship. I went to the Indian Commissioner, Sir A. Chatterjee, and told him that I had not said anything derogatory. After fully inquiring into the matter, Sir A. Chatterjee informed the British government that he would stand guarantee for me and ensure that I would not take part in any political activity in the UK. Thereafter, I was allowed to continue my studies. I was awarded the Hallett Prize in the primary FRCS.

I came back to India with the FRCS degree in 1930 and was appointed Honorary Surgeon in Grant Medical College. I was asked to take charge of Dr Parmar's beds, as he was on leave. At that time the ENT surgeon in Grant Medical College attended only to OPD patients; he had no indoor beds. The first case for operation that was sent to me on the first day I took charge was a patient with acute mastoiditis with possible lateral sinus thrombosis or

brain abscess. I sent my resident to arrange for the operation. The anaesthetist came at 1.30 p.m. and the operation started. The seniormost surgeon of Grant Medical College, Dr Moolgaonkar, asked me if I wanted help. I said no, but asked Dr Moolgaonkar to stay and see if I was fit to be a surgeon. After the operation Dr Moolgaonkar was satisfied.

At that time the rules of the University of Bombay stipulated that a person had to have a minimum of five years' experience in a speciality before he could be recognized as a postgraduate teacher. This meant that the house surgeons' tenure under me would not be recognized. To examine my case the university appointed three senior surgeons to assess my competence. On the first day they went with me on my ward rounds, on the second day they watched me operating throughout the whole list, and on the third day they observed me conducting my OPD from 9 a.m. to 12 noon. It was the first time in the history of Bombay University that a surgeon, without the requisite five years experience in the speciality, was made a postgraduate teacher. This concession has not been granted again.

During World War II the J.J. Hospital was taken over by the army and Brigadier Grant Massie was put in charge. I had known Grant Massie in Guy's Hospital, London. So on seeing him, I said 'Grant what are you doing here?' Brigadier Massie said he had come to inspect the hospital and wanted the army casualties to be treated in the hospital. The next day, instructions were issued that all military patients would be transferred to our hospital and treated by me. I was also offered, along with Prof Moolgaonkar, the honorary rank of Colonel. But I thought that on using the rank, such a senior person like Dr Moolgaonkar would be junior to Brigadier Massie, and also that Dr Moolgaonkar would have to salute him. This was not acceptable to me. So I offered to look after the military patients without using the rank. I told Brigadier Massie jokingly that in this way I would not have to salute him, instead he would have to salute us. The principal cautioned me that I should not have said this. I told the principal that I had said nothing wrong and stood my ground.

I soon became Associate Professor of Surgery, Professor of Operative Surgery, and then Professor of Surgery. After retirement in 1960 at the age of 55 years I remained Emeritus Professor of Surgery for ten years. During this time I was examiner for the Mastership of Surgery degree in many universities in India. The vice-chancellor of the Madras University, Dr L. Mudaliar, had me as an examiner of the university for 14 years though in my first year as examiner I had failed all but one student.

I felt the need for a Cancer Hospital in India and took the then head of Tatas, Naoroji Saklatwalla, to J.J. Hospital and showed him 15 cases of advanced cancer. And the Tata Memorial Hospital was born and I was connected with the initial planning of the institute. After my return from England, in 1931, I got a few surgeons of Bombay to start an association of surgeons. My efforts ultimately succeeded in 1938 when the Association of Surgeons of India was born.

While working in the J.J. Hospital, I felt that the hospital

required complete remodelling. For this I persuaded the then Chief Minister of the Bombay State to grant Rs 25 crores. During my tenure as honorary superintendent of the J.J. Hospital the specialities of neurology, urology, cardiovascular surgery, neuro-surgery and plastic surgery were added.

I, and a few others, also felt the requirement for an academy of medical sciences. We met the Union Health Minister on several occasions and ultimately succeeded in convincing the Government of India that such an academy was essential. I was a founder member of the Academy of Medical Sciences.

NMJI: What is your opinion about the proliferation of medical colleges in India?

S.J.M.: No more medical colleges should be permitted. We are diluting our medical standards. We are already facing the problem of unemployed doctors. Way back in 1948 I had written to Pandit Nehru requesting him not to allow any more medical colleges to open. I had suggested opening of three postgraduate institutes in the country. Today, unfortunately, the two postgraduate institutes are supplying trained medical personnel to the UK, the USA and Gulf countries.

We have not done any medical and paramedical manpower review. This country already has about 20 000 unemployed doctors.

NMJI: What are your views on donation/capitation medical colleges?

S.J.M.: No institute should be allowed to charge capitation fee for MBBS or postgraduate courses.

NMJI: Do you think there should be some check on the private nursing homes? How should they be made accountable to the public?

S.J.M.: Private nursing homes must firstly get permission from the government. All hospitals and nursing homes should be graded according to the facilities provided by them. The grading should be published. A hospital or nursing home should not be allowed to function if its grade falls below a certain level. This is the system followed in the USA and can be adopted here.

NMJI: How would you make the medical profession more accountable?

S.J.M.: In every industry there is quality control and cost control of the material produced. In the medical profession this can be easily done by introducing medical audit in the administration of hospitals. There should be facilities for continuous medical education of the staff. If any member of the staff does not come up to the desired standards, the computer can say that the services of that staff member are not required. Seniority and promotions should be linked with performance.

NMJI: What would you say about bureaucrats and technocrats?

S.J.M.: Non-medical men like IAS officers over-rule the recommendations of medical men regarding hospitals. This is the biggest obstacle to the efficient administration

of hospitals. It should be the other way round. Administrators should only be concerned in advising the medical men regarding administration and carrying out the suggestions of the medical men.

NMJI: What do you consider your major achievements?

S.J.M.: The Health Minister of Bombay state, Mr Shantilal Shah, had come to distribute prizes in Grant Medical College and I was asked to give the vote of thanks. I said, 'Ladies and Gentlemen, this hall is one hundred years old and has seen many governors, ministers and VIPs who say over and over again "Go to the villages". Mr Shantilal Shah may I give you a challenge. Give me the facilities and I will show you how to work in a village. Till you give me that I will not give you a vote of thanks.' With that I sat down.

Next day the Dean called me and said I would be dismissed. To which I replied that I always carried my resignation letter in my pocket. However, the Health Minister himself telephoned me and said that as I had offered a challenge he would give me the facilities and would take me to a district town. I was given two months for preparations and was allowed to take my own staff.

So the first surgical camp in India was held in Devgarh Baria in 1951, with a staff of 37 persons and a few of the support staff. On the first day, at a large gathering, I donated blood and said that without blood major surgery was not possible. I then walked straight into the operation theatre and started operating. When the village folk saw that by donating blood nothing had happened they came voluntarily and blood donation was never a problem in the camp. In 11 days 1100 operations were done, eighty per cent of them being major.

In this hospital of 60 beds 70 000 people from villages were present in the camp. Millowners and well-to-do persons helped in giving food and other amenities to the patients. A film on family planning was shown with a commentary by me in Gujarati. As a result 140 women insisted on having tubectomies and forced me to operate on them after holding a dharna in front of the hospital for ten hours. Initially I was reluctant as I felt that I already had too much on my hands and tubectomies could be done in other hospitals, but then I agreed. This also showed that illiterate women could be made to understand the need for family planning provided the right approach was adopted. The camp was a big success.

Once an ex-house surgeon of mine had, elsewhere, inadvertently completely cut the common bile duct of a patient while doing a cholecystectomy. I asked him to send the patient to me after putting in a T-tube and I operated on the patient again. I did a difficult hepatico-jejunostomy operation which lasted twelve hours. Ultimately the patient survived. But after a few months the patient wrote back that as he had been without a job for 7-8 months he was contemplating suicide. I knew the Labour Minister and spoke to him about the plight of the patient. The Labour Minister visited the factory in which the patient had worked previously and asked if he could meet him. The factory owner, suitably impressed, went to his house and paid him double his last eight month's salary and gave him ten thousand rupees for the operation

(although he had been operated free). After that the factory owner told the patient that the Minister would like to see him. The Labour Minister was a shrewd person and he only asked the patient if he was happy. The patient profusely thanked the Minister, who however told him to 'Write a note to Dr Mehta'.

A very close friend of mine came to my house and asked me 'Shanti, what have you achieved? So what if you are a great surgeon, so what if you have done so many operations and held so many important posts, what are you going to leave behind?' This made me think, and I felt the friend was telling the truth. After a lot of thinking I felt I should establish an institute of excellence. But then there was no money for such a colossal institute. I however spoke to a few friends and acquaintances.

During this time I went to a friend's place and a renowned saint was sitting there. He just put his hands on my eyes and I went off into a deep sleep. In my sleep I saw a huge hospital, the same as the Jaslok Hospital is today. When I got up the saint said that everything would materialize. I soon met a Seth Lokoomal Chanrai who said 'You wanted to build a hospital? We will give you one and a half crores for it'. This took me by surprise. I wanted time to think. After crystallizing my thoughts I met Seth Chanrai again and said that the money required would be about 5-6 crores. This was also agreed, so I got Jaslok Hospital and Research Centre constructed, largely due to the munificent donations by the late Seth Lokoomal Chanrai and his family and friends (Seth Lokoomal's wife's name was Jasoti so the name of the hospital was Jaslok).

NMJI: What do you regard as your failures?

S.J.M.: At a Medical Education Conference organized by the Union Health Minister where all the Health Ministers of the States, Deans and Vice-Chancellors of Medical Colleges were called there were only two special invitees, Dr. M. L. Mudaliar and myself. After various ministers had spoken for an hour, I raised my hand. I was asked to speak. I said that if the conference was for getting more votes for the Congress the matter was different, but if everyone seriously wanted to reach the remotest corners of India for health coverage the example was for everyone to see. In the UK a medical college first adopts a 10-15 bedded hospital near a medical college. At weekends the specialists go and work there. During the week the hospitals are managed by the junior staff. Slowly the facilities of the hospital are improved. Then, from this hospital other hospitals in the neighbourhood are adopted and the same procedure is repeated. Now in the UK within minutes anyone can get health-care facilities.

Though I feel I had expressed my opinion in the highest forum, there has been no implementation. Till this is done, the slogan of adequate medical facilities to every Indian citizen by AD 2000 will remain a myth.

As a member and chairman of the Medical Education Review Commission and AIIMS and PGI Review Commission I had recommended that the AIIMS, New Delhi and PGI, Chandigarh should not enrol undergraduate students. Only sponsored candidates from various states should be taken. They should work as junior members of the faculty. These persons would be paid by the state so

that the salary would not be a drain on these Institutes. The states must give a guaranty that the sponsored doctor will be taken back and a fully equipped department of this speciality will be created.

I feel also that another major failure has been that I have not been able to do research. I think that a telegram that my mother was seriously ill which forced me to come back to India put paid to my hopes of doing research. At that time I had a registrar's job under Lord Moynihan and probably had I continued I would have done some research. Perhaps had I continued India may have not seen me again.

NMJI: What are your present plans?

S.J.M.: At present I am president of an orthopaedic

hospital and Medical Director of the Prakashanava Ayurvedic Research Centre.

I am also working for the establishment of a post-graduate institute of medical sciences and a biomedical engineering institute. I feel a biomedical engineering institute will be a boon to this country because it will produce engineers who will look after various equipment in hospitals. It will also produce scientific knowhow for manufacturing medical and surgical equipment. This will make the country self-sufficient in medical equipment and not only save foreign exchange but earn foreign exchange by selling medical equipment outside India.

NMJI: Thank you Dr Mehta for a most interesting afternoon.

Notices

**1. The IX International Biennial Paediatric Conference,
Peshawar, Pakistan 22-25 March 1988**

Information: Prof Mohammed Imran
Chairman
IX International Biennial Paediatric Conference
PGMI Lady Reading Hospital
Peshawar
Pakistan

**2. Ninth Congress of Asian Association of Paediatric Surgeons,
Singapore 7-10 April 1988**

Information: Mr V T Joseph
Department of Paediatric Surgery
Singapore General Hospital
Singapore

**3. 15th Annual International Health Conference,
Washington DC, USA 19-22 May 1988**

Information: Conference Department
National Council of Institute of Health
1101 Connecticut Avenue, NW, Suite 605
Washington DC 20036, USA

**4. II World Congress on Hepato-Pancreato-Biliary Surgery,
Amsterdam 29 May-3 June 1988**

Information: II World Congress on HPB Surgery
c/o Prof Dr M N van der Heyde
Afdeling Heelkunde
Academisch Medisch Centrum
Meibergdreef 9
1105 AZ Amsterdam
The Netherlands

**5. XXVI World Congress of the International College of
Surgeons, Milan, Italy 3-9 July 1988**

Information: Clinica Chirurgica III
Universita degli Studio
Via F Sforza 35
20122, Milan, Italy

**6. XIX International Congress of Paediatrics, Paris, France
23-28 July 1989**

Information: PMV Congress
130, rue de Clignancourt
75108 Paris
France

**7. The XII International Congress of the Transplantation
Society, Sydney, Australia 14-19 August 1988**

Information: Mr Kevin Wickham
Conference Organiser
PO Box 235, North Balwyn
Victoria 3104
Australia

**8. XIX International Congress on Internal Medicine, Brussels,
Belgium 29 August-2 September 1988**

Information: Dr A Dupont
Scientific Secretariat
Department of Pharmacology
University Hospital VUB
Laarbeeklaan 103
B 1090, Brussels
Belgium

**9. V National Conference of Pakistan Orthopaedic Association,
Islamabad, Pakistan Sept 88**

Information: Prof Mohammed Aslam Piracha
Chairman
Organising Committee
Department of Orthopaedic Surgery
Pakistan Institute of Medical Sciences
Islamabad
Pakistan