Fifty Years Ago

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I feel happy and fortunate to get the opportunity of publishing this Golden Jubilee Issue of IJOL & HNS as its Editor. With this our Association completes its fifty years of journey. A journey of sorrow and joy, failure and success, decline and revival. It is indeed a great journey, great coming up, great experience.

Fifty years of AOI means fifty years of experience of ENT specialists of India. By saying so I do not mean there was no practice of ENT in India before fifty years. In fact, practice of ENT in India has been going on since time immemorial. It may be said with authority that at one time it was India who established many truths upon which today's science of ENT owes to a great extent. To cite examples, I may refer to the Indian system of Rhinoplasty, an oldest plastic surgical procedure once established by Shushruta, the finest and one of the oldest Surgeons of the ancient world. Amongst his various inventions one may find many surgical instruments designed for exclusive ENT practice. It would also be not out of place to mention the name of the great physician of ancient India.

'Charaka', the inventor of oldest antiseptic 'Neem'. The main reason for failures of medical and surgical treatment of bygone days was infection. And the need of some kind of antiseptic was then conceived by him when there was then no concept of antibiotic and germ theory. Recommendation of 'Sarpa Gandha' the mother plant of Rowulfia

Serpentina, the oldest anti-hypertensive drugs then used to stop Epistaxis, is still considered by all as a great Indian Invention. The recommendation of various other plants and fruits like Engemia Jambolana, Papaya, Karola to control diabetes, lemon to stop nose bleeding, gum infection, mouth ulcer were few of the so many examples I may cite to prove how great was our Indian heritage which could produce such pioneers like Charaka and Shushruta, which revolutionized the field of medicine.

In fact, the Indian system of medicine, Ayurveda (Ayu = life; veda = knowledge) is still considered as the oldest

system of scientific medicine which was in practice when the then other civilized nations of the globe were totally ignorant about the art of healing. It is unfortunate that India, though at one time, was

Beginning of IJOL

Shushruta

the leader of medical sciences, lost its heritage after being ruled by the British for long two hundred years. This forced India not only to stop

Some Instruments as used 50 years ago. From Above downward 1. Tuning Fork 2. Oesophageal Speculum 3. Monochord 4. Tuning Fork. Courtesy : Dr. L.M. Ghosh, Medical College and Hospital, Calcutta.

Some Instruments as used before 50 years. From Above downward 1. Guillotine 2. Aural Speculum 3. Nasal Speculum 4. Tongue depressor 5. Laryngeal brushes. Courtesy : Dr. L.M. Ghosh, MCH, Calcutta.

but forget about plant medicine. Subsequently we had to learn and practice English system of medicine called allopathy.

ICC Colloar bag, used after Tonsillectomy for Haemostasis. Courtesy : Dr. L.M. Ghosh, Dr. S. B. Banerjee (MCH) Calcutta

When practice of ENT came up in India it was mostly allopathic oriented. Let us now look back to see how was the show of ENT practice in India fifty years ago.

To depict this, I need not have to take the help of imagination. As I myself have been practicing ENT for 37 years and witnessed it from those who were then practising ENT before I had begun.

The syllabus of the then ENT surgeons comprised of only a few operations like tonsillectomy, antral wash, intranasal antrostomy, S.M.R.,

mastoidectomy etc. Endoscopies like D/L, Broncho oesophagoscopy were practised by only a handful of surgeons and not under G.A. but

of learning about the technique of anesthesia anywhere in India. Course/Curriculum about it was then yet to gain its entry in the under and post

Sadashiv Gopal Joshi, Mumbai

under L.A. Microsurgery was then a distant dream. Head Neck and skull base surgery, Rhinoplasty, phonosurgery, Laser, FESS were unheard of.

The procedure of Anaesthesia was primitive. Chloroform and Ether were the main anaesthetic agents used for the purpose of G.A. Boyel's machine was then yet to get its footing in the O.T. Technique of intubation anaesthesia was then practised by only a few Anaesthetists. Usual practice of the administration of Anaesthesia was to force the patient to inhale it through a face mask. Coming back to consciousness after an operation was considered as a great moment and a blessing of God. In fact, there was then no scope

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graduate courses of medical education.

G. S. Grewal, Indore

The Anaesthetists were mostly an elderly male O.T. nurse or a doctor involved in it, not as a choice by as a victim of the circumstances. And the outcome of all these short comings were its complications

P. S. Narsima Rao, Chennai

and Even death.

The instruments used for clinical examinations

Surendra Nath Sarma, Assam

were mostly big sized, heavy and frightening. Some instrument used 50 years ago. Patients used to bear them with great pain.

For illumination, be it in O.P.D. or in O.T., the only hope was the Bull's Eye Lamp and Head Mirror. Battery operated Auroscope, Head Lamp etc. were found only in few advanced centres. It was also true for Audiometer.

For imaging there was then nothing other than poor quality X-Ray. Contrast radiography was still

Gokulananda Dash, Orissa

then an unknown procedure. Soft tissue X-Ray was also a technically difficult procedure. For pre-operative investigations routine blood and sugar estimation were considered as sufficient.

S. Kameswaran, Chennai

Immunochemistry, antibiogram, histopathology etc. were done only to give usually a wrong report. Drugs in systemic use were also only few like Penicillin, Terramycin, Streptomycin, Chloromycetin, etc. Those too were toxic. Death following penicillin shock, deafness due to streptomycin and Aplastic anaemia due to Chloromycetin were all commonly hear complications. Use of local antibiotics as

A. N. Sinha, Bihar

ointment or drop were yet to gain their entry in the management of ENT diseases. Only Sulphanilamide cream and powder were then available. Medicine then used for local treatment

K. C. Gadre, Mumbai

were mostly dispensing items and not patents like Mandl's paint for chronic tonsillitis, Gutta Spirit or Gutta phenol for otitis, Methol/Encalipus spray for laryngitis, Ichthyol/Belladonna for Furuncle, parotitis, etc. It was then a tiring job for any clinician to write a detailed prescription for all their patients and to see that they have been dispensed well.

As a cauterising agent preference was then given more to silver nitrate/trichloroacetic acid than electrocautery. Thermo cautery, by using a red hot metallic wire was also chosen by many.

Benign laryngeal tumours and biopsy was then taken out under L.A. by I.L. scopy. Cocaine was then the only local anaesthetic agent available and too toxic to cause death amongst many.

Any malignancy was then treated by Deep X-ray and chemotherapy. For Chemo, drugs available were only a few like nitrogen mustard and Methotrexate. Commonest indication of tracheostomy was Cerebral Larynx causing Glottic obstruction.

Most of the operative procedures were frequently

fear some and damaging too. Facial paralysis was then the usual outcome of mastoidectomy as like septal perforation and nasal deformity following SMR.

Tonsillectomy was done by Guillotine method. For control of Haemorrhage surgeons had to depend on nature which was assisted by applying ice or ice cold water or compress from outside the neck (Fig 5). Technique of ligature of bleeding vessels were unknown and they were mostly removed incompletely to allow patients to suffer from remnant tonsillitis. Death during or after the

A. F. Desmond

tonsillectomy was not at all unusual. Voice change following tonsillectomy was also not an uncommon complication. It was due to cricoarytenoid dislocation following intubation without Ms. relaxants which were then not available in the list of Anaesthetic drugs. It was also due to excessive scarring of soft palate due to traumatic surgery by guillotine method.

50 years ago there was no scope of post graduation in ENT anywhere in India. To pass MBBS it was then not essential to get through

ENT examination separately. New graduates used to join in ENT not by choice but as hopeless candidates who had not found any berth in any other discipline. Visiting Surgeons were mostly trained and did their post graduation abroad or local medical graduates trained in surgery but did not have any post graduate qualification. Most of the ENT Departments had no indoor beds for operations like tonsilloadenoidectomy, oesophagoscopy, intranasal antrostomy were all done as O.P.D. procedures. Other patients like mastoidectomy etc. used to get admitted in surgical ward.

Diseases like Maggot, Cancrum Oris, Actinomycosis, Leprosy, Lupus, Gangrene of the tonsils, Erysipelas, Cavernous Sinus, Thrombosis, Brain Abscess were not uncommonly found in O.P.D.

In fact, ENT was then a half science, unglamorous, unattractive both for teachers and the taughts.

ENT patients could not expect to have full cure out of many of the ailments by conservative or surgical treatment then available. Continuation of Otorrhoea following mastoidectomy, recurrent sore throat following tonsillectomy, nasal obstruction following SMR were usual. Complications following any surgery were then given to them as a bonus. Hence public opinion about ENT persons and the speciality was vague

Prem Kakar, Delhi

and poor. 50 years ago, for one, to become an ENT Specialist was not a lucrative dream. But still many of them dared to join this branch of medicine and maintained the flicker for a brighter posterity.

The doctors who had dedicated their lives for the pursuit of excellence in the field of ENT without caring for fame, name or money, contributed to enriching of their speciality

immensely and today their seeds of hard labour has grown to an enormous tree whose branches are bending with fruits of such sweetness and fragrance. Micro surgery, FESS, laser etc., that we can only gape in awe at them.

Let us most respectfully propose a very special thanks to those pioneers on this auspicious occasion of Golden Jubilee of the Association of Otolaryngologists of India.

*Wishing you
a
Happy
and
Prosperous
New Year*

— Editor