

Prof. Jacob Abraham.

**MB, MS (GEN), MS (NEURO) FAMS
President, Neurological Society of India 1983.**

Part-I * Some autobiographical notes in relation to the Neurological society.

I was sorely tempted to make the format of this presentation like a question and answer session, for two reasons, one, Q & A does not tax the attention span of the average 20th century homo sapien (read neurologist/neurosurgeon) whose brain capacity of 3750 ml with ten billion neurons and ten trillion bits not counting the cerebellum is more than capable of handling this. Secondly, I could always blame the questioner for some of the awkward, don't sweep under-the-carpet, type answers which may be made to the questions asked. But on more mature reasoning which in the present instance may be synonymous with incipient cerebral arteriosclerosis, I have retained the standard format, guaranteed to be clearly soporific in the extreme. So on to mundaneness, you have been warned.!

I retired from the Department of Neurological Sciences, Christian Medical College & Hospital as Professor of Neurosurgery and Head of the Department in 1991, after 42 years in CMC as a student and staff.

The department was started in 1949 by Dr. Jacob Chandy and it was then called Neurology and Neurosurgery. Subsequently the department's name was changed to Neurological Sciences to accommodate research in basic sciences - Neurochemistry, Neurophysiology and Neuropathology.

*** Parts II and III : If others of my vintage are moved to write their blunderings for posterity and if I figure among them so be it.**

After completing I. Sc from St. Xavier's College, Calcutta, I joined CMC, Vellore in 1949 for the MBBS Course i.e. 2 years after India became independent. I had the privilege of being in Calcutta not only during the Hindu Muslim riots and the Bengal famine, but during the most heady and vociferous pre-independence coffee house discussions and joyous celebrations of our country gaining independence. The bravest incident which I participated in as my contribution for the independence struggle was whiffing a bit of tear gas from a safe distance, about half a mile away from where the action was! I must say" even that was tearful in the extreme.

CMC was predominantly a Women's College at that time. I don't have to tell you all about the trauma a youthful male initiate to Aesculapius had to endure at the hands of some awesome senior females of the College.

Graduated in 1954, I did Junior House surgeony, six months in Neurosurgery and completed M. S. (Gen. Surgery) in 1959. Passed the M. S. (Neurosurgery) in 1962 and have tried rather unsuccessfully to remain a student all my life.

My first paper presented at an NSI meeting was in 1961. This was in Madras and the Society was 10 years old. The paper was entitled "Trigeminal Neuralgia" (Published in Neurology India in 62). The NSI meetings of those days were an interesting challenge to the Society because the NSI was attached to the Association of Physicians of India. interesting because the NSI was treated like an upstart and the organizers catering to the very large numbers of general physicians, usually relegated the smallest class room to the NSI where all the neuro lectures and business were conducted. It soon became obvious that the NSI had to strike out on its own and so a few years later the NSI started meeting separately.

The decision that NSI would only meet in centres where a Neurology/Neurosurgery department was functioning was a wise and important step, because it helped to boost the morale of the members of the NSI who in many instances were struggling to be recognised in their own institutions. This was also the time when each and every neurologist/neurosurgeon not only had to interpret x-rays themselves, but also do all the neuroradiological procedures. All neurology/neurosurgery residents had to undergo vigorous training in not only doing procedures like pneumoencephalograms, carotid and vertebral angiograms, myelograms, but had to be knowledgeable about the radiological parameters required for the exposure of a film. Obviously no one is advocating that residents of today should "rediscover the wheel", but pointing out that a relatively large chunk of hands-on-learning-process has been lost for ever- may be a good thing too!

Perhaps the most important feature of the NSI of early times was the feeling of comradeship and mutual helpfulness, a feeling that we were all part of a great and wonderful experiment, the success of which was very dear to every member of the Society. Please do not think I am falling into the pernicious mode of speaking of the "good old days", implying, that the present times are inferior. They are obviously different but need not necessarily be less edifying.

Interestingly the research activities that I was involved in during the early period was mainly neurological - Muscular Dystrophy, Stroke and Epilepsy.

My first visit abroad was undertaken in 1964 to Dartmouth Medical College in Hanover, New Hampshire, USA. This was made possible because of the "exchange visitors programme" that was in place between the NSI and Congress of Neurological Surgeons of USA, funded by P. L.480 Funds. During the programme about 15 to 18 senior Neurosurgeons from USA visited various centres in India for a period of one month or so. This was in the 60's and 70's.

It was interesting to see how challenging and informative Tropical Neurosurgery was to the visitors. It was equally enlightening to the hosts when the visitors were able to suggest solutions to problems which seemed ever present (and therefore not worth wasting further thought on). I sincerely wish that exchange programmes for postgraduate students and staff becomes a very important part of training.

My stay at Dartmouth was not to gain further experience in clinical or surgical techniques but to get fully immersed in research methodology. This was a new concept for me. I was getting paid just to think!

Nowadays techniques and technology have bludgeoned and have become so complicated that a dedicated young surgeon would have to spend more time catching up with "tools of the trade", than on research. The individual naturally chooses and the choice will be dictated not only by his inclinations, but also by the academic orientation of his institution.

After returning to CMC I started on a prospective study of stroke cases. About 800 cases were carefully documented and analysed and it was surprising to find that 25-28% of cases were below the age of 40 years. This was highlighted by a symposium on "Strokes in the Young", organised at CMC. This was in 1973. Subsequently this finding was confirmed at other centres. The data on the stroke cases were collected and published as a book. A copy was sent to each of the Medical Colleges having a Neurology Department. Not a single acknowledgement was received, thanks to my colleagues.

Two very positive offshoots of the stroke project were the surgical correction of deformed foot and hand by tendon transfers and muscle slides, and the idea of revascularisation of the brain by the use of the pedicled omental graft. A large number of experiments on monkeys documented the revascularisation potential of the pedicled omentum both to

the brain and spinal cord. After confirmation of this fact the procedure was done in humans. The ICMR awarded the prestigious Basanti Devi Amir Chand Price/Medical Receives in 1984.

I consider my most important contribution for the benefit of the neurosurgical patient was the popularising of the concept of doing a shunting procedure (ventriculo-atrial) prior to tackling a posterior fossa or midline tumour, especially in children. This technique substantially reduced the mortality and morbidity rates associated with such operations at that time. The preliminary report was published in the Journal of Neurosurgery 1962. The use of this technique was considered a great boon, but not anymore. This reminds us that techniques in neurosurgery are constantly changing for the better and what was useful at one time is almost irrelevant now. This is a good example of the saying "Time makes ancient truth uncouth".

The highlight of my association with NSI was when I was elected as its President in 1983. This is the highest recognition that the Society can confer on any of its members. I had the privilege and honour of being selected for this post.

When I look back on my association with the NSI it seems that I received more than what I contributed to it and I will always be indebted.