Pediatric Surgery at Erskine Hospital and Madurai Medical College 1962-1967 - The First Five Years

On the occasion of the Silver Jubilee celebrations of the Department of Pediatric Surgery of the Rajaji Hospital and Madurai Medical College, I am happy to narrate the history of this department in its formative years, during the five-year period from 1962 to 1967.

During 1961–1962, the Government of Madras permitted Dr. T. Dorairajan to proceed to the Royal Children’s Hospital, Melbourne, Australia, as Surgical Research Fellow, under the Oxford plan on an Australian government award. On his return after completing his assignment, the Director of Medical Services, Dr. A.B. Marikar, posted him to Madurai.

Her order dated 2-5-1962 stated:
“Dr. T. Dorairajan, M.S., RACS, Assistant Surgeon, on return from deputation out of India is posted as assistant Professor of Surgery, Madurai Medical College and Assistant to Surgeon, Erskine Hospital…”

Along with this posting order was a D.O. letter to the Superintendent, Erskine Hospital, instructing him to utilize the services of Dr. T. Dorairajan in the specialty of pediatric surgery.

The instruction of the Director of the Medical Services was communicated to all the unit chiefs of the hospital. As this was the first occasion that a surgical specialist was posted, no further help was offered either due to lack of awareness or due to bureaucratic inertia.

On 24 July 1962, government issued a G.O. No.1706 Health dated 24 July 1962 and the order stated:
‘The government approves the proposal of the Director of Medical Services that Dr. T. Dorairajan, Assistant Professor of surgery, Madurai Medical College and Assistant to Surgeon, Erskine Hospital, Madurai, may also be designated as Assistant Pediatric Surgeon, Erskine Hospital, Madurai, so long as he holds post of assistant surgeon in the Erskine Hospital, Madurai.’

This order was published in the Gazette 1-2 No. 331 of 1962 on 1 August 1962.

This government order of 24 July 1962 is the official start of the chain of events that led to the sanction of an independent department of pediatric surgery in September 1964.

Not with standing the earlier D. O. letter from the D. M.S. to utilize the services of the pediatric surgeon, and the G.O. giving the designation, no progress in pediatric surgery was made from May till September 1962.

In September 1962, Dr. V.R. Thayumanaswami, retired Director of Medical Services, made a private visit to Madurai. I left for training while he was the Director of Medical Services. In April 1961, prior to my departure to Melbourne, I made a formal call at his office one evening at Madras to take leave of him. He then made the touching and extraordinary gesture of asking me whether I had transport back home, and on my saying none, he asked me to wait for a few minutes and then drove me in his car to my residence. A few years earlier, I was his house surgeon. Now during his visit after retirement, he apparently found out that apart from issuing circulars no substantial help was given to the new specialty. What transpired between him and Dr. Krishnaswami, I do not know to this day. But immediately after his visit the following order was issued:
H.O. 172/61 Government Erskine Hospital, Madurai, dated 22 September 1962.

Hospital order
In pursuance of the orders of the Director of Medical Services designating Dr. T. Dorairajan as Assistant Pediatric Surgeon, Dr. T. Dorairajan will work in Dr. A. A. Asirvatham’s unit in addition to his other duties. All cases of pediatric surgical nature from the maternity section and from the pediatric physician will hereafter be referred to Dr. T. Dorairajan. In addition, he will have a surgical pediatric (special) clinic working on Tuesdays and Thursdays between 10 and 11a.m. when cases may be referred to him. All the general physicians and surgeons are requested to refer as many of their cases as possible. With a view to centralization for purposes of statistics for patients of this category, the surgeons and physicians are requested to refer their pediatric surgical cases to the special clinic.

tion, the department could not have had a start in September 1962. Those who have prospered or benefited from this department owe him a great debt of gratitude.

A room with 10 beds was provided for pediatric surgery. This room was in the rear of surgical block near the rear stairway.

Apart from orthopedic surgery and ENT surgery, pediatric surgery was the first higher specialty to function in Erskine Hospital, preceding neurosurgery, plastic surgery, and cardiothoracic surgery.

Now there was a functioning unit, with outpatients and inpatients. Surgical operations by the pediatric surgery unit were done in the professor of surgery’s operation days in his theatre. Emergencies were done as and when tables were provided.

In February 1963, pediatric surgery was given one operation day for its exclusive use in the specialty operation theatre, which was now shared in addition by the two orthopedic units and the neurosurgery department.

During all these developments, I had my regular duties as assistant to surgeon usually in the female surgical wards. From July 1962, I was now surgical register and in addition I was family planning officer for men, doing vasectomies, three days in the week after 3 p.m. On an average, I would have done 40–50 vasectomies every month.

With the allotment of an exclusive operation day from February 1963 onwards, pediatric surgery acquired its identity. Students, house surgeon’s and postgraduates were posted. Cases were presented at the Clinical Society meeting.

At this point of time, surgery of childhood was done in the fledgling pediatric surgery set up as well as in all the general surgical units.

But the pediatric surgery set up was essentially a one-man unit. This continued for 1.5 years till the summer 1964.

There were many firsts in the surgery of childhood during this period. Swenson operation for Hirschsprung’s disease, Abdmino-sacroperineal reconstruction in the new born for high anal anomalies, Anderson Hynes pyeloplasty for hydro-nephrosis, pediatric cysto urethroscopy and valve fulguration and investigative procedures like M. G. U. were done for the first time.

I must now record that on the day preceding my departure from Melbourne in April 1962, a cocktail party was held at the residence of Mr. F. D. Stephens and I was presented with a Mc. Carthy Miniature Cysto urethroscope set, with fulgurating electrode. This set made the department to do pioneering work in pediatric urology in India. This cystoscope had an interesting history. Time and space do not permit to record, how customs at Madras seized it, how it was released after 6 months, after payment of fine and demurrage, how the D. M. S. tried to appropriate it and how this attempt was successfully foiled.

This instrument was in my custody till 1987 and has helped scores of children in the hospital. After 25 years of use, it was as good as new, but technology had changed, and the tiny bulbs for the telescope were no longer being manufactured. At a dinner in September 1987 on the occasion of the mid-term meeting of the Indian Association of Pediatric Surgeons at Madras, the cystoscope was ceremoniously returned to Melbourne through Mr. Robert Flower and Mr. Justin Kelly, two Australian pediatric surgeons, who had come as our guests from Melbourne. That set has some historical value as a relic. It was felt it would be kept as such from where it originated.

The largeness of heart of Mr. Stephens who sent this along with me on my return from training must be recorded with gratitude and it is part of the lore of this department.

As I narrated earlier, for 1.5 years period, single handedly the pediatric surgery unit was run concurrently with regular duties as surgical registrar, looking after women’s surgical ward, family planning operations for men, DAS duties and students postings.

All these told on my health and I fell grievously ill with infective hepatitis and was out of circulation for 4 months. During this period from April to August 1964, the pediatric surgery unit ceased to function as the only person doing the work was on medical leave.

When I return weak and frail after this illness, the now-extinct department was sought to be revived. During my illness, the chair under me was pulled out when I lost my position as a surgical registrar. The position of surgical registrar all along had given the ‘Asst. Pediatric Surgeon’ a measure of freedom to nurture the fledgling set up on my return from medical leave, the rest of the surgery department was curiously watching whether the moribund pediatric surgery unit would revive or survive if I was posted to another surgical unit.

In December 1963, Dr. C. K. Padmanbha Menon, who
was the then dean of the institution, seeing the fledgling pediatric surgery set up and its services, on his own wrote to the D. M. E. to sanction a regular pediatric surgery department consisting of a lecturer, a tutor, an MNA, and a sanitary worker.

At a time when units were started mostly on the clout of individuals and their connections, it is measure of the independence, objectively and fairness of Dr. Menon that based on his personal assessment, he asked for the formal and regular creation of an independent pediatric surgery department. His action was resented by the then professor of surgery.

Within a day or two after my return from my illness, I was sent for urgently by the Dean Dr. Menon one morning to meet him immediately. When I walked into his office, he raised his face from the morning mail he was reading and waved a paper toward me.

It was the government order sanctioning the pediatric surgery department for the Madurai Medical College and Erskine Hospital under Second Five-Year Plan scheme. His earlier proposal sent in December 1963 has now borne fruit.

The pediatric surgery department was now no longer to exist by the sufferance and goodwill of others. It had come into its own.

Thus for the second time pediatric surgery was ensured survival by senior administrators who, without any prodding, ensured the survival of the young department. Shortly thereafter I was designated lecturer in pediatric surgery and Dr. K. Jagadeesan was posted as the first tutor in pediatric surgery. Mr. V. Pichalu joined as the male nursing assistant.

An inaugural function was held in August 1964 in the verandah outside plastic surgery ward. Dr. Menon inaugurated the department, Dr. Asirvatham offered his felicitations.

Following the inauguration, all children’s surgical beds were transferred to the pediatric surgical unit. A ward was allotted in the first floor of X-ray block, which arrangement continues to this day.

In December 1964, the department took initiative in starting the section of pediatric surgery at the silver jubilee meeting of the association of surgeons of India in Bombay.

From this time on, the growth was steady and uninterrupted. The department regularly participated in all the activities of the college and hospital. There was regular contribution to the hospital clinical society meetings. All categories of students doing M.B.B.S., D.Ch., M.D. Pediatrics, and M.S. General Surgery were given pediatric surgery postings. In 1965 the lecturer’s post was elevated to that of reader in pediatric surgery.

The volume of the pediatric urological work was significant and this enabled me to deliver the Curzon Memorial lecture on three evenings at Madras Medical College in January 1967 under the auspices of the Madras University. In the academic year 1967, the M.Ch. degree in pediatric surgery was started after the medical council, the Madurai University and the D.M.E. have their permission. After Madras, Madurai was the second center in India to start the course.

I must now place on record and pay my tribute to Dr. Janardanan, the Director of Medical Education, who supported our proposal to start the course. It should have been easy to say no, so soon after sanctioning a course at Madras. But our claims were upheld by him. Dr. A.J. Thirithuvathas and Dr. Kesavan were the first to join the course.

There were many dramatis personae who played an important role in the growth of this infancy. I have mentioned all of them who played a positive role. There is one or other person who has to be singled out for praise. Dr. A. Krishnaswami, superintendent of the hospital, was involved in a large part of this story. Tossed around by the civil surgeons of the hospital, unable by equipment to grasp his role in a growing institution, nevertheless it was he who passed the orders and instructions that made possible the taking of root of this department. To him belongs the honor of joining Dr. Thayumanaswami, Dr. Menon and Dr. Marikar who are the true makers of this department.

My narrative has to stop here. The rest of the story is known to others. I have recorded these events as they occurred. They are not known to many. They are part of the history of Pediatric Surgery in India.

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