

Presidential Address : 8th Annual Summer Conference Association of Plastic Surgeons of India

Brigadier Rasamay Ganguly, VSM

Mr. Chairman, distinguished guests, Illustrious Past-Presidents, Delegates, Ladies & Gentlemen,

I would like to express my deep appreciation and profound sense of gratitude to all Members of the Association of Plastic Surgeons of India for the honour they have done me by electing me President of the Association.

When I was called upon to make a choice of the venue of our 8th Annual Summer Conference, I decided that it should be held in no other city but Calcutta. This was not because I belong to Calcutta, and have been brought up in this hypnotic city which has a spell on any one who has breathed its warm and affectionate air, nor because Calcutta keeps evoking in my mind nostalgic memories of bygone days, when, as a young medical student, I roamed aimlessly through its crowded streets and spent my lazy afternoons in the spacious 'Maidan' under the vast canopy of a clear blue sky. I decided to hold the Conference in my home town because I felt that Calcutta, which was once in the fore-front of every progressive idea,—be it in religious philosophy, social revolution, poetic thoughts or political leadership, should not be allowed to fall behind the rest of the country in any sphere of progress. There is

no reason why a city, which has contributed so much in the field of literature, science and art, should not maintain its lead in the field of surgery, specially Plastic Surgery, where we have such a happy and harmonious blending of artistic ideas with surgical techniques.

Plastic Surgery is indeed an art, but it is very often wrongly considered synonymous with 'beauty treatment', meant only for the fashionable and rich. For proper development of the speciality in our country, it has therefore become necessary to dispel the popular notion that Plastic Surgery means nothing more than correction of a hooked nose, to give a young lady a better profile and a snobbish look, or the reduction of bulky breasts,—hanging heavily on grandma's chest, to raise them to more respectable heights. These are essentially problems of the affluent society in western countries but never a problem of the common man in India. In this country, even successful film or stage artists rarely feel the necessity of getting a face-lift because, when they really need them, they are out of business and resigned to play parental roles with grace.

In a developing country like ours, Plastic Surgery is principally a "Surgery of Rehabilitation", needed mostly by the poorer section of the population. It is meant to help

working women, crippled by burns, to regain function of their limbs, to help men with crushed feet to stand on their legs, to salvage limbs with shattered bones, by providing necessary cover of skin and flesh, and to send back to work unemployed bread earners, by resurfacing scarred hands and restoring their grip. In India, when a Plastic Surgeon operates on the nose, it is not so much for the elevation of the nose-tip but for the rehabilitation of a person without a nose, by providing him a new nose of skin and bone, and when he operates on the face, it is not so much for the removal of wrinkles of old age, but to inspire new hope to a social outcast with a mutilated face, by careful reconstruction of the missing part, and thereby make him acceptable to the society. Failure to appreciate this role of Plastic Surgery in the rehabilitation of people, crippled by injury or disease, is mainly responsible for the present day apathy shown towards the speciality of Plastic Surgery by people in power and authority in every State.

I have been a general Surgeon myself during the long period of my surgical career before taking seriously to Plastic Surgery. But it pains me to say that even our General Surgery colleagues, who are usually at the helm of affairs in any hospital set up, are still suspicious and shy to give Plastic Surgery its due importance and place. If we can impress upon our colleagues that we Plastic Surgeons are also General Surgeons, but with a special 'hobby', and our object is to try out and popularise certain surgical procedures, and then give them back to the General Surgeons to practise, much of this mistrust and apathy will possibly disappear.

Indeed, there are many Plastic procedures which our colleagues in the surgical profession are now welcome to learn and take back from us. A General Surgeon may like to know how we rotate flaps of skin to cover big defects of soft tissue. An Orthopaedic Surgeon may like to learn from us how compound fractures, with shattered bones, are easily converted into closed fractures with least possible delay. The budding Paediatric Surgeon may want to know how we repair congenital clefts of lip and palate, to give a new look to the child. The Urologist may adopt our techniques of urethral repair for congenital hypospadias, and the Oncologist, our methods of excision of cancerous lips, and immediate plastic reconstruction. Even our Ear-Nose-Throat specialists may like to know our methods of excision for cancer of laryngo pharynx, and plastic reconstruction of new food passages to make life more comfortable for the patient. I can assure my Plastic Surgery colleagues that, even if we pass some of our secrets to other specialists, we will not run out of business, because we will always do it better than any one.

We, as Plastic Surgeons, are not bound to any special organ or region of the body. Our's is a broad speciality, the basic principles of which should normally be taught to every medical graduate who is intending to take up surgery, or any of its higher specialities, as a future career. To my fellow members, practising the speciality of Plastic Surgery, I would however like to sound a word of caution. Please remember that, it is from the learning and practice of surgery as a whole that we have been drawing our knowledge, our art and craft. Our speciality

should grow as a flowering stem from the parent trunk of Surgery in general, and not as a branch broken off from the mother tree. If we isolate ourselves from the nourishing sap of General Surgery, and cut ourselves completely off from its main stream, we will die a slow death by degrading ourselves to nothing better than — 'Skinners'.

I do not want to get involved in the controversy of the 'Methods of a training of a Plastic Surgeon'. But I want to emphasise one thing that Surgery is an art which can be developed only by practice. Passing a post graduate examination, or securing a Master's degree in Plastic Surgery, has no value unless it is combined with intensive practical training. Lectures, discussions and symposia have their place in the training of a Plastic Surgeon, but nothing can replace the experience one gets out of operating with one's own hands. Opportunity to operate must therefore form an essential part of any training programme.

Gone are the days when, even in a city like Calcutta, we had Surgeons who set fractures, repaired hernias, pulled out appendices, removed stones, opened skulls, and occasionally indulged in repair of lips and grafting of skin. These types of all-round Surgeons may still play important roles in many out-lying hospitals, but, time has come when a Surgeon, who wishes to take up Plastic Surgery as a speciality, must be prepared to devote all his time and energy exclusively to this field. But, whatever method of training we recommend for the future generation of our Plastic Surgeons, let us make sure that a young trainee in Plastic Surgery does not

snap all his ties from General Surgery at the very beginning of his surgical career. Let us not, in our zeal for super-specialisation, produce a special brand of Plastic Surgeons whose knowledge of surgery will run skin-deep, who will possibly look for an Otolaryngologist to do a tracheostomy, an Orthopaedic Surgeon to take out a piece of bone, a Urologist to drain the urinary bladder, or a Thoracic Surgeon to close an accidental pleural puncture, while he is removing a segment of cartilage for grafting. These special brand of Plastic Surgeons may not have any difficulty in practising their speciality in modern surgical centres of big city hospitals, sheltered by their colleagues in other specialities, but they will be completely at a loss to function independently in any peripheral hospital, unless they are taught to perform at least simple General Surgical operations and life-saving procedures. The vast majority of our patients live in remote villages and may not get a chance to go anywhere near Plastic Surgery centres located in big cities. Sooner or later we must allow plastic surgery centres to develop in a humble way in every district hospital, to make it available to the common man. A Plastic Surgeon, intending to practise his speciality in remote district hospitals, must have a fairly good background of General Surgery to help him out in his own trade.

Demand for Reconstructive Surgery is going to increase in every field of surgical science, because Surgery of future, instead of being Surgery of mere mutilation, is going to be essential Surgery of Reconstruction, and we will be increasingly called upon to reconstruct or replace parts or organs of the body

removed by surgical excision. Time has therefore come for the Plastic Surgeons to get seriously involved in the Surgery of Transplantation. I do not think any one is better equipped and more competent than a skilled Plastic Surgeon to undertake transplantation of organs or limbs. But, if we want our future Plastic Surgeons to undertake projects on organ or limb transplantations, or venture into unexplored fields of Reconstructive Surgery, a Basic General Surgery training is a 'must' for him. This will keep the door open for our future generation of Plastic Surgeons to carry his reconstructive skill deeper into the human body, to organs more vital than skin.

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Ladies and Gentlemen, our Association of Plastic Surgeons is still a small body of sixty-eight Full Members and forty Associate Members. There is an urgent need to bring into our fold more and more Surgeons, who have some interest in our speciality, as Associate Members of our Association. Even though we are a small family, our Association has a place of honour in the International Confederation of Plastic and Reconstructive Surgery,—thanks to the zeal and hard work on the part of some of our Senior Members. You will be pleased to know that Professor Sinha, has recently returned from Jerusalem after presiding over the first meet-

ing of the Asian-Pacific Section of the International Federation, held jointly with the chapter for Aesthetic Plastic Surgery. This is an honour for our Association. We are thankful to the Indian Council of Medical Research for sponsoring the Symposium on Cleft Lip and Palate, and inviting Plastic Surgeons from all over the country for their active participation. This was possible because of the initiative shown by Dr. Gupta, our Association Secretary. We are thankful to Professor Mukherjee and the enthusiastic members of the Local Organising Committee for all the trouble they have taken to make the conference at Calcutta a big success. It is mainly because of the personal efforts and organising ability of Professor Mukherjee, a very Senior Member of our Association, that we could arrange this conference at Calcutta. We gratefully acknowledge the generous financial help extended to the Local Organising Committee by the Govt. of West Bengal. Let us hope that the State Government's interest in our speciality does not end with the conclusion of our Annual Conference. We will look forward to see the establishment of Plastic Surgery Departments in every Medical College in West Bengal—a state, which was one of the pioneers to introduce the speciality of Plastic Surgery in this country.