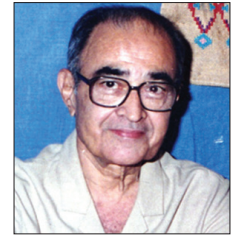


Icon of this issue

Dr. C. V. Mehendale: A plastic surgeon in the true mould



Dr. C. V. Mehendale

Dr. Chintamani V. Mehendale was known as C.V.M in KEM hospital, Mumbai but was fondly referred to as “M” by the residents in Plastic surgery. Amongst the senior colleagues he was referred to as “Sir C.V”, probably because of his department and his trademark pipe.

Dr. Mehendale was born on 27th July 1928. He passed M.B.B.S in 1950 and M.S in general surgery in 1954 from the Seth G.S Medical College and King Edward the VIIth Memorial hospital in Bombay (as Mumbai was then called). He then did his B.Sc. in Anatomy in 1955 and FRCS in 1961. He had worked in different capacities in KEM hospital and Lokmanya Tilak Municipal General Hospital Mumbai between 1950 and 1955 in the departments of general surgery, neuro surgery, Thoracic surgery, Experimental surgery and Otorhinolaryngology.

Between 1956 and 1964 Dr. Mehendale worked in Frenchay Hospital, Bristol, U.K, in the department of plastic and Jaw surgery with Mr. Bodenham who became his teacher and mentor.

Amongst the residents in plastic surgery at KEM hospital there was belief that a stint with “M” was something to be dreaded and everyone was on tenterhooks when posted with him. They soon realized that a heart of gold lay hidden beneath the gruff exterior. He was a very demanding person but what he demanded was honesty, truthfulness, punctuality, attention to detail and above all a deep respect for the patient. The residents were never allowed to refer to a patient by a bed number, a

diagnosis or the site of the disease. In addition the suffix of Mast, Mrs, Miss or Mr. was preferable. One could never get away referring to a patient as a case of cleft lip, *hathwala* patient or bed number so and so. Any such indiscretion was an occasion for a quick class on manners and etiquette.

In his book the patient came first. He believed in total transparency about the treatment, the surgical plan and the possible outcome while counseling the patient. In case of postponement of surgery or alteration in the plan he believed in keeping the patient fully informed and he expected no less from his residents. In fact he insisted that the person responsible for the postponement had to personally explain the situation to the patient and apologise. This has stood, those of us who were his students, in good stead in later life. He could get utmost co-operation from patients of all ages because of this trait. A temporomandibular joint ankylosis was released under local anaesthesia as a routine by him. While giving feeding instructions to a mother with a child having a cleft lip, he would sit down on the floor and demonstrate the position of the child on his own lap.

All this was not only for the work place. Even his maid servant, when she answered the telephone in the absence of the family would not just say ‘sahib is not at home’ but would explain in chaste Marathi that Dr. Mehendale and family were not at home and that they had gone to the club or to a party or for swimming and that they were expected at such and such a time. It was very much in character for him to stop his car while driving on the road to instruct a mother carrying a baby on the hip about the dangers of holding the baby on the side closer to the traffic, usually with a physical demonstration.

He was an innovator *par excellence*. In those days of poor availability of both, funds and technology, his innovative skills proved extremely useful to the patient under his care. One of the most impressive things about Dr. Mehendale

Access this article online

Quick Response Code:



Website:

www.ijps.org

DOI:

10.4103/0970-0358.105933

was his childlike quest for knowledge. He could not use a new technology or a new instrument without going into the basic science behind it. Only after a clear understanding of the scientific basis did he use any technology. He encouraged his students to do the same. Even in objects of daily use, which others might use without a second thought, he would go into the basic scientific principles.

Dr. C. V. Mehendale was an avid photographer so much so that he had his own dark room facility at home. He even assembled a system to create double-flash illumination on a subject with a specific time gap between the flashes to get a specific effect. He rarely attended conferences and seminars but when he did it was a treat to watch. There was one seminar on cosmetic surgery at Bombay Hospital in the 70's. He was the first speaker and his topic was photography in cosmetic surgery. He showed a series of 70 patients with pre and post-operative photographs showing excellent results, and then revealed that all the photographs were pre-operative, the changes being brought about by photographic wizardry. This was in the pre-computer graphics era. Needless to say the presentations of all the speakers following him were very critically observed by the audience and no one dared to make tall claims.

He taught us all to be plastic surgeons by example. If you could think like him, be inquisitive like him, be innovative and inventive like him and could pay attention to detail you were half way there already. He was also known to be the first consultant to offer a resident his first opportunity to repair a lip, a palate, a hypospadias and when he did that he assisted as an assistant should. I remember him standing by my side as an assistant insisting that I sit down on the stool

as a surgeon while repairing my first hypospadias, with the patient in a lithotomy position. Out of respect for my teacher I would stand up every now and then and he would gently remind me that I was the surgeon so I should be sitting down. All my colleagues at that time had similar experience with him.

Dr. Mehendale embodied all the great qualities expected in a plastic surgeon. He had a thorough knowledge of the basic subject. He made a meticulous plan for every surgery but did not mind deviating from the plan when necessary, which was seldom. He insisted on always using the correct instrument for the right job. He has even invented a few instruments which he never patented. Notable among these are, a pen holding grip needle holder for cleft palate (A similar needle holder is now being used for Micro Surgery), a hook for elevation of the zygoma with variable grip, [Figure 1] a right angled aluminium splint to hold the penis in position after hypospadias repair, and what is very commonly used by a lot of us - the wire twister [Figure 2].

He is said to have invented a book stand for reading a book while lying down on bed, a head lamp to illuminate a small part of a page for concentrated reading at exam time, a magnetic chess board which could be attached to the roof in a train compartment to play chess while reclining and an elaborate system of electrical wires to electrocute a crow that was disturbing him while he was preparing for his MS examinations.

One of the lesser known things about him is that, he invented a musical instrument called Anil vadyam - literally, wind instrument. He explained the workings of this instrument to me personally. He was



Figure 1: Pen grip needle holder for cleft palate repair



Figure 2: Wire twister

fond of the flute but was dissatisfied with the fact that in a flute when a finger moved from one hole to another the sound jumped from one note to another. He applied his plastic surgeon's mind to evolve a system to avoid that. The result was a channel instead of a number of holes, covered with a movable spring loaded canvas strip, by moving which he could obtain a smooth transition of the notes. This instrument was accepted by the Bombay music college as one of the three instruments to be presented in a concert in the early 70's. In what was typical of him Dr. Mehendale refused to surrender the instrument to a musician and instead decided to play it himself at the concert. Although he was not trained in classical music, he concentrated his energies for 3 months in learning to play *raga jayjaywanti* on *Anil vadyam* and played it at the concert to a standing ovation.

Dr. C.V.M has had his pet obsessions like a harness for conservative management of fracture mandible and other idiosyncracies just like all of us have. He was never

finicky about theatre clothes he got to wear and many a times theatre boys would give him ill-fitting clothes just to see if he would complain. He never did. These things endeared him to all the operation theatre staff.

In his own words there are surgeons who do plastic surgery and then there are plastic surgeons. Dr. C.V. Mehendale was a plastic surgeon in the true mould.

A. Gopalakrishna

Department of Plastic Surgery, Deccan College of Medical Sciences, Owaisi Hospital and Research Centre, Kanchanbagh, Hyderabad, India

Address for correspondence:

Dr. A. Gopalakrishna, Department of Plastic Surgery, Deccan College of Medical Sciences, Owaisi Hospital and Research Centre, Kanchanbagh, Hyderabad, India.
E-mail: agkga@rediffmail.com

How to cite this article: Gopalakrishna A. Dr. C. V. Mehendale: A plastic surgeon in the true mould. Indian J Plast Surg 2012;45:433-5.

Source of Support: Nil, **Conflict of Interest:** None declared.

Announcement

"QUICK RESPONSE CODE" LINK FOR FULL TEXT ARTICLES

The journal issue has a unique new feature for reaching to the journal's website without typing a single letter. Each article on its first page has a "Quick Response Code". Using any mobile or other hand-held device with camera and GPRS/other internet source, one can reach to the full text of that particular article on the journal's website. Start a QR-code reading software (see list of free applications from <http://tinyurl.com/yzlh2tc>) and point the camera to the QR-code printed in the journal. It will automatically take you to the HTML full text of that article. One can also use a desktop or laptop with web camera for similar functionality. See <http://tinyurl.com/2bw7fn3> or <http://tinyurl.com/3ysr3me> for the free applications.