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Obituary

Tribute to Dr. Anthony Dugald Dias (1926–2018)

Dr. Anthony Dugald Dias
(1927–2018)

(Read at the Condolence Meeting held at the Lokmanya Tilak Hospital on the 6th February 2018 by Ravin Thatte)

Today is perhaps the saddest day of my professional life. And that life includes all my successes and failures. In the past, there was Dr Dias to whom I would turn to share my exultations and sorrows. In recent times, the meetings had reduced having grown old myself, but there was that feeling that he was still around should I need him. That situation has now changed forever. I have grown old myself, yet I feel orphaned. He was the one who gave me support, succour and stability when I entered the portals of these institutions under difficult circumstances in 1961. He was my philosopher and guide, who expressly and also by example told me about the nature of our life and the purpose of our existence. That was the backdrop in front of which his clinical life played out and I used to be awed by the patience, persistence and perseverance with which he went about his clinical work. Quintessentially, he was a 'Yogi surgeon'. There is an ancient verse which compares a yogi to the Sun which to our eyes appears to go around the earth but which in fact is not orbiting but is steadfast. When I read that metaphor, I was reminded of Dr Dias. His movements and his surgical skills were an extension of his peaceful interior and that is why they were efficient and artistic. It was he who once told me that there was no uglier sight in this world than a person in a hurry. It was this peaceful attribute which starkly reminded you of the difference between ego and *ahankar* on the one hand and confidence and self-assurance on the other hand. I remember him telling me that we must not attempt to surpass others but to be good and useful in our own way. The idea was not to impress the world but to satisfy your conscience and to frame your practices to the conditions that confront us.

This attitude allowed him to contemplate in general and think about solutions to problems then extant in particular. His work on the treatment of post-burn myositis ossificans of the elbow by an excision arthroplasty through the physiological plane was invited to be included in the yearbook of plastic surgery when we were not even a plastic surgery department. He was perhaps the first one to move a muscle as a flap to close a hole in an organ, the sternomastoid muscle for a laryngeal fistula. I should know because I assisted him. The work on muscle flaps appeared in journals much later. He lived in the present and moved by the plight of patients with urethral strictures he adopted the urethroplasty described by Johanson, and his was one of the longest series of successful treatment of that condition in those days. I know this information first hand because I used to calibrate these urethras for their long-term follow-up. Those reconstructed urethras were a cake walk when large metal dilators were used for calibration. In an era when plastic surgeons removed the stitches of their cases themselves, I remember him telling me then that the results of a surgeon must always be evaluated by a peer. He was one of the earliest surgeons in India to adopt and publish the results of the rotation advancement technique for a cleft of the lip. After we evolved into a Department of Plastic Surgery, he described a new axial pattern flap the superficial external pudendal artery (SEPA) flap based on the artery only after undertaking anatomical dissections. Much much before the current hypothesis that the end-stage velopharyngeal incompetence (VPI) be treated by bolstering the posterior pharyngeal wall either by free tissue graft or an implant, this technique was described by him in his paper on use of the stainless-steel mesh for a variety of conditions in the body. I have never again seen and heard such dramatic improvements in the speech of patients with VPI after the mesh was introduced behind the posterior pharyngeal wall. He used to be the first volunteer to do cases which others would avoid, for example, pressure sores. His work on the 'shift of the pressure points' after excision of bone in the treatment of pressure sores was proved

by impressions on a plaster cast. To supply post-auricular skin in cases of unilateral microtia, he successfully carried that skin on a contralateral superficial temporal artery flap. The then editor of the British Journal called it the PARAS flap. The man had vision, but this vision was not born out of any divine qualities or a third eye but was born out of a sustained painstaking clinical analysis followed by contemplation. His axiom that a sinus or a fistula or an ulcer is like a star that guides us in the desert called disease still rings in my ears. His questions such as what is the anatomical diagnosis, what is the pathological nature of the illness, how will you confirm the diagnosis, what is the apparent defect, what is or will be the actual defect were like poetic mathematics. When regional anaesthesia was not even thought of for major surgery, I remember him doing a partial gastrectomy under a regional block followed by a prostatectomy in the same sitting because the patient was too frail for general anaesthesia.

He spoke little and said things very softly but like in an ancient verse what he said was like water, capable of breaking the tough resistance of a rock but was also soothing to the listener's mind like water on the sclera. He was a proud Indian and the one who advised me to go and see the frescos in the caves of Ajantha to know what Indians were capable of. Those frescos were made by Buddhists an atheistic religion while he himself was a devout Catholic Christian. When I was intrigued, he had told me 'faith can move and carve mountains'. In the sixties of the last century when the Eucharistic Congress was held in Mumbai and his holiness the Pope graced the occasion, Dr Dias in spite of an invitation from his parish opted to continue to do his work in the theatre. In answer to an enquiry from an anaesthetist, he had said 'this here is my Eucharistic Congress.' Yet, he was loyal to his parish and did a lot of work in the blood and eye donation drives. Outside the unit, he was a devoted father and husband, and before Loretta his wife passed away, there used be frequent get togethers at his home where the whole unit would get invited for elaborate prolonged and sumptuous dinners. The family including the daughters were gracious and affectionate hosts.

Dr Dias gave to this country a veritable chain of outstanding plastic surgeons though he himself was a generalist because he allowed them to grow. Those of us who seem to think that they are shining better remember from where the original glow came and bow down with humility because humbleness is what he taught us by example.

Dr A. D. Dias retired as the head of the Department of Plastic Surgery at the Lokmanya Tilak Hospital in Mumbai in 1985.

Ravin Thatte M.S., F.R.C.S. (Edin) ad hominem

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