# Interview with Stalwart
# Professor S. Kalyanaraman, The Pioneer Neurosurgeon

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Professor S. Kalyanaraman
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Professor S. Kalyanaraman, at the age of 85, is one of the senior most Neurosurgeons of the country, with over 6 decades of Neurosurgical practice. He is the first Ph.D in Neurosurgery in UK and India. He is one of the pioneers of Neurosurgery in India and along with Prof. B. Ramamurthi, Prof. V. Balasubramaniam,

Prof. K. Jagannathan and Prof. G. Arjundas (the "Famous Five") developed the Madras Institute of Neurology at the Madras Medical College, which is the first Neuroscience Institute in the country. He started the first Head Injury Unit in the country in 1967. He is the first to initiate the concept of Continuing Medical Education in India and started it in the annual conferences of the Neurological Society of India. He has been the Head of the Department, Madras Institute of Neurology, Madras Medical College and later Head of Neurosurgery at the Apollo Hospitals, Chennai. He has won many more laurels and has many more achievements, which are too exhaustive to be listed here. In short, he is a great Neurosurgeon, easily the best among the Neurosurgical teachers, medical scientist and philosopher. I have the privilege of having been trained by him and I am a proud student of Prof. S. Kalyanaraman. Recently, I had the opportunity to interview him for the Chettinad Health City Medical Journal, to which he readily agreed. The following are the excerpts from the interview:

**1: You are one of the pioneers of Neurosurgery in India. What made you take up neurosurgery, especially when the speciality was in its infancy?**

In April 1959, at the age of 25 years, I passed my MS in General Surgery. I was in Tamilnadu Government Service as an Assistant Surgeon. In those days, only one promotion was available to an Assistant Surgeon, i.e. to the grade of Civil Surgeon. The promotions were made strictly according to the service seniority of qualified candidates. Each year as more and more service candidates senior to me obtained their M.S degree, the chances were that I might not get my promotion for the next 20 to 25 years. Present day surgeons maybe interested to learn that my pay in May 1959 was Rs. 230 / - per month including allowances with no private practice possible in general surgery except for the senior most professors. The chances of early promotions were much brighter if one was a specialist as there were few specialists. Only two superspecialities had started then - Neurosurgery and Cardiothoracic surgery.

All other other superspecialities came up later in the 1960's.

Dr. Ramamurthi (12 years older than me) was our close neighbour in our home town of Tiruchirapalli. He had always been my hero in my school days and college days and also during my undergraduate and postgraduate medical studies. Naturally I opted for Neurosurgery when the opportunity arose in the form of a Commonwealth Scholarship in 1960.

**2. You are the senior most neurosurgeon and the medical professional around. Can you please share some of your experiences in the early days of your practice?**

There were many experiences which taught me good lessons. I would like to share one only at present. When I was doing my PhD in stereotaxic

stereotaxic surgery under the guidance of Prof. F. John Gillingham, President of the Royal College of surgeons of Edinburgh, Dr. Jules Hardy of transsphenoidal surgery fame visited our department from Canada. Prof. Gillingham asked me to do a demostration surgery for a case of unilateral parkinsonian tremor. The procedure went off very well and the tremor stopped fully and dramatically on the table as soon as the stereotaxic lesion was made. After the surgery Prof. Gillingham told Dr. Hardy, "Do you know why I asked Dr. Raman to do the surgery? It is because he can do it much better than me!" Of course it was an exaggeration but that single compliment was so spontaneous and magnanimous, that it made my loyalty, dedication and hero worship of my teacher multiply many times.

From Prof. Gillingham and Prof. Ramamurthi, I also learnt that the greatest satisfaction to a teacher is to encourage his students to specialize in a particular area and make them experts and recognize it publicly or to encourage them to take up an academic career so that they can train many more students to become specialists and teachers. I am very happy and proud that a large number of my former students have become renowned neurosurgical specialists and teachers.

### 3. As neurosurgical teacher for nearly six decades what difference you feel about the neurosurgical training and methodology and especially mentorship then and now?

Since in mid 1960's we used to have regular weekly grand rounds in the wards and regular weekly clinical meetings in the auditorium. Thrice a week there were neuroradiology discussions. All neurologists and neurosurgeons participated in all these sessions. At that time in India there were only two neurosurgical departments (at Chennai and at Vellore) offering MS (Neurosurgery) courses of two years duration. All candidates from Chennai spent one month at Vellore and all students from Vellore spent one month at Chennai during their training period. However, there was very little didactic teaching in the form of lecturers or seminars. In 1978 the Neurological Society of India gave me a responsibility of organizing its annual CME course. It was the first CME to be conducted in our country. Nowadays forty years later there are so many CME programs all over the country with experienced teachers from India and abroad. Practically every week there is a program somewhere in India in neurological sciences. Almost all conference have a preconference CME and/or workshop.

However, the emphasis has shown a subtle shift. In early days, clinical neurology and neuroradiology and neuropathology teaching was much more to the neurosurgery postgraduates. Today the emphasis is more on surgical techniques and surgical results.

### 4. What do you foresee about the future of neurosurgery?

It is very difficult to forecast the future of neurosurgery, Technical advances in surgical procedures have reached a very high standard now and may improve further in future. More than that, fields like neuroradiological treatment, newer drugs for chemotherapy of different tumors, newer devices and prosthesis for neuro rehabilitation and more accurate and precise and therefore safer radiation treatment, may all have tremendous advances in next few years, thus reducing the need for operative neurosurgery iin selected cases.

### 5. As you have been very much involved in the issue of medical ethics and patient doctor relationships, what is your advice to the present day medical professionals?

Whatever the cine films, TV channels, newspapers and magazines and the social media may say in the past few years, I know positively from personal contacts that the vast majority of neurologists and neurosurgeons are highly ethical and maintain very good and cordial relationships with their patients. I do not deny that there may be an occasional isolated bad incident but this is usually blown highly out of proportion by the media thus giving a wrong impression to the public about the profession in general.

However, to my mind two areas require further improvement. The first is documentation. Patient are anxious depressed and agitated when they get a major illness. Their memories are blurred especially for details when they find themselves in the strange environment. They do not remember even half of what is told to them. All instructions and other information given to the patients should be clearly documented in detail both in patient's file and in the doctor's file. Unfortunately, quite often this is not done fully and properly by a busy doctor already overloaded in his professional work. The second area is personal communication. Often the patient and close relatives are dazed and desperate when they meet the doctor. One must spend a lot of time explaining every detail of the illness and the management and the prognosis to them.

If necessary, this has to be repeated several times. They should be encouraged to ask questions and clear their doubts if necessary, several times. It is wise to have another colleague present when the treating consultant explains details to patient and care givers. In many cases it is also wise to have a video recording of the whole session. If video recording is not practical, clear detailed documentation should be done, nothing especially the date, time and names of persons present during discussion.

I understand that what I say may not be acceptable to hundred percent of neurosurgeons. However, sixty years of neurosurgical practice has made me realize that it is much better to be safe than sorry.

6. We all know you are a deeply religious and spiritual person. How do you relate spiritual experience to medical practice?

A firm belief in God has certainly increased my self confidence and ability to accept and overcome successfully challenges in professional life - both from the technical aspects and from the administrative and social aspects. Failures in surgical treatment were much more common fifty or sixty years ago due to a variety of reasons - poor general condition of the patient with uncontrolled comorbidities, late stage of disease when patient came to the surgeon, poor infrastructure in investigations, operating facilities, postoperative care etc. The anxiety before proceeding with the surgery and depression if the treatment failed were therefore much greater for the young neurosurgeons. I strongly believe that my religious background helped me a great deal in overcoming both anxiety and depression.