



MONTAGE

2024

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EDITORIAL

Words cannot adequately express the emotions associated with the multitude of memories and experiences created at JIPMER, an institution with a rich and glorious history. Men and women enter the haloed portals of this medical school, and leave as 'JIPMERites', forever transformed by the time they have spent here. We can boast of eminent physicians, researchers, scholars and educators among our alumni, who have settled across the world and continue to enrich the JIPMER legacy. It is overwhelming to attempt encompassing the multi-faceted truths of life at JIPMER, in 140 pages. But this issue serves as a 'Montage' of carefully curated reminiscences and anecdotes that pay tribute to the institution we call our alma mater.

The editorial team has attempted to craft a journey for our readers- taking you through the awe-inspiring history of JIPMER from a medical school to an Institute of National Importance. With special sections like '*Down Memory Lane*', we hope that you will enjoy reading about the inception and growth of our renowned institute. The immense talent and undeniable creativity of JIPMERites shines through sections like '*Stories in Scrubs*' as well as the '*Artwork*' and '*Photography*' pages. We have also tried to highlight the current student experience at JIPMER with light-hearted features such as '*MBBS in Memes*' and '*Comic Relief*'. While JIPMER's place as a centre of excellence, both in India and abroad, has been cemented by the world-class infrastructure and facilities available here, the most valuable resource is the people who have trained and worked in this institute. With this edition, our focus has been to shine light on the inspiring achievements and life journeys of some brilliant alumni, through the interviews recorded in '*Tête-à-Tête*' and '*Humans of JIPMER*'.

This edition is special. It allows us to reflect on the road that led us here and to set our sights on the path that leads forward. The juxtaposition of our shared history,

against the unique and deeply personal experience of each JIPMERite creates a 'Montage of Memories' throughout this magazine. The name 'Montage' holds its own history; this issue marks 30 years since the JIPMER annual magazine was first christened Montage. The magazine has evolved over the years, and this is the first time it will be released online and made freely available to readers around the world. With this edition, we hark back to our first steps, while also striving to innovate and build upon the legacy we have inherited.

As I write this, catching a quiet moment during a particularly grueling night duty in the Labour Room, I realize that JIPMER is a home of stories. Stories of excellence, stories of experiences, stories of endurance, stories of mind-numbing and back-breaking work, stories of sleepless nights and countless gripes, stories of blinding lights and festive fun, stories of quiet satisfaction of a job well done, and stories of firm, unwavering friendships, forged in the cast iron of the 'JIPMER experience'. It is these stories that connect generations of JIPMERites across time and space and brand us all with the indelible ink of memories. This magazine has tried to encapsulate small fragments of our collective memory and heritage as JIPMERites, in the hope that each of us will be able to see a reflection of ourselves in these pages and will cherish the time we have spent at JIPMER.

Each element of this magazine, from the articles and illustrations to the features and interviews, holds a story as well. The infinite collaborations and intense effort that has brought this issue to its current form, is a story shared among the Editorial Board, our contributors and our friends. We want to invite you, our readers, to become a part of the Montage story, to celebrate JIPMER and to join us as we write the pages of history.

We sincerely hope that you enjoy the ride, and perhaps treasure this magazine as a tangible connection to this place that has shaped us and changed our lives forever.

Maria J. Mathew

Editor-in-Chief

Maria J Mathew

(MBBS Batch of 2020)

14 July 2024



ACKNOWLEDGEMENTS

Penning this still feels surreal. As the months of effort draw to a close, replete with late night discussions, texts and emails, countless hours spent glued to a laptop and, lots of coffee, I cannot be prouder of all the people who have helped make this magazine a reality.

It is a privilege to extend my gratitude to our Director, Dr Rakesh Aggarwal, for his constant guidance and motivation throughout the creation of this issue. I thank our Dean (Academic), Dr Vikram Kate, for providing direction and advice at all times, and for lending us his unwavering support and encouragement. Our beloved Student Advisor, Dr Latha Chaturvedula, has played an instrumental role right from the beginning and has tirelessly helped us collect and curate entries for this edition. We are grateful for her enthusiastic involvement.

We thank the alumni, faculty, residents and students who took the time to send us their entries- written pieces, artwork and photographs galore! Thank you for sharing your talent and experiences with us. A special thank you to our interviewees, both for ‘Tête-à-Tête’ and ‘Humans of JIPMER’, who carved out time for us from their busy schedules, and graciously shared their insights and views with us.

To each and every member of the L&D Committee- thank you for the immense amount of effort you’ve put into this issue. Montage 2024 would not exist without you guys.

To Nidhi, thank you for constantly supporting and encouraging me and for believing in me when I couldn’t myself. (Also, you’re the best Lit Sec I could’ve asked for, hands down.)

To Rohit- for being there throughout the ideation process and for trusting me.

To Chibhisha- thank you for helping out with the smallest issues I faced. The creation of this magazine on Adobe InDesign is because of you, and I can never thank you enough.

To Mona and Havish- you guys pushed me to work when I couldn’t bring myself to. And to Thangam, Meena, Manideep, Bharath and Chirag- thank you for supporting and trusting me completely, no questions asked.

To Rohan, Sonit and Aashish- thank you for your tireless energy and for your immeasurable

contribution to this issue.

To Manas, Rinit, Divyasree and Chinua- thank you for being amazing team leaders and for impeccably handling your features.

To Shambhavi, Anupama, Mrittika, Pranav, Om, Santhosh, Seshan, Harshaali, Wafiq, Steve, Saahil, Swathi and Yusra- it’s been amazing working with you all!

And to our extremely talented baby juniors- Sampada, Pratheeksha, Abhinav, Aditya, Ishan, Pratham, Gouri, Sarvesh, Akash, Srijan and Suhit- you’ve defied expectations and carved a special place for yourself within the committee. Thank you for all your dedication and enthusiasm, always.

To Ammu, as I sit beside her and ignore her begging me to not include her in this section- thank you for putting in your absolute best for this magazine. I have counted on your sincerity and perfectionism for the last few months, thank you for allowing me to freak out about nothing and for validating my unnecessary spirals :)

To Pooja, Baidehi, Nazeem, Angon, Shreeya, Harshaali, Santhosh, Navin, Amrutha, Rinit, Akshath, Ardhra, Pratham, Thrishala, Devi Nandana, Subapreti and Zinan- thank you for your beautiful illustrations.

My family who has supported me through the months of work, and who have pushed me constantly to innovate and improve- thank you for your unquestioning support and motivation.

To all my friends, you have influenced this magazine in more ways than you can imagine and while I would love to name you all, I’m worried that I might never stop.

From the bottom of my heart, thank you to all who have gone before and who have continued to guide us on this journey- this is a homage to every single JIPMERite. For what you have gained here, and for what you have shared with the world- thank you!

Thank you for allowing me the privilege to be your Editor.

With love,
Maria

FROM THE DIRECTOR'S DESK

DR RAKESH AGGARWAL



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जवाहरलाल स्नातकोत्तर चिकित्सा शिक्षा एवं अनुसंधान संस्थान (जिपमेर)
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Message from the Director

May 23, 2024

Dear students,

I am very pleased to learn that the 2024 edition of 'Montage', the 9th iteration of the annual JIPMER student magazine is ready. It is encouraging to see that the current issue is ready within less than a year of the previous issue, marking a return to the normal schedule with the end of disruption due to the COVID-19 pandemic.

I understand that besides the usual sections that describe the vibrant student life at JIPMER, stories, poems, and pictures contributed by the students, and interviews with JIPMERites, this issue of Montage also contains a special section 'Down Memory Lane', which takes a look at the history and legacy of JIPMER over the years. This issue thus will be of special interest not only to the students, but also to the broader JIPMER family – the alumni, faculty, staff and others.

Ability to communicate is an essential skill for the practice of medicine. I strongly believe that good command over language and sound writing skills make one a better doctor. It is thus no surprise that the world of literature is replete with contributions from doctors, including Sir Arthur Conan Doyle, Anton Chekhov, W Somerset Maugham, Taslima Nasreen, Khaled Hosseini, to name a few. This is perfectly understandable since the practice of medicine also offers a ring-side view of the complexities of human life. I hope that writing for 'Montage' would have helped enhance the confidence level of our student authors so that they will continue to pen their thoughts and feelings in the future too – à la several doctors of Indian origin, including Abraham Verghese, Atul Gawande, Siddhartha Mukherjee and Paul Kalanithi, who are known the world over for their stories at the medicine-society interface. My best wishes to them.

Let me end by conveying my congratulations to the editorial team of this publication for their commitment and hard work. I am sure that this issue of 'Montage' will not only be widely read by the students and others in the Institute but will also induce students in the younger batches to undertake creative writing.

With best wishes,

Rakesh Aggarwal

MESSAGE FROM THE DEAN (ACADEMIC)

DR VIKRAM KATE



भारत सरकार / GOVERNMENT OF INDIA

जवाहरलाल स्नातकोत्तर आयुर्विज्ञान शिक्षा एवं अनुसंधान संस्थान (जिपमेर)
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय के अधीन राष्ट्रीय महत्व का संस्थान)
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June 29, 2024

Dear Students,

As we unveil this year's edition of our annual college magazine, Montage, I am filled with pride and excitement reflecting on our collective achievements over the past year. This magazine is more than just a collection of stories and reports; it is a testament to the vibrant community we have built and the boundless potential that lies within it.

Our college continues to thrive, thanks to the dedication and hard work of our outstanding faculty, the enthusiasm and creativity of our students, and the unwavering support of our alumni and friends. Together, we have made significant strides in advancing our academic programs, enhancing our research capabilities, and fostering an inclusive and dynamic campus environment.

This edition, crafted by our talented Editorial Team, captures the essence of life at JIPMER. With special sections like "Reflecting on Our Past," which delves into the rich history and legacy of our institution, this magazine offers a glimpse into the moments and milestones that have shaped our identity. This allows us to build a stronger future by acknowledging our history and the journey that has shaped us. The comic strips add a touch of humor by portraying the everyday adventures of our students, while interviews with distinguished alumni from various industries showcase impressive accomplishments of our graduates.

Montage provides an invaluable platform for both students and faculty to showcase their literary prowess and share their wisdom and collective experiences. Their hard work and passion are evident on every page, and I hope it becomes a cherished part of your college experience.

Once again, I congratulate the Editorial team for their outstanding work! Enjoy the read!

With best wishes,

Vikram Kate

MESSAGE FROM THE STUDENT ADVISOR

DR LATHA CHATURVEDULA



भारत सरकार / GOVERNMENT OF INDIA

जवाहरलाल स्नातकोत्तर आयुर्विज्ञान शिक्षा एवं अनुसंधान संस्थान (जिपमेर)
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Message from the Student Adviser

3 July 2024

This special issue of Montage features 'Down Memory Lane' in which students embark on the journey of JIPMER through the years. In this edition, they have stories, Cartoons, Artwork, Comic strips and Alumni sharing their experiences about JIPMER from the time of its inception. A story of what JIPMER was then and what it is now.

I am sure every single doctor who graduated from JIPMER has very fond and unforgettable memories of JIPMER both in the academic front and co-curricular activities. So all these are showcased in this special edition brought out by the batch of 2020 who joined JIPMER during the peak of COVID. They add their unique experiences of joining as Undergraduates at JIPMER during the peak of COVID.

Eagerly looking forward to having a glimpse of this issue.

I wish the batch of 2020 all the best for their future endeavors.

Dr Latha Chaturvedula
Student Advisor

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tête-à-tête

As we celebrate our institution's legacy and honor the irrefutable impact the JIPMER experience imparts, it is only right to highlight the achievements of her students. This edition brings to you interviews with some of JIPMER's illustrious alumni- brilliant doctors who are at the top of their chosen fields, but who do not restrict themselves to the practice of medicine. In the following pages, you will meet a pioneer of robotic surgery, an author, an educator and a CEO. JIPMER truly equips her students with the necessary skills and wherewithal to explore and excel in any endeavor they choose. And the stories of these outstanding minds prove that there is no single path to achieve your dreams.

*Maria J Matheu
Sonit Sai Vasipalli
Manas Kudlapur
Om Pappureddipalli*

DR MANI MENON

Dr Mani Menon is an alumnus of the MBBS Batch of 1964 (the first undergraduate batch of JIPMER), which celebrated their Diamond Jubilee earlier this year. Dr. Menon is a urologist by profession and a pioneer in the field of robotic surgery, earning him the fond characterization of the 'Father of Robotic Surgery'.

His work has laid the foundation for modern techniques in cancer-oriented robotic surgeries, and he has been the recipient of countless awards including the prestigious Dr. B.C. Roy award (awarded by the President of India, for his achievements in the fields of urology and robotics), the Gold Cystoscope award (American Urological Association, 2001) and many more.

He has also contributed significantly to the fields of kidney stone management and diagnostics in urology. During his stint as the Chairman at Vattikuti Urology Institute at Detroit, Dr Menon and his team perfected the techniques of

minimally invasive robotic surgery for urological procedures.

In honor of his exemplary and innovative work in the field of robotic surgery, the Smithsonian Institute currently features both Dr Menon and JIPMER Founding Chair of Urology, Dr Mahendra Bhandari as a part of the 'Many Voices, One Nation' exhibit! This exhibit recognizes the contributions of immigrants from all walks of life to the United States over 400 years, and features just three physicians. Find out more about Dr Menon's life journey through this interview conducted by Maria J Mathew (Editor) and Sonit Sai Vasipalli (Editorial Board Member) of Montage 2024.

Montage: Thank you so much for taking the time to be here, Sir. Let's start off with the question: Why medicine? How did you choose to become a doctor?

Dr. Menon: The person who brought me up was my mother. When she was pregnant, my father had died during the Hindu-Muslim riots. And he died mainly because there was not adequate medical care, since all medical resources were being diverted to taking care of the victims of the riot. Now, he didn't die as a cause of violence. He just got ill. And there were no medicines, no hospital. So, she wanted somebody in the family to become a doctor in memory of her husband, my father.

Montage: So, was coming to JIPMER a result of exams, or was it a conscious choice?

Dr. Menon: JIPMER happened for two reasons. There were no exams then, so it didn't happen as a result of exams. In Kerala, they took your PUC grades, and then they also knew what you were interested in. And then they allocated you to the college you were eligible for. So the engineering exams allocations came before medicine, and I knew where I would go if I went for engineering. And I really wanted to do engineering, because all my friends were doing that. The next set of allocations was to JIPMER. And we got a note signed by a Dr Jaganath Reddy, the then-Dean of JIPMER, saying 'Please come to JIPMER and bring 252 rupees with you in case you get selected'. So I signed up!

Then also, I had my best friend at the time, whose name was also Mani. We were in high school together. His older brother was a medical student at JIPMER, and he

had come for the summer holidays. He went on and on about how wonderful Pondicherry was, and felt that the two Mani's would love it there. So, it was small things like that. I mean, I was 15 years old. I don't think I was in a position to make any intelligent decisions.

Montage: That's lovely, Sir. Could you perhaps share your fondest memory from your time at JIPMER?

Dr. Menon: I think my favorite experience would be meeting my wife here. We were classmates and we were part of the Students' Association, I was the student President and she was the Vice President. I can remember things like that, but I can't think of any single fond memory. The friendships that we had back then are still going strong- there were 75 kids in my class, and they were all my best friends. Every girl and every boy were my friends.

Montage: What were some of your hobbies or extracurricular activities at JIPMER, that maybe helped you in some way later in life?

Dr Menon: I played badminton and cricket and I was the worst person in any team I was on. But I had great enthusiasm. I remember scoring the winning runs at the state cricket championship. No one else does. (laughs)

Montage: Not to mention, you were both the President and the Speaker of the Students' Association in two consecutive years, Sir.

Dr Menon: It was a very unique experience. I became the Deputy Speaker, and then the Speaker fell ill with leukemia. So, I filled the spot to be Speaker. And then the next year I became the President. I think I was also involved with bringing out the magazine. So really my fond memories are anything except academics (laughs).

Montage: And now that you've come back to JIPMER and you've seen the undergraduate medical students now, what do you think has changed over the years, in terms of medical education?

Dr. Menon: It's completely different. What has not changed? I think, and this is not to boost you guys up, but all of you seem more mature and goal-oriented than any one of us. Most of us were very immature. You read the literature, you ask questions.

Montage: Do you think that's more a result of the so-



Dr Menon with the da Vinci system used for performing the first robotic radical prostatectomy procedure (2001)

called Information Age or do you think that's a result of the medical education system?

Dr. Menon: I think it's hard to disconnect. The Information Age has changed medical education.

Montage: Let's move on to your move abroad. When you went to the US, you mentioned how you were essentially the only 'desi' there. Did you find other Indians to connect with, or did you try to connect with everybody? How did you adapt to the work environment in the US?

Dr. Menon: I first went to Philadelphia and I worked at a small community hospital. And I had to experience probably the worst feeling faced by a JIPMER student. I had done quite well in medical school, without really trying, so I thought I was a pretty special person. When I went to Philadelphia, I found I was not. All they wanted me to do was to take night calls and start IV lines and change dressings. Many of my co-residents were, frankly, quite narrow-minded and they set me up to fail. I wanted to come back to JIPMER but that just wasn't possible. So, Shameem and I decided to stick it out.

Then, I got into Hopkins. The Hopkins surgical residencies were over 100 years old at that time. Surgical spots are highly regulated, and Hopkins had not selected an Indian graduate in any of the surgical specialties. I was the first. And you would imagine that that was difficult. I thought that the Philadelphia difficulties would only be magnified. But things turned out quite differently. It was almost as if everyone felt that if I was good enough to be selected, I must be really

good and they should support me unequivocally. Not what I had anticipated.

But there were still minor incidents that kept me on my toes. I would go to the emergency room to see a patient, and a security guard would check my ID, and he would not check the ID of anyone else. Part of me was irate. But, he was just doing his job. I mean, there were no brown doctors. And so, he had to make sure that I was not a fraud.

I remember going to the Operating Room. I started as a third-year resident and on the first case, the first-year intern was running late. He thought I was the janitor so he asked me to mop the floor, because we were running late. And I was furious, here was my intern telling me to mop the floor! I was so mad, I almost lost it. But I said to myself, this is my first day here, I don't want to create a scene. And the floor did need to be mopped. So I mopped the floor. And when we had gotten ready for the case, the Head of Anesthesia came over to me. He was a tall, white, American guy named Bob Cordes. He was a holy terror because he controlled the OR and could make scheduling a nightmare. Every intern was scared of him. Bob turned to me and asked, "Aren't you the new third-year resident? You know what that guy did? He insulted you by asking you to mop the floor." And I said "Yes, I know". He replied, "Why didn't you explode? I mean, this is a fireable offense. If you reported him, he would lose his job." And I said, "Well, you know, I was mad. But the floor needed to be mopped anyway. And I thought, let me do that and sort out my feelings later." He exclaimed "You would do that?" And I said, "Well, I just did."

So Bob promised, "You will never have a problem with Anesthesia, as long as I'm here".

And I learnt, if you don't get upset and give people the benefit of the doubt, most of the time it turns out fine. Not all the time, of course. There have been some terrible episodes as well.

But in this case, the word went out in the Urology department that if you wanted a case scheduled, just tell Mani and he will get it done. And so, I became very popular (laughs).

Montage: Would you have any advice for people looking to fit in with the American medical system?

Dr. Menon: I think it's important to understand that the norms are different- some things that I took for granted in JIPMER, like how we would work in teams,

didn't happen there. You work for yourself there. But underneath all of that, if you are caring, and considerate and you have a sense of humor, you'll fit in easily.

Montage: How did you manage to balance the clinical, academic and personal spheres of life, Sir? Especially in a surgical specialty, which is notorious for a pretty terrible work-life balance.

Dr. Menon: Well, I was a Department Chairman for 37 years. And as a Department Chairman in the US, you really run the department. You are responsible for the finances of the department, you're responsible for the academic activities. The department chairman has the capacity to do bad and to do good. If you just want to control everybody in your department, you have that power. If you want to cut salaries, you can, but if you want to increase them, you have to work with administration. Administration is not going to say "You are Mani Menon, let's give you lots of money." You have to bring in the money and earn their respect. And that's where the clinical expertise comes in. And I'd say, at the time, it was 70% work and 30% family. But when I stepped down as Chairman, it became 50% work and 50% family. Now, with a little more flexibility, it's 20% work and 80% family.

Montage: Coming specifically to medicine and your chosen field of urology- what do you think has changed, and what do you think has remained the same?

Dr. Menon: Nothing, almost nothing has remained the same. As a student, I had wanted to go to the United States, become a neurosurgeon and come back to start a department of Neurosurgery at JIPMER. But at that time, there were no MRIs, no CT scan. Back then, the way you diagnosed a brain tumor was injecting carbon dioxide into the spine and taking a pneumoencephalogram, so you'd have the patient stand up and see where the gas goes. Diagnostics were very crude. To take an example from general surgery, if you had abdominal pain, you made an incision, and then

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(ABOUT ADVANCES) NOBODY CAN PREDICT THEM. THEY HAPPEN AND THEN YOU TAKE

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you looked to see what the cause of the pain was. But in urology, you had X-rays, IBPs, retrograde studies, cystoscopy and you could actually diagnose the patient. Imaging has completely changed the field of medicine. Now, it's all precision medicine. It's totally amazing! The operation that I've done the most, which is radical prostatectomy- I've done about 10,000 radical prostatectomies in my time- when I started, patients were admitted the day before surgery, they would stay in the hospital for two weeks, and we would lose about 1200 cc of blood during the surgery. Now, we do the operation in 90 minutes and the patient can be discharged on the same day. We lose maybe 100 cc of blood. So, I think medicine today is hugely different.

Montage: And Sir, robotics in particular, it's one of those innovations which has medicine and tech working together. Do you see any advancements coming up in the future that would involve the close collaboration of medical science, biology and technology?

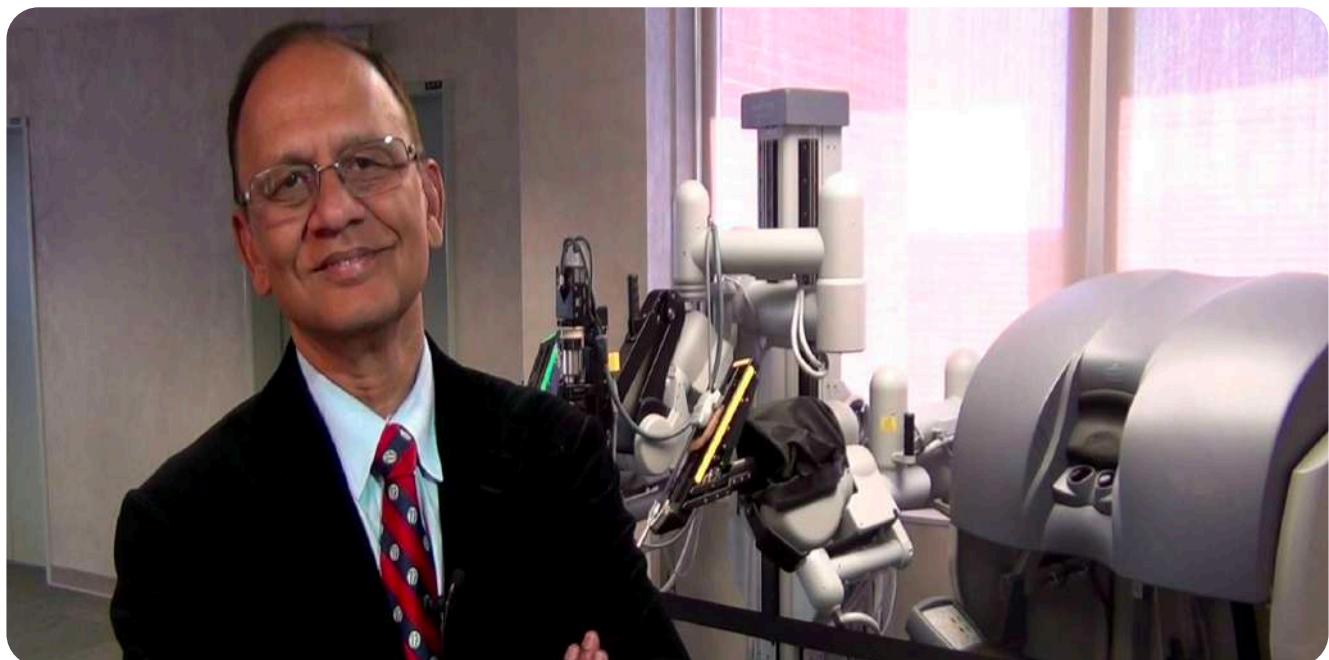
Dr. Menon: I'd say that the thing about advances is that nobody can predict them. They just happen. And you take advantage of them.

Initially, robotics was conceived for battlefield surgery. It was funded by the US Department of Defense so that a soldier who was wounded on the front could be operated on, from a base hospital 200 miles away. That didn't work out, mainly because we didn't have the capacity for the instantaneous transfer of gigabytes of data. Then they thought that they would make a cardiac surgical application for this idea. And there were 18 robots bought by the cardiac surgery department. And

the cardiac surgeons couldn't get it to work. When I decided to use it for prostate cancer, the robotic company had just eight employees, and was two weeks away from declaring bankruptcy. I went and met with the CEO, Lonnie Smith. Lonnie asked if I was sure that I was the right person to delve into robotics. I said, "I'm not sure." They said, "You know, we didn't design this robot for prostate cancer. Do you have a cardiac surgical team backing up?" And I replied, "No. I don't. But you have had 18 of the world's best cardiac surgeons try, and where has it got you. Let me give it a shot." Even with all its R&D team, the company never thought that Urology was going to be the driver behind robotics. In the first six months after I had started, the company engineers reported that 110 operations were done worldwide, of which I had performed 98. As of 2023, the company reports over twenty million successful operations.

So I don't know if I can predict the advancements ahead. The prevailing wisdom is that AI is going to change everything that we do. I can see that. I mean, look at how things change. My first research grant, back in 1980, was to buy a desktop computer for my research. And I had to get special permission from the National Institutes of Health to use the money that had been allotted to me to buy this thing called the computer. Because most people said 'Nobody's ever going to use a computer. Why are we wasting the money to buy one?'

Montage: Of course Sir, you had a great team with you as well. How did you go about choosing your team members? And how can we cultivate our talents to be



Dr Menon has focused on developing precision surgery for the treatment of prostatic cancer.

valuable contributors to any team?

Dr. Menon: Well, I'm not sure that I did everything correctly. When I became the Chairman, I decided I was just going to hire the best people I see, irrespective of where they were from. This was very unusual, because most chairmen chose to hire the best American graduates. And I did too. You can't be a Chairman in an American institution and not follow the rules. But if there was a student from, let's say Kanpur, who had won 19 gold medals, and the best American student I had was somewhere in the middle of his peers, I would push to take the student from Kanpur.

During my time as the Department Chairman, I think about 30 to 40% of my residents were international medical graduates. At that time, the next urology department that had foreign medical graduates had only about 2% residents as IMGs. So, I would have to go and answer to the administration, because they would ask "Why are you hiring so many IMGs? Is your program so bad that no Americans want to join?" And I'd show them what the foreign medical graduates had done, and the other American residents' work, and I'd say "Stack them up, and then come back to me."

Which probably was not a very smart thing to do. But it was very effective (chuckles). It was not smart because they knew that if they told me to do something else, I would kick up a fuss, but then I never got any resources from the institution. The general idea was 'If this is the way you run it, you're on your own.'

Montage: What would you consider is an accomplishment that you're most proud of, Sir?

Dr. Menon: It would have to be robotic surgery. There is nothing in the last, maybe 50 years, in the surgical field that has impacted so many lives. Of course, imaging has, and so has measurement of electrolytes

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ALWAYS KEEP YOUR SMILE ON, BECAUSE A

SMILE CAN TAKE YOU A LONG WAY.

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Dr Menon alongside his white coat at the Smithsonian's 'One Nation, Many Voices' exhibit

has, but they are not surgical procedures. It's more diagnostic. But in the therapeutic field, I would say the overall impact will be more from robotic surgery, than from open heart surgery. Open heart surgery is a dramatic innovation- transplantation as well; these are dramatic things, but they don't affect as many people as minimally invasive surgery. Robotics has taken the entire field of minimally invasive surgery to the next level.

Montage: This brings us to the end of our interview, Sir. Our final question to you is: what advice would you have for medical graduates?

Dr. Menon: Follow your dreams. You have to work hard but you wouldn't be at JIPMER if you didn't work hard. Know yourself, but don't be afraid to take chances. All of you (as) JIPMER graduates, you have the deck stacked in your favor, and you are going to be successful unless you decide not to be successful.

And of course, always keep your smile on, because a smile can take you a long way.

Montage: Thank you so much for taking the time to sit down with us, Sir!

DR ARCHANA PURUSHOTHAM

Dr Archana Purushotham belongs to the MBBS Batch of 1988, and currently heads the Integrative Headache Center of Excellence at the Michael E. DeBakey VA Medical Center, affiliated with the Baylor College of Medicine. Her journey to her current position is a long and illustrious one, with multiple degrees under her belt, including but not restricted to M.Tech. Biomedical Engineering from IIT Bombay and PhD Biomedical Engineering from the University of Minnesota.

She is a vascular neurologist and neuroscientist whose initial work focussed on neuroimaging including functional MRI (fMRI) and acute stroke imaging. Her recent efforts concentrate on Integrative Medicine, especially ayurveda, yoga and meditation. She conducts research in these fields and has published the first ever study of stand-alone Ayurvedic treatment of sub-acute stroke.

Read more about Dr Archana's brilliant academic journey and the challenges she faced on her way, through this interview conducted by Maria J Mathew (Editor) and Sonit Sai Vasipalli (Editorial Board Member) of Montage 2024.

Montage: Thank you so much for taking the time Ma'am. Just to start us off, could you tell us a little about what inspired you to choose medicine?

Dr Archana: I was particularly drawn to Medicine when I was young because (and I might have a different view on certain things now) I felt that Medicine was one of the best ways to serve society. Because everything about Medicine is about helping somebody who's in need, which really appealed to me and convinced me to take up Medicine. The reason I said I might not necessarily have the same perspective now, is because I've realized that there are many other avenues outside Medicine in which you can do a lot of good to society. The difference perhaps, is that if you're in Medicine, you're constantly being called upon to help others. In



many other professions, you can choose to help - or not.

Montage: Could you tell us about your journey at JIPMER- perhaps starting off with how you got into JIPMER and how the entire system was back then.

Dr Archana: Getting into JIPMER was quite straightforward, I took the main entrance exam and got in. And I'm sure I speak for all alumni when I say that we had a great time at JIPMER. You look back on that part of your life as a lot of fun. But while it was a lot of fun, it was also very stressful. Because the enormous amounts of things that you're supposed to know was very daunting at that time. With age you get a little more perspective and you don't get as affected by it. But in those days, those marks were so important to us. And

so, we would get so stressed out for all the exams, which probably wasn't needed. Notwithstanding all that, we had immense fun. And I think what made everything so much fun, were all the extracurricular activities; I was very active and participated in plenty of cultural and L&D activities. I wasn't into sports much, but I really enjoyed the cultural and literary competitions.

Montage: Did you perhaps take up a hobby in JIPMER that helped you later on in life?

Dr Archana: I don't think I took up any particular hobby in JIPMER. Prior to joining college, I had trained as a dancer and performed regularly. And at Interclass every year, I would get to practice and perform Bharatanatyam. That's about the only time I danced after coming to JIPMER, and it would be forgotten again after Interclass. After I left JIPMER, it was completely forgotten.

Also, I did do some creative writing at JIPMER. I still enjoy a little bit of it, now and then. And I've found that exercise of writing so useful in life as well.

I can't say I picked up any specific hobby at JIPMER, but the greatest thing I gained was the network of seniors, juniors and classmates I developed. And it has remained such a key part of my life. Even now, I think that network is invaluable. And people are always very willing to be supportive and help you out, even though they were not your contemporaries at JIPMER. So the network certainly holds a lot of importance for people, and I have experienced that over and over again.

Montage: Just to briefly touch on that senior-junior

relationship and the network developed among alumni, Ma'am- with very large batches currently, it is often quite difficult to form a personal connect with each batchmate or with seniors and juniors. How was it for you during your time at JIPMER?

Dr Archana: For us, we knew every single girl student in the hostel, all the way from four batches senior to four batches junior. And we would know each of them on a personal basis. Of course, it was easier then, because we had about 20 girls in each batch, which works out to about 100 girls across 5 batches. And when you see these people everywhere- in the hostel, in the mess, in the common room- you get to know them very well. Even now, some of the JIPMERites I am closest to, are my juniors or seniors. Now, I understand that it's difficult to even talk to every single one of your own classmates- 180 students is a huge number. But it surely helps that your hostel rooms aren't assigned batch-wise and you still get the opportunity to interact with your seniors and juniors.

Montage: How did you balance the academic, clinical and personal spheres of life as a medical professional, Ma'am? Did your experience at JIPMER help you in any way?

Dr Archana: I think being involved in multiple activities at JIPMER really helped me develop the ability to multitask (laughs), so my undergraduate years were a good training ground, in a way. Later in life, it becomes more difficult especially when you have a family of your own. As a student I believed that I could have everything- have a family and be the best in my chosen field. With some maturity, I realized that my goals and responsibilities placed certain demands on me that didn't always allow me to 'have it all'. Having a family, especially after having children, you learn to put them first. And this is especially true for mothers, who often have to let their career take a back seat while they focus on caregiving. But it's important to make your peace with it, and appreciate the positives in your circumstance, whether it be a supportive spouse or family or workplace. And then you wait. As the children grow up, you can get a second innings in, though it takes years. But that's just the way it goes, and it's essential to accept it and make your peace with it.

Montage: JIPMER is quite special due to its specific focus on the clinical and the practical aspects of medicine. How important is the emphasis on clinical



Dr Archana at Stanford University

aspects, during an undergraduate medical education?

Dr Archana: Well, I think it's very important. And I don't think that it comes at the cost of theoretical knowledge at JIPMER. JIPMER provides simply excellent education. The theoretical foundation is extremely strong which still stands me in good stead, and I can't be grateful enough to my teachers for that. Coming to the clinical aspects-I'd like to compare it with the training I underwent in the US for my residency. In the US, the learning is entirely practical. You learn at the bedside, you learn by interacting with patients and there is barely any time to be reading textbooks. And the skills you learn are extremely important- being able to talk to your patient, discuss and come up with differential diagnoses and then execute the management plan. The training at JIPMER was excellent, because the clinical grounding and perspective required of a physician are inculcated right from the undergraduate level. I must say that the focus on clinics in JIPMER pays off very well, later in life.

Montage: Speaking of your journey to the US, how did that come about Ma'am? And how was it to uproot your life in India and essentially start over?

Dr Archana: It's a rather interesting story because I didn't initially plan to come to the US for a residency. I took a very roundabout route. You see, after my schooling, I had gotten into IIT Madras for Electrical Engineering, and I quit that to join JIPMER. But I was still very interested in maths and physics, and after completing my MBBS at JIPMER, I joined IIT Bombay for an M.Tech. in Biomedical Engineering. It was a totally different world and I enjoyed it immensely, which led me to decide that I wanted to do research in addition to clinical practice. So I actually came to the US for a PhD degree. For that, I worked on one of the few 4T MRI scanners in the world at that time. Looking back, it's amazing to think that there were only three existent in the world back then, and I had the privilege of working on one of them for my PhD thesis. And it was great- seeing these beautiful pictures of the brain with the areas lighting up when a subject is active, and studying motor control using fMRI of the motor cortex. After completing my PhD, I realized that I missed clinical medicine and wanted to go back to clinical practice. With my PhD on MRI study of the brain, the fields that would be a natural fit, were Neurology, Neurosurgery and Radiology. But I didn't want to end up in a dark room all day. I wanted to actually interact with patients!

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That's how I ended up applying for a residency and taking up Neurology. For a time, I thought about going into Neurosurgery, but the US system makes it quite hard for foreign graduates to do so, because it's quite a high-demand field. In hindsight, I'm grateful to have taken up Neurology, especially when I see the kind of life my surgeon colleagues have.

Now in Neurology, I specialize in stroke and headache medicine. Initially, I specialized in Vascular Neurology at Stanford. Currently, I work at the Veterans' Affairs Hospital affiliated with the Baylor College of Medicine. Intractable headache is a disabling, common complaint among veterans who have returned from war-stricken areas. Due to the clinical need, I started a 'Headache Centre' at Baylor which has now been named a Centre of Excellence by the VA system. Owing to this role, I dual-specialized in Headache Medicine.

Montage: Now with multiple specializations and a very distinguished career Ma'am, would you say your Masters' degree helped you when you returned to clinical practice?

Dr Archana: Yes, the M.Tech. was just a stepping stone to doing my PhD, and there was a lot of mathematics and programming and physics involved in my PhD on functional MRI. I learnt things like signal processing, and focused on electronics and communication during my M.Tech., all of which stood me in good stead during my PhD. Just to give you an idea, as I said earlier, I was working on one of the few high-field MRI scanners in the world, and I was able to actually run the machine by myself. It wasn't a technician, it was us fellows who independently ran the scanner and acquired images. And if the images weren't satisfactory, it was for us to figure out what was going wrong and how to rectify it. Of course, if the machine needed repair, I didn't have the expertise to fix it, but I had to have enough knowledge of its basic functioning and troubleshooting.

Coming to the present, I don't use all of that knowledge in day-to-day clinical work. But I find it very useful if I want to read literature relating to imaging modalities and evaluate the information available and assess the

robustness of a study. And it also allows me to continue doing research in this field.

Montage: Given your background in math and programming, how do you view the current state of tech and medicine? How do you view that entire field and do you think more doctors should be involved in its development?

Dr Archana: Medicine is undoubtedly becoming more and more ‘tech heavy’. Often, in a clinic, a doctor barely looks at the patient but just sits at the computer, typing away while asking questions. There certainly are problems that arise due to the use of tech in medicine, while also simplifying some processes and practices. But it does take away the human touch a little bit. And that has led to a significant proportion of burnout, here in the US. Because without patient interaction, the stress of medicine can be a little hard to balance - often it is the satisfaction arising from human connection that mitigates it.

But on the other hand, technological advancements have allowed us to do so much more. Thinking back to when I was a student at JIPMER, the diagnosis of a stroke was purely clinical because we didn't have CTs at the time. Now, when a patient comes in, we send them for an MRI right away. Of course, one can make the argument that this blunts the clinical acumen of a physician, but the ease of identifying the nature, location and extent of the problem provided by imaging, helps both patient and doctor.

Similarly, in the current scenario, I think AI can be very useful. But we must be cautious as it is being rolled out. There have been incidents reported where an operating robot, controlled by AI, purportedly ‘went berserk’ and the human operator failed to control it, thus completely botching up the surgery. At this stage, it's essential to recognize that human experience is still really important. But I do think the medical field is only going to get more and more tech intense. And so, I think it's really important for doctors to also have a good tech grounding. Perhaps it could be offered as an elective for those who are interested or some exposure provided during the undergraduate training years.

Montage: And does this also raise the issue of accountability? Is it the machine's fault or is it the operator's fault if something goes wrong? Are we making it harder for ourselves, on the occasions that human experience does not agree with the output of a highly-developed, precise technology?

Dr Archana: To an extent, I would agree. For example, in the case of a false alarm raised by a trained computer system, the decision to heed or ignore it lies with the human who operates it. And the accountability for that decision rests with the human as well. Of course, humans can be wrong too, but there is something to be said for experience. The human brain is extremely good at picking up certain patterns over time and training itself to recognize those patterns. In my opinion, that experience is invaluable.

Montage: Just to go back to your work at the Veterans' Hospital, is there any relation of your work with the field of Psychiatry when it comes to dealing with common health ailments in war veterans. How important is it that Neurology and Psychiatry come together to work on cases like PTSD or depression?

Dr Archana: I have always thought that neurologists and psychiatrists are natural partners. I think it's important for neurologists to have a good grounding in basic psychiatry, and for psychiatrists to have a good grasp of neurology as well. There are some unique challenges that neurologists and psychiatrists face together. Of course, one is that neurological and psychiatric problems often coexist, overlap, and require careful management by doctors from both fields. It is common for one to be mistaken for the other. You might have a patient exhibiting unusual behaviour who gets admitted to the Psych Ward before the doctors realize that it's actually a frontal stroke.

And then, neurologists have to work with psychiatrists when it comes to behavioural management. In our Headache clinic, mental health conditions are contributing co-morbidities for the vast majority of patients, and often effective treatment requires co-ordination with Psychiatry.

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Montage: It is a little ironic that doctors diagnose and manage the psychiatric issues faced by their patients and provide advice, while themselves facing high rates of burnout and mental health issues.

How do you think that we as doctors, can work on ourselves and try to make a change, Ma'am?

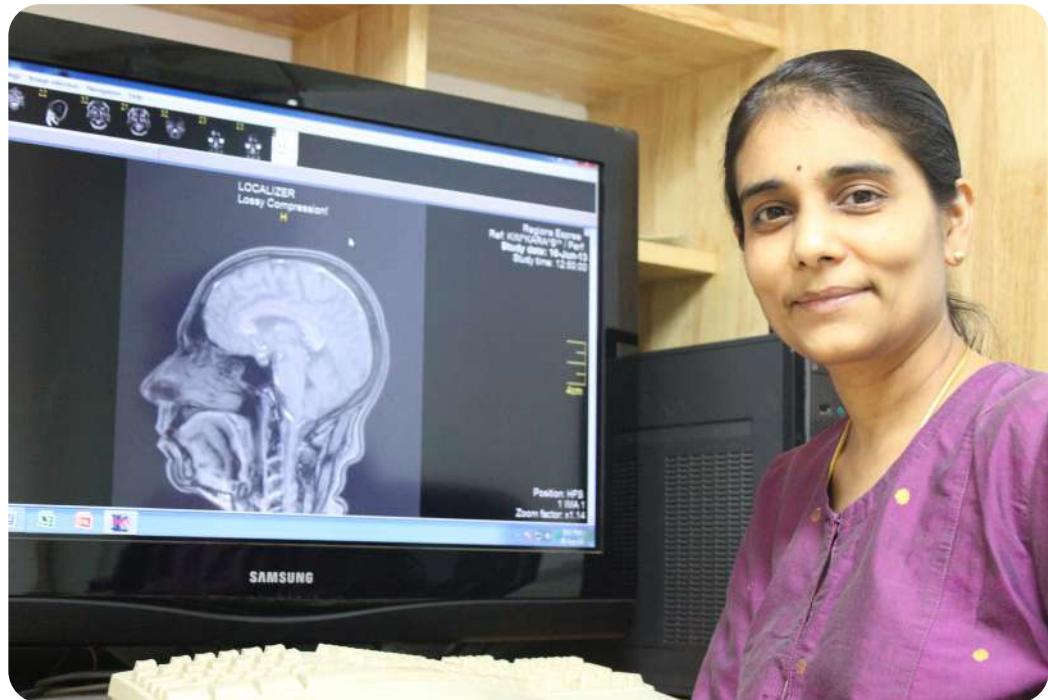
Dr Archana: The first thing we need to come to terms with, is the fact that doctors are human. We are no different from any other group of individuals, no matter how much we've studied or researched about mental health.

We are not superhuman. A lot of issues arise from the superhuman expectations mismatched with our human abilities, and the discordance causes stress and burnout. It is important to recognize the limitations of time and capacity, and focus on the important things instead of trying to do everything, all at once.

As doctors, we need to accept that everyone needs their downtime. It should not be considered laziness if a doctor wants to take time off and spend it with their family. I think this is a little more accepted for women who are expected to be the traditional caregivers for children. But for men, needing to take time off can be misconstrued as a sign of lack of ambition or seriousness.

The other issue is that there is a tremendous amount of stigma still associated with mental health issues, especially among doctors. We are heavily influenced by the society we live in, and the stigma engendered by the attitude of society often leads to missing the signs of mental ill health, and sometimes ends in tragedies.

As doctors, it's very important for us to develop a support system. For students, living with parents or family provides some cushion against stress, but when you live alone, the risk of mental health issues are much greater. Late detection of signs of stress and burnout is a very real problem and we need to be more observant of worrying behaviours among friends and contemporaries. A possible solution is having a designated senior look out for anyone showing signs of distressed behavior, and help them talk to a professional to get help. And having these mentors, who are somewhat more advanced and situated, providing advice from their own experience, can be a comforting



Dr Archana working at Baylor College

experience to juniors who are going through a rough spot.

Another avenue worth highlighting, is relieving stress through yoga and meditation. Here in the US, many hospitals provide yoga and meditation programs that help patients cope with their physical and mental ailments. My hospital offers several such for employees too. Doctors would do well to adopt these practices as well.

Montage: To circle back to something you mentioned ma'am- about balancing family and work, and sacrificing certain aspects of your career- society seems to expect women to do this more often than men. Women definitely have some very unique challenges in the workplace, and it's greater in very high demanding jobs like medicine. Could you perhaps outline some of the problems that you might have faced and how you overcome them?

Dr Archana: The first issue is finding time to do everything- your responsibilities at home and at work. Between trying to make sure there's food on the table, the laundry is done, and homework is completed; women often have to pass up several opportunities that come their way. It's difficult to plan and prepare for, say a conference, when you're constantly worrying about how your child is doing with the new sitter. So out of four or five conferences that you could go to, you end up picking only one.

Another issue is that women tend to be taken less seriously in the workplace. It could be a patient, who insists on addressing the male resident instead of the female attending! It could be people in positions of authority who tend to underestimate a woman's capabilities. Often, a woman's opinions are considered less important than a man's. I don't want to sound bitter or complain, but this is the reality.

Of course, there are several supportive superiors and supportive workplaces, which is why many of us are where we are right now. But even as a mid-career, well-respected professional, I still see incidents of rampant discrimination.

Certain things are taken for granted - some tasks are assigned to women, while a male counterpart is consulted before assigning the same to them. These are subtle things but the differential treatment of women and men is quite pervasive.

I experienced a lot of difficulty when I had my first child. I was a resident at the time and my residency program refused to make even reasonable allowances for my pregnancy like giving me 1-2 hours off to attend antenatal care appointments. Instead, I was harassed and asked to leave if I couldn't toe the line. Eventually, I moved to a friendlier residency program in a different city. Of course, it was stressful moving with a newborn baby, but I had no choice – sometimes the best way to get back at detractors is to move on and be successful.

These kinds of incidents and attitudes put women at a disadvantage. And for that reason, when I see a man and a woman achieve a similar degree of success in their careers, I believe generally that the woman has invested more and sacrificed more to get there.

There are situations where you can fight for better, more equal treatment, and others where you just have to take the discrimination in your stride. At your workplace, you can try to make yourself heard, but beyond a point, you do not want to come across as quarrelsome or argumentative. You have to draw a balance. The system

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isn't that bad either. It still allows you to come up and be successful eventually. But at the end of the day, women do face some unique difficulties.

Montage: Would you have any advice for undergraduates or young medical students, Ma'am?

Dr Archana: In India, students make the decision to go to medical school at the age of 17 or 18. And frankly, it seems unrealistic to expect a teen-ager to make an informed decision on what they want to do for the rest of their lives. Many people take up medicine because it is a well-respected profession or because clinical practice is lucrative. But medical school is very demanding and you have to have a real calling to it if you want to be happy doing it for the rest of your life. I have seen it lead to bitterness and frustration later.

To contrast this with the system in the US, people here complete a four-year undergraduate course before entering medical school at the age of 21-22. Students here seem more mature and mentally prepared to deal with the multitude of stressors, disappointments and feelings of failure that are a normal part of medical school. It's so important to educate young people about the other alternatives available nowadays - be it related to biology or research or other fields.

Of course, once you become a doctor, things do not necessarily get easier. The life of a medical professional is very demanding, while also being extremely rewarding. A patient's satisfaction makes it all worth it, but that doesn't mean it is easy. The training period is very long and stressful, but if treating patients is truly what brings you happiness and satisfaction, hang in there because training is a transitory phase before you become a consultant and start reaping the rewards of your hard work.

Never compare yourself with professionals in other fields. It may seem that they have progressed more in a shorter time, but they don't get the rewards that we do. And don't force yourself to follow some fixed timeline because you feel like you are lagging behind your contemporaries working in non-medical fields. It is completely acceptable to explore a little and take the time to figure out which direction to take.

Lastly, it's important to remember not to get too stressed about results, but just study hard. Everything you study is useful, and you never know which part of

what you learn, you will draw upon later in your life. But don't make that the sole focus of your existence and don't let it affect your mental health.

Montage: Would there be something that you would like to highlight or something that you are especially proud of accomplishing, Ma'am?

Dr Archana: Thank you, there are a couple of things. One is my interest in Ayurveda and yoga and the research I have conducted in the field. It started when I was working in Bangalore and got a chance to actually study the comparative outcomes of the ayurvedic and allopathic management of stroke. And what I learned has only gotten me more and more interested in the field. In fact, that's how I got into headache medicine. Currently, I have been working on what is now called Integrative Medicine - the integration of complementary and alternative systems with modern systems of medicine. This is a relatively new area which is becoming very popular.

In our Headache Centre, we use acupuncture, Yoga, Ayurvedic lifestyle and dietary counseling, chiropractic

and massage therapy, as well as meditation and mindfulness techniques. And it is interesting to find that many of these techniques originated in India-mindfulness comes from 'Vipassana' or Buddhist meditation, and the concept of intermittent fasting is an age-old practice in Indian culture.

A lot of things that modern medicine has discovered recently, were well known to our ancestors and codified in ancient texts. I have also developed an interest in acupuncture, and the Chinese and Korean systems of traditional medicine, which are also well-developed. Another accomplishment dear to my heart, is an online school I co-founded during the pandemic. The curriculum is based on Indian knowledge systems and Sanskrit, and it provides education at the elementary and middle school level. Besides online, we actually have physical campuses in Bangalore and in Houston. I never imagined I would be involved in running a school system, but I am so glad I got the opportunity to do something like this!

Montage: Thank you so much for the opportunity to sit down with you, Ma'am, and for the illuminating discussion.

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DR SHALABH GUPTA

Dr Shalabh Gupta is an alumnus of the MBBS Batch of 1990. His illustrious career across many fields is a truly impressive example for many. With multiple educational qualifications and varied experiences gained from working in multiple domains, Dr Gupta is currently the founder and CEO of Unicycive Therapeutics Inc. His company focuses on developing safe, effective and innovative pharmaceutical solutions to common conditions prevalent in the world today.

Prior to founding his own company, Dr Gupta has served in many other roles, such as commercial strategist at Genentech Inc. and an equity researcher covering pharmaceutical and biotechnology companies at different investment banks. He also serves as an advisor to multiple organizations such as the NYU Office of Technology Transfer, the UCSF Innovation Centre and the SPARK Program, Stanford School of Medicine.

Read ahead to learn more about his inspiring career and his advice to young medical students borne out of his diverse life experiences, through this interview conducted by Maria J Mathew (Editor) and Sonit Sai Vasipalli (Editorial Board Member) of Montage 2024.

Montage: Thank you so much for taking the time to sit down with us today Sir. To start at the very beginning, what brought you to JIPMER, and what are some of your memories from your time here?

Dr Gupta: My fondest memories of JIPMER are the strong bonds I formed with my classmates. We were a small batch of about 65 students, all in a new place with new people. There was a lot of camaraderie from interacting with each other every day for five years. And the campus is beautiful, especially Vesalius Square, which is so peaceful.

Montage: And did you take up any hobbies during your time at JIPMER, Sir?

Dr Gupta: I didn't focus much on hobbies. My main objective while here was to become the best physician I could be. But if I could go back in time, I might do



things a bit differently. I would spend more time getting involved in activities—the only hobby I really had was taking walks when I needed to clear my mind.

Montage: Coming to your professional work- it would seem that your career has been filled with unprecedented shifts. Could you tell us a little about your decision to join a residency in Physical Rehabilitation and your time as an equity researcher, before founding your own company 'Unicycive'?

Dr Gupta: The way I like to think about a career is like climbing a mountain; you put in immense effort and energy, and the view changes the higher you climb. While it may seem that my career has shifted across fields, the mountain I've been climbing has remained constant. I've always wanted to make a positive impact in people's lives.

It's why I pursued medicine in the first place. I liked the sciences, especially biology, and felt I could help people by becoming a physician. I came to the US for my residency, and during my second year, I had an epiphany. I realized that as a physician, I could help one patient at a time, but if I could combine my love of science with my medical training, I could have an even more significant impact. During my residency training, I worked Monday through Friday as a physician, but on the weekends and any evening that I didn't work, I found a role to work with a biotechnology company to advance their drug in the development process. This was in the latter part of the residency training, and I was then elected as Chief Resident of my program in the last year. After graduation, I joined as an attending physician at the NYU Hospital and was also a faculty at NYU School of Medicine for a few years. During my time in New York, I worked on a full-time basis on Wall Street, reviewing and recommending various biotechnology and pharmaceutical companies that traded on various stock exchanges as a research analyst working for two different investment banks. Concurrently, I continued to see patients as an attending physician on weekends and holidays. These different perspectives gave me the knowledge and clarity I needed to eventually found Unicycive Therapeutics.

As it says in the name: 'Uni' means singular focus, and 'cycive' is a play on decisive. At Unicycive, our mission is simple, and it's informed by the same mountain I've been climbing since my days at JIPMER: to have a positive impact on the lives of patients with the greatest unmet medical needs.



Dr Gupta during his residency at NYU

What we do at Unicycive is driven by science and history. It draws on what I learned during my medical training and my time working in biotech to help patients on a global scale. As I remind my team daily, our work can positively impact millions of people. Though sometimes it may seem incredibly difficult, staying focused on our purpose and solving one challenge at a time makes climbing the mountain a little bit easier.

Montage: The process of drug development is a traditionally long and difficult process with many potential roadblocks. As the CEO of a pharmaceutical company like Unicycive, how do you deal with these roadblocks, Sir? Additionally, do you anticipate the application of artificial intelligence at certain steps along the process of R&D?

Dr Gupta: Drug development is a long journey, much like medical training. It's crucial to have a clear vision before starting and then stay intently focused at each stage of the journey. If someone asked you while in medical school what fellowship you want to do, you'd likely respond that you're just focused on getting through medical school. However, being in medical school indicates that you want to become a doctor and will pursue a fellowship or residency at some point.

Similarly, when developing a drug, it takes a long time to get it into the hands of patients. It is essential to have a clear vision before you start what you are hoping to create. You must envision the final goal and then solve each challenge, one at a time, until you realize your vision. At Unicycive, we see this process as a relay race, with many contributions from different professionals. Yes, artificial intelligence can be a valuable tool in the future, but it is just a tool. Our focus is always on the big picture: to develop safe and effective drugs that make a difference in patients' lives.

For example, we have created an investigational new drug called OLC (oxylanthanum carbonate) that is targeted as a treatment for hyperphosphatemia. Current management for hyperphosphatemia, which is especially important for patients on dialysis, involves taking about 10 or 15 large pills daily. We developed our drug to be an equimolar potent, small-size pill that can replace the need for taking a large number of huge pills daily. The ultimate goal is to give physicians a drug they can confidently prescribe to improve their patients' quality of life. If approved, and depending on the FDA's timeline, this drug can potentially be in the

market by next year in the United States. Interestingly, the original technology for this product came from a car battery company using nanoparticle technology to develop a small, efficient battery. This technology was later advanced by a biotechnology company and finally refined by our team, which we're using to address the pill burden for millions of patients living with hyperphosphatemia.

Montage: And how do you go about creating a team of dedicated and talented professionals, Sir? Could you describe the dynamics within the team, and how upscaling can affect these dynamics as well?

Dr Gupta: Building a team is like assembling a jigsaw puzzle, piece by piece. You can't put all the missing pieces together at once, but you can find a missing piece, then the next missing piece, and so on until you've completed the puzzle.

As you make progress on the puzzle, it's vital to have strong leadership. The best leaders are those who understand first how to lead themselves. Leading starts with self-awareness and passion for what you do. A leader's role is to inspire and motivate the team around them on a shared vision. When all the puzzle pieces are aligned with that vision, overcoming daily challenges becomes more manageable. Even when it becomes particularly difficult to go on, you can find reasons to continue by keeping the big picture in mind. These reasons aren't always monetary, but they must be linked with what motivates and satisfies you.

In my case, I've accepted that drug development is a long and tedious process. But we can overcome all the challenges throughout the process by staying focused on the potential to impact the lives of millions of people. And I wouldn't want to be doing anything else.

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Montage: If you had the opportunity to turn back time and do it all again, would you change anything or do anything differently?

Dr Gupta: For the most part, I wouldn't change anything I did. However, the one thing I would improve is my self-awareness. Now, I realize how important it is to find your own pace, especially if you're not following the conventional path. My career path has definitely not followed the expected journey of a JIPMER undergraduate who came to the US. There is no playbook when you switch careers, and a question I often get asked is, "How do you do something when you've never done it before?" When people ask, "How do you build a track record when you don't have one in a new field?" I say, "Well, you've got to get on the track." It isn't easy because usually, people are reluctant to give an opportunity to someone who has not done that work before. But at some point, the right opportunity comes along, and you have to take it. During my residency, I was approached by a company that needed help getting FDA approval for their drug. I had just gotten my medical license and became their first medical director. I took that opportunity and learned immensely from it.

Montage: Your example is very illuminating for medical students like us who often feel the pressure to choose one path and stick it out, instead of exploring their options and deciding what is best suited to their interests. Would you have any advice for medical students who are looking to branch out and not restrict themselves to clinical medicine?

Dr Gupta: As you mentioned, exploring the possible careers before pursuing one is very important. And the opportunities available today are very different than, say, thirty years ago. The Internet and all the information it brings to us at our fingertips gives you an inkling of different options.

So, for a second-year or third-year medical student, if you have already identified what you want to do, that's great. No one else is in a position to tell you what you can and cannot do, and recognizing your calling allows you to work to achieve your goal. Self-awareness is crucial. We do make decisions based on external factors, but the ultimate deciding factor must be your own interests and goals.

It is normal to feel that you must reach your destination as fast as possible. During those earlier years, while growing up in India, I saw that one feels time pressure to achieve one's goals, and if you haven't achieved certain things by a certain age, you have somehow failed. But there is no stopwatch to manifest your true

destiny. Let me put it this way—what do you gain by becoming an incredibly qualified, say, neurosurgeon at the age of 28? Will you be satisfied in your chosen field of neurosurgery for the rest of your life? Going back to the analogy of climbing the mountain, you may find that once you have reached one summit, you may have another one to climb.

These are all important considerations, and it is difficult to have all the answers before you set out on your professional journey. But the bottom line remains, even if you choose a path less travelled, your decision will define your longer-term happiness.

Now, some people feel that they don't have the courage needed to take up an unusual career choice or career path. To that, I say, instead of looking for courage, you must look for action. Courage comes only by taking small actions. You will be faced with disappointment and rejection, but the process of doing and learning that you gain by taking those small actions allows you to pick yourself up and keep going. A useful analogy here would be that the journey of an athlete must start with a single step.

To this day, I remind my team every opportunity I get. At a meeting or conference, we take a few minutes to do something small, like sending an email. These small actions build momentum and momentum builds growth, and growth allows you to like what you do.

To sum up, I think creating self-awareness is the most important step you can take, before deciding a career path. As Steve Jobs once said, "Don't let somebody else live your life." Find what drives you, find what interests you and then it will become a little easier to focus on your chosen path.

These feelings of uncertainty and confusion are not unique to students at JIPMER. As an advisor at UCSF and Stanford, I talk to medical students and physicians who often feel trapped or discouraged when they lose interest in their work. When you go searching for inspiration, it is nowhere to be found. Inspiration is like your shadow; you can't see it until you stand in front of the light. And that light comes only from taking action and taking small steps towards your goals.

Montage: To wind up today's interview Sir, would you please share how we can cultivate our communication skills? In today's day and age, it is become more and more important to be able to communicate ideas easily and effectively. With your experience as a CEO of a successful company, and with your very clear and expressive style of communication, would you please pass on some tips on how we can work on this aspect of professional life?

Dr Gupta: Thank you, that's kind of you. One way to do it would be to surround yourself with people you can



Dr Gupta at the Nasdaq Closing Bell ceremony to commemorate National Kidney Month

learn from. In today's world, with the easy availability of modern technology, you can read or surf the Internet on your phone. You can find inspiration on YouTube. You don't have to attend class, but you can find some material online.

Another aspect is that there are always opportunities for growth. And every single person has a list of things they want to accomplish. To achieve all your goals, it is essential to work on yourself and become a better person. Self-growth allows you to find ways to improve yourself, and one of those goals could be to become a better communicator.

The Indian educational system does not really have a mechanism for assessing a student's communication skills. Suppose you contrast this with the American

system. In that case, you realize that the application to a college requires submitting a personal, descriptive essay that allows a student to communicate their strengths and weaknesses to college administrators. Back in JIPMER, we all had very similar personal essays because we followed the same pattern and changed a few things to personalize our essays (laughs).

I hope this interview has inspired people who have not found the courage to start their journey. It requires vulnerability and the acceptance of an unsure future, but working towards your dreams gives a degree of relief and satisfaction. Don't let the obstacles define you or stop you from doing what your heart leads you to do. To quote Carlos Castaneda, "Don't die with your music still inside you."

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DR NISHIKANTA VERMA

Dr Nishikanta Verma belongs to JIPMER's MBBS Batch of 1993 and is an ENT surgeon, currently based in Malaysia. Alongside a successful medical practice, Dr Verma has made the time to author multiple books including 'Three Days in Phnom Penh' and 'Just Keep Swimming: (Mis)Adventures in Medical School'. These books draw from his personal experiences as an undergraduate student at JIPMER, and also as a traveller and history buff.

'Just Keep Swimming' is a delightful account of the five-and-a-half years spent in JIPMER, and details the joys and sorrows of an undergraduate students in airy, immersive detail. Reading the book is akin to living the many lives of an MBBS student, and evokes the multitude of experiences every single one of us has gone through in some form. It is a story of JIPMER's traditions and a tribute to the institution that has shaped the futures of countless alumni, who now carry a piece of their alma mater in their hearts.

Find out more about Dr Verma's experiences as a physician and author through this interview conducted by Maria J Mathew (Editor), Manas Kudlapur and Om Pappureddipali (Editorial Board Members) of Montage 2024.

Montage: Hello Sir! Thank you so much for taking the time and sitting down with us for an interview. Let's start with some fairly simple questions and build up to the interesting and exciting tidbits later. So Sir, how did you decide to be a doctor?

Dr. Verma: Well, there was nothing specific. You know, I ask the same question to people I have interviewed, and I heard ready-made answers like 'I want to help people' and 'I want to save the world' and stuff. For me, growing up, my grandfather was a doctor, and some of that subconsciously rubbed off (on me). It wasn't that I desperately wanted to become a doctor, but I also knew that I didn't really want to do the standard things like engineering, or become a lawyer, or something. And I think the desire to remain a doctor only became stronger during MBBS.



Montage: That's lovely, Sir. And what was the process that brought you to JIPMER? How did you prepare and what was the entrance process like?

Dr. Verma: Alright so, Class 11th and 12th, I was pretty focused. I think those 2 years were the highlight of my career and I did really well in those 2 years. I signed up for a correspondence course because we didn't have email and online courses back then. And I was doing really well because I was nationally ranked in a few tests. And when it came to the actual test, I got an All-India rank of about 130 or 140. Back then, you could go for counseling and take a college on the spot. So, we had decided before the test that I would take JIPMER if I could get it because my father knew the Head of Radiology in PGI, whose son was studying in JIPMER. He'd said that, although it's far away, it's a

really good place. And I really wanted to get away from my hometown, as far as possible, so that's what I did. So that's how I landed up in JIPMER. It's a decision that I never regretted. Except for a little while, while getting ragged and toiling in Spandan, where I rang up my parents and told them that I wanted to quit the course and come back.

Montage: If you do remember, what kind of textbooks did you use during the course Sir? Were you using standard textbooks or no textbooks at all?

Dr. Verma: It's a good question. Actually, this is something that occurred to me while I was scrolling on Reddit, because a lot of people now seem to rely on Marrow and these online platforms; these are not things I've ever used, things which obviously didn't exist then. So we used standard textbooks for everything- books like Harper and Ganong and Robbins, even Harrison's. We also had a lot of support from our seniors and got to know them quite closely. They'd advise us about what to do and how to study. And last-minute studying is how everyone did it. But it was always textbooks back then. We didn't have an alternative, to be honest. I actually still remember a lot of Robbins, mostly because I had to read it really, really well. Because I had some attendance issues back then, and I had to catch up. And then I ended up reading Robbins in a lot of detail. Which even now, helps me significantly. So reading books is really, really important, and not just for exams.

Montage: And how did these textbooks help you prepare for your PG? Was it useful to have been reading standard textbooks?

Dr. Verma: Oh, that's a bit different. So, when it comes to entrance exams, you need to do basically 2 things. One thing you need to do, you need to develop a base of knowledge. So, for example, if you're going to do medicine questions then it's not enough to just do 5000 MCQs. Because you are going to leave a lot of holes in your knowledge. Ideally the easiest way to do it is probably to do a bunch of MCQs, and then keep reading around those MCQs from a standard textbook. Which is what I would suggest for an entrance. I don't think you should read textbooks again for an entrance exam, because that's going to take a lot of time.

Montage: In your opinion, what was the hardest subject back then? We've had a lot of people tell us Anatomy. Would you concur, Sir?

Dr. Verma: At that point, when you're just starting out, Anatomy was the hardest, but if you were to ask me now, I would say there are harder subjects. It only felt like it was the hardest because it was the first. And also because there is so much of it. But now, I think it's a fantastic subject.

Montage: Sir, what would you say was your biggest regret or 'mistake' during your days, both academic and non-academic?

Dr. Verma: I think my biggest academic mistake was probably not studying on a regular schedule. It's something that I think will become everybody's mistake, but it's something that you only realize during exams because everybody is cramming. So, I could see the difference that studying earlier would have made because you tend to remember and retain things better if you study in small chunks regularly, as opposed to everything at the last minute. Although I think nobody was really doing it, so I would have been a bit of an odd man out (laughs). On the non-academic front, I don't think I regret anything there at all. Yeah, I simply can't think of anything.

Montage: That's really positive, Sir. So what do you think was your fondest memory during your time here?

Dr. Verma: There isn't really anything that stands out, but I remember a lot of the times we spent after class. There were a lot of wing parties, for example. I wouldn't say these are my fondest memories, but these are things that you remember the most. I remember all the times when you got really drunk. Back then, we had Harvey Day which was famous for its beer drinking competition. And the record was 13 seconds. And if you took part in the competition and you didn't finish the bottle, then you could just take the bottle away. So all of us would sign up.

But I think what I'm most proud of would be the movie that we managed to screen after my friend passed away (*referring to Vikrant Gupta, from the Batch of 1990, who suffered a road traffic accident during his time at JIPMER and unfortunately, passed away*), which I talk about in my book (Just Keep Swimming). That was quite good, because we organized it and we did something. But I was quite a junior chap back then, so I was helping my seniors. But it was still something that, in retrospect, doesn't happen to a lot of people. I wouldn't call it fond, but definitely memorable.



Stethoscope and bottles: An intern's best friends

Montage: And are there any fond memories when you returned to campus, Sir?

Dr. Verma: I actually came to JIPMER in July for a bit. And so outside, you have the shacks some of which are now closed. But there was a guy called Johnny who used to run one, and next to his was his coffee joint. And we became very familiar because I used to go to the coffee shop every day. Multiple times. Now, it was being run by his son. At the time, his son was very young, but now, when I stopped for coffee at the same shop, his son immediately recognized me. It was a surprise, considering I had not seen him for 23 years. I like those kinds of memories. There was also an elderly gentleman serving food who I vaguely recognized. But he recognized me immediately as a doctor from JIPMER. These encounters were very affirming and warm. Really made me feel like I'd come home.

Montage: So what do you think has changed in JIPMER?

Dr. Verma: So, from what I've seen, JIPMER has changed a lot and I think it's become a little impersonal. And I think that there are too many students now, so you will probably have your own little gangs that you hang out with. While it's always been like that, back then, we also knew everybody else because there weren't many people in the student body. Academically, of course, I think it was amazing. But the college now has become so crowded and difficult to navigate that I can't recognize it anymore.

Montage: What was your favourite hangout spot back in the day, Sir?

Dr. Verma: Well, there were a couple. First, there was Singam. I don't know how familiar you are with it, as far as I know it's still there, and it's very seedy and very cheap. There was Urvasi (also known as Dhanlakshmi) and that's where we were every day. And during PG, we were there every day except duty day. Another place was Rendezvous, which was a favourite for many different people. I think you'll find that generation all grown up. It had become dingy by the time I left and I didn't want to go there anymore. Maybe it always us, but you just don't know. Mass was another hangout spot back in the day, right next to the bus stand. And Seagulls, of course. It was quite popular back then; it's in quite a prime location and has a sit-out balcony and the food isn't too bad. It was quite an institution for us then (laughs).

Those are all kinds of favourites, but where a lot of our hangouts happened was the hostel roof. That used to be where we had all our parties. People were jumping around there all the time.

Montage: Would it be fair to say that the friendships forged in college are what you remember the most, once you leave?

Dr. Verma: Yeah, I'm still in touch with all of them regularly.

I talk to Someshwar every week. And I talked to Rahul practically every day. I speak to Vinay when he picks up. These are characters in the book (*Just Keep Swimming*) and we were very close in the hostel. Rahul used to live next to my room. And so those kinds of friendships have endured. And I think they are the closest friendships that I still have. And apart from that, I also know that if I were in a different situation or different country, and I happened to come across someone from JIPMER senior to me, then we would instantly bond, because we would have extremely similar experiences. And that has actually happened. I worked with someone twenty years senior to me recently and we could bond very, very easily. Being part of a smaller student community helped us make friends.

Montage: That's great to hear Sir. So how have you kept in touch with your batchmates and friends over the years?

Dr. Verma: Now we have a WhatsApp group. I kept in

touch with some people specifically because they were closer to me. So I had their numbers and we used to call each other up. Everybody else is on the WhatsApp group, but I'm not particularly in contact with everyone on the group. In the 90s, before we had mobiles, we used to go up to our local STD/ISD stalls and dial the landline numbers we had shared with each other. It was a lot harder to keep in touch when you compare it to modern day connectivity, but in a way it worked out because you'd only end up talking to people you actively tried to talk to and vice versa.

Montage: Just to briefly touch on the traditions of JIPMER Sir; after reading your book, I felt like almost nothing has changed in terms of the traditions, even the events that take place now, and the senior-junior relationship. But then on the other hand, like you had mentioned, we have much larger batches. It's difficult to connect with everyone on a personal level. And I was wondering, if you had any issues with the divide amongst communities or languages or anything like that?

Dr. Verma: Not at all, no. That wasn't even a thing. There were absolutely no divisions. The only thing was, for example, there were a bunch of people from Hyderabad, they'd be called the 'Gults'. And the people from Kerala would be the 'Mallus'. But nothing more than that. There was no 'division' really, that I would speak of. Do you really worry about such things nowadays?

Montage: We do still have groups like the 'Gults' or 'Mallus', which sometimes get emphasised during elections to the JSA. All these groups are now very sizeable blocks and everyone wants one of their guys to be elected. At the end of the day, we do find a way to work with each other, but the process of getting there can get a little messy.

Dr. Verma: I'm sure there were politics within our elections too, because these are elections after all. But I don't think it was ever based on region, as such. It was more based on "This is my gang and that is your gang" or "I'm making someone from my gang the President" and so on. It wasn't based on regions or language or anything of that sort. And there were fights. People I know have completely stopped talking to each other over such fights.

Montage: Moving on, did you have any specific

pastimes or hobbies, Sir?

Dr. Verma: I actually can't think of anything. Our lives were very focused on going to college when you came back, we were just sitting on a chair and doing nothing for many, many hours of the day. Some people used to go to the gym, but I didn't really do that. You see, because we truly had nothing to do with our time, there was a lot more personality to our conversations, which used to stretch into the nights; hours and hours of just aimless chit-chat and exchange of gossip and the like. I mean, you could say that I could have used the time better. But I had a lot of fun.

Montage: You said you were in the Transport committee, in your first year in JIPMER. Were you a part of any other committee later on?

Dr. Verma: Back then, we didn't have a choice in the first year. You were just assigned somewhere, and you were usually sent to the Transport Committee if somebody felt that you could physically carry loads. They took one look at me and decided I could, so I was in the Transport Committee in my first year. After that though, I went to the Reception Committee when we organized Spandan, and that was mainly because the reception was the only air conditioned area in the whole place.

Montage: That's lovely, Sir. Now coming to your professional career, how did you decide to take up ENT as your specialty?

Dr Verma: I didn't really have anything specific in mind that I wanted to do. But there were a few things that I didn't want to do. I didn't want to do medicine or surgery because there were 3 more years of specialization after that. ENT seemed alright at the time. I think, the exposure during clinics gives you a better idea of what to do. And for me personally, I had to learn Tamil which was my main problem.

Montage: So how is your Tamil today, Sir?

Dr. Verma: I don't use it so it's disappeared. I can still make out a few things, though.

Montage: And coming to the clinical years, the clinical exposure starts in the second year and then continues with increasing intensity all the way to internship. And I feel like that isn't the case with a lot of other colleges

and it's very special to JIPMER. How do you think that helped you with your career later on Sir?

Dr. Verma: I think one of the unique things about JIPMER is the way the academic curriculum is structured, especially in the clinical years. So, we started our clinic, with a lot of the emphasis on history taking and getting the basics of the examination right for an entire year. Of course, what you actually did with your time depended on you, but the teaching placed emphasis on these aspects. And when you came back in the final year, you really were expected to know everything about history taking and examination. I liked that because we didn't have to listen to the same lectures on repeat, again and again.

I think JIPMER really helped me develop my critical thinking and the skill needed to connect the dots in medical practice. I think if not for the exposure and training I had in my undergraduate years, I really wouldn't be where I am today

Montage: So after JIPMER, as a practicing physician, what would you say was your most memorable experience with a patient? As in either academically or just as a practicing doctor.

Dr. Verma: The cases you end up remembering best are the ones where the patient ultimately dies. So it's memorable in that sense. There was this one patient that needed a tracheostomy. And we couldn't (do it) because the airway was extremely narrow. The patient actually ended up dying on the table, which is not something that you'd forget. It's memorable in that sense, but it's not a really a happy memory. And I remember another case, there was this patient who we treated for cancer. And he used to go and come. And eventually we decided that he'd crossed the point of no return and that cancer treatment would do no good for him anymore. I was volunteered to go break the news to the patient. I saw the change in his expression, a mixture of resignation and relief, perhaps at the realization that he needn't fight anymore. And again, that was the first time that I had experienced something like that. So, I think unless there was something that really stands out or means a lot to you personally, most of your memorable experiences will be sad, depressing ones.

Montage: How do you tread the line between empathizing with the patient and not getting overly emotionally involved? Especially when you're dealing with patients who do not have a good prognosis, how do



Dr Verma (second from left) on Graduation Day

you balance your mental health and empathizing with them?

Dr. Verma: I think it's something that you develop over time. Communication skills are really important here. Whether it's the tone of your voice or the words that you choose, or the speed at which you talk, or the space that you give to the patient. That's what empathy would mean, not that you are going to emotionally break down because your patient has got a cancer diagnosis. I think there is a line, but it's a bit artificial because you need to force yourself to draw and stay within that line. You need to develop that interface. All the time. I think it's a skill, one that most people end up learning to some extent as they delve into proper clinical practice. It isn't something that is actively taught in medical school, but at the same time it is not something that can be particularly taught as a lecture. Experience and practice is the best teacher in this regard.

Montage: Would you say that you were able to develop this skill as a student, as a resident or was that something that came later? Or do you think it came over time as opposed to something specific that you were taught?

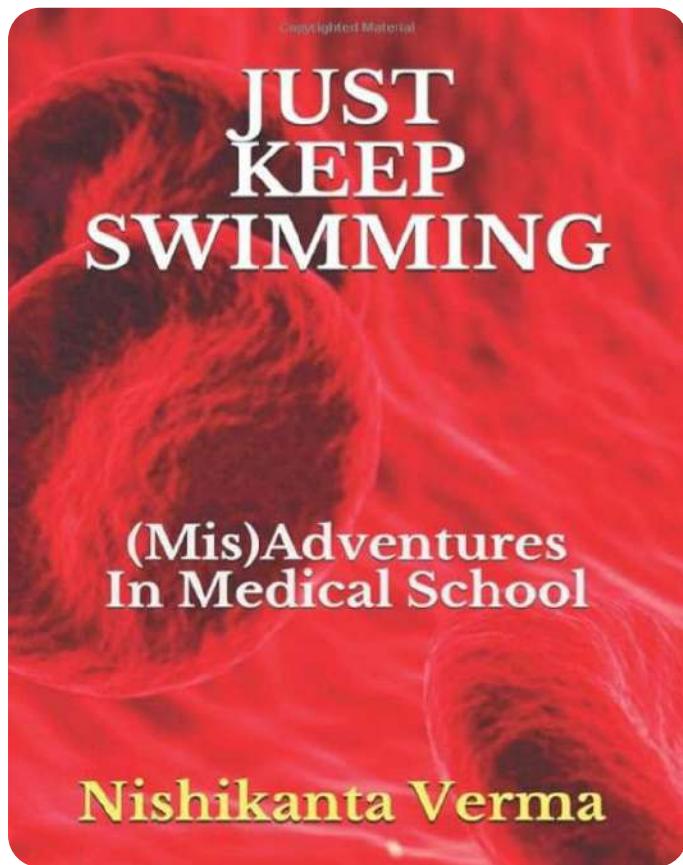
Dr. Verma: In my opinion, it develops over time. I remember this one patient I had in my OPD who came in with oral cancer. I diagnosed him and conveyed it to him. He stared at me blankly and I stared back. After a few seconds, I asked him to leave and make way for the next patient. I immediately felt terrible about it, but that's how you learn. Everyone ends up making mistakes and regretting them. I think that regret in

itself, is extremely important for you to grow as a person, by reflecting on and maturing as a result of your mistakes.

Montage: So as a doctor outside of work, what do you keep yourself occupied with and what does work-life balance look like for you?

Dr. Verma: Currently I work at a private medical college, and we're attached to a pretty major government hospital as well. My work is restricted to fairly reasonable hours, usually 8 am to 5 pm. There's some teaching in it, and there's some occasional practice in it. Work-life balance is great for me for now. Outside of work, I'm trying to get more into fitness. You know, it's better late than never. And I try to travel. I write occasionally when I feel like it. I even got into photography a while back, and I stuck with it.

Montage: To continue a little further about your practice as a doctor Sir. One thing that really struck me in your book 'Just Keep Swimming' was the phrase 'Everyone is essential and no one is indispensable'. And I think it's really important because we, as doctors, are used to putting in everything for any one patient. How do you think that feeds into the conversation about burnout among doctors?



The cover of Dr Verma's book 'Just Keep Swimming'

Dr. Verma: I think burnout is important to think about at the junior rungs of the hospital set-up, because there's just a lot more work and it's very repetitive and boring. I worked in PGI as an SR and I found the department to be quite toxic, to be honest. And a number of my colleagues who had been there as JRs tended to suffer more from burnout, because they had a lot more going on in their heads than just work. Whereas, as an outsider, I could switch off the moment I left the gates of the hospital, and I still think that's a very important thing. Of course, when you're at work, you're focused and present but it's important to find something else in your lives. I think a lot of doctors have issues with that today. They don't take the time to develop an interest outside of medicine. And I think it's important to think about those things early so that your work becomes a part of your life and doesn't take over your life.

Burnout can also happen if you feel stuck, and you've been stuck with the same thing over and over again. You don't see a way out. In those situations, I would suggest you picture where you want to be in 5 or 10 years and keep taking little steps to get there. So at least you feel a sense of something happening in your life.

That's another form of burnout which I like to call 'empathy burnout'. It is a little bit difficult to grapple with because I think it tends to vary from doctor to doctor.

As a clinician, you must be professional and you may keep yourself a bit detached, but at the same time unless you go in with a certain empathy in the first place, it's difficult to establish a rapport. I think the right kind of empathy actually develops as you go along. What I would say is, when you're with a patient, you should really be with the patient. And as a patient, you must feel that your doctor is with you. Completely. When you leave that patient, then you leave that patient and go either to the next bar or to something else. Don't keep thinking about any particular patient. That's what I would probably recommend.

Montage: As you mentioned focusing on parts of your life apart from just medicine Sir, I've noticed that you're into photography and traveling as well as your writing, as well. Are these all avenues that you focus on apart from medicine?

Dr. Verma: I think photography, travel and writing are kind of related entities because all three are solo

pursuits. You take photographs on your own. Even when you travel with somebody, what you see and feel is your own perception. And writing is a very individual thing as well. Again, I enjoy golf which is again a solo pursuit.

But I don't use these as an escape from medicine. I don't say 'I need to do something to not think about medicine'. You should do things because you want to do them. And you do medicine because you want to do medicine in the same way you do other stuff because you like to do other stuff. So you have your life in the hospital and you have a life outside the hospital. It's not always the best work-life balance all the time. But you have to accept that you cannot be only working all the time or only focusing on your life outside the hospital all the time.

Montage: Let me ask you this Sir; if not a doctor, what would you have liked to be?

Dr. Verma: I would like to be a writer. I would love to be a successful author, and all I have to do is just write. Of course, doctors can also be writers. There are some very good ones. But if you tell me that I can write for six hours a day, I would jump at that offer.

Montage: So actually to focus a little more on your writing. How did that come about? How did you decide to take up writing and come back come out with a book in fact, more than one books?

Dr. Verma: If I look back, I wrote a couple of newspaper articles in school, but that wasn't really writing. I didn't do any writing in college. I didn't even contribute to the magazine back then. So it started off when I visited JIPMER with some friends, back in 2011. It was a very nostalgic trip because I'd been there after a long time and things had changed. All of a sudden, I thought that I could start writing about my own MBBS. It wasn't a planned venture. I started out and as I wrote, I realized that I remembered loads of stuff. And so those memories became a blog, which went on for three years. And covered the time till my final MBBS. Later I thought I should write about internship as well and after editing it, it became a book.

There's another book on Cambodia that I wrote (*Three Days in Phnom Penh*). That was a more complicated story. The style of the book was inspired by another person who has written on a similar theme. But I wanted that book to be more like a historical narrative combined

with a descriptive account, with a more reflective style. I think there was an element of the exercise of empathy we were discussing before. There's a concept known as 'vicarious trauma', which I think is a phrase which doctors will find useful to know. It's the experience of internalizing someone else's trauma, perhaps when you're dealing with a patient's tragic situation or something like that. And it's somewhat common in people who work with refugees and disaster scenarios. And while I was in Cambodia and writing, it happened to me. It was one way of externalizing an internal problem. And that experience became my book.

Montage: Would it be a fair statement to say that your writing tends to draw from real life?

Dr. Verma: Absolutely. I'm very bad at writing fiction. I just can't think of anything to write. It's easier to write from real life because you don't have to imagine as much. And then you can add in your own bits and pieces. I haven't tried (writing) fiction yet. Maybe someday I'll write a book on JIPMER, with girlfriends and stuff, just add a lot of masala.

Montage: Since you write so much from personal experiences or things that you have seen and felt, do you think it comes with a certain vulnerability that is

WRITING IS MY WAY OF EXPRESSING
THINGS THAT I CAN'T OR
DON'T TALK ABOUT

difficult to express and put out there?

Dr. Verma: Yes, I definitely think so. But also, writing is my way of expressing things I can't or don't talk about. Writing is one way for me to express all those internal emotions.

It's probably where I'm most vulnerable actually.

And I think I'm comfortable with that because when I write, I don't expect anyone to actually read it. It's more like my personal diary, which just happens to be read. And I don't consciously stop myself from writing certain things. So everything comes across in a very unfiltered way.

Montage: So who would you say your literary influences would be, Sir?

Dr. Verma: Honestly, I can't think of any specific one. Like I mentioned, I drew inspiration from some previous works to write my book on Cambodia. But I can't name a particular author as a literary influence. In my opinion, everybody has their own style. And you should develop that.

I stopped reading a long time ago, which is a pity because I used to read a lot. And I stopped because my attention span has become very low.

Montage: Are there any novels that you particularly remember liking when you read them, Sir?

Dr Verma: I used to read a lot of John le Carré novels. And earlier, I didn't like them very much, because the story took too long to go anywhere. But then I really started to appreciate the language and the slow build up. I particularly enjoyed one of his earlier novels called 'The Spy Who Came in from the Cold'.

I also appreciate books by Ken Follett because he builds a whole world in each book. I used to enjoy Robin Cook's books, but it got a little repetitive after a while.

Montage: Sir, can we please have three book recommendations, just off the top of your head?

Dr. Verma: For nonfiction books, I would say that a book that influenced me would be a book called 'Survival in the Killing Fields' by Haing Ngor (and Roger Warner). That book really changed my life somewhat. And then there's a book that I read but am yet to implement, called 'Atomic Habits' (by James Clear). And finally, I quite like the book 'Sapiens' by Yuval Noah Harari. I thought it had some good points and gives you something to think about.

The books that I really don't like at all self-help books, I just can't stand them.

For fiction, I remember liking 'The Bourne Identity' by Robert Ludlum. That and 'The Murder of Roger Ackroyd', by Agatha Christie. There are so many, especially in the spy thriller genre.

I also used to read a lot of Dick Francis as well. I think I'd like to recommend a book called 'Airport' by Arthur Hailey. He explains how airports work, as part of a larger story.

Montage: Very quickly, can we have your personal preferences please?

Do you prefer prose or poetry, Sir?

Dr. Verma: Prose

Montage: And do you prefer to read fiction or non-fiction?

Dr. Verma: Nowadays, nonfiction

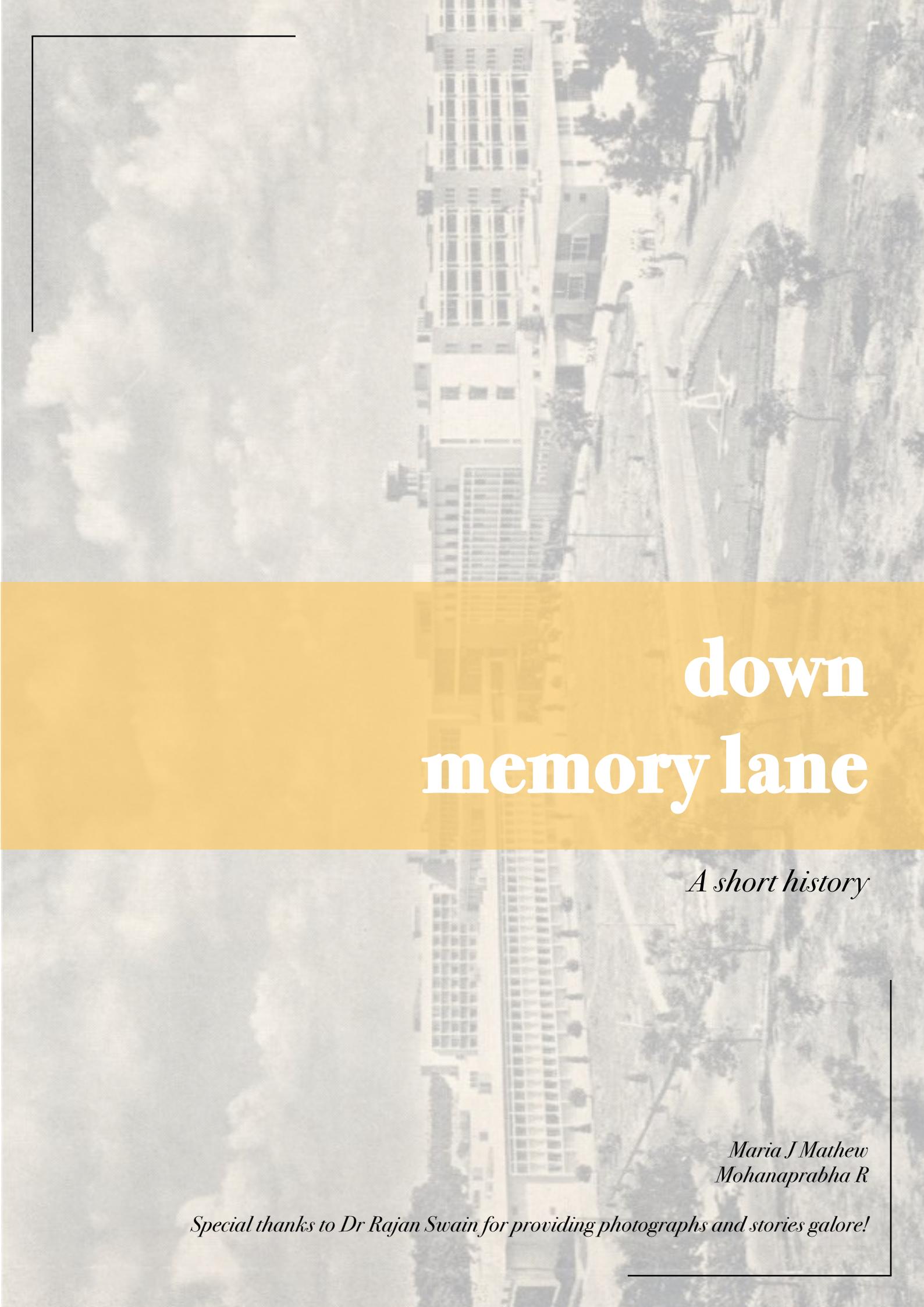
Montage: Sir, would you have any advice for people looking to us set out and start writing now?

Dr. Verma: I actually look for such advice myself. There's actually a book called 'On Writing' by Stephen King. He wrote a whole book devoted to the process of writing and how you should write. And I read it and it made a lot of sense, but I could never do any of those things he advised. For example, he advises you to have a quiet place, with a desk and you must develop a routine. Hemingway had his own advice. He said you must never finish everything that you want to write on one day, but rather leave something to write for the next day so that you don't get writer's block.

And that is all good advice. Setting out a time to just think or write is important, because it ensures you're consistent. And as long as you are consistent and writing daily, that's all you need. I think that's the advice that I would like to give.

Another thing I've come to realize is that I tend to talk to myself while I'm writing. It's almost like I'm writing to me, in a way. I hope some people might find that helpful too.

Montage: Thank you so much for taking the time to sit down with us, over two sessions, Sir! We really enjoyed hearing about your journey and experiences, and I'm sure our readers will too.



down memory lane

A short history

Maria J Mathew
Mohanaprabha R

Special thanks to Dr Rajan Swain for providing photographs and stories galore!

Our story starts in the quaint little town of Pondicherry (or Puducherry), often called the ‘Paris of the East’. Its name is a Tamil interpretation of the words ‘new town’. Pondichéry, as the French refer to it, was a port town used by the Romans in the 1st century and a flourishing trade centre. Historical records refer to it as ‘Poduke’, the name of the marketplace which operated in the town centre in the early A.D.s. Over the centuries, its importance declined gradually and it became a quiet village. In the 1600s, with improved maritime routes following Vasco da Gama’s ‘discovery of India’, and the subsequently burgeoning commerce conducted by eager merchants from the West, Pondichéry was established as a French settlement in 1674, and remained under French rule for the following 138 years.

Under French colonial rule, the town of Pondichéry grew from a fishing village to a prosperous town. During their rule, the French Governors focused on improving infrastructure, industry, law and education.

There continues to be confusion about exactly when the institution known today as JIPMER was actually established. Drawing from records stored in the Director (JIPMER) Office, it appears that the first medical school among overseas French colonies was established in Pondichéry by the then-Governor Napoléon Bontemps, in 1863. It was named L’École Médecin de Pondichéry (l’EMP) and trained Indian men and women to be doctors, midwives, health inspectors and vaccinators. Entrusted to the leadership of a Docteur Beaujean, the institute conducted several medical procedures while also training students through a five-year course of rigorous medical study. The first docteur médecin graduate was Docteur Paramananda



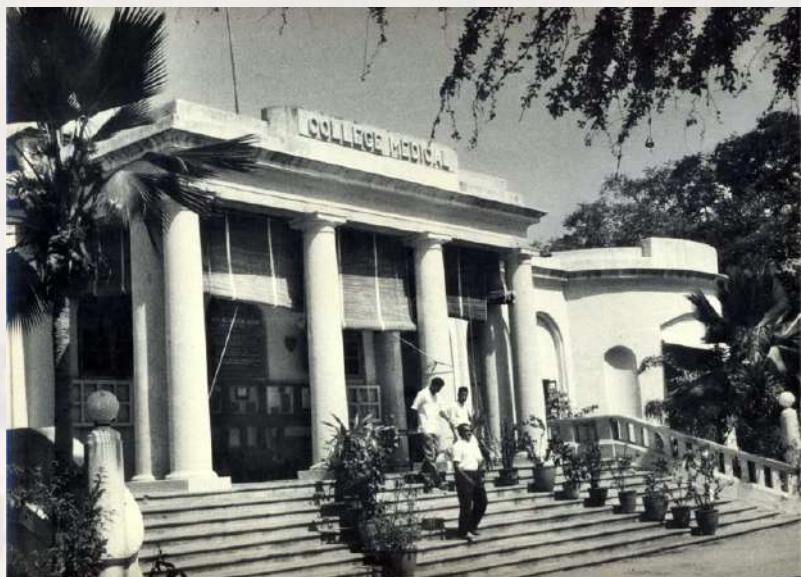
Sea view of Pondichéry c. 1850

Mariadassou, who went on to become a well-respected physician at Karaikal Hospital, while also authoring several medical books and teaching both Western and Indian medicine. The institute itself was located in the heart of the town, opposite ‘Le place de Gaulle’ which now serves as the Legislative Assembly Hall. It was one of the earliest institutions of tropical medicine and its teaching staff consisted of doctors of the French Navy and colonial troops stationed in Pondichéry. The doctors who played a pivotal role in shaping the École at the time of its establishment include Docteur Beaujean who taught medicine and surgery, and Docteur Huillet who taught anatomy and minor surgical procedures. The curriculum corresponded to that offered at medical schools in France, and was governed by the rules of the Bureau de Santé Français in Paris.

In 1956, the territory of Pondichéry was transferred to India and l’EMP was renamed as the Medical College, Pondicherry. For a short period, it was also called the



L’École Médecin de Pondichéry in 1952



Classrooms at L’École Médecin de Pondichéry



Dr Sushila Nayyar welcoming President Radhakrishnan

Dhanvantri Medical College. In 1964, the college was moved to a new campus in Gorimedu, located at the outskirts of the town. The same year, it was given its current name 'Jawaharlal Institute of Postgraduate Medical Education and Research' at an inauguration ceremony officiated by Dr Sarvepalli Radhakrishnan, the then-President of India.

The new campus at Gorimedu was vast, sprawling over about 190 acres. Over the period of two years (1964–1966), the campus grew as its infrastructure developed to include the hostels for girls (Curie House) and boys (Lister House and Osler House), as well as a separate hostel for postgraduate students (Harvey House). The lecture halls that are still used today were built as well,

and Banting Hall served as a library at this time! (For context: Banting Hall was the main auditorium of the institution and a site for many functions and revelries in its time.) Finally, in 1966, the main hospital block was inaugurated and the blood bank was commissioned, signalling the shift of all clinical services to the new campus.

Constant development of both infrastructure and clinical services have set JIPMER apart since its inception in 1964. The large campus, with a significant green cover, provides a pleasant space to all its employees and to the people who call it home. The original hospital block (now maintained as the Institute Block, IPD and OPD) has expanded over the years, to include specialized blocks for various patient services. In 2000, the Emergency and Trauma Block was inaugurated, while the Regional Cancer Centre was established in 2002. The Super Specialty Block was set up in 2009, and the Women and Children's Hospital was established in 2012 to provide pediatric, obstetric and gynecological services. The current Admin Block was inaugurated in 2001 and consolidated all offices spread across the hospital campus.

The facilities provided for undergraduate and postgraduate education have continued to be top-notch. Whether it be the large Central Library or the



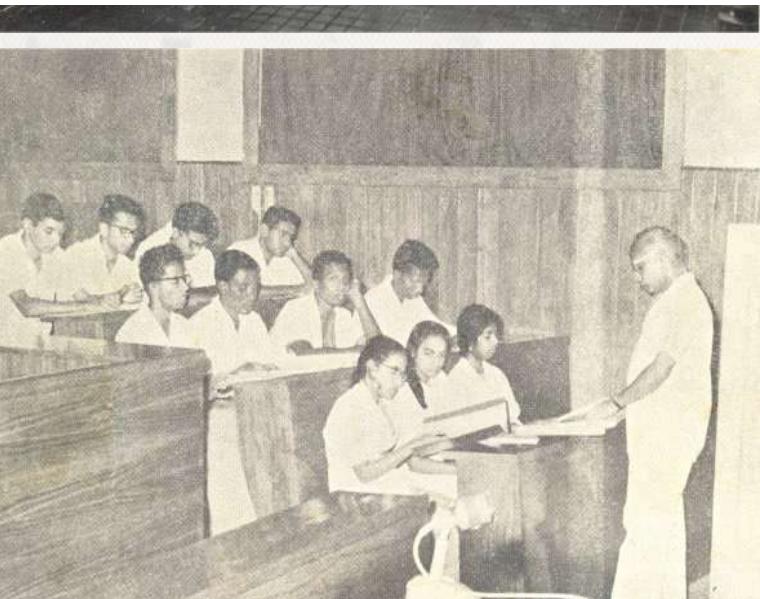
Panoramic view of the campus in 1974



Inauguration of hospital block (1966)



Out-Patient Department (1966)



Lecture underway at Pasteur Theatre

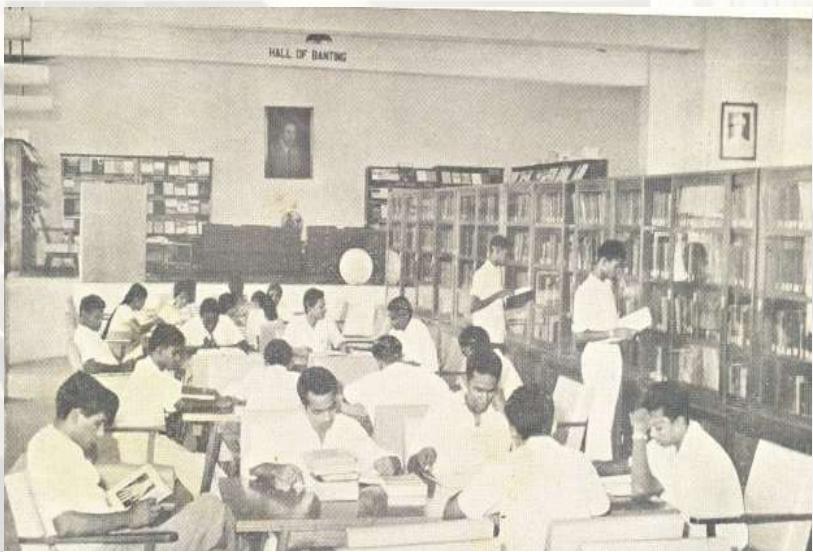


Performing dog heart experiment in Pharm. Lab.

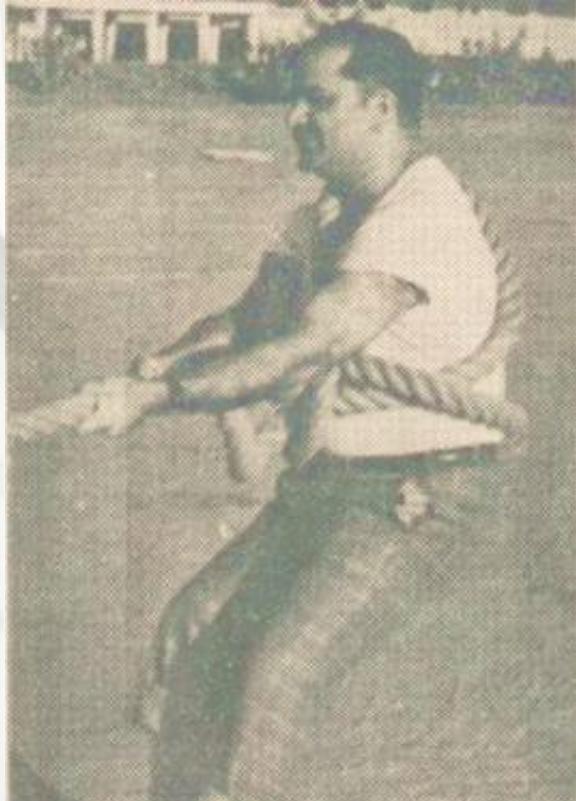


Anatomy museum





Library temporarily located in Banting Hall (1965)



Tug-of-war at Sports Day



Shramdan activities (1977)



Sports Day 1977



Freshers' Day celebrations (1976)



Receiving the shield for winning a football tournament from then- C.M. Sh. M. G. Ramachandran

various practical laboratories, JIPMER has always had exceptional infrastructure and opportunities to work and learn in a stimulating environment. The Central Library, as we know it today, was inaugurated in 1973. It houses a vast collection of medical textbooks, journals and reviews in both French and English. In 2016, the JIPMER Library undertook a major transformative process and is currently a full-fledged digital library!

Community outreach has remained a prime function of the JIPMER healthcare system. Services provided at the Urban and Rural Health Centres are supervised by medical officers and JIPMER interns. Frequent camps conducted under the aegis of the Department of Preventive & Social Medicine help in providing easily accessible, good-quality and affordable healthcare to the population of surrounding rural and urban communities. These activities are a part of the undergraduate curriculum at JIPMER, and have molded able, sensitive and innovative physicians over the years.



Camp conducted at Ramnathpuram RHC

Undoubtedly, it is the legacy of a long line of brilliant directors, teachers, clinicians, paramedical staff and the non-medical workforce of this institute, that makes JIPMER special. The focus on excellence encouraged by the principals, the superb teaching methods adopted, an outstanding work ethic inculcated by JIPMER's teachers and the unwavering bond forged among students and their instructors- these are what set JIPMER apart in a class by itself.

With a focus on extra-curriculars that is rare to find elsewhere, exemplified by the introduction of French and English classes as well as the appointment of a Physical Director, the institute encourages the holistic development of its young doctors and allows ample opportunities for new experiences and learning.



Central Library

Sports and cultural activities were, and are, a key part of JIPMER undergraduate life. JIPMERites have performed incredibly in both intra-college and inter-college tournaments across sports- including Dr S. S. Chadha Memorial Hockey Tournament and Dr S. L. Basu Memorial Football Tournament. The dominance displayed by JIPMER students in events like football and basketball has continued and been cemented



*(Top, L) Dr S Vengsarkar and (Top, R) Dr D J Reddy: former Principals of JIPMER
(Bottom, L): Mr Nagarajan, Physical Director
(Bottom, R) Mrs Apsara, Head of English Department*



Football Inter-Zonal competition: JIPMER (R) v. Tirupattur MC (L)

over the years. Numerous memorable matches which had spectators on the edge of their seats have been documented, and are remembered fondly. One of the most impressive stories would have to be the inter-zonal football match of 1970, JIPMER v. Tirupattur MC. Facing the reigning champions of the previous year, no one would have faulted the JIPMER team if they had ended up losing the match. But with steely resolve and fierce sportsmanship, the home team won the match on penalties and progressed to the tournament finals, much to the elation of the crowd.

In 1978, multiple inter-collegiate sports events were organized under the name ‘Les Jeux’ and included sports such as badminton and basketball, in addition to football and hockey. This competition is the precursor

to the Sports events conducted during Spandan today.

In 1964, JIPMER celebrated its first Sports’ Day, shortly after the inauguration of the institute in July.

Various track and field events as well as events like tug-of-war and high jump have since been instituted in this annual tradition which brings students and faculty together. This intra-college event allows students to showcase their athletic prowess and win accolades. Since its initiation, Sports Day has provided an opportunity for students to interact with their teachers and participate in some fun and frolic, alongside them. Sports Day continues to be a day of excitement for all JIPMERites.

Cultural activities have always been a big part of the JIPMER undergraduate experience. Each year brings with it a slew of events, each of which involves cultural performances. Dancers, singers, actors and musicians shine on Lister stage (and now on the APJ Abdul Kalam Auditorium stage as well), with vibrant, awe-inspiring



Hockey match at Dr S. S. Chadha Memorial Tournament



Girls' Basketball match



*First Sports’ Day in progress (1964)
Interestingly, Lister House can be seen under construction
in the background*

performances.

In 1980, various cultural and literary events were organized and named 'Les Beaux Arts', conducted alongside Les Jeux. In 1982, these two events were combined into the overarching festival of 'Spandan', renowned as South India's largest medical intercollegiate festival.

Every JIPMERite has abiding memories from Spandan, be it the endless toil prior to the event, the boundless excitement during the festival or the countless memories made among friends. Spandan is a unique and deeply personal experience while simultaneously bringing every JIPMERite into a collective space of memories. Perhaps it is these cultural, literary and sports events that transcribe 'JIPMER' into our DNA.

The overarching responsibility for student welfare lies with the JIPMER Students' Association. This body



Dance performance at Lister Stage

consists of elected student representatives tasked with communicating student needs and grievances to the Administration. The organization of Spandan is one of the primary roles of the JSA. Ensuring a smoothly running, enjoyable and exciting festival takes up many a sleepless night for the executives of the JSA.

Other exciting events crop up throughout the academic year. The Hostel Days- both Curie Day and LOHA Day- bring with them a measure of curiosity and anticipation. These are the days that boys and girls are permitted to enter each others' hostel rooms, and the enthusiasm is always through the roof. Accompanied by cultural performances and a gala dinner, Hostel Days allow students a night away from the humdrum of classes and exams.

The JIPMER experience is a unique and unmatched deep-dive into intense academics, rigorous clinical



JSA General Body meeting (1975)



Curie House, photographed in 1964

classes and postings, and demanding hours. Over five years, it is easy to lose sight of what we all came here to achieve. The gruelling journey can be disheartening, not only because it is long and tiring, but also because it can feel static, with no clear progress. But the beauty of the experience lies in the fact that not one of us is alone. We are joined by people who have gone before us and people who will continue to come after us. And it is these relationships that we forge with our batchmates, seniors and juniors that remind us that it is all worth it.

The companionship engendered by the necessity of living and working with the same people for five years, contributes to a palette of shared memories and experiences. From something absurd like the former tradition of an annual Lister v. Osler rocket fight on the eve of Deepavali, to something deeply touching like interacting with a patient for the first time, to something trivial like dragging a friend for tea to the shacks or bickering at the coops store, JIPMER builds a wealth of memories and experiences that we carry with us into the world outside. Each of us writes our own books, but JIPMER is the library that houses them all.

2023: year in review

Perhaps JIPMER's most socially, culturally and academically complete year since the vagaries of the pandemic, 2023 witnessed not only the revitalization of multiple JIPMER traditions, but also the birth of many new ones. Despite most of us living life on campus from one exam week to the next, it's safe to say we've stunned even ourselves with how much we've managed to fit in those intervals. It gives Montage immense pleasure to take you through some of what we've accomplished as a community in one of the most memorable years on campus.

*Manas Kudlapur
Wafiq Ahmad
Aditya S
Sampada Guha
Sarvesh B*

Pongal

On 15th January 2023, the Tamil community in JIPMER came together to celebrate Pongal. The assembled audience was enthralled by a classical Kuchipudi dance performance, and the soulful rendition of the song “Khamoshiyan”. JIPMER’s Drama Club ‘Operation Theatre’ had the crowd in splits with their hilarious take on a father-son relationship in a comedic skit.



Saraswati Puja

Held on 26th January 2023 on the auspicious day of Vasant Panchami, the Bengali community in JIPMER organised Saraswati Puja to celebrate the onset of spring as well as the Goddess of knowledge, music and arts. The puja commenced at 10 am, followed by prasad and aloo khichdi bhog distribution. Later that evening, students, residents and prominent faculty members including Dean (Academic) Dr. Vikram Kate, Dean (Research) Dr. DM Thappa and Director Dr. Rakesh Agarwal attended the Sandhyaarthi, succeeded by a gala dinner in the common mess facility, attended by more than 400 students, residents and members of the faculty.



Republic Day



Republic Day, as always, was a festive recollection of our nation's rich heritage of democracy and enfranchisement. The tallest national flag in Pondicherry, located in our very own campus, was hoisted by the Director at 6:30 am, following which cultural performances by MBBS students set the tone for a revisit of our colonial shackles and what it took to establish our own national identity. Replete with patriotic songs and symbolic dances, this Republic Day celebration was truly one to remember.



Ugadi

A festival known for the 'Ugadi pachadi' that combines sweet, salty, sour and bitter; Ugadi is symbolic of the flavours of experience in the coming year. This year, students and faculty of JIPMER gathered in APJ Auditorium Dining Hall to celebrate Ugadi. Much talent was on display with group songs, Carnatic solos, dances and a violin performance.



Interclass 2023

Spread out over the entire calendar, JIPMER's interclass, as always, had a myriad of events take place with pomp and fervour. From L&D's debates, JAMs and quizzes (including the second edition of Fundamentals, a logic-trivia challenge) and Cult's band battles and dance-offs, all the way to Informals' fun games and SSC's charitable initiatives, the whole year was peppered with lively chatter and friendly banter mixed in with traditionally healthy competition.

During the never-dull sports tournaments, Interclass saw the entire spectrum of emotions on display. Interbatch rivalry was in top gear and fierce competition was the chant of the hour, and yet, somehow, everyone came out a little closer to their seniors and juniors than they were before heading in. Notably, 2k18 won their final basketball and cricket interclass tournaments, while BSc kept their football winning streak going. 2k19's volleyball team upset their seniors one last time, while 2k21 and 2k22 put up impressive performances in the track-and-field events.



Holi



The annual event all of JIPMER eagerly awaits - Holi, began with cultural night, Satrang, on 7th March at Lister stage. From group dances to stand-up comedy, a drama performance by 2k21 inspired by Pirates of the Caribbean, and a band representing each batch, this event showcased true JIPMER talent. The highlight of the night was 2k17's last band performance where they stunned the crowd with Indian classics like Navarasam. Stalls were set up - including food stalls, a Photo Booth, shooting games and an L&D stall on Humans vs ChatGPT. On 8th March, students gathered at Lister ground, armed with organic colours, for the much awaited "Shami Gulaabi" to celebrate the colors of friendship.





Returning after a painful four-year exile, Connaissance's rebirth from the ashes of COVID cancellations was a moment of triumph for JIPMER's budding researchers and clinicians. Spearheaded by the batch of 2k19, Connaissance saw extensive organizational hurdles being jumped by students to organize over a dozen workshops in departments ranging from Medicine to Surgery, from Biochemistry to Orthopedics. We threw open our doors to delegates from all over the country, who were eager as ever for a taste of JIPMER's famous hospital exposure and clinical skill development.

On the other front, research enthusiasts presented their papers and posters, while also participating in a specially curated quiz on research methods and study designs. Some truly exemplary projects and presentations impressed even JIPMER's decorated faculty.

For the first time, JIPMER ventured into the world of intercollegiate Model United Nations, with a prototype of a dystopian committee designed to combat worldwide health crises – the Model Health Assembly. Receiving over a hundred applications, MHA was a resounding success with delegates debating foreign policy and medical ethics over three days in JIPMER's own mini auditorium.

Independence Day

On India's 76th Independence Day, JIPMER students and faculty came together to commemorate the brave hearts who sacrificed their lives for our freedom. The event began in front of the admin block by hoisting the national flag, accompanied by the national anthem. Then, the Director addressed the gathering, speaking about JIPMER's growth as an institute of national importance. This was followed by the choir singing popular tunes like "Ae mere wattan ke logo" and dances to songs like "India Vale" that aroused much patriotic fervor.



Spandan 2023: A Coastal Odyssey



From August 28th to September 3rd, our campus hosted delegates from all over the country for the week long extravaganza that was Spandan: A Coastal Odyssey.

A myriad of sporting, literary, informal and cultural events took place, with participants showcasing their spell-binding skills. Rising above a competitive field full of athletic prowess and tenacity, it was JIPMER that came out on top overall in the sporting events. With their countless displays of artistic talent and ingenuity, AFMC clinched top spot in the cultural events. Aside from the nail-biting competition, Spandan also provided several nights of unforgettable entertainment. Thaikkudam Bridge kicked off the pro-shows, burning their way into the memories of all in attendance with their sizzling beats. Chinmayi Sripaada was next on the list, and she delivered an enchanting performance filled with divine melodies. The week was filled with DJ nights perfect for letting loose and expressing emotions through dance. As is tradition, Dernier Cri took its place as the swansong of the fest, stunning the audience with audacious fashion ideas and acting as the last gust of wind in the sails for this Coastal Odyssey.



Ganesh Chaturthi

Titled Vakratunda – JIPMER's annual Ganesh Chaturthi celebration was held on 19th September to mark the birth of the elephant deity, God of prosperity and wisdom. The decoration of Ganapathi, commonly called aras, took place the preceding day. The puja took place in the main auditorium's dining hall, in the morning, attended by students and faculty, followed by the visarjan the subsequent day.



Gandhi Jayanti

October 2nd - the birthday of the Father of the Nation was celebrated with much enthusiasm by JIPMERites in Gandhi Park this year. Students recited sections of holy books - Quran, Guru Granth Sahib, Bible, Bhagvat Gita, highlighting unity in our religious diversity. The audience enjoyed songs like Vandnam and Raghupati Raghava. The event culminated with snacks provided.



Onam

On October 8th, students and faculty gathered to celebrate Onam, which marks the homecoming of King Mahabali. It started with games like lemon and spoon and musical chairs, followed by musical performances with traditional instruments. After a mesmerizing kathakali dance performance, students welcomed Mahabali with a shower of flowers. Exhausted after vadamvali (tug of war), participants relished the traditional Onam Sadhya for lunch. The night culminated with cultural events – tiruvathira, duet dance and different dance forms from Kerala.



Pre-Grads and Convocation



A colorful event where we bid goodbye to the batch of 2017, the stage was lit with performances of not only the students and residents but also the ever-talented faculty of JIPMER. From music to fashion shows, the event was a fitting tribute to JIPMER's latest outgoing batch of doctors.



The Convocation Ceremony on the following day was an exciting and emotional day for the youngest group of doctors graduating from JIPMER in 2023. We wish the batch of 2017 all the best for their future endeavours.

Quizzing Events

Carrying forward JIPMER's legacy of recreational academic indulgence, the JIPMER Academic committee organized a series of medi-quizzes this year.

Episteme

A pioneer experiment undertaken by the academic committee by conducting an online extravaganza with blistering questions from the subject of pathology.

The Spandan Quizzes

The biggest fest of South India was even more invigorated when the academic committee came out with two mega quizzes which attracted a huge number of people .

Renowned Major Chandrakant's medical trivia in his own eloquent style and a general trivia named TS Jaishankar memorial which had a unique set of questions hosted by major himself was a great experience for the participants accompanied by a huge cash prize for the winners.

Muthukumaran Rolling Trophy

The most prestigious intra-college quiz in JIPMER - The Muthukumaran Rolling Trophy Memorial Quiz was held with high expectations, with the syllabus spanning the entire medical curriculum. People participated in teams of two and set the ball rolling.



Participants at the Muthukumaran Memorial Quiz

Interclass Quizzes

The interclass competitions could never be complete without a quiz. This year was rather quite a blast as there were two quizzes, namely a senior quiz and a junior quiz. Both of which were a great stage to flex your quizzing skills.

The Connaissance Quizzes

One of India's biggest scientific fests – Connaissance 2023 had a wonderful quizzing session – comprising of a scientific quiz and a research methods quiz - attended by eager scientific minds of the country

Higatsuku

The Japanese word faithfully abided by its connotation in this quiz where the first year minds were 'ignited' and intent on putting all their wits to play to arise as the winner in a first-in-JIPMER grand stage exclusively set up for them.

Matrix 1.0



Participants at the Muthukumaran Memorial Quiz

The new initiative by the academic committee to try out the most clinically oriented quiz was a remarkable success. With never-before-seen rounds like 'Trust' and 'bedside clinics', matrix set itself a high standard which it is bound to meet or even exceed in the following year.

The formation of Quiz Club

One of the most important developments to occur this year, intended to foster the interest of quizzing amongst young minds was the formation of the quiz club.

Started with the aim of introducing the new batches to the world of quizzing. The quiz club has undertaken various initiatives to pique interest and inculcate JIPMER's quizzing spirit

JIPMER Premier League

Cricket lovers assembled with all their enthusiasm and thrill, two irrefutably indispensable entities in the tournament which witnessed a lot of teams participating in front of a massive audience. Set with a premise of unique rules, a team of 6 play the game, of which only 4 could be men. The league was such a banger that wait for the next season continues while the champions continue to celebrate.



Osler Premiera

A brume which arose from the sea on the solstice and spread inland engulfing JIPMER was vanquished by the invigorating Osler Premiera which brought out an adrenaline rush among the entire JIPMER community. With the same rules as that of Futsal played with a time duration of 10-2-10, the Osler Premiera had its participating teams decided via random draw. The winners were Hamstring United, and the tournament ended with as much fanfare as it began.



stories in scrubs

Special thanks to all alumni, faculty and students who contributed to this section.

A PROPHET IN HIS HOMETOWN

Dr Rajive Mathew Jose

There is a saying in the Bible that ‘a prophet is never respected in his hometown.’

It comes from a story when Jesus visits Galilee where he was born, and the locals don’t give him much respect.

This is probably true for doctors as well. Many of them don’t practise in their hometowns. That may also be partly to avoid non-payment by relatives and friends.

However, my mother was determined that I earned all the respect due to me as a doctor, in her hometown as soon as I graduated from JIPMER. During my first leave after internship, she insisted that I go and visit my grandparents.

They are my mother’s parents. I call them ‘appachen’ and ‘ammachi’ as is the custom among Syrian Christians.

I wasn’t keen. I had planned a trip to Cochin with my school friends on bikes. It will now have to wait.

My father is also not overly keen. He is more concerned that I might eat something ‘ammachi’ has cooked and may get sick. He is not brave enough to say it openly though. He made some subtle suggestions about going after lunch and getting back before dinner.

I don’t blame him. I have been there many times. The general hygiene of a house where two old people live is what you can imagine.

I set off after lunch. On the way I stop at a local bakery to buy salted biscuits and rusk. It is an age-old tradition.

It is a one hour bus journey and a half-hour walk. The last fifteen minutes is through a rubber plantation. The house is halfway up the hill in the middle of the rubber trees.

The afternoon sun shone with all its brightness till I entered the plantation. Once inside, the green canopy of leaves offered a pleasant shade. The small gaps in the leaves let rays of sunshine through, which looked like spotlights. The ground was soft and mushy from the fallen leaves. Even during the day there was a chorus of crickets in the background.

The house was more dilapidated than I had imagined.

Outside the veranda there was a line with a string of rubber sheets which had a pungent aroma.

Appachen sat in the front room in his reclining chair. On the settee next to him there were heaps of newspapers and periodicals.

There was an excitement in his eyes on seeing me. He shouted out to ammachi to come and see ‘our doctor grandson!’

The next minutes as you can imagine was an expected display of grandparental affection, both verbal and physical. At the culmination of it, ammachi brought a cup of tea. As I lifted it, I remember my father’s caution which was not misplaced. There was a whiff of sardines on the cup.

I sat down thinking of what to talk about after the usual formal questions. At that point I made a fundamental mistake.

I asked a question which as a doctor you should never ask when you visit relatives.

“How is your health appacha?”

Appachen looked at me with forlorn eyes. He signalled something to ammachi and she disappeared inside. She soon reappeared with a plastic carry-bag which bore the name of a textile shop.

This bag, dear readers, is a ubiquitous presence in most Indian houses occupied by old people.

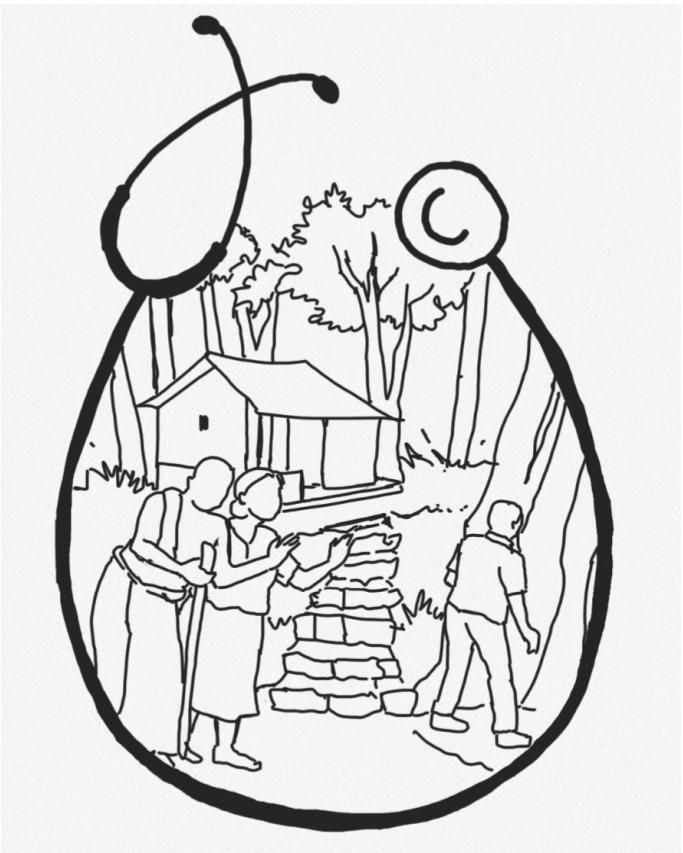
It usually contains various medical prescriptions from aeons ago, blood reports, X-Rays and scans.

This bag was no different.

“Show him the ‘essray.’” Appachen commanded. I was handed a set of ‘essray’ films .

Against my wishes and judgement, I lifted the X-Rays and held against sunlight. I wanted to say that I was not an orthopaedic specialist yet, but later decided against it.

On the half faded chiaroscuro, there was what seemed like a faint shadow of the backbones of a human skeleton.



"What do you think?" asked appachen.

What do I think? At that point I didn't think much apart from having a painful déjà vu of a forgone viva.

I simply tried to count the vertebrae and found that the third and fourth lumbar vertebrae were missing. I soon worked out that it was the act of some insect residing in the bag than a yet undiscovered medical curiosity.

"There is a lot of wear and tear," I said.

"What about the disc?"

I wanted to tell him that intervertebral discs are radiolucent and not visible on X-Rays. What I said however was different.

"The discs seems to have a bit of bulge"

Appachen nodded in approval. "That's what Itty doctor also said".

I presumed that 'Itty doctor' must be the local medical practitioner.

"I have gas trouble." It was ammachi's turn. She let out a loud belch to prove her point.

I didn't say anything. Over the years I had heard the term from various relatives, but not quite worked out what the pathology behind it was.

She handed me a prescription folded many times. I opened it with utmost care and tried to figure out Itty doctor's writing. I couldn't, so I told her that the medicine was fine.

"I have severe piles." It was appachen's turn again.

"Both internal and external piles." Appachen sounded a bit of an expert on the topic.

I nodded.

"I tried Itty doctor's medicine, but there is no improvement."

"We went to see Father Thomas at the church," Ammachai said.

For a minute I wondered if their parish priest was a piles expert as well but ammachai soon clarified.

"He has a special prayer for the sick. We said the prayer for two weeks. Somehow it hasn't helped."

Appachen looked at me. "What do you think?"

What do I think? An intractable illness where Itty doctor and God almighty has given up on has been referred to me, with an entire one year experience as an intern.

I tried to refresh my memory of haemorrhoids from surgery posting. It also brought back the unpleasant memory of trying to inject some class of sclerosant injections into haemorrhoids in the side room under torch light.

"Do you want to have a look?" I was interrupted by appachen.

I shuddered at the suggestion.

"No appacha!"

"Don't you want to see?". There seemed to be a bit of disappointment in his voice.

"No... it is not that I don't want to see. There is...no need to see."

I instead delved more into history. After all, Hippocrates taught us that history taking was the most important part of Medicine.

Appachen insists that I write him some medicines.

I wrote a prescription for 'Fibogel' and 'Pilex ointment'. It is not something I learned in Pharmacology. I remember seeing it in the room of a hostel neighbour who was afflicted by the same malady.

"Is there any 'padhyam'?" Ammachai asked.

(Padhyam is an Indian concept of dietary and lifestyle restrictions which accompany any treatment. In many instances it adds an aura of mystery around the proposed treatment and how it works. Food, as you know, is extremely important in our culture. It does more than provide nutrition. There are 'hot' and 'cold' foods. There are certain food items to be avoided in different illnesses. It is not as simple as avoiding sugar for diabetics or salt for hypertensives. For example, you shouldn't have lemon pickle after a dog bite!)

I thought for a moment and spoke.

“Don’t eat chicken.”

“What about mutton?”

“Mutton is fine.”

“Eggs?”

“Ducks’ eggs are okay.”

“Beef?”

“Yes”

“Pork?”

“No”

This was not based on any scientific literature. It was important to have credibility and trust of the patient and family.

Once the meats were finished, ammachi started listing common fish and vegetables and I randomly answered ‘Yes’ and ‘No’ as I was looking at a flattened spider on the wall. It looked like it had been hit with a flat object, likely footwear. I also remembered that it was there during my many previous visits.

It was late afternoon, and I could see the crimson tinge in the horizon through the rubber trees.

I told them it was time to leave.

Amamchi gave me a bag to carry home. Peppercorns and cardamom from their garden. She also gave me a sloppy kiss on my cheeks.

Appachen got up with difficulty and muttered his blessings placing his hands over my head.

As I was walking out, I thought about what ordeal awaited my cousin, John who would be visiting them next week. He had just graduated with a degree in Electrical Engineering from the Regional Engineering College at Calicut.

He may be given the task of fixing their broken mixer-grinder and electric fans.

The thought brought a smile to my lips as I walked back through the mushy rubber plantation.

The path was even darker, and the crickets chirped even louder.

I also realised that prophets are respected in their parents’ hometowns.

And loved.

WHITE COAT IN THE WINDOW

Adam

Clinking vessels and lively chatter
Hurried footsteps and echoing laughter
In a not so clean hospital canteen
Hustle and bustle is just routine

Whirling fans in the background
Live electric fencing all around
Unperturbed by all commotion
Liberally soaked in copious emotions
A dirty white coat on the window
Whispering agony hanging in limbo

Every stain with some story
Torn pockets weak to carry
The doctor’s cloak once so bright
Alas now the canvas a sorry sight
Patiently waiting for a healer
A dirty white coat on the window



Dt Rajive belongs to the MBBS Batch of 1990, and was the Editor of Montage during his time at JIPMER.

Adam belongs to the MBBS Batch of 1993, and currently works as a Professor of Neonatology.

THE WAR STARTS

Dr Jimmy Mathew

The journey through Palakkad is always scenic. The place was a hole in the wall of the Western Ghats. This mountain range stretched between Kerala and Tamil Nadu, lush green, like a barricade between neighbourhoods, festooned with moss.

I was on the way to JIPMER: Jawaharlal Institute of Post-Graduate Medical Education and Research. I had been chosen to do my three year residency in Surgery there. This would enable me to add an M.S (Master of Surgery) to my name. That would mean I had become a qualified surgeon. The thick evergreen woods on both sides of the road slowly became fields of paddy and sugarcane. Then the land took on a dry earthy hue as the greens disappeared. Occasional oil palms thrust their heads high in the air, finally free from the oppression of the coconut trees.

The change of scenery affected me like the bereavement of a dear one. I was never far from home. I could have chosen to go away from Thrissur for my Medical School, but I didn't. I had always liked to stay put. But some things were inevitable. My mother had told me that I had been very hard to wean from the breast, fighting bitterly for my comforting right.

One had to travel twelve hours by bus to reach Pondicherry, a small seaside town nestling by the beach in the middle of Tamil Nadu. When we finally reached the place, what struck me was the profusion of two things: bars and bicycles. Tiny cubicles selling liquor lined the roads, while a melee of bicycles thronged them. As Pondicherry was a Union Territory, the taxes were lower than the State of Tamil Nadu in which it was enmeshed, making the demon brew in all varieties substantially cheaper than the surrounding areas. People came from far and wide to slake their thirst for ethyl alcohol and drown their existential despair in its watery haze. Poorer people from all over Tamil Nadu and even from the nearby State of Andhra Pradesh travelled to Pondicherry to come to the Central Government-run institution of JIPMER. Free tertiary medical care was what they came for.

The auto stopped outside the gate and I could see the

arched gateway and high wall. The narrow median on the road was lined with sleeping men and women, like sardines lined up on the slab at a fishmonger's. They slept soundly, oblivious to the whir and horns of the vehicles that fled past. I learned that these were patients waiting after fixing an appointment.

It took days, on occasion. Some were relatives whose near and dear ones were admitted in the hospital.

A few modern buildings enclosed in acres of lush campus met me as I walked past the gate. It was as if you had walked into an air-cooled room as one came in from the hot, dry and dusty world just outside. A thin slice of green Kerala preserved for me. I felt happy about that. About everything else I felt anxious. This was the place where I had to spend the next three years.

Colossal tales, both awesome and intimidating, were the stuff of urban legend among medical students about the three most prestigious central government set-ups, of which JIPMER was one.

After a flurry of formalities that lasted half a day, I stood in front of the unit in which I had to work. Two consultants and Four residents.

The contrast was unmistakable. The Unit Chief and the associate were immaculately dressed and draped in pressed white coats. The residents looked as bedraggled as a bunch of beggars clad in coats that must have been immaculately white once upon a very long time ago.

"Ah, the new guy. Please report tomorrow by seven a.m. to the ward. Join them. They will be there." The unit chief indicated the residents by a sweep of his hand.

I ran back to the Institute's administrative office. I had to get into the hostel and settle down by tomorrow.

Many friends had warned me that after the duties start, it may become impossible to take time off.

By evening, I had a small room at Harvey House, the residents' hostel. The fact that I could do this much in one day told me that JIPMER was ten times better than any public sector health care facility I had hitherto en-

countered.

I slept on the hard cot, with a sheet that I had brought from home rolled up into a pillow. I slept fitfully, and dreamt of monsters in surgical masks picking at my exposed liver. I was awake by six.

I entered the surgical wards. I could see residents rushing to and fro, looking preoccupied.

Some stared at me for a second and moved on. One tall slim chap with abundant hair falling into his eyes spoke to me.

"I am Arjun Shetty, the final year resident in S4. You are with us. Come." He motioned for me to follow him. I went with him to a large ward. It was filled with cots like a sheet of postage stamps.

Each cot contained a sick human being. He explained to me that he had already seen and examined most of the patients.

There was a chart hanging at the edge of every bed. He had written a list of blood tests and other investigations that had to be done.

My job was to do them. After conveying this, he went back to examining the patients.

I ran around frantically. Where were the syringes and needles? And the small bottles to put the blood in?

I had to sift through stacks of papers to get at the right form that had to be filled with the patient's IP number and details.

I asked the nurses for directions. They laughed at my discomfiture.

"The new guy," they said to each other. "Poor chap."

I drew blood from a dozen veins. I labelled dozens of bottles. I filled out scores of forms. But I never talked to any patient. I couldn't remember any of their faces.

The work had to be done before the consultants came for their rounds.

Just as I finished with it and wiped my brow, Shetty was at my elbow.

"Keep all the wounds and dressings open for the consultants to see," he said casually.

I ran around once more. Donned gloves and removed the dressings. Sped to the waste bin and back like the pendulum of a clock doing its thing.

Gloves appeared and disappeared in my hands in the twinkling of an eye.

"Don't waste gloves, doctor," the head nurse said. I barely heard her. She glared at me.

The consultants came with the authority and manner popularised by kings of yore touring their inherited

kingdom. The Unit Chief was the emperor and the Associate Professor his faithful vassal.

The Senior Resident, Dr. Ramesh Pai greeted them with respect bordering on reverence. Senior Residents are those who complete their MS and then join back on one year contracts for work experience.

We went from one patient to another. Arjun Shetty presented the cases and new developments, if any. Dr. Pai added appropriate sounds whenever needed.

"This is the jejunal perforation with peritonitis. Today we can start oral sips, Bowel sounds have come back, sir," Arjun Shetty said.

"Yeah, sir. Totally settled. No problem there," Ramesh Pai said.

"This is Thursday's or yesterday's?" the unit chief asked.

"Wednesday's, sir."

"Oh, okay."

It went on like that for an hour. All the patients had to be seen. Apparently, we had to be quick. Today was our unit's admission day. That meant we had an outpatient clinic to run today.

Patients with general surgical problems as well as our previously treated patients will come from far and wide to see us. Patients coming to the emergency room for the next twenty four hours with surgical problems had to be seen and managed by us.

The routine work in the wards had to continue through all this. We had two such admission days every week. Then there was one Sunday every month.

"And don't forget the two routine operation days every week," Arjun Shetty said, as we walked to the Surgical OPD. I learned that Raj Sunder, the second-year resident, was already in the ER and managing the patients there.

A hundred patients were waiting in the OPD. The consultants and the two residents started seeing patients one by one. I loitered here and there trying to be inconspicuous.

I accompanied Arjun Shetty to the adjoining minor theatre to drain an abscess, dress a painful wound, or to do a sclerotherapy injection for piles.

Each procedure was accompanied by protracted screams from the patients, as no anaesthesia was available.



"We cannot afford to post everything under anaesthesia. Whatever can be done here we have to finish," Arjun Shetty explained, as a particularly piercing scream reverberated around the narrow room.

I felt slightly overwhelmed. I was trying to take it all in when the door opened and a fair short young man barged in. He had a hassled look.

"What took you so long, dammit? Chatting with the nurses in the Emergency Room? The OPD is busy, man." Arjun Shetty raised his voice.

I assumed that the newcomer must be Raj Sunder, the second year resident.

"The bloody casualty is already full, man. Two ulcer perforations and three diabetic foots for amputation. Five call slips already sent to the theatre."

"Gosh. That is fast. The day is just beginning. You do one thing. Take the first year with you."

Shetty removed his shit-stained gloved finger from a

patient's anus and waved it at me. Then he put it back in.

I ran with the patient down to the casualty. The casualty, or ER, was in an adjacent building on the ground floor. We ran far enough to become breathless by the time we reached.

I had seen Emergency Rooms before. My internship was at a busy government set-up at Trichur. They were all hot, stuffy and filled with patients.

This one was hotter, stuffier and brimming over with people. Metal trolleys lay scattered all around, with a patient in each. Relatives and companions of the patients milled around, with bulging anxious eyes.

"Take BUSE, catheterise and start intravenous line in these patients." Raj Sunder pointed at three trolleys, one after the other.

"BUSE?" I asked.

"Blood urea, sugar and electrolytes."

I got down to work. The first patient was a thirteen year old child. She was very sick. She seemed to be gasping for air.

The child had a bad infection in the soft tissues of her thigh and leg. She was as hot as an oven to the touch. The parents stood by the side.

"Operation will save her, sir?" the mother asked.

I opened my mouth to speak. Then I remembered. There was no time. I merely nodded, finished with her and moved on to the next patient.

I learned one thing very rapidly. Here you started at the bottom. That meant doing all the work. I had to draw blood and send it to the lab. Then I had to run to the lab three floors up to collect the reports.

If I wanted a quick ultrasound scan for a patient, I had to push the trolley, with the patient in it, to the radiology department half a kilometre away and then beg the Radiology resident to do it fast. I had to change dressings at lightning speed and then run up to the ward and do the dressings there.

Arjun Shetty and Raj Sunder came and went. They took turns to go to the theatre.

The senior resident Ramesh Pai was mostly in the theatre and came down only occasionally to examine a patient and take some crucial decision or the other.

"Don't fuck up, fellows. It is all on my head. Tomorrow Benz and Cads will eat me alive if there is any screw-up," he kept saying.

I learned that Benz and Cads were nicknames for the two consultants.

By seven in the evening, my mind had become blank. I had forgotten about food. I took occasional gulps of water from the water filter kept in a corner.

Events went by in a blur.

I lost count of the number of patients that I saw and sent up to the Operation Theatre. I wondered what was happening there.

The next patient, a fifty year old man with a bloated abdomen and gasping breaths, put a stop to my wondering.

Raj examined him. "My God, this is peritonitis. Very advanced. He must have been walking around with a perforated ulcer for two or three days. How could he do it?"

Inadvertently he had slipped into Tamil and the patient understood his words.

"I have a daughter to marry off," he said weakly. An

eighteen year old girl stood by her, crying bitterly. "She has no mother. Save me, doctor. I have to marry her off. It is my duty. She will have nobody."

"Don't worry, we will take care of you, Uncle." A group of men stood around. They looked like thugs. I guessed they were distant relatives. Or, were they?

The girl, still crying, looked at them with something like fear. I understood the dynamics perfectly. I could make out why she was crying so much.

This patient's name was Muniyandi. I went to work without delay. The BUSE, the line, the urine catheter.

Call slips duly filled up for the theatre. Arjun Shetty came in and saw the patient. Then he looked into my zombified face.

"You had better go and give the call slip in the theatre. And stay there for the case. I will come up with the patient."

I ran. I felt relieved to go into the air-conditioned theatre. Besides, that was what I was here for, wasn't it?

When the patient's abdomen was all painted and draped, Arjun motioned me to stand by the right side of the patient. I did so, puzzled. To assist, one had to stand on the left side.

"You can open the abdomen."

The nurse handed over the knife to me. I had seen many abdomens being opened. First the skin, then the superficial fat, and finally the thick leathery sheath in the midline, taking care not to injure the underlying membrane bulging with fluid and intestines.

Arjun Shetty guided me throughout. As I punctured the membrane and entered the abdominal cavity, a gush of greenish pus erupted like lava.

"I will take over from here," he said. We switched sides.

It was a duodenal ulcer perforation. The duodenum is a part of the intestine where you get ulcers. If one neglects it, the ulcer can perforate into the abdominal cavity.

The food and fluids from the intestine will escape into it. So would billions of bacteria, leading to catastrophic infection.

Arjun Shetty washed out and cleaned the abdominal cavity with litres of saline. Then he closed the hole in the intestine with sutures. His hands moved deftly. Then he closed the abdomen in layers.

I stayed and assisted for one more case. Shetty did the entire thing. It was a case of obstructed hernia. A loop of intestine had got stuck in a natural hole in the groin.

This time as Shetty did the surgery he was chatty.

“Doing residency is all about survival. You have to just hang in there. Just do it. One day at a time. No point in wasting your time thinking about what you are doing. And a thick skin helps.”

I nodded through the surgical mask.

“When you deal with consultants, there are three rules.”

I perked up my ears.

“Be available. Be affable. And don’t try to be capable.”

I looked up.

“I mean, more capable than them,” he clarified. I nodded. It was all common sense.

We walked down to the ER. It was past three early in the morning. I felt dizzy. I wanted to sleep, eat and go to the bathroom all at the same time.

My entire body ached. I had a bad headache. I looked longingly at some of the trolleys that were empty.

We found Raj Sunder sleeping, curled up in a foetal position on top of a bare table half his size. I wondered how he did it. I later became an expert at it.

Arjun Shetty gave him an unkind prod in the ribs. He woke with a violent start that was almost comical.

“Get up, you bugger. Let us take rounds.”

We went around the patients still on trolleys. Most of them were stable. All pending surgeries were over. Some patients had gone to the ward.

Suddenly Shetty pointed to a corner. The thirteen year old girl with blood infection was still lying there. Her surgery was pending. We crowded around her. Shetty shouted at Raj. Raj made semi-defiant mumbling voices.

“Will she die, doctor?” the mother asked again.

“An operation has to be done fast,” Shetty said, as he moved away from the girl’s earshot. The parents followed him.

“It is highly likely that she may not make it. Even after the best treatment that we can give,” he said.

This was the longest conversation I had heard with a patient or their relatives on that and the previous day.

“We will take her home, then,” the father said. His voice was cracked. But he did not cry. He had work to do. He went outside to get an autorickshaw. The mother was in tears.

“Make them sign LAMA,” Arjun Shetty ordered. I

looked at Raj quizzically.

“Left Against Medical Advice,” Raj said, as he hunted for the form. “If she dies, they are not allowed to get the body back to their native village by public transport. The private ambulances will charge enough to ruin them. That is why they are so anxious to get her back while she is still alive.”

I realised then that a lack of money was sometimes worse than death. It becomes an overarching concern. Priorities get twisted then. They balance themselves on their head.

For us, survival was the only aim for the period of our training. For a large proportion of our people, survival was a hard task at which they had to toil every day for all their lives.

I felt a momentary pang as I saw them carry the girl, half-conscious, out into the road. But I had to run to the Surgical ICU with Raj.

Muniyandi, whom we had operated on, was getting severe chest pain and breathlessness.

Shetty told me to run one floor down and get the ECG machine. I pushed the heavy thing along the corridor, up one floor and into the ICU.

Raj connected the leads to Muniyandi’s chest and pressed some buttons. A strip with ECG reading came out.

It was a revelation to me that a doctor could take an ECG like that. Until now I had seen only technicians do it.

Shetty thrust the ECG at me. I leafed through it.

“Looks like Myocardial Infarction. Heart attack,” I said.

“Are you an expert?” he asked. I shook my head.

“Run down to Casualty, wake up the Medicine Senior Resident on duty and show it to him.”

I ran. I was becoming good at it. I shook the Medicine Senior Resident awake. I felt no hesitation to do that. My finer sensibilities were fading away. That was good.

He read the ECG in between muttered curses. The patient had a heart attack. He would send his Final Year.

I ran back. By the time I reached, the patient had died. Arjun Shetty and a critical care resident tried resuscitating him for twenty minutes.

I pitched in with chest compressions on my knees after jumping onto his bed. I was drenched in sweat in minutes.

"Abandon it. He is gone," someone said.
I would have liked to say that I felt despair and remorse. But I felt only relief.
The night was over. I was looking forward to some breakfast, a bath and some sleep.
We walked slowly to the hostel.
"You got to open the abdomen on the first day, bugger!" Raj slapped me on the shoulder.

My mood lifted a little. It had been a long twenty four hours. I had already learned a lot. I had learned the routine. I had become efficient at doing what had to be done. My squeamishness was gone.

I hardly noticed that I was sweaty, smelly and that my underwear was drenched with the fluid spilled over from the abdominal washes.

I had forgotten the dying girl and the dead man whose abdomen I had opened. I didn't think about his eighteen year old daughter or her large, hunted eyes.

On my bad days, even now, I wonder what had happened to them. And scores of others like them. There were too many.

I was so good that they let me open an abdomen on the first day. I had done it with finesse. I felt a glow of pride. I had learned to bask in the satisfaction of competence rather than the satisfaction of work. For a surgeon, the former was easy to achieve, and the latter would always be a mixed bag. I was on my way to being a fine technical surgeon.

"Be back in the ward in an hour," Arjun Shetty reminded us. I gave a small jump.

"There is no duty-off?" I squeaked.

Arjun Shetty and Raj Sunder laughed like hyenas enjoying a decaying carcass. I felt like one. It was not going to be easy. But I had to do it. I clenched my teeth.

TWO SIDES OF A TABLE

Dr Rajeswari Aghoram



I sit and hear,
But do I listen?
To the plaintive voice of the pain within.
I peer through a scope,
But do I see?
The shattered life, yearning for hope.
I minister drugs,
But do I care?
For the person sitting in that chair.

Yesterday I fell.
And now I am on the other side
Hoping you will see,
You will listen,
And you will care.

Dr Jimmy Mathew belongs to the MS (Surgery) Batch of 1999. Currently, he is a Reconstructive microsurgeon and Professor at Amrita Institute of Medical Sciences, Kochi.

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CANCER, STARVATION AND HAPPINESS

Dr Karthik Ajith

A wiry old man sat mute in front of me and looked on as I read his case sheet. His wife sat next to him in a blue nylon saree and was almost as thin as her husband.

"He has throat cancer and can't eat, that's why he is all skin and bones." My senior muttered, after taking a quick glance at the case sheet.

"Her husband has throat cancer, that's why she is all skin and bones." I thought to myself.

He was wearing a grey baggy shirt that once used to fit him, but could now fit both of them. His bony arms rested, without weight, on the doctor's table and the skin on his face was stretched thin along the outline of his cheek bones. The hair on his balding head wasn't as white as I would have expected it to be.

Right next to his sunken cheeks and over his dry wrinkly lips sat a black bushy moustache.

An untrimmed masculine moustache that sat proud on his hollow face.

"This is definitely not a dying man's moustache." I thought.

The case sheet had many pages in it and each page had notes in different handwriting. I looked at the man, his wife, and the case sheet multiple times.

I was holding years' worth of pain.

The papers were written with blue and black ink, but his story bled out of them in shades of red.

His chronicle of suffering was coming to an end and they knew it. They were not here for a cure, not at this time of the night.

They were here because the tube that was inserted down his nose, bypassing the lump of cancer that closed his throat, to keep him fed, had come out accidentally.

They were here so that starvation wouldn't get him before cancer did.

In the last 3 hours, many residents tried to snake a tube down his nose. Emergency medicine referred him to the ENT duty resident, and when even they failed,



they referred to the Medical Gastro resident, but to no avail. They had sent him back to emergency medicine, where I, a mere intern, was burdened with a task that many above my level had failed at.

The room seemed to be growing smaller and the silence grew louder by the moment.

"Try da," my senior said, before turning his attention to the patients who could be saved.

I gloved up, grabbed a nasogastric tube, and coated it with anaesthetic gel.

His wife folded her hands and prayed before I started pushing the tube in, her eyes turning skyward. I was glad that she wasn't looking.

The old man looked back at me in silent submission as he positioned his face exactly as he had been taught.

There was no hope in his eyes.

In fact, there was nothing in his eyes.

He grunted a little as I took my time, slowly moving the tube back and forth down his nose. I could feel the resistance at the end of the tube. The cancer was fighting back.

I stopped when he gagged and pulled the phlegm covered tube out.

I looked apologetically at both their faces. They looked back helplessly, but without blame.

I took another tube and asked their permission to try again.

The cancer seemed more adamant this time, but instead of forcing my way through, I tried shimmying the tube around to find a way past the tumour.

It took me a ridiculous amount of time, but the tube moved ahead.

I didn't celebrate, not yet. The tube accidentally went into the windpipe instead of the food pipe in many difficult cases and I wanted to make sure that this wasn't the case.

We took an X-ray and to my surprise, it was indeed in the oesophagus. I secured the tube with a million additional plasters and scribbled down some notes.

His wife thanked me over and over, her eyes wet and her hands still folded. She smiled a tired smile of reprieve.

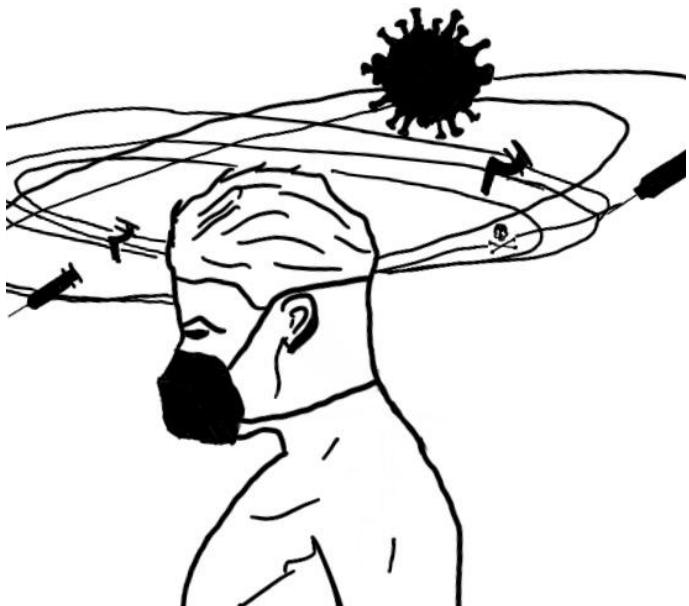
He didn't smile, but his eyes were no longer empty.

Happiness comes in different shades, I guess.

This one came from a lubricated tube that would let an old man die without hunger.

COVID-19

Dr Ashwath Duraiswamy



As memories of last year unfold
A year of tumult, chaos and problems manifold
I rack my brains to remember with fear
To see who first wished me a Happy New Year!

A year marked by acts of random kindness
And taught mankind to live with mindfulness
A time... when nature, briefly, ruled from its abode
While the earth switched to standby mode

Whilst the men in white were cracking the viral code
Doomsday predictions, myths and false hopes strode.
Covid made household names of the esoteric R.0 and HCQ
While the jobless and destitute joined the dole queue

As man stood up to counter this stranger
The virion strode like a colossus and spelt danger
Unsung heroes and warriors sprouted all over
And kept fighting for their loved ones till it was all over

While there was an abyss in our earning
It paved the way for serious microbiological learning
Huddled into our isolationist holes
Under grim conditions, medics performed their roles

Dr Karthik Ajith belongs to the MBBS Batch of 2017.

Never in our living memories
Would we have heard such stories
Of bravery, stoicness, courage and sacrifice
Of utter disregard of science, bungling and avarice

The world enjoyed a respite from habitual violence
We learn to appreciate that inner space and silence
Whoever would have imagined that those minuscule
RNA strands
Would lock up lakes, mountains and lands ?

When every utterance of someone in a white coat
Became a Twitter thread and a fanciful quote
When we prayed to Shiva, Allah, Christ or Mahavir
Or alternatively dexa, clexane and remedesvir!

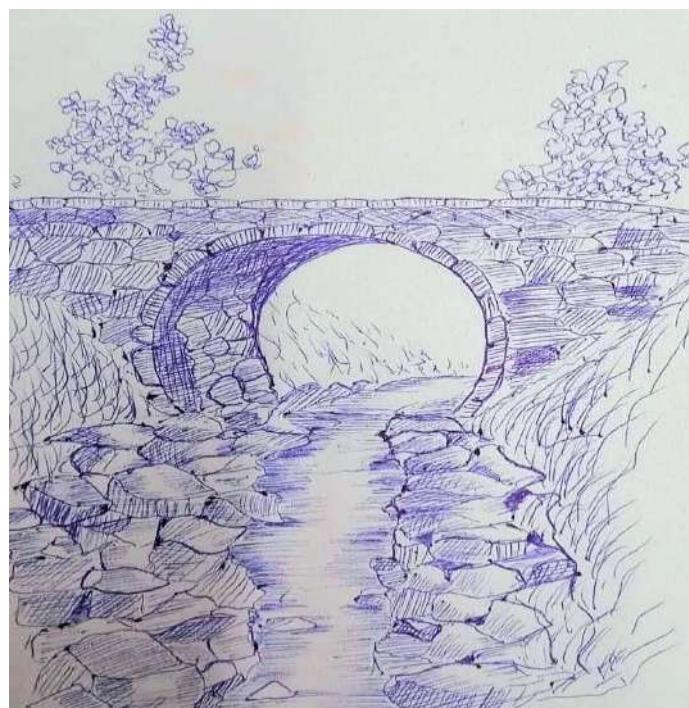
I shudder to think of all of this and run in fear
Away from that soul who first wished me a Happy New
Year!

WATER UNDER THE BRIDGE

Adam

Those were the days
All now in haze
Veins with young blood
Hormones gushing like flood
Biceps with proud bulge
Secret crush rarely divulged
At the drop of a hat
Anger surged just like that
Violence and moments brimming with grudge
Much water has flowed under the bridge

Those which bothered all the while
Now I pass with just a smile
Each sun baked in the east
Is just for me to pause and feast
The chirping birds
And the babbling brooks
O Lord, What more do I need?
Truce with me and no more greed
Much water has flowed under the bridge



Dr Ashwath Duraiswamy belongs to the MBBS Batch of 1986. Currently, he is a consultant in Pediatrics and Neonatology at Kovai Medical Centre and Hospitals, Kovai.

*Adam belongs to the MBBS Batch of 1993, and currently works as a Professor of Neonatology.
Illustration provided by Dr Nayana Prabha*

THE EMPEROR

Dr Jimmy Mathew

THE GOOD thing about high hierarchy set-ups like JIPMER was that by final year, you had some illusions. I mean, you were looked up to by a small group of people. First year was slavery. The second year you are a glorified slave. The only difference is that then you are a second year slave. That was no consolation. But you definitely do move up the ranks. In third year, I was still somewhat of a slave. But it was slavery of a sneakily different kind. One with some responsibilities. But a final year resident could be a hero among other slaves. Some students hung around you like flies around some waste product. The comparison was apt, as you usually smelt faintly of sweat, grime and pus from the previous thirty six hours in the hospital. I was also supposed to oversee the work of interns and residents junior to me. They may not obey you. Then you can complain to no one. But the responsibilities are yours. The senior residents expect you to do them. The consultants will talk only to you and the senior resident. I had to lord over my minute battalion of slaves by raw moral force.

It was six in the evening, and some students wanted me to take a class for them. I dashed to the toilet and liberally gargled my mouth with the antiseptic chlorhexidine kept in a corner. I had not brushed my teeth in the morning. I had not gone back to my room after the previous night's duty. Then I rushed back. The students were crowded around a patient who had an abdominal swelling. I took a quick class for them.

"It could be a Hepatoma. It is a dangerous tumour and very vascular. It bleeds heavily if you operate on it and sometimes the bleeding is difficult to control. Some surgeons consider it to be an emperor among intra abdominal tumours," I concluded. I spied Sindhu looking at me from the corner of my eye.

Sindhu was an intern posted to our unit for two months. She had been with me for the last few weeks. The women had to tie their hair at the back inside the hospital. That was the rule. Now it was six and the official hours were over. The tie was gone and the hair hung loose. A silky cascade in a stylish layered cut framed a distractingly beautiful face. She was light brown, like

milk chocolate. And looked, to me, as delectable as one. I moved away from the students. Sindhu seemed to exert a gravitational pull and I drifted towards her.

"Did you send the blood sample for Anpazhagan?" I asked her.

"No, I didn't." She smiled seductively and pouted at the same time. The schizophrenic expression mesmerised me into silence. "I have no interest in surgery. Let us go out for a coffee."

The wind got knocked out of me with a faint but audible whoosh. I reeled from the pleasant pummelling feeling. The reprimand that I should have uttered hung in the air like a disembodied question mark.

I had been trying to muster enough courage to ask her out alone for a coffee for the past four weeks. And this invitation affected me like a million rupees thrown into the air in crisp notes. The stupid sparkle in my eyes would have been obscenely obvious. She didn't want to walk to the nearby coffee shop. So I took my old Maruti 800 and we drove to the beach road. She crinkled her nose at the cluttered and tattered interior of my faithful vehicle.

"It is an old car. But I like it," I said defensively.

"Get a new one," she said.

We had a great night out. The food at the beach side cafe was interesting. She was interested in me, or so I thought. I was interested in her. It was one big interesting evening. She asked me about Surgery. She just could not understand how anyone could be interested in such a morbid speciality. But she leaned against my body as we came out of the restaurant.

On the way back, a most interesting thing happened. The car stopped and I could not start it. It had a habit of breaking down at crucial moments, just like some members of the gentler sex.

"Your car is useless, and so are you!" she fumed. But she was smiling. I did not smile. I felt humiliated. Sud-

denly a sleek sedan pulled up in front of us. Two tall men in safari suits alighted and walked over. "Is there any problem, madam?" one asked. "The car will not move," she said. Together the men pushed the car to the side of the road. When I hesitated to board their car, Sindhu said that she knew them. Then they drove us back to JIPMER. Nobody said a word on the way. "See you tomorrow," she said shyly. I walked back to the resident's hostel.

"Hey man, a very interesting thing happened." I narrated the entire evening's incidents to my friend Harish, with special emphasis on the men in safari suits. "I cannot shake off the feeling that they were shadowing us all throughout," I said. "You mean to tell me that you honestly don't know?" Harish asked me. I gaped at him.

"My dear innocent Romeo, Sindhu is the daughter of the Chief of Police in the province of Pondicherry. Her mother's father is a minister in the current state cabinet of Tamil Nadu. Carry on, and you might become an emperor in this corner of our country." He shrugged, "Or they might bump you off. Who knows?" Harish had a flair for cheap drama. But I half believed him. How else can one explain the safari suits?

The next day dawned, as it always did in JIPMER, and the sun came up with a sense of urgency. One had to be in the wards by seven in the morning. It was again an admission day. Every fourth Sunday we had to undergo the agony of thirty six hours of work, while many of our friends spent the afternoon wading knee deep in cheap beer.

Sindhu came in at eleven in the morning. She was a law unto herself. Her self-proclaimed disinterest in surgery was an excuse. I could easily empathise with her. I could forgive her for anything, though many of my colleagues thought otherwise.

The casualty was full by noon. As our senior resident was on sick leave, I was the man in charge of admissions. This happened only rarely. And it was a holiday. This meant that I was the Chief Surgeon on duty for that Sunday in this high volume centre. The consultants were on call, but they were ensconced in high exalted orbits and usually not to be disturbed.

I ran around like a mad man assessing each patient by turn. I couldn't bark orders, as that was not in my nature. I whispered urgent requests and followed them



up with a forced smile. I handed out to-do lists and lubricated them with a wry joke or comment. A couple of intestinal perforations were operated without incident. I sent up a second year resident to do an amputation on a patient with a gangrenous limb.

By evening I felt the abdomen of a middle-aged man. He had fever and vague pain. The liver was swollen. I pointed this out to my team with a flourish. I was relaxed by then. The duties had become routine. That is how self confidence is born. It is a product of knowledge and experience. More than that, I tell you – it was a result of the work becoming a pure habit.

This case was a liver abscess. An ultrasound was needed. That was routine. I used to go with the patient to Radiology for every scan. It was two floors up and in another building. One can see the images and discuss with the resident in Radiology. As the patient was being wheeled out for the scan I rose to go with him.

Sindhu tugged at my sleeve.

"It is six in the evening and you expect us to work like dogs without even a coffee break?"

"When did I deny you that? Please go."

She looked at me with her smouldering eyes. Some girls have that ability. They can smoulder their eyes and increase the intensity at will.

"You have been ignoring me the entire day. You thought I didn't notice?" Her full lips puckered in a Bollywoodish show of pique.

I stepped outside with her for a cup of coffee. Some colleagues passed snide comments. That is the problem with India. Indians are notoriously intrusive. One cannot have a cup of coffee with a girl you like in peace. I felt like running off to America after completing my surgical residency. That would not be a bad idea. Sindhu had told me that her ambition was to get to the US. That was for her studies? No. She did not mention any further plans regarding her training. I would have explored this angle further but I had to get back to the ER.

Velmurugan, the man with the suspected liver abscess, was back in Casualty after his trip to Radiology. The ultrasound report was pinned to his case sheet. The duty resident in Radiology had given a straightforward report of a liver abscess. He had marked a point on the chest wall where you could put a needle to drain out the pus.

That was promptly done. But we got only a few drops of blood-stained fluid. But then, that was okay. I put the patient on antibiotics used for amoebic liver abscess. Sometimes the pus was too thick to come out by needle. We had to wait for the antibiotics to take effect before doing anything further.

Further cases kept me busy. The key factor in emergency duty was not to forget any patient. Especially those who were not operated on, but were on medical treatment. We had a tendency to think that they will remain stable. But they may not. So you have to keep checking them. Sindhu distracted me by asking for my help in writing up a project in biochemistry that she was doing. This was crucial in applying for a position in the US. I had to help her.

The night went by in a blur of patients, procedures, pleasant chatter and episodes of partial sleep. I came out of the theatre at four in the morning. Then I started to see the patients. Velmurugan was in shock. His blood pressure was very low. The abdomen was hard and board-like.

My diagnosis was instantaneous. The abscess had ruptured and the pus had spilled from the liver to the general abdominal cavity. This would lead to peritonitis. The bacteria breed exponentially in the cavity of the abdomen. Fluid seeps in from the body to counter the irritation. The lost fluid leads to shock. The fluid becomes pus. The infection enters the blood and, well, you get the general idea. Things were not going well for

the unfortunate patient.

We had to operate on him. Open the abdomen, wash out the pus and put drains. We had to do it fast.

“Blast you, man. The patient is in shock. He is very pale. How much is the haemoglobin? Where is the electrolytes report?” the Anaesthesiology Senior Resident whined. There is this silent war of egos going on between the surgeons and the anaesthesiologists. Sometimes, it was not so silent.

“There is no time to do all that,” I said.

“Then I cannot give you the case.”

“You have to. I am putting it as ‘No delay’,” I countered. It was an extreme move, but I felt that it was justified.

Requesting a case as ‘No delay’ made it mandatory for the anesthesiologist to accept. But if it later turned out to be an unreasonable use of an emergency option, I was in a bad spot. It would lead to unpleasantness at the highest levels. Polite abuse would fly in the form of interdepartmental memos between the offices of the chief of surgery and the chief of anaesthesiology. A very impolite version of this abuse could be directed at me. But that, one could face later. Now the job had to be done.

As I cut down on the many layers of the abdomen, my friend Gopalakrishnan, the second year resident, retracted the skin for me. As the last layer of the abdominal wall was cut, we entered the peritoneal cavity; I expected that rush of pus.

But what came out was blood. Thick and scarlet, it bubbled out in a frightening torrent. We opened the abdomen fully. It took us a few minutes to suck out all the blood. There were litres of it.

“Where is the blood?” the Anaesthesia resident barked in anger.

“It is everywhere, man,” I thought. But I understood him.

“He needs to be transfused blood. You morons, you haven’t arranged for any blood.” The anaesthesia senior resident ran around frantically, looking for bottles of the colloid solution that could temporarily stand in as a replacement for blood.

Meanwhile I was equally frantic. What was the source

of the bleed? Suddenly it was obvious: the needle. We pulled the liver down from under the chest and we could see the brown smooth roundness of its surface. There was a small point on it from which blood trickled slowly out. Needled livers do bleed, sometimes. Usually, it stops on its own. I inhaled with relief. This small point should be easy to control.

Now we have opened the abdomen. We could see the bleeding point. It was a tiny, tiny hole. Everything was going to be alright. I cauterised the bleeding point with the electric cautery. I had done it many times. When that didn't work I took some stitches over it. This had to be done carefully as the liver was a friable organ. Then I kept the hole pressed for ten minutes.

Then I did them all over again twenty times. At first I was cool. Slowly my confidence evaporated and my actions took on a feverish tremulousness. The needle hole sat nonchalantly, leaking blood in a steady stream. I had never seen anything so consistent. Nothing changed its unvarying, murderous rhythm. I called my consultant over. He couldn't do anything more. We tried every trick in the book. "It is time to pack and pray," he said. He took two large mops and wrapped it around the liver, tightly wedging the bleeding area between the chest wall and the liver. Then we closed the abdomen. "That will stop it. It should. It is only a small needle hole after all. We will take him in again after two days and remove the packs."

By the time I came out, it was morning. When we finished the routine work, it was time for lunch. Then I got a call from the surgical ICU. Velmurugan was dead. His abdomen looked bloated. A swollen bag filled with blood. Killed by a needle.

I walked back with heavy steps. Harish crossed me in the corridor. "Why so glum, O Emperor of Pondicherry?" he called out. I ignored him.

Then I had a sort of epiphany. Emperor. The emperor of all tumours.

I ran to Radiology. Velmurugan's scans were still in the computer. I looked at them carefully. An inexperienced man might mistake it for an abscess of the liver. A young consultant in radiology was looking over my shoulder. "Did you say liver abscess? Looks more like a hepatoma," he said.

I got out early from the hospital. The campus looked as leafy as before. The cheerful lushness contrasted with my mood. Sindhu came up behind me.

"That patient is dead," I said.

"I heard. So sad, isn't it?" She acted glum for a moment, and then piped up.

"Let us go out. Today is my treat." She linked her arm in mine. The gesture was unexpected. I should have been thrilled. But I felt nothing.

"I have to go to the mechanic, and then take my car back. It is still parked on the roadside, remember?"

"Forget it. You get it tomorrow. I will call my dad and ask him to send the BMW. With driver." She smiled dazzlingly.

"I am going to walk to the mechanic right now. It is two kilometres. If you want, you can walk with me."

"I can't walk that much. Are you crazy? Why walk when we can go in my car?" she said.

I gently disengaged her arm from mine and started walking. She did not follow.

In completing my medical training and then choosing Surgery, I had stumbled upon, some might say, an emperor among professions. But that did not make me an emperor. It made me a servant of it. The emperor was a hard taskmaster. It did not give me much space. And I had none left for anyone else. Not now, anyway.

And I didn't want to be emperor. At least, not yet.

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HIV- POSITIVE

Dr Ashwath Duraiswamy

Year 1994:

KEM hospital, Mumbai.

11 year old boy, Anant Patil from Kolhapur.

Chief complaints of progressive pallor and fatigability for 1.5 years,

Investigated at Kolhapur,

Diagnosis: Aplastic anemia.

Treatment suggested was frequent blood transfusions and antibiotics as needed.

Suddenly, the Kolhapur hospitals refused to admit him and asked him to go to Bombay for further investigation.

I received the child on my duty,
Father had ran away from the house.
Mother had committed suicide 6 mo ago,
Uncle is solely in charge.

He was in septic shock and pale as paper.

Investigated:
Bombshell : 1
HIV POSITIVE

The reason why the hospitals at Kolhapur refused transfusions.

On further investigation, it was the reason for the mother's suicide.

The villagers accused the mother of a bad character and suspected her of being the cause for Anant's HIV status.

Diagnosis- 3A syndrome:
Anant
Aplastic anemia
Anaadhai.

When the uncle knew the serology report, he disappeared overnight.

Pediatrics Ward 3 became his *vedanthaangal*.



In those days, in a government setup, where even sterile gloves were rare, very few PGs or nurses would go near Anant.

He was very fond of me and since I almost lived in the ward, he would help me arrange patient files and investigation charts.

He knew his counts and cultures by heart.
However sick he was, that smile of eternal hope never left his face.

We would discharge him and he would work in the suburbs of Bombay, where he did edupudi velai and got some money and shelter.

Every admission would be a crisis because his disease was treated with danazol and supportive care only.

My brother-in-law used to go abroad very often and gift me souvenir t-shirts.
Whenever they faded a bit Anant would get them.

He used to be thrilled that someone gave him something other than blood and androgens and antibiotics.

My PG training was coming to an end, and I was posted to the NICU, in a different building from the wards.

One fine day, I got a call from the unit chief of PICU, Dr Uday Nadkarni.

“Ashwath, there’s a 14 year old boy in altered sensorium. He said he came by a vegetable lorry from a place 120 kms away.

He says only one thing whenever his sensorium clears.
“Ashwathla bagaala paije...”

In Marathi it means
“I want to see Ashwath.”

I feared the worst, and ran down 10 floors of stairs to the PICU.

Anant was lying, dying in a corner bed,
A big placard at his bed side said : HIV +ve.

I sat next to him, blinded by my tears and the only sounds I heard were his gasps and my heart beating.

I held his hands without gloves, I wanted to feel his energy.

Briefly, he opened his eyes, smiled and pointed to his chest and said

“Thumcha...”

In Marathi it means “Yours.”

Till this day,
I don’t know whether he meant the t-shirt or his heart.
With every bit of energy he could mobilize he said

“I know I won’t make it this time.
But I wanted to die in a place which gave me
Unconditional love, respect and hope.”

Those were his last words.
There was no life in that body but his face had the same smile of peace.

OH MY LOVE

Dr P Vinod Kumar



Oh my love, I will be there for you
When your eyes look misty and dreams hard to decipher

Just turn around and see, Oh my love, I will be there for you.

When you have reached so far but not so near, the last ray of hope

Just turn around and see, Oh my love, I will still be there for you

When your tears get stuck and happiness cursed, you want to be set free

Just turn around and see, Oh my love, I will still be there for you

To share the silence, the unsaid misery, to share the wry smile and cry within

To bring back words to your lips, a twinkle in your eye, the dimple in your cheeks

To bring back the rainbow in your life and cheer in your soul

To bring back the song to your ear and love to your heart

Just turn around and see, Oh my love, I am the inner you and will be always there for you

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STRING OF PEARLS

Dr Pranavi Sreeramoju

Thirty years ago, I wrote an article called “A String of Pearls” in the 1993 issue of Montage, likening my piece to a string of pearls. It was fun to write about some of the colorful metaphors and analogies we read about in textbooks and memorized for exams, particularly the viva sessions. Growing up in India, we had no idea what some of the analogies were referring to. I had a vague idea that Scottish terrier was a breed of dog in Scotland, and red currant jelly (red currant jelly stools, red currant jelly thrombus) was a type of jam, although I got to taste it only much later when I moved to the US. It was actually helpful for my appetite that there were no references to ‘spongy idli feel’ or ‘papery consistency like the edge of a dosa’ for any of the pathological conditions.

Fast forward to the present. Life events and life lessons play in my mind like movie reels, sometimes without my will. Fantasies take over at times, almost predictably, in response to stress. The career success I had imagined back then is a tangible reality, but there is a lingering sense of partial fulfillment. I had made vision boards for my life every few years and it was obvious that

they kept changing and evolving. Perpetual to-do lists and making priorities turned out to be helpful but not sufficient, as actions turned out to be the ultimate evidence for actions and prioritization. Bucket lists proved unnecessary once there was the realization that even if I lived to 100 years and had all the money in the world, I wouldn’t be able to see all the beautiful places in the world. I stopped cramming too many sights into a vacation and prioritized having a good time in the places I was able to go to. The stresses and strains of the practice of modern medicine and the world of healthcare quality made the equanimity espoused by Sir William Osler in his book “Aequanimitas” seem like a joke. Sojourns into spirituality through participation in a local Bhagavad Gita study group and an Inner Engineering program helped some with ‘burnout’ and ‘moral injury’, but the system still needs an overhaul.

On a deeply personal plane, the white picket fence dream with a family of four, was just a nice dream to have. You learn to enjoy life with or without it. When I was an intern, I deliberately avoided a residency in the field of obstetrics and gynecology because I couldn’t



handle the emotional pain of seeing women and small babies being abandoned in the labor ward. Little did I know that my life would traverse through the joyful and challenging experiences of adoption. As I reflected on the success of my own adoption journey, my mind couldn't help wandering back to Muniamma and Kupamma who came from the villages and were abandoned by their families when they gave birth to baby girls. In my current practice, treating those in my professional care as both patients needing diagnosis and treatment, and customers needing friendliness and service, I have said millions of sincere apologies in my mind to all those people (mostly women) whom we diagnosed with KKK (kayyi kaalu kodachal) syndrome in the outpatient department back in the day!

All this is a long winded way to say – it's good to have goals and work towards them, but don't be so attached to those goals that you can't imagine life a different way. Allow life and the march of time to surprise you. It's okay, and actually healthy, to upgrade the software of your life when you are exposed to new versions. If your life journey takes you to a new place, go there. If your life journey brings you back to the same place where you began, so be it. On that note, let me share this poem I had written in my diary in 1994. It rings so true even today.

A Disturbing Farewell

"Doctor, doctor, how cruel can you be; to throw me out and not let me be.

In the hospital, my wound was dressed every day and

I never worried."

"My dear patient, please consider; those long queues for the admission register.

I need the bed for someone really sick. On me, for heaven's sake, don't you pick?"

"Can't you see my wound is still ghastly; I do think your behavior is beastly.

There is no doctor near my house, no food at home nor a spouse"

"My dear patient, this was no small charity, your wound is now clean – where's your sanity?

Dressings and antibiotics – you got them free. It's time the pampering stopped, you see..."

Saying this, the young doctor returned. To other work, but her mind was disturbed.

She questioned her faith in humanity, which made this old man a victim of its charity.

We made a tacit 'pact' with our patients in our training days. We have a life to live. String and restring those pearls of life in multiple configurations, and include the different sizes and shapes. Make necklaces, bracelets, long earrings, house decorations, and cufflinks – whatever. Be like an oyster that turns pain into pearls. Go ahead and grow a pearl farm if you feel like it. You do you.

Dr Pranavi belongs to the MBBS Batch of 1989 and currently works at Central Thomas Jefferson University Hospital, Philadelphia.

SIPS OF SOLITUDE

Nidhi Nagaraju

I sit here by the window sill
Everything but the rain is still.
The raindrops rebound, disseminate with grace
Caressing my cheeks, a gentle embrace.
They wait to be wiped off
But trickle down, disappointed
'Cause you and I know,
Those are the only kinds of tears that show.

I sip on this cup of tea I had made for two
I wait for the Enfield to pull through
I wait for the water-soaked boots to trudge up the stairs
I wait for the doorbell to go 'Tring tring, tring tring'
'Cause between you and me
Ringing it twice was cue enough that you were home

Through the window the clouds cast a shadow
I see blurry lights, red and blue
Rumbles of a heavy vehicle pulling up
Mum has no clue
I hear stomps marked with tension
The bell goes 'Tring tring'
I scurry through the gate
They tell me that you wouldn't return
That the bullet has been here for a while now
Wearing down, crying in the rain
That the flowers in your garden will wither
That I have to trudge with no other

I walk to the windowsill
Continue sipping on my insipid tea
They ask me why I'm not shedding a tear
"Your father's dead, I fear."
They'll tell you that I don't care anymore
They'll tell you that I've crossed too many lines
They'll tell you that I enjoy the kingdom to myself
But what good is the kingdom when you're missing
the love?

My smile tries to stay afloat
Though my heart, slippery, sinks like a boat
The demons in my head I've denied
Now silenced, their voices have subsided



When all that life has to offer
Is death in the end,
Why is there a need to be strong?
Why is there a right or a wrong?

The window is curtained by the rain
The sounds otherwise are the cries of pain
I look up at the inky sky
Amongst the evil, murky clouds, a star nerves through
To tell me that it's the vile world versus me and you.

Nidhi belongs to the MBBS Batch of 2020, and has been the Secretary of the Literary & Debating Club alongside the editor of this issue of Montage.

63I, OSLER HOUSE

Anonymous

I do not know if and when this will make it to print and ruin your day, but as of right now, there's forty-two minutes to New Year's, an utterly pointless landmark that serves only as a painful reminder of the futility of a year's worth of effort. As the lords of exam evaluation would have it, I still stand unsure of whether or not I've crossed one of four academic checkpoints that I must clear in order to begin indulging my self-importance by prefixing my name with 'Doctor'. I'm told the word means 'teacher'; a tidbit of history I find extremely ironic, having suffered from just how atrocious some of the greatest men and women of my country to wear that title are at imparting their wisdom to a classroom. I don't fancy my abilities in that regard, either.

Society, on the other hand, views my role in the future as public service, which would be comforting if I had any interpersonal skills worth mentioning. William Osler was one of the greatest diagnosticians to ever wield a stethoscope, yet I sit in a building named in his honor, exemplifying crippling academic mediocrity, social insensitivity and emotional detachment; traits I'm afraid the taxpayer might be oh-so-slightly displeased by, considering how much of their money I'm squandering pretending to enjoy learning to save lives.

Fitting, I find it, that I'm trying to beat a year-long literary paralysis with a dissection of what the hell I'm doing here. This is the speech I wish I could give everyone who's ever asked me for career advice, or asked me why I'm studying medicine. At the risk of unjustly paraphrasing Jack Nicholson (or Sorkin, depending on which side of your bread you like buttered), I doubt they can handle the truth.

As I'm sure no shortage of my peers will attest to, the traumatic metronome of the academic effort-reward cycle was the soundtrack to most of our days before our signatures became legally valid. And like all of them, a full-blown stampede shoved me into the hallowed halls of an institution that kids literally kill themselves trying to get into. It is criminal that a country founded on freedom from oppression chooses to exercise its independence by robbing its children of any semblance of a childhood. India is just free enough to deny its children

the luxury of innocence. As self-driven as my pursuit of a medical degree happens to be, I have witnessed countless comrades blemish their fatigues with far too much reluctance. The illusion of choice and the chokehold of necessity claim either spirits or flesh, never neither. And as is with any war, even victors walk away with scars for a lifetime. Look around here, par exemple. We all won. Wake me up when it feels like it.

It is probably concerning that I chose this voluntarily. That I took stock of the myriad of options, the endless list of alternatives to this path that everyone warned me was soul-sucking and back-breaking, and decided to completely discard all of it, in favor of no money and no sleep. Somehow, nothing else made sense, because to my mind, at least then, glory lay where pain did. Third in the family sounded far better than work-life balance. If I could do it too, I was worth it, right? Right?

Nope. But at least I get to call myself something cool while the self-hate rages on.

The stench of formaldehyde marks the beginning of a journey of adversity we romanticize as a coping mechanism. At least for the sake of all the poems we almost write, we manage to bear the metaphorical weight of textbooks that tear our bags and suck our highlighters dry. Most people don't dissect cadavers because they can't, and don't want to. The same can be said of a million 'unique' things we do over five and a half years of completing borderline sadistic curricular requirements, to mention nothing of everything that follows after. That simple truth is lost in a sea of platitudes and reassurances, one we drown our sorrows in to reconcile insatiable egos with impossible responsibility. It's not that we're deluded into thinking everyone wants to be us – it's that there's hardly anything egging us on if we don't hang on to our inflated sense of self.

California Dreaming has a very special place in my heart because John Phillips' anguished description of a New York winter is far too reminiscent of what my first year here felt like, an irony of hysterical proportions when you remember Pondicherry's infernal meteorology. It is a testament to the resilience of the human an-



imal that it somehow finds within itself the strength to wake up every morning in time to attend an 8am class, even in the face of abject despair. That is not to say that abject despair was kind enough to take the form of only one face the whole year. It fills me with just a little more pride than gloom to confirm that I managed to make it to class just over three-fourths of the time.

Perhaps the only task more daunting than not getting held back is navigating this place's constantly morphing social labyrinth. While I will admit I've come to enjoy it of late, the absolute last thing anyone would want while acclimatizing to an academic hellscape is interpersonal politics fueled by years of social repression. It stands to reason that a petting zoo of pampered child prodigies won't be immediately conducive to mutual support and understanding, but miraculously, those things manifest in due time, at which point life becomes ever-so-slightly more enjoyable, once people start coming out of their shells.

I will, however, maintain that this journey, supposedly one of scholastic fulfillment and personal discovery, requires a motion sickness bag and an oxygen tank. You'll scale heights that make you miss the climb, but mostly, you'll just be praying (to gods you vehemently refuse to admit you believe in) that you don't plummet to a certain, and almost temptingly painless, death. That's not to say nothing makes it worth it – the view's not half bad if you manage to wipe your tears. Or so I've heard.

I've found myself wondering if the moments of joy that come by every once in a while, are results of a baseline set so low – much like the electrophysiological explanation of a STEMI, a disease we learn a lot about from our very first year. Whoever decided to familiarize us so early was clearly thinking ahead, because cardiologists have a life expectancy seven years shorter than their average patient and are apparently as likely to die of stress-related heart disease as anything else. The system's clearly out to molest you, but it has the courtesy to do it from the front.

Like the mice that were bred in our institutional animal lab before it had to be shut down for ethics violations (as the rumor goes), a hundred-and-eighty of us jump hurdles every year or so, serving at the pleasure of morally stranded deities immune from the concept of consequence, whose tenure allows them the security to fully embrace their psychological rot. Heartbreaking as it is to bear witness to the indignity of academia, it is a path we ply ourselves, learning from undeserved consequences and unforeseen complications. 'Do no harm', they say – 'to our egos' is implied. Sisyphean efforts to drain the sludge inadvertently end in failure – since when do men of Always care for children of Never?

Andy Dufresne might have crawled through a river of shit and come out clean on the other side, but heaven knows the Pacific isn't waiting for any of us at the other end of ours.

Blissfully unaware of this medical dystopia, however, the rotor under my Seiko whirs happily with every frustrated movement of my left wrist, winding the mainspring just a little bit more, just enough to keep going. There's some solace in that, I think.

At least in this moment, there are worse places to be than 631, Osler House.



THE GREAT THESIS ESCAPE

Dr Jimmy Mathew

Surgery residency, most young medics know, is meant to be tough. The hours, the sleeplessness, the heat, the lot. In India, a crushing hierarchy and slavish obeisance. A continuous hum of vague self-pity. Deliberate implantation of a feeling of worthlessness. The perpetual emptiness of never, ever being appreciated.

It was a bit muted in JIPMER. A reasonably good place. The general atmosphere of most other centres in the country had to be there too. Come on, it wasn't an island.

But the only person who could make a difference, did. The Head of Surgery was a formidable, but reasonable man, affectionately called the Chief. All trembled before the Chief. The Chief was the Boss. He had strict protocols for resident training. That meant we didn't have to fight and elbow for it. Do the work and get trained. That was good.

The good thing about the Chief was that while he induced a parkinsonian tremor in the residents, the Senior residents and the Consultants trembled too. Even the Unit Chiefs did, in a fine, hyperthyroid kind of way. The next best thing to a democratic style of governance, which is simply not available in any set up in the country, was one in which the Chief was a strong, yet good man. Merely good doesn't count. He would then be swallowed up by a mass of scheming, virulent hyenas. It was a hyena-eat-laughing-hyena world out there. It still is, I guess. The merely good just exist, if at all.

The second year was almost over, and I was beginning to calm down. The going was good. The work, though tough, had changed, from intolerable, to merely challenging. "Ah! I can do this, man!" I thought.

Then one day my Unit Head called me into his room. He was called Smart Ben by nearly everyone, no one knew why. The etymology of the nickname was buried in the darkness of the remote past.

"Hey, man. Have you started working on your thesis? I expect you haven't. Laziness is probably a congenital illness. It is doubtful whether you can complete it in

time."

It was a grim statement. I realized I was going to get fucked, or in JIPMER lingo, buggered. I mean, as a resident, I was getting buggered, as it were, but my thesis-buggery was going to be an add-on feature.

It was horrible. Each of us was expected to do research on a topic and produce a thesis, printed and bound, with references and all. One was at the mercy of the Guide, and this was Smart Ben, for me. The thesis was a favourite weapon that was dangled on top of residents. For completing residency, one had to do it. The Guide could make you suffer. Big time.

"Hey, you! This topic is not going to work, man."

Goodness. I had put in some work, running around in between the busy schedule. Poring over the bound volumes of decades of old journals in the basement of the library. Yes! I know this gives away the fact that I am ancient stuff. There was no Internet! Hard to believe, right?

I had measured scores of patients with hernias for anthropometric something to see the difference in their muscle mass and the idea was to find out the correlation between that and whether their hernias were direct or indirect. I had some data. Muscle mass was definitely lower in those with direct hernias. It would be- Direct hernias occurred in older persons who had relative muscle weakness, while indirect hernias were usual in young, strapping individuals with a certain peculiarity in their anatomy. It was, well, rather obvious.

"Why, Sir?" I couldn't hide my dismay.

"It is rather obvious, isn't it?" said Smart Ben.

Bloody hell! Of course, it was. I had already pointed it out to him when we started. That time he had told me to shut up and get on with it if I wanted to finish my residency.

Now then, I don't blame him. Now I understand that I could have been quite a young rascal then. Impervi-

ous...? No. Innocuous? Absolutely not.

Impertinent. Yes. That was it. I must have come across as quite impertinent. I had a curious knack of being quite direct in my dealings with my fellow men. Then. Now I know better. I was from Kerala, and the hierarchy was much flatter. In Thrissur, post graduate residencies were not yet there. As interns, we were kings, and could actually talk to the unit heads and the heads of the departments. Yes- face to face, using human language. Unbelievable, yet true.

So, looking back, I don't blame him. He was merely doing his job. Maybe he was a perfectionist. Maybe the sight of me just drove him mad.

I had to settle on a retrospective audit of all electrical burns that got admitted in the last ten years in the hospital. I had only a few months to finish it.

Oh! I ran around like a mad, wet hen. After continuous twenty-four-hour duties, I would descend, unshaved and sweating into the depths of hell- the Medical Records Department. The head clerk thought he was God. So, I had to bow down and crawl on all fours for an extended period of time, before he allowed me to rummage in the papery, moth eaten, dust laden chaos that was there.

I started to write. I got some references, after ransacking the entire library.

Someone told me that a new contraption had arrived on the top floor. I got a letter ratified by the principal, and a clerk designated for the purpose put in your keywords, and rolls of printed paper belched out. Journal articles and abstracts! It was amazing. I got twenty or thirty references like that. It was the early Internet.

I wanted to start writing. I would show Smart Ben what I did. But he would want me to re-write. Write, re-write. Write, re-write. I felt like tearing out my hair. But I didn't. Not much was left. I lost a few kilos in weight.

I would ask Smart Ben for some free time or leave to do the work, and he would, very graciously and politely, refuse.

Smart Ben wanted me to go and get some journal papers from Kilpauk Medical College in Chennai. I was given only one day leave for this formidable undertak-

ing. To my considerable surprise, I managed to do it. A friend had given me the address of a contact in Madras Medical College, a resident in Neurosurgery. He said he had heard about me from my friend. He wanted to hear me sing Tamil parody songs! He got a few of his friends, made us all drink a bit and I had to compose cheap imitations of classic Tamil film songs on the spot and sing them. Ever had to perform under duress, feign happiness, and do comic numbers while drunk, hiding anxiety and despair, just so that this guy would drive you to Kilpauk and introduce you to the Burns Centre there? No? You have no idea how lucky you are!

But that didn't help me. I had to take an extension. Most of my friends submitted their thesis and were studying for the final exam, which was only four months away. They were also relieved off most of their clinical duties. I had to slog, and work ineffectually at my thesis. It was hopeless.

A big smog of despair filled my life. I called home and told Mum and Dad:

"I may not be able to take my exam. Thesis could be a problem."

One day, I was taking a coffee break in the Nurses' room. Sister Sulthana was chief OT nurse. She was a big deal. Very kindly but quite strict. Junior doctors were shouted at, for some breach or the other.

She looked at me with a piercing eye.

"Doctor, we all like you here. Why aren't you shaved? Why are you so down? Why do you look like a specimen that the cat brought in?" She asked, or words to that effect.

I told her about the problems with my thesis in a few words. I was quite short, I remember. Didn't whine or ramble. I did not tell her anything bad about the guide.

"Is Ben buggering you?"

I staggered. It was funny. Her English was fluent, but a bit too influenced by JIPMER student lingo. I hummed and hawed.

"Let me see, doc, what I can do." She spoke.

Next day, Chief called me. The Boss. The Head. Thalaivar.



I guessed that Sister Sulhana had talked to him. She was a young nurse when Chief had joined as a young Senior Resident in JIPMER. Even then, I was surprised. Strong bonds are forged in young adult life. Who knew!

“What the hell are you doing with your thesis, man?”
The Chief scowled.

“Lot of revisions, sir. I have to collect a few references more. Guide thinks that I am not ready....” I blubbered, deliberately obfuscating the main issue.

“Show me your data and references- now!” He barked.

I ran and came back with the lot. He went through it carefully.

“Hey- This is enough. Start writing. Go”

I ran back to the ward and started my work. How to broach this with Smart Ben? This was torture. I couldn’t tell him, right?

But the next day, Smart Ben turned to me and blew like a volcano.

“Start writing your bloody thesis, you fool!” He said.
“Just do it”

He had a frantic look.

No free time or leaves, yet. Still, I managed to write it, and get it in order. It was a race against time now.

It was the last day. You couldn’t submit the five copies at the JIPMER office now. I had to drive to Pondicherry University and give it there, before they closed at five pm. I had given it for formatting and printing. I had to sit with them for at least half a day to actually get the copies in my hands.

Smart Ben refused to let me go. It was operation day, and there was a shortage of residents. I would be free only by evening.

I resigned myself to my fate. I couldn’t sit for the final exam this year. I could do it next year, maybe. I changed into theatre scrubs and entered the operation suite. I thought I would first go to the surgical ICU and have a look at our patients. My mind was heavy but numb. The world had collapsed but the work had to go on.

Chief was doing rounds in the ICU with his entourage. He beckoned me to come. I went and stood and good-morninged.

“Are you aware that today is the last day of submission?”

“Yes, sir. I have given it to the computer centre. I have to finish and submit.”

“Then what the hell are you doing here?”

“I have to be in the theatre, sir. The list is quite packed.” I said.

“That is OK. The others can manage. You go.” Chief said.

Again, this was a delicate situation. How can I go to Smart Ben and say, “Hey, Chief told me to go!”. Unthinkable.

I went in and looked at the case sheets. Walked up and down a few times. Then started washing up for the case. The patient was already under Anaesthesia. Smart Ben was washing beside me, in the adjacent tap. He didn’t notice me for a moment. Then he turned to me in a panic: “What the hell are you doing here?” He cried, waving his arms like someone signalling our state transport buses to stop. His eyes bulged like a couple of shiny swollen testicles afflicted with epididymo-orchitis. The Chief must have talked to him. That was fast!

I kept quiet and glared at him.

"Get out!" He shouted. "Get out - change and go." He was slightly incoherent, and frothed at the mouth a bit.

I got out and ran to the private place that was doing my thesis work. Raghavan was sitting there, looking anxious. I had forgotten him. He was the only other final-year who hadn't yet given his thesis. We were in the same specimen tray.

Both of us managed to get our copies by half past four. We will never get to the University on time. It would take at least an hour.

"nghee, nghee..." Raghavan bleated. "I have to finish my MS and get back to Karnataka! I hate this place. I want to see mummy"

Not his exact words, but you get the gist.

I had got, very thoughtfully, the University Registrar's number from the office. I called him from a booth in front of JIPMER. I pleaded our case. I told him that we were both late, operating emergencies. He agreed to ask his staff to keep the thesis section open till 5.45. Please get this, people. This is not normal. Indian government set-ups are never this obliging. This was a miracle.

We loaded the copies into my faithful Maruti 800 and got ourselves in. I drove like a maniac. Raghavan held on to the seat and tightly closed his eyes, screaming in high pitch during near-collisions and sharp turns.

We rushed into the thesis section carrying our heavy load, sweating like footballers, red like abscesses ready to burst. They were getting ready to lock the door. It was 5.42. They grudgingly took in the copies and gave us the receipt, mumbling under their breath.

It was easily the tightest, tensest deadline of my life.

After coming back, I saw Govindakrishnan, my junior, and gave him money and instructions for the party. Then I took Raghavan to Filo Bar outside the hospital. I had been sober for over two months then. I ordered a rum on the rocks and a chicken liver pepper fry. Raghavan was a puritan and a noted sathvik who had never fornicated, masturbated, drank, smoked or ate meat or fish in his life. He had held an egg in his hand once. So, I ordered a bhindi fry and orange juice for him.

Raghavan interrupted. "I want rum"- he said. The waiter obliged. I was astonished.

He swallowed two pegs, one after the other. When he had finished coughing and grimacing, he asked me:

"Rum is vegetarian, isn't it?" He was very anxious.

I assured him that rum was 100 percent pure vegetarian. He was relieved. He stood up.

"If I see my guide now, I will catch him by the throat and..." He slurred.

"And?" I was intrigued.

"I will twist his head, till it drops off, and I will pick it up and swallow it."

"That would be so non-vegetarian," I pointed out.

"Fuck your non-vegetarian!" He shouted.

"Fuck everybody!" He made a move as if to climb on to the chair.

Then, he lost steam, like my car when it ran out of petrol. He slumped back into a chair and promptly passed out. I took an auto and carried him back to Harvey House. In the courtyard, Govindakrishnan, Ash Pathrose and a few other cronies were standing around a blazing bonfire. We laid Raghavan, out cold, by the side of it. Slowly the courtyard swelled with other residents, mostly final-years. Many were drinking from a pail of orange juice kept in a corner, into which someone had thoughtfully poured a few bottles of vodka.

Everyone had brought remnants of their thesis work, like notes and copies of references. All of us threw them into the fire, which blazed merrily.

"Thesis is like faeces. When it is inside, it is painful. But when it is outside, it is nothing but faeces." Someone sang.

"Ha. Not original!" Ash objected. He sang:

"Thesis, we need you, finish you, to pass.
Otherwise, we would have kicked you in the ass!"

Everyone applauded. Then people came forward and

started singing in regional languages. Malayalam, Tamil, Telugu, the lot.

A guy from Madhya Pradesh sang a parody of a ghazal. The North Indians went “*wah, wah!*”, “*bahut achha!*” and similar obscenities.

A fellow came forward and sang:

“All the guides, you @#\$holes, f##ers, and drinkers of piss.

To all of you, sadists and psychopaths, I show you this!”

Then he lifted his lungi quite high up and did a slow turn, showing everyone the appendages, devoid of any remnant of underwear. The fire illuminated them with a ghostly glow.

Then one by one they urinated into the fire, till it died. The solemn, sacred function was complete.

I had only three months to prepare for the final exams. I had to buy the textbooks now. Then - tomorrow was another day.

No. Today. It was four in the morning. The orange sun was peeping out. I could get two hours of sleep before getting up to go to the ward. There was work to do.

Note- In this true story, all characters are situated in a fictional, alternate universe. All characters are imaginary. Any resemblances to anybody, living or dead or otherwise are purely coincidental.

FIRST YEAR

Sampada Guha



Before coming to JIPMER, I was regarded as a bit of an oddity

That nerdy, bookworm identity I embraced quite consciously.

I took pride in being ‘different’, you see - in all modesty. Then I landed here, where everyone’s a genius in biology

And can sing, dance and do pretty much everything, honestly.

Initially, all I saw were differences - a different language, a different place

A bunch of very different people who emerged at the top of a rat race.

After hours spent together, studying, doing crazy tasks with a straight face

Grumbling about mess food and that batchmate who reminds the SR about the FA date

I realised that these friends were the only ones who could relate.

I guessed these friendships were a by-product of a shared reality

Being suddenly uprooted, and leaving an old life behind in totality

MBBS necessitated a complete change in the 11th or

Dr Jimmy belongs to the MS (Surgery) Batch of 1999. Currently, he is a Reconstructive microsurgeon and Professor at Amrita Institute of Medical Sciences, Kochi.

12th mentality

Exploring a new cuisine, language and beguiling beauty of the locality
Adapting to the hostel and its fauna, it took a while to achieve normality.

All of us share a common struggle for one 3 hour exam that was make-or-break

The aunty who said ‘Beta your life is set’ could not have made a bigger mistake

The struggle continues - unfair vivas, tricky papers and an occasional heartache

A never-ending syllabus, with incomprehensible jargon that is often too much to take

Everyone’s dying to escape the daily monotony with a beach visit or a birthday cake.

Are we really that different? I was compelled to ask
Or have I just found my kind of people at last ?

NO LESS, NO MORE

Maria J Mathew

The following is a short story titled ‘No Less, No More’. And much like its title, the piece consists of exactly 100 words.

“Absolutely love being space-occupying lesions in the OT. Poor residents can’t imagine what to do with clueless children like us,” she laughed.

“And then they shunt us around looking for an excuse to dispose of us,” came the gleeful reply.

I smiled too, and as they continued talking, I tuned their voices out and listened- the faint sound of music, the clink of metal two feet away, the hum of chatter. I could say nothing, hear everything. As the surgeon made the first incision in my skin, I knew. This was the perfect amount of silence- no less, no more.

A BERRY'S DESTINY

Adam

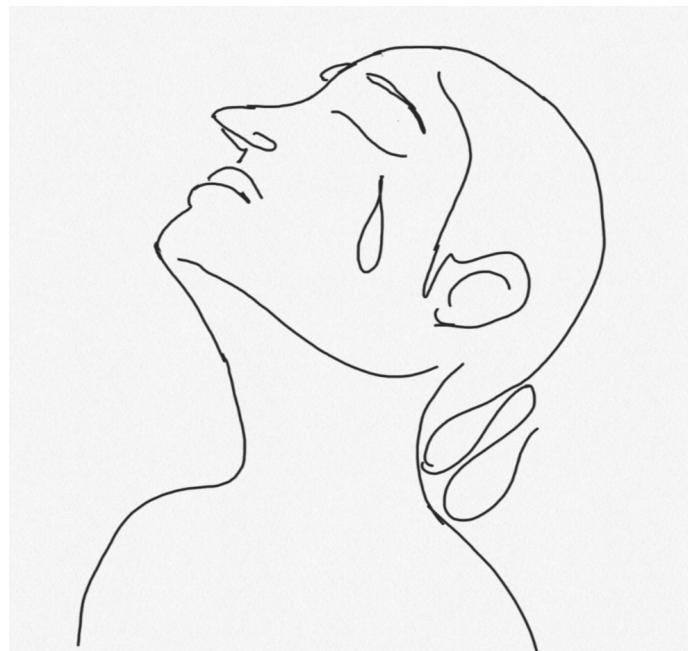
After the gloomy clouds
Emptied their hydro loads,
The woods came alive
Beauty and bliss did revive.
Perched on a bough
Birdie yellow brow,
In the moment of a hoot
Missed the slippery loot.
Was it a casual slip
Between the peck and the beak?
Or destiny's smile
Conjuring all the freak?
Bulbul was left hungry and angry
Squirrel right below made merry.
Happy rodent ran helter skelter
Berry seed found a new shelter.
Soon grew a new berry tree
For more birdies to feast and glee.
A slip here and there,
Never mind folks...
Stay strong to bear
Life is always fair.
All is not lost... just run fast.
Life is a cycle dear
Live it to the full - sans fear.



Adam belongs to the MBBS Batch of 1993 and currently practises as a Professor of Neonatology.

A TEAR

Divyasree Sureshbabu



Deep inside the scarlet ocean
Where the arteries and veins dance gracefully
To the rhythmic lubdub with full devotion
When the knife of despondency makes a slit meticulously
And yet remains a perfect silver with no trace of gore on
its sinful face
This is her birthplace and she is invisible to even the
most precise electron microscope
She pushes against gravity with full grace
The purpose of her emergence is to wipe out pain and
give abundant hope
She is nervous as she hides behind the oculus
Providing moisture and warmth to the beautiful organ
of vision
She pushes open the window and plunges out making
her entry miraculous
She trickles down the agonized visage with utmost pre-
cision
She has made her escape from the tormenting prison
Her dawn gifts the pleasure of relief and peace
Although the bloodless knife had created a deep lasting
incision
She initiates the process of healing and creating a brave
and strong masterpiece

Divyasree belongs to the MBBS Batch of 2022.

FROM WATER

VSSeshan



I traveled through the melancholy town
Whose streets had scarred with days of despondence,
No food nor I to quench the quivering moan,
And clink of vessels broke the still silence.

I thus descended to the ones that wept
That wept in joy at coffers cascading
But not of noble jewels; but I that swept
The weeds off fields and deeds of despairing.

Such gloomy towns were many—I was one.
Nevertheless, I toiled and toiled until
I'd filled the last coffer and thus began
Cascading back to the town I did first fill.

I travel through the melancholy town
Whose streets now scar with days of despondence,
No food nor I to quench the quivering moan
And clink of vessels still break the silence.

BROKEN CHAIR

Adam

Life is a chair
Just sit and stare
Don't leave in haste
There's a lot to taste
In nature, my friend
Happiness reigns with no end.

With the heat and cold
Your old legs may not hold
A metal piece here and there
Just enough for the wear and tear
Might go with the wind
Thy sheen and color
Ain't miss the wafting fragrance
From the nearby flower.

Climbers will reach above
Eventually leaving you below
Need not scale every mountain
Nor quench from every fountain
All is not right and fair
So chill and cherish the moment
Yo broken chair!



Adam belongs to the MBBS Batch of 1993. Currently, he is a Professor of Neonatology.

Seshan belongs to the MBBS Batch of 2022

THE HITCHHIKER'S GUIDE

Srikar Nikhilesh Gangineni

It was a sunny morning in April, just a day after I turned 20 and I had just returned to my hostel after a morning of strolling and exploring the city of Mostar in Bosnia and Herzegovina. If you've never heard of this country-it's okay! I was one of you guys until I searched on Google Maps for cheap, under explored places to fly into. That's how I ended up in the country of Bosnia and in Mostar for my 20th birthday. Hitching a ride was something at the back of my mind for a while. I thought it was an experience for some other trip, but things change pretty quickly when you are on a solo-backpacking adventure!

So my plan to go into Montenegro, spend a couple of days and then go to Albania changed when I talked to a Canadian friend hosting me in Mostar. A small side note, this warm Canadian guy is doing a work-away at this particular hostel and has hitchhiked a lot. Talking to him gave me just the exact push I needed to go out of my comfort zone. Something he told me that pushed me to do what I have always wanted to do was- "You are pretty young and you only have a small backpack, so what's stopping you from trying it out?" and that's how I finally ended up at the highway just out of town, mid-day, standing with a board that says KOTOR- the place I wanted to go to in Montenegro (I tried to make the board look cute too!). A lot of people passing in their cars were waving, some were explaining through gestures that they didn't have space to accommodate me in their cars. After a solid hour, I started to wonder if I was standing at the right place to get to where I wanted. I even checked with a guy at a nearby petrol bunk. I continued standing with my board not expecting much, thinking of alternate ways of getting to Kotor. Then suddenly, a car with a Russian number plate stopped in front of me. I was quite confused as was the guy driving the car. I finally managed to say a few words and asked if I could get a ride to Kotor, to which he replied with a warm yes! and confirmed that I had the appropriate documentation to go into Montenegro.

That's how I finally embarked on my 6 hour hitchhiking ride to Kotor. I knew that conversations are the only way you can repay someone who has been generous



enough to give you a ride (pro tip if you wanna hitch-hike next time!), so I was trying to get to know the guy whose car I was in, without even knowing his name! His name is Daniel by the way, we started talking about a lot of things ranging from how he ended up in Montenegro because of war in Russia, to how his view about kids changed after he had one. Something I found very interesting and funny was a triad that he said is typical of Russians (medical terminology ;)) and includes (1) having watched a bear, (2) played balalaika and (3) a deep love for vodka. We finally reached Kotor, after quick stops in Trebinje, Herceg-novi and a small ferry ride to cut short the ride by a couple of hours. I finally had to bid a good-bye to a stranger-turned friend.

Apart from a lot of insights about life in Russia and Montenegro, something that I learnt from this entire experience was that we should trust more in the kindness of people and be less apprehensive. I hope this article pushes you to the adventure you have always wanted to go on but are apprehensive about!

Srikar belongs to the MBBS Batch of 2020

THE TRIAL

Veerasha R Sabarad

John's parents were out of town, and he was alone at home. The police started knocking at his door. He peeped through the window, and saw a crowd gathered along with the police. He was frightened and clueless. Without making any noise he quickly opened the back door, and hid himself behind the bushes, closely watching what the police would do next. After several calls, the police went around the house to look through the windows, if anyone was inside. Alarmed by their footsteps, John sprang out and started running. The police and other villagers tried to stop him but he was too anxious to listen. The police instinctively began chasing him. Stuart exclaimed, "Look, the thief is getting away!" The villagers followed the police.

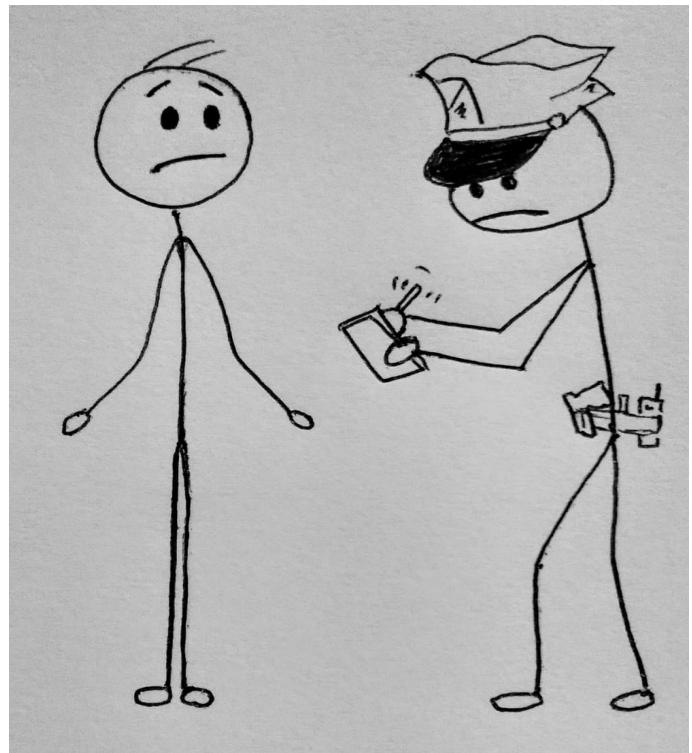
In a hurry John slipped and fell a few steps away, the police caught him easily. "Why are you trying to escape?" The police questioned him. John was exhausted, he shook his head, but he was so afraid that he didn't utter a word.

When John recovered, the police and other villagers asked him if he had stolen cash from his neighbour's house. John immediately denied the charges, but nobody seemed to trust him. People could see the helplessness in his eyes, and his reluctance to even look at the police.

Stuart urged the police to get John arrested. John was held in custody. John frantically tried to free himself from their clutches, but to no yield.

Stuart asserted, "Inspector sir, why do we need an investigation? Isn't it clear that John is the thief?" The neighbour inquired, "Where have you kept my money? We couldn't find it in your house." John argued, "Why this blame-game? You can't accuse anyone of theft just because they're poor." The police silenced everyone, and a case was filed. Stuart became restless, but he pretended to behave indifferent. The villagers dispersed.

But Stuart's apprehension continued to torment him. Stuart had won almost all gambles till date. This time he had gambled all his pocket money, and had huge



expectations. But luck didn't favour him, he had lost all his money. Stuart was shocked, he didn't know what to do. He never told his parents about this shady business he had been into as of late. In contrast, his father was a respected merchant in town, and held great disdain for anything illicit. If he revealed this to his father, it would undoubtedly be the end of his pocket money and he would be deprived of all his luxuries. In a way he couldn't imagine living without all those comforts. He thought that he may win next time, but to gamble again he wanted some money urgently. So he had planned to steal from his neighbour to make up for the loss.

The police had surveyed the scene, and wanted to ask the neighbours about the case. The merchant's reputation overshadowed Stuart. They thought that interrogating the merchant's family would be a mere waste of time, owing to their laziness. So they had been to John's house.

And now that the news had reached the police, Stuart was tensed.

The Investigations were undertaken. After a few days, the court summoned both John and Stuart. The merchant was a noble man, and he knew about the system of court proceedings. So he instantly agreed to

appear before the court. Stuart tried all sorts of excuses to avoid the trial, but all in vain.

The trial went on for few days, and with substantial evidence, the court proved Stuart guilty and John innocent. Stuart started trembling. The Merchant was taken aback, and he publicly scolded his son for this unscrupulous deed. He warned that Stuart would never be given pocket money again.

The merchant apologized to John.

The judge probed John, "Why did you run away from the police?"

John recalled, "My parents had a tea stall. We belong to the underprivileged section. A few years back, the police harassed us, and 'got by' without paying their bills. Nobody stood by us when they exploited us. This had sparked fear in my mind, and I developed an aversion towards the police. I didn't want to tolerate them again."

The police felt ashamed. The judge reprimanded the police for their misuse of power.

The judge commented whilst looking at John, "Fear is often misinterpreted as guilt by the prejudiced eye. Have faith that sooner or later, the truth will come to light. Even the police won't be spared for their ill-doing."

The neighbour remarked at Stuart, "Power should not be equated with righteousness."

The Judge concluded stating "Those who deliver justice must not get carried away by assumptions."

SHAKTI

Dr Ashwath Duraiswamy

How can one shackle

A roaring river that originated from a trickle
Would you dare to tame the air or stifle the waves on
the oceans

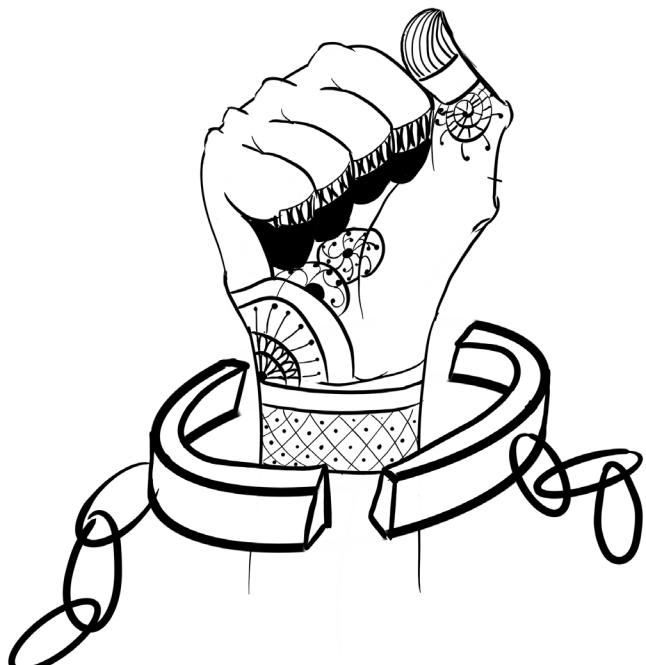
With such a surge, run my emotions I will cavort with
the clouds,

Where moisture and my words will meet
The earth shall resound to the rhythm of the anklets on
my feet

All unshackled minds will rejoice and join my dance
I shall shape my destiny and leave nothing to chance
Unfettered by dogmas of caste, creed or form I am ready
to embrace change, reform and reform

Frisky as a newborn calf, I reach for the stars
Empowered and emboldened to fight my many wars
To recognise and remember forever, the power that is
femininity
To stride forward and compete, fearing no enmity

Mother to my child and child to my mother
I am that unbridled Shakti and none other.....



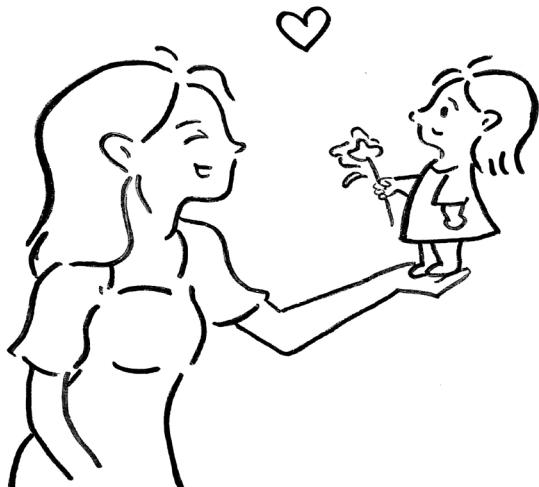
Veerasha belongs to the MBBS Batch of 2020.

Illustration provided by Veerasha RS

Dr Ashwath Duraiswamy belongs to the MBBS Batch of 1986. Now, he is a consultant in Pediatrics and Neonatology at Kovai Medical Centre and Hospitals, Kovai.

BIRTH OF MOTHERHOOD

Swetha Ganesh



As the shouts commence
One in pain, others to encourage
Words guide my hand to act
To wait and not force
To support and not pull

A crown of dark curls appears
I scramble to hold as the twisting ensues
With my heart beating in my ears
A downward tilt, a quick upward slide
And I hold in my hands
something precious beyond measure

All is silent for a while
Then a sputter, a cry
A new person in the room
who I hand to the nearest nurse
breathing out a sigh.

The woman on the table
Worn, tired and teary
Looks at her baby
Her eyes shining with promise
To love and protect
this bundle of her creation
worth all the trials she faced

As she reaches to hold
the child lying on her chest,
a mother is born.

THE PARROT

Dr Karthik Harisankar



Once upon a time there lived a Parrot. The Parrot desired to sing like the Cuckoo. The Parrot went to the Cuckoo and said, "Teach me how to sing". The Cuckoo asked "Do you love singing"? The Parrot said "Yes, I want to sing like you." The Cuckoo said "All right, but I am a harsh master and there is no room for error. And you can't leave till I let you go." The Parrot thought about it for a moment. But then it wanted to sing like the Cuckoo. So it said "Yes".

The lessons started. There were other birds too- the Peacock, the Rooster and the Crow. All came to learn singing from the Cuckoo. Days went on and on, the times got tougher. The Cuckoo wanted them to sing exactly like him. The Cuckoo taught them in summer and winter, day and night, hungry and full. Some picked it up better like the Rooster, while some like the Parrot struggled. The Cuckoo instilled fear in the Parrot. It humiliated the Parrot in front of the other birds. The Parrot forgot its own strength and thought himself inferior, because he was unable to sing like the Cuckoo. But dread and humiliation made the Parrot push himself to the edge and one fine day the Parrot was able to sing like the Cuckoo.

The Parrot was finally free to go, free to sing, free to fly. But while singing it felt no joy. It sang not because it loved to sing. It sang because that was the only thing that the Parrot could do now.

Swetha belongs to the MBBS Batch of 2020

Dr Karthik belongs to the MBBS Batch of 2010

HAMMER TOES

Om Pappureddipalli



My toes be truly misshapen
No need to lie I have, when
The white coat adorned men
Have had a good look at all ten

“Oh my” they exclaimed
The lot of them, grotesquely inflamed
“The poor boy, he’s been maimed”
One vehemently proclaimed

“Oh no sirs, nothing of the sort,
I’d simply tied my lace too taut.
The growth of my toes it did thwart”
And to that they had no retort

Om belongs to the MBBS Batch of 2022

Editors’ Note:

In the interest of the wider readership of this literary offering, the Editors have elected to omit any and all free feet pics provided alongside this piece. We apologize to all interested parties and thank you for your understanding.

TIME

Pratham Alex

Losing myself at that moment was all I could think of. Giving up was all that I could think of. The sacrifices I made went in vain, the people I love put to shame. In that moment I felt nothing, yet rage filled me! Asking me to run, run and run. Never turned back to my guilt, for it was patiently waiting, waiting to engulf me.

To run away was a sin. A sin of myself, my dignity, my existence. How could I give in to this wrong-doing? But I knew I had given up. A chapter in my life I could not amend. It's but a chapter, a chapter which would be forgotten, the details lost in my memories. But memories of that one moment will live on. As the moon changes its face, again & again & again, the pain will sustain. I plead with my guilt to run away, just as how I ran away all those winters back. I plead with my guilt to despair, just as how I despised all those winters back. Alas, it was I who accepted defeat, defeated from wishing my agony to accept defeat. How envious I am of my agony's perseverance.

Now I feel indifferent, indifferent to the memories of that moment. That chapter has burned down in the everlasting fire, but that single phrase lives on like darkness in the fire. It no longer frightens me anymore, just warms. Solace feels far from reality, it feels like a distant dream. Is this what defeat feels like? Is this how time heals?



Pratham belongs to the MBBS Batch of 2023

COLORLESS LIVES

Anik Bakshi

Vishal's younger brother has been diagnosed with thalassemia. Doctors have 'confirmed' he's not going to live long. A brief life. Unenjoyable. As gloomy as the monsoon clouds ... yearning to drizzle but unable to do so. He can't run, he should avoid partying, overcooked meat and a promising relationship.
(He has no right to fall in love)

Vishal felt disheartened seeing himself getting a thrill out of life while Sanu was being confined and secluded. He promises to become a physician and let Sanu relish the world. He spends hours in the library, on the weekends -he has no time for Sanu. He has a dream, "To breathe new Life into Sanu!" Their holidays don't coincide, their rooms are separate, their playlists are different.

'Vishal, give some time to Sanu. He's so lonely', says Mom.

'Maa, I'm doing all this for him. I want him to live a normal life. I'll revive him some day.'

Chased by his passion, Vishal goes abroad for further studies and ties the knot with a gorgeous Caucasian. Blonde. Beautiful. Sanu too loved a girl. Sunidhi. (Although he had no right to do so.)

'Why should we waste Sunidhi's life? Anyways they are going to give birth to the 'Cursed Sufferers', was the conclusive comment everyone made when it came time for Sanu's marriage.

Years have flown by. The two brothers have stepped



into adulthood. Sanu in his thirties, Vishal a bit older. One fine morning, Sanu passes away. His face pale, like a washer man's hand after being in water for too long. Anemic. Cadaverous. (He was indeed a corpse now.) Sunidhi didn't attend his funeral. She's married and blessed with two sons. Not Cursed Sufferers. Dr. Vishal writes, 'Cardiac complications due to iron overload.'

And now he has enough time to ruminate over Sanu's death.

Anik belongs to the MBBS Batch of 2023

STAGE FRIGHT

Ishan Khatawkar

Your heart beats fast and you can barely breathe when you are about to have your first stage performance. The years of practice flash before your eyes. You want to give your best.

This was just the case for little me when I was waiting for my turn at my first piano solo. I had done all my homework

but felt like I was forgetting everything. The thought that everything might go wrong horrified me. What if the audience did not like it and started jeering? I did not hope for their kindness just because I was a kid. When I heard the others before me, I began feeling like I hadn't done enough. I was getting nervous by the second. Every minute felt like an hour. The adrenaline in my veins was

taking over.

Finally my turn came. As I walked towards the stage my hands started getting heavy. The audience looked like a distant crowd. This was just another kid on the stage for them, then why shouldn't they be just another crowd for me? The worst that could happen is them not liking my performance, which they would forget in a while and I would be free to try again.

As I started playing I felt the muscle memory kick in for the first time. It was as if my fingers were playing the keys by themselves. I looked at my friends in the audience and smiled at them. Everything was going perfectly but then I missed a line. I lost track of the song and my mind froze. I stopped playing for a moment. Everyone must have thought the performance was over. I started panicking but I continued the song.

Soon, everything began falling into place and continued as if I had never stopped. As the song drew to a close, a feeling of fulfillment took over me. I had just had my first taste of performing on stage. I feel the experience was an enlightening one. It taught me the way to deal with life's challenges.

You must have the determination to get back up when you fall down. The hard times pass by and in the end you are left with more opportunities for happiness. Now I feel it natural to play for an audience. Facing my fears that day had a huge impact on my life.

SELENE

Santhosh



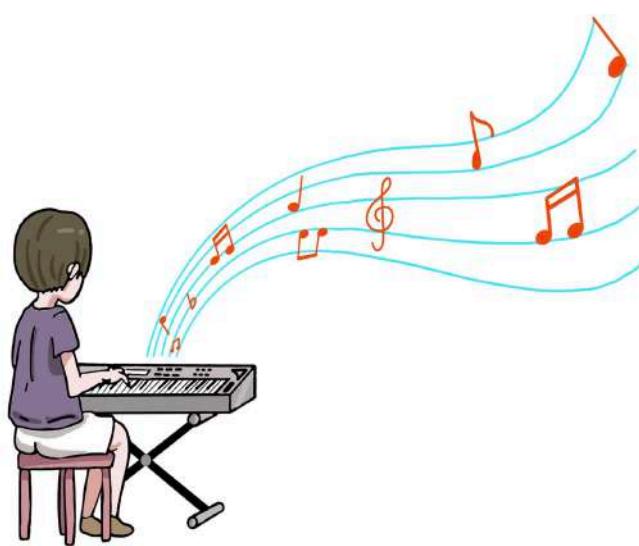
Every once in a while, the night would lose its grace.
Stars, lost in an ocean of black

Lost. Without her. For she is the crown jewel of the
night sky. Her beauty grips celestial & mortal bodies
alike. In me lay one of those mortals.

A mortal, burned by her frigid heart, torn apart by her
tidal tantrums, and hypnotized by her gaze.

And while the stars search for her far and wide, we'd
run around stealing moments, together. Our little
secret.

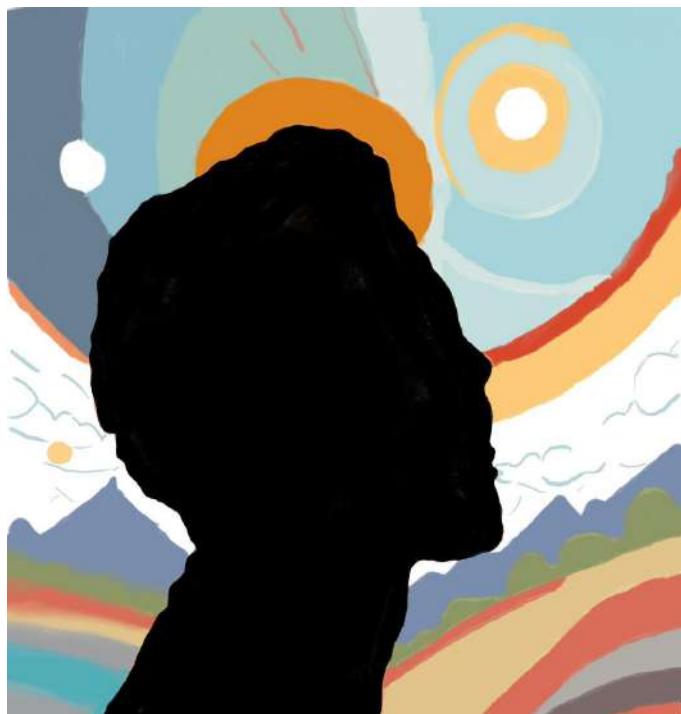
Every once in a while, the night would lose its grace.
Now they are distant memories, of when a mortal fell in
love with the moon.



QUESTIONS

Aditya S

The ultimate certainty of life is death. But how often have we thought about death? Or the experience of death. It's only in one of those moments in life when we lose any of our loved ones to death that we really question the reality of death. And that's not for long either. Because we can never actually find the answers to these questions. And when we do find the answers to these questions, it's going to be too late.



how hard we try, we'll never be able to find the absolute truth before it's too late. When we realise how quickly we get forgotten after we die, we start to question the significance of our life in the grand scheme of the fast moving world. What's the point of living? Is it making a difference in the lives of others? If that's the purpose of life then we're just beings created by other beings to affect the lives of the beings that we encounter in this life of ours. A bunch of beings who live solely to affect the lives of other beings. If that's the case, then I'm serving my purpose well - affecting your thoughts and life through this piece of mine.

Is it a mere biological event where the heart, breathing and brain activity stop? What would you feel the moment right before you die? Is it excruciating pain all over the body? Or is it just a silent sense of comfort? Does your whole life really flash before your eyes? If it did, would you be happy about the way you lived your life and the choices you made? What happens after death? Does your consciousness or "being" just disintegrate along with your biological tissue? Or does the entity that we call "soul" take in the experience of this life and reach a higher plane of existence? Can we really be reborn or is this life an absolute one-time chance?

All these questions have posed a mystery to humanity since forever and will continue to do so. And no matter

Aditya belongs to the MBBS Batch of 2023

SOMETIMES, A BUTTERFLY

Dr TM Raghuram

Sometimes,
as if to compensate
the absence of a friend,
a butterfly flits in
through the window, from nowhere,
sending me off on a reflective sojourn;

Sometimes, it seems,
the hovering butterfly
is a dancing collage
of colourful memories
or flashy revelations
of a messenger from beyond;

Moved, nostalgic, I prepare
to scribble a verse or two,
but like a persistent dream
it perches on my very pen,
pinning me to my contemplative spell;

Sometimes, it seems,
the butterfly is a delicate voice
persuading me to put away
pen and paper as well as my poem
to live through the magic
of those mysterious moments to the full.

Dr Raghuram belongs to the MBBS Batch of 1971, and went on to become a Professor of Psychiatry at MES Medical College, Kolathur, Kerala. Besides clinical practice, Dr Raghuram is a poet, flutist, painter and photographer par excellence.

ಓ ನನ್ನ ನಲ್ಲಿ

Shashank Surapoor

ಇರುವಳೊಬ್ಬಳು ಪ್ರೇಯಸಿ ನನ್ನ
ಕಲ್ಪನಾಲೋಕದಲ್ಲಿ ಹುಡುಕುವ ಸಾಹಸ
ಮಾಡಲಾರೆನು -ನೀಡುವಳು ಹಾಜರಿ ಪ್ರತಿದಿನ
ಕನಸಿನಲ್ಲಿ ಪರವಶನಾಗದೆ ಉಳಿಯಲಾರೆನು

ಶಾಯಿಯು ಕೇಳುತ್ತಿದೆ, ನಿಜವಾಗಿಯೂ ನಿನ್ನಾಕೆ
ಮನುಷ್ಯಳೆ ಅಥವಾ ಅಪ್ಪರೆಯೇ ಎಂದು,
ಉತ್ತರಿಸಲಿ ಹೇಗೆ ಅದಕ್ಕೆ, ಇವೆಲು ಹೂಡ ನಾಚುವ
ನಲ್ಲಿ ಎಂದು

ನಿನ್ನ ಮುಂಗುರುಳಲ್ಲಿ ಸಿಲುಕಿಕೊಳ್ಳುವ
ಬಯಕೆ,
ಅನಂತ ಅನುರಾಗವ ಅನುಭವಿಸುವ ಬಯಕೆ,
ಅನುಮತಿ ನೀಡು ನೀ, ಆಭಾರಿಯಾಗುವೆ ಇಡೀ
ಬದುಕೆ.

ಶಶೀಯ ಅಕ್ಷಿ ಉಳ್ಳವಳಿ, ಕಮಲದ ಕರದವಳಿ. ಓ
ನನ್ನ ನಲ್ಲಿ ನಿನಗಾಗಿ ತರುವೆ ತಾರೆಯನು ಇಲ್ಲೇ,
ಒಮ್ಮೆ ಅನುಮತಿ ನೀಡು ನಿನ್ನಾಳಗೆ, ನಿನಗಾಗಿ
ಮುಡಿಪಾಗಿಡುವೆ ನನ್ನ ಪ್ರಾಣ ಪಕ್ಷಿಯನ್ನು
ನಿನ್ನ ಕೈಯೊಳಗೆ, ನಿನ್ನ ಕೈಯೊಳಗೆ



Shashank belongs to the MBBS Batch of 2023

OASIS: BLAST FROM THE PAST

Before Montage, there was *Oasis*- the JIPMER campus magazine. With exciting scoops, succinct pieces and a healthy sprinkle of dry wit, *Oasis* was a source of news and fun for all its readers. It is amusing to learn that the issues plaguing the student community and most topics of fierce debate have not changed across decades. The connection forged across generations of JIPMERites through these editions is a constant reminder that JIPMER is home to a diverse family of intellectuals, leaders and physicians at the top of their fields.'

A special thanks to Dr T M Raghuram for providing us with a few issues of *Oasis*, published in the 1970s.

A last quick glance through the piles of books and well-thumbed notes, a hurried check of pens and hall-tickets, desperate borrowing of felt-pens, a scanty breakfast-and they're off. All with strained faces-a few laughing nervously, a few sunk in despair and all swearing they don't know a thing. Another univ exam, is on.

The univ exam is a peculiar institution. It affects every student in a different way and it affects every aspect of his life—from the frequency of his temple-visits to the length of his hair. For the average student (this excluding the brilliant type whose spectacles gleam efficiently as he strides towards the hall) the exam is a nerve racking, chancey business and the prospect of his career being decided or at least seriously affected is unnerving.

The pre-exam tension has a characteristically insidious onset. The chronic first-classers start early and their nervousness and jitters slowly percolate through the gay cavalier attitudes and glorious irresponsibility of the many, infecting the college with a sudden sense of purpose, shrouding it in an atmosphere of gloom. Last to go are the JSA men - as they wind up their film clubs and rush through their Oasises with uncanny speed, cursing themselves for their self-imposed distractions and resolving resolutions that can never be kept. And as the hostels sink in to an almost eerie (continued on page 9)



— In his mind's eye, the examiner has become a huge, mean-faced ogre...

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J S A day was traditional and colourful. An eminent mathematician graced the occasion and took off on a round-'the-worlds-beautiful-campuses' trip. The exhausted audience landed back in Jipmer to witness a very entertaining show put up by the recently resurrected Old Students' Association. Next morning hordes of the fairer sex invaded the loha messes for 'cutting vegetables', but the onions/lohangas gave them a tearful farewell in even time. Despite such desperate measures pavlovian reflexes were stretched in the evening and it took plenty of spontaneous song and dance (!) to soothe appetites. That put an end to 3 weeks of hectic nerve racking JSA activity. Phew!

Sleeping Back-bencher

Behold him in his distant seat
Hands propping up his chin,
Lost in a world of his complete,
All attention turned within (?)

The sixty minutes platform drone
To him is lullaby,
And random questions deftly thrown
Pass o'er him peacefully.

The darkness of the lecture hall,
The A.C.'s rhythmic hum,
Hold him in somnolent thrall
And his senses benumb.

What if his bench mates glances throw
And to wake him up endeavour?
Classes come and classes go -
But he sleeps on forever!

A.P.S

Oh, the Jipmer Swimming Pool !

Let's up and away. Just a little ahead in time, in our Time Machine. Behold! A swimming pool on the Jipmer campus! (chlorinated, mind you.)

The site initially chosen for the pool was the barren grasslands adjoining the Lister Annex. Where else? Understandably, the Annex became a common object of envy for the other hostellites. frantic efforts to shift there. This would be the biggest 'eye-opener' of all, thought one and all, dreamt one and all, said one and all. A sudden boom in the sale of board games in town was inevitable. Prism bins, opera glasses and yellow and green binoculars vanished from the Pondy market. A rusted astronomical telescope that once gazed at the twinkling starlights now lined up to witness the forthcoming 'sprinkling highlights.' (However, it produced inverted images and the unfortunate instrument was left to rust in peace).

Then came the bolt from the blue. The furore proved to be the biggest eye-opener of all. Amidst cries of anguish from broken hearts, the tale of woe was told. The site for the pool would be shifted down the campus—close to GF, the land of milk and honey.

Next, arguments flared up over the shape of the pool. A plain rectangular pool wouldn't do. It had to be something special! The Romeo demanded a heart-shaped pool, but the worshipper of symmetry (who also, perhaps, liked the centre) vociferously condemned it. A round pool was the obvious choice, they argued. The battle raged on for days. Finally an ole bean put his foot down, finalising the plans for a bean-shaped pool (or kidney-shaped as preferred by medicos).

Following the gay inauguration ceremony, brown bodies swished in the pool. Trunks arched. Hands waved. Heads bobbed. Legs kicked.

(Those days of toil in the gym had paid off). Crawls, free styles, breast strokes, back strokes and playful strokes. What were apparently water nymphs swam about gracefully. But other nymphs gasped and spluttered uncertainly, sometimes keeping a wary eye open for any Scylla or Charybdis lurking about. Others stood at the brim of the pool watching, tittering and frolic, wishing they could join in. But they couldn't. Some didn't know how to swim. Others didn't possess swimming trunks. (Were birthday suits too informal? Or formal?)

Those determined to join in the fun and frolic returned with red, blue, purple and black swimming trunks (of pure Pondy nylon). Quite a splash of colour it was. They swam confidently with chests out and stomachs in. They swam in formation, leaving in their wake trails of red, blue, purple and black exhausts. Their trials paled in comparison. And they ran fast! The claimants emerged from the coloured water splashed and deflated. But they walked away fast. For, on embarrassing anatomical areas were beautiful red, blue, purple and black "tans". Much to the amusement of the spectators!

However, this colourful experience did not deter the swimmers. Old trousers and jeans were cut up. And so knee-length trousers with serrated frayed edges and just plain edges became as commonplace as swimming trunks. (Of course, steel tanks, we once asked the question). It was rumoured that the Gokhale Stores would bring out swimming trunks with the Jipmer emblem on strategic spots. But the interest soon waned—the trunks were to be made from material similar to the sweat-shirt's.

Enthusiasm rose to a peak. The learners struggled with air-tubes around their waists. The obese possessed 'tyres' of natural fat around their waists. The lanky were only bags of bones. But all floated!

Even the mug-pots finally closed their books with bang. Heads that swam on reading texts now swam in water. The hostellites eagerly awaited the days without water in the hostels.

The brown bodies thrived in the pool. But so did the flora and fauna. The water did good to the brown bodies. It also did good to the flora and fauna. The brown bodies bobbed in the pool. So did old tennis balls. Evidently, the pool had to be cleaned up thoroughly. Also, Sob had to be dissuaded from approaching the pool on his usual errands. The pool remained closed for three days.

Banana peels from the mess had mysteriously slithered into the pool. So had beer-bottles and old class-notes on tape-worms. Also fished out were a pair of old trunks that pined for the wearer. (Claimants can apply to the JSA Pool Secretary)

At present, excitement is running high as talk of a Swimming Gala in the air. The L & D is contemplating a debate on "Bikinis are better than monokinis". But for us now, it's back, back, back to the Time Machine.

Kersi

reviews

Because your TBR/TBW list wasn't long enough :)

*Divyasree Sureshbabu
Manas Kudlapur
Meenakshi Jha
Rohan Vadlamudi*

BOOK REVIEWS

HOUSE OF LEAVES

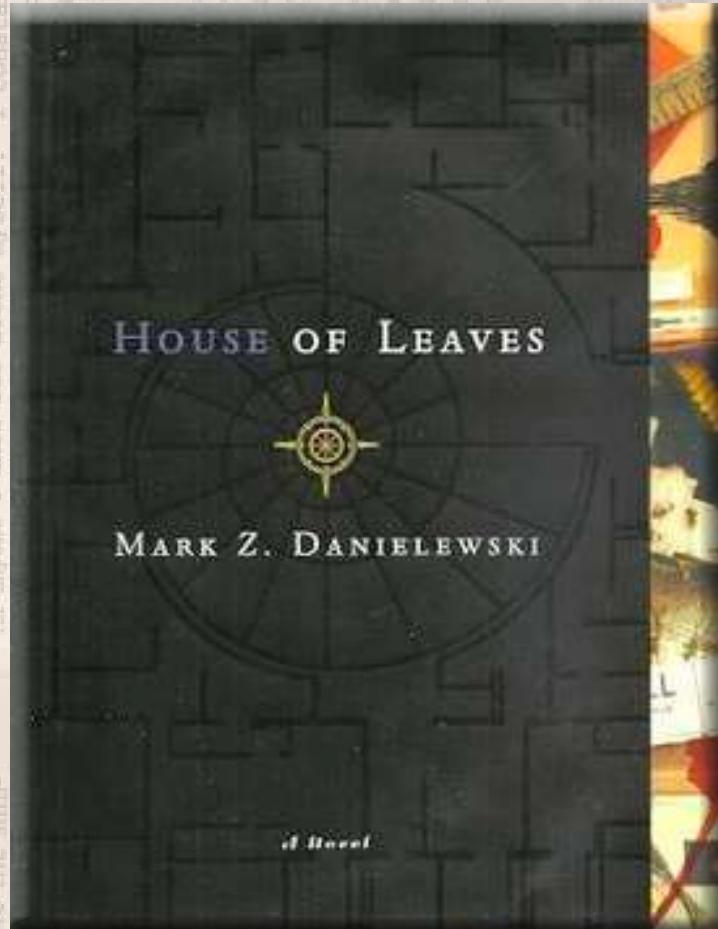
Mark Z Danielewski

One of the first movies ever made, *L'arrivée d'un train en gare de La Ciotat*, or *The Arrival of a Train at La Ciotat Station*, is associated with the rumour that audience at the first screening were so frightened by the film it made them jump out of their seats and run out of the theatre. Reading this book made me feel much the same way.

What makes these two so similar, is the removal of a boundary that previously seemed to be gargantuan, possibly so large that no one could tell it was even there. In one case, it was the idea that you could use a series of pictures to depict an event in progress; while in the other, that words had two ways of departing meaning, its definition and the way it was presented. In the same way that the very first movies capitalised on innovation and leaps in technology to create things that had never before been seen, no literary work has come nearly as close to fully utilising the bounds of paper and ink in such a mesmerizing way.

The premise- a man finds a book written by another blind man about a movie (that does not exist) which is about a family that lives in a house that is bigger on the inside, and all of them slowly go insane. At times this book seems hardly concerned with the story, rather it appears to be intent on injecting all its energies into making itself toe the line between perfect sense and endless convolution. This is a book that toys with perspectives, reality and itself, all to further an uneasy sense of dread that is immediately apparent and endlessly mounting. After all, this book is not for you.

In a way, *House of Leaves* is possibly more of an art project than a book. From a front cover that is 3/4 of inch shorter than the pages contained inside, to words that expand and contract to fit the walls of an unseen labyrinth, all of it drags the reader deeper and deeper into the depths until you get up and look around because you're certain that something was behind you. Over the course of my life, nothing has put a fear in my heart quite like this book. It has consistently been at the back of my mind since I've read it, waiting for me to so much as think about it to set my heart and thoughts racing. It is so shrouded in mystery that 24 years after its publishing there are communities dedicated to unearthing secrets. It is so layered that you could have hourlong debates about what it is really about. It is so overwrought and convoluted that reading through it may take months, and possibly a few weeklong breaks. It has subpar prose, is laughably bad at writing women and is possibly just poorly constructed and edited. Despite all of this, it is unique, captivating, immersive and downright terrifying.

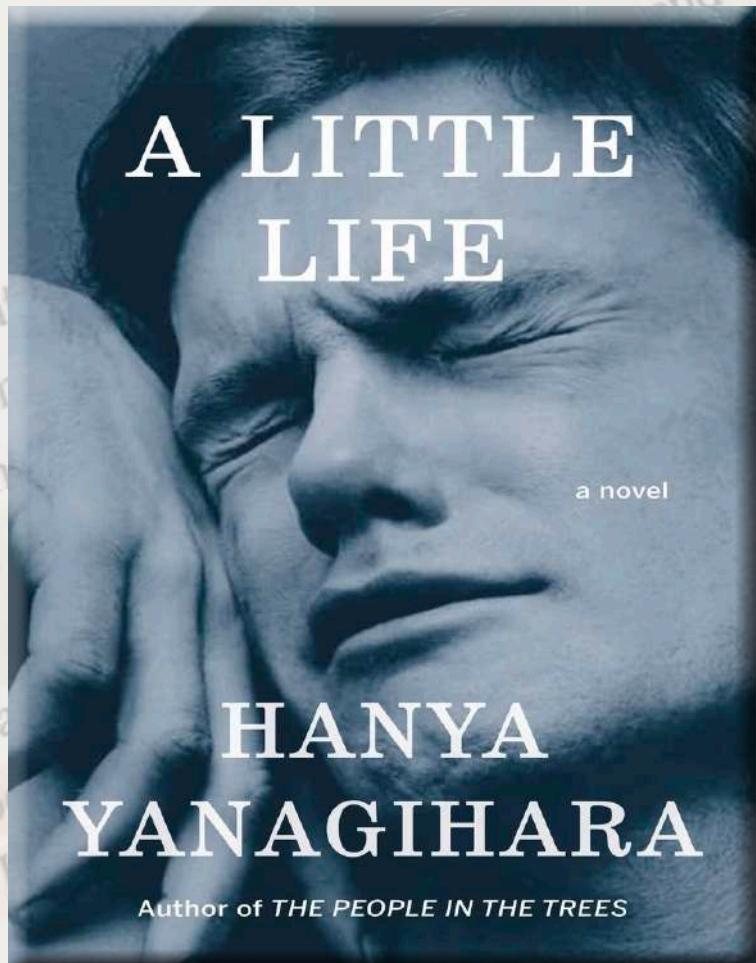


Review provided by Rohan Vadlamudi

A LITTLE LIFE

Hanya Yanagihara

Hanya Yanagihara's "A Little Life" is like diving into a rabbit hole of emotions – a rollercoaster ride through the heart's haunted house. Picture this: a literary carnival where the Ferris wheel of friendship takes unexpected turns, and the haunted house of trauma hides behind every page.



mirror maze of self-discovery.

But let's not forget the haunted house – the heart of darkness in "A Little Life." Yanagihara doesn't shy away from the tough stuff. It's like walking through a hall of mirrors that reflect the pain and resilience of the human spirit. The darkness is palpable, yet strangely comforting in its honesty.

As you read, you might find yourself snorting with laughter one moment and wiping away tears the next. It's a literary emotional whiplash that leaves you exhilarated, exhausted, and strangely grateful for the wild ride.

So, buckle up, grab your cotton candy of humor, and get ready for a literary carnival that's as quirky as it is emotionally profound. "A Little Life" is not just a novel; it's a carnival ride through the depths of human experience – the kind that leaves you haunted, heartened, and craving another trip through the emotional funhouse.

Meet Jude St. Francis, the enigma at the centre of this emotional circus. He's the kind of character who makes you laugh, cry, and contemplate life's absurdities all at once. Imagine a stand-up comedian who moonlights as a therapist – that's Jude. His struggles are like juggling existential crises while riding a unicycle on a tightrope.

Yanagihara's prose is a magic act, casting spells that make you feel everything from belly laughs to heart-wrenching sobs. It's like she's pulled emotions out of a hat, and you're left wondering, "How did she do that?" But beware, the rabbit she pulls out is not fluffy and cute – it's the darkness lurking beneath the surface of human experience.

In this literary funhouse, Yanagihara explores the shadows of friendship, love, and trauma with a quirky charm that makes you want to ride the emotional rollercoaster again and again. The characters are like a dysfunctional family you can't help but adore – flawed, funny, and utterly human. They navigate life's carnival games, from the ring toss of joy to the haunted

Review provided by Meenakshi Jha

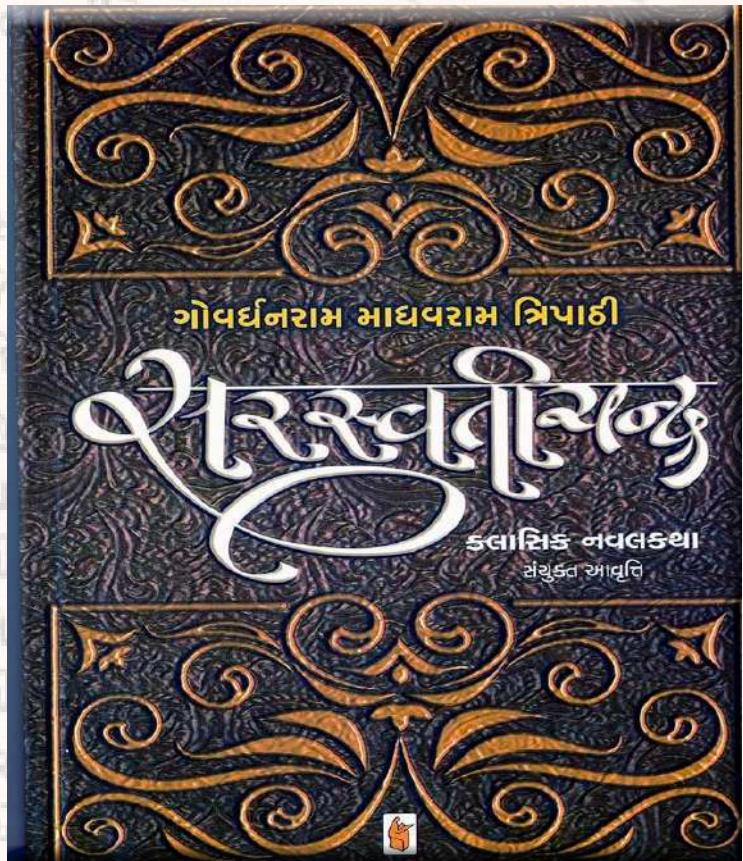
SARASWATICHANDRA

Goverdhanram Tripathi

'Love runs through the trails of life set by the Supreme Power' said some great author. And it is so true. Set in the background of late 19th century India, this Gujarati novel written by Govardhanram Tripathi is an epic saga involving all tones and rhythms of emotions, showcasing every single character in all their glory in a tumult of emotions. The story is similar to recent day telenovelas and induces great interest and curiosity to know what happens next. It carries a message that Gen-Z would do well to understand, which is, the main difference between "The Kismat" and "The Fitrat".

The drama mainly revolves around the families of the lead characters- Saraswatichandra (Saras) and Kumud Sundari (Kumud) belonging to the Lakshminandan family and the Divan Vidyachatur family, respectively. The antagonists of the story are the influential Buddhidhan family.

Spread over 2000 odd pages, split across 4 books, the story depicts the different situations Saras and Kumud handle together, brought together by truly elite storytelling. The 4 books include- The Administration of Buddhidhan, The Family-maze of Gunasundari, The Political Administration of Ratnanagari and The Dreamland of Saraswati. These four parts are set in the fictional background of two Gujarati towns- Saharanpur and Ratnanagari and the story begins with Saras coming from Bombay after receives his barrister degree. The story involves many twists and turns that keep the reader's mind charged up with curiosity to find out what happens next.



The character of Saras, often similar to Lord Ram highlights the true glory of love, family, relationships-the good, the bad and the ugly. Kumud is a charming young traditional lady who always dreamt of her future husband and a typical, traditional life. The actual plot begins when the Buddhidans' plot against both of them, getting Kumud married to their son and subsequently, the hard married life she faces and how Saras rescues her later. The situation is escalated when Saras elopes along with Kumud creating a ruckus their village.

Their relationship is strong as iron, but gets heartbreakingly molten and weak in the end when they break apart and fail to stay together. It is ironic that Saras is able to create his own dreamland without involving Kumud at all. Their relationship can be likened to the two metal railings of a railway track that travel alongside, but never meet.

In recent years, the interest in this book has fallen among the craze for modern mangas, stories and rom-coms. However, in an effort to revive the hidden legacy and immense wealth of the storytelling in this book, the director Sanjay Leela Bhansali has taken it to the small screen with his debut TV show Saraswatichandra (available on Star Plus), which was a grand success. The original Gujarati novel has now translated into different languages of India, and continues to attract readers interested in age-old feel-good love stories. The book truly inspired me and shows how a true love can shape our 'Kismat' (fate) into 'Fitrat' (true nature or reality).

Review provided by Jashan Chatla

KAFKA ON THE SHORE

Haruki Murakami

“Kafka on the Shore” by Haruki Murakami is like a literary rollercoaster that takes you through the labyrinth of dreams, reality, and talking cats. Buckle up, because this ride doesn’t come with a map, and you might just end up in a parallel universe where fish fall from the sky, and library walls whisper secrets.

Murakami weaves a tapestry of eccentric characters, each with a story more enigmatic than the last. Kafka, a teenage runaway, grapples with an Oedipal prophecy and an affinity for talking to crows. Nakata, an elderly

man who can talk to cats, embarks on a quest to find lost things, uncovering surreal mysteries along the way. It’s a literary jamboree where the bizarre is ordinary, and the ordinary is just a disguise for the extraordinary.

The narrative dances between reality and the surreal, like a cat tiptoeing on the edge of a dream. Murakami’s prose is a melody of metaphors, creating a symphony that echoes in the reader’s mind. However, be warned, trying to decipher the meaning of every symbol is like trying to catch smoke with your bare hands. You might end up feeling a bit like Kafka himself—lost in a labyrinth of your own making.

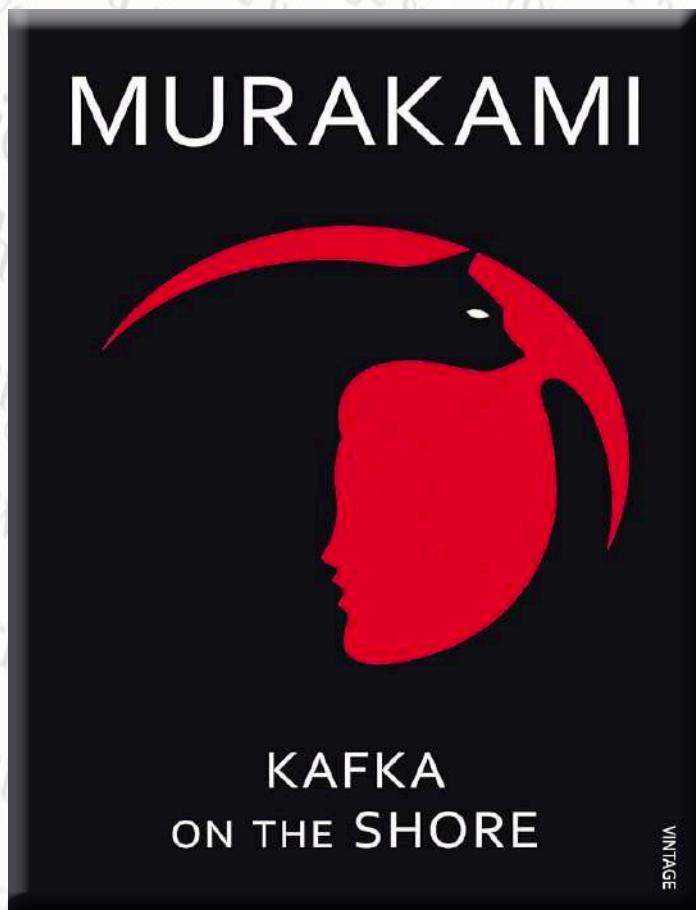
The novel’s charm lies in its ability to make the implausible feel utterly plausible. Talking cats, fish falling from the sky, and a library that transcends time become as believable as your morning cup of coffee. Murakami invites you to suspend disbelief and dive headfirst into a world where reality is a slippery fish, and you’re just along for the swim.

one carries a burden of mystery, and just when you think you’ve figured them out, Murakami throws in another curveball. It’s a literary cat-and-mouse game, and the only winner is the reader, entertained by the author’s whimsical narrative antics.

Yet, for all its quirks and charms, the novel can be a challenging read for those who prefer a straightforward narrative. If you’re the type who likes their stories neatly packaged with a bow on top, “Kafka on the Shore” might leave you scratching your head and wondering if you accidentally stumbled into a literary funhouse.

In conclusion, “Kafka on the Shore” is a mind-bending journey through the rabbit hole of Murakami’s imagination. It’s a novel that defies categorization, leaving you simultaneously enchanted and bewildered. So, if you’re up for an adventure where reality is as malleable as clay and talking cats offer profound wisdom, then grab a cup of coffee, find a cosy spot, and let Murakami take you on a trip you won’t soon forget.

Review provided by Meenakshi Jha



A THOUSAND SPLENDID SUNS

Khaled Hosseini

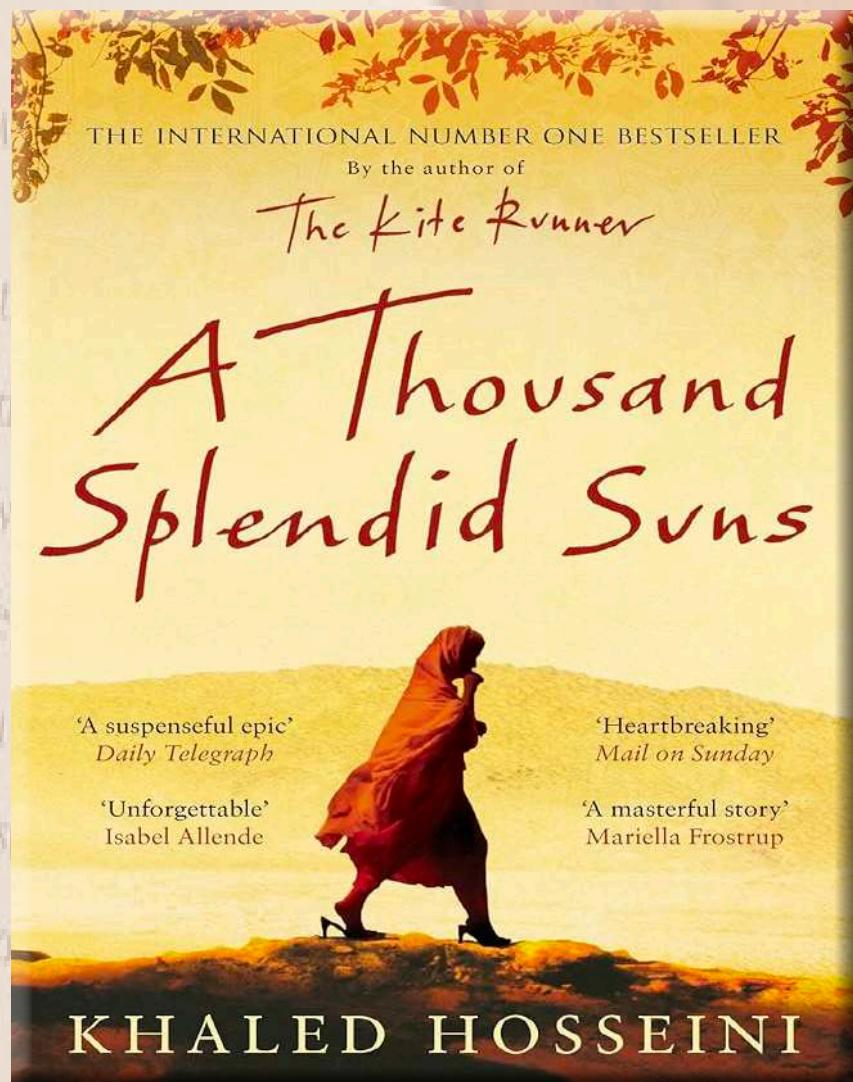
Set in an era of patriarchal despotism that was prevalent in Afghanistan, this tragic novel throws light on a matter of serious concern- gender based violence that women are subjected to. The author has impressively described the hardships encountered by an illegitimate girl Mariam, whose childhood was filled with deception and injustice. Her yearning for paternal love sets her into a trap where she is forced to marry a man much older than her. Their relationship sours as a result of domestic abuse and miscarriages. The author cleverly used a multigenerational style of writing by introducing another character- Laila, who in spite of coming from a well-to-do and dignified family, lands up in the same household as Mariam, as a result of Afghan war. She is also forced into a marital relationship with Mariam's husband.

The story revolves around how the two women develop a strong bond to protect each other from their husband's abusive ways.

The author has used sensitive themes such as sacrifice, love and resilience to create a strong impression in the minds of the readers- Women deserve to live a life free from the clutches of fear of male dominance and abuse. The writer also conveys that parental affection plays a pivotal role in a child's emotional development. It also focuses on the concept that love for another person gives purpose to one's existence, gives them the will to transcend their limitations and boundaries, and to stand up for the other person to the extent of self-sacrifice. It reveals how fate can steal everything from a person all at once, and at the same time give us hope and a second chance to live. It also brings into light the importance of education as a tool of empowering oneself and safeguarding one's self-respect and worth.

Personally, I loved this novel for the unique writing style exhibited by the author. I was impressed by the multigenerational approach taken by him in crafting this work. As you progress through the pages, you will certainly find yourself living among the characters. My favorite aspect of the book is the characterization- Mariam and Laila were a personification of bravery, grit and hope. I also admired the way the author had portrayed the theme of friendship and sacrifice.

Review provided by Divyasree Sureshbabu



MOVIE REVIEWS

ANGAMALY ANGAMALY DIARIES

Cast: Antony Varghese, Reshma Rajan, Tito Wilson, Sarath Kumar

'Angamaly Diaries' (2017) is a Malayalam crime/action film directed by Lijo Jose Pelliserry, and starring Antony Varghese (Vincent), Reshma Rajan (Lichi), Tito Wilson (Rajan), and Sarath Kumar (Ravi) in the lead roles. The overcrowded markets, the making of their exotic foods, the various works locals do, the places of worship, the craze for football; all are beautifully portrayed in the beginning of the film. Gradually the frame shifts to the protagonist and his life — Vincent Pepe, an intense young man reminiscing about his childhood in the town of Angamaly. Pepe, like all the little boys in Angamaly, aspires to be like a famous group of men in their town — not just a football team, but also a notorious gang in town— of which Babuji, an aggressive hot-headed beefcake, is the captain. Pepe and his friends put together a team like Babuji's and name it the 'Pallayangadi' team. As time flies by, Pepe's team is seen to be involved in local fights in the town. As Pepe dwells on the fantasy of his nascent first love, the bandit brothers Ravi and Rajan kill Babuji. The murder of his hero drastically changes Pepe's life and forces him into the crimes happening in the town. The rest of the story revolves around the aftermath of this incident and how the former takes his revenge.

Lijo Jose Pelliserry uses various unconventional camera angles and a gripping screenplay making this film a unique one. Talking of creativity, the director correlates the relationships in Pepe's life to the various food combinations which the town is famous for, which made the audience fall in love with the screenplay. The chemistry between Lichi and Pepe worked out so well that the duo subconsciously make you smile whenever they appear onscreen.

Antony Varghese brilliantly plays his part with a charm that makes the audience believe that he is the best choice for the role of 'Pepe'. The cast as a whole did a wonderful job making themselves irreplaceable for their respective roles.

The background music and the placement of the soundtrack is a cherry on top. The film begins with a fast-paced screenplay and sharp cuts entrenching the beauty of the town and finally ends with a single shot climax sequence — for which a cinematographer like Girish Gangadharan should be celebrated. Hats off to the Edit-



ing and Art Direction teams who added further strength to the crew in creating a masterpiece.

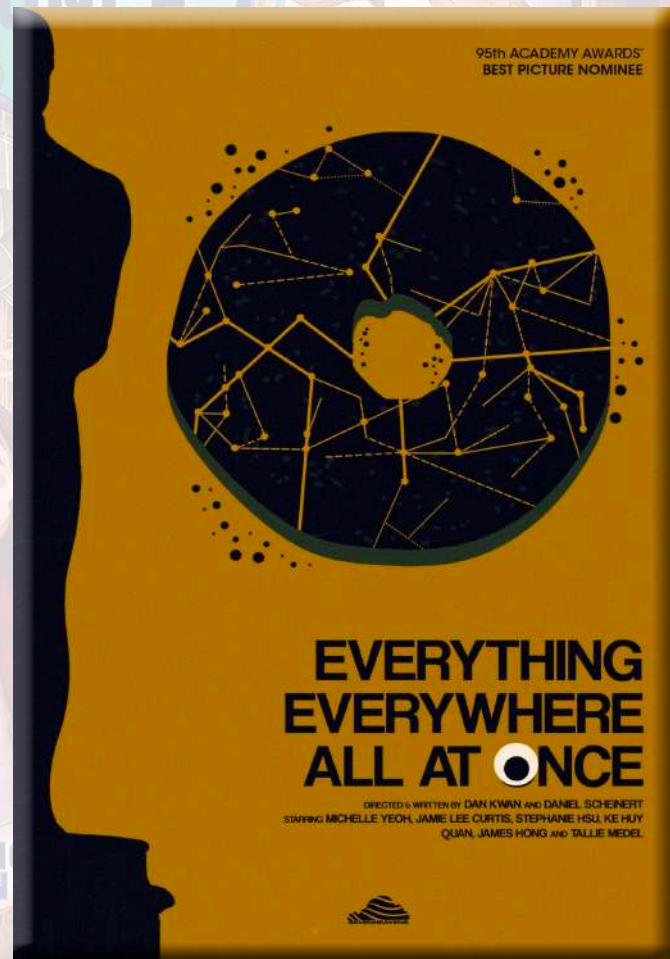
To sum up, Pepe's lifestyle, the women he encounters, the mesmerising friendships, the troubles he gets into and their consequences, the mind-blowing fight sequences, the subtle dark humour which travels along the film and more than all of this — the natural and realistic setting of this film- these make this a must-watch.

Review provided by Navin Raam

EVERYTHING, EVERYWHERE, ALL AT ONCE

Cast: Michelle Yeoh, Stephanie Hsu, Ke Huy Quan, Jamie Lee Curtis

'Everything, Everywhere, All At Once' is bold' in its commitment to a novel portrayal of parallel universes, but often constrains itself by adopting an excessively minimalistic approach to the exploration of the philosophies tying them. The plot itself, commendably, is largely devoid of cliques and ex-machinas that plague the genre. However, without captivating scriptwriting, there's little to redeem its lazy attempt to lean into the absurdity of its concept and tap its full potential. For the most part, the viewer is amused by the protagonist's hapless efforts to connect her existence across multiple parallel universes to save the 'multiverse' from destruction, despite plot devices that work too rapidly to allow casual viewers to catch up. That being said, scintillating choreography and score allow the cast, especially Yeoh and Hsu, to lend their characters vast depths of personality, whether they're navigating complicated interpersonal dilemmas or surviving gripping fight sequences.



Review provided by Manas Kudlapur

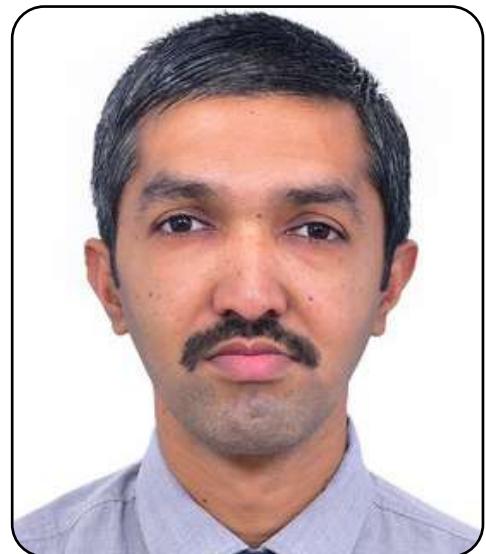
humans of JIPMER

*Chinua Pailoor
Seshan VS
Abhinav Upadhyay
Ishan Khatawkar
Pratheeksha S
Srijan*

Dr Sivaraman G Head of ENT Department, JIPMER

Dr. Sivaraman Ganesan has been at JIPMER for the larger part of the last 26 years and has witnessed the healthcare sector mushroom within the institution. Although JIPMER has substantially transformed over these years, with numerous additions to its infrastructure and a near doubling of the number of students taken in yearly, Dr. Sivaraman notes that the patient load hasn't become any lighter, perhaps even risen marginally.

For Dr Sivaraman, undergraduate teaching is a keystone, taking knowledge forward to the community and replenishing departments themselves with resident doctors. Of the five modes of undergraduate teaching employed by the ENT department currently, he gives us a glimpse into the workings of one of them - lectures. The number of hours devoted to theory teaching, have now been split between small-group discussions and lectures owing to the latest NMC guidelines. To improve student participation, an effort has been made to truncate text and include relevant videos and pictures of surgeries, and radiographic and surgical anatomy in presentations.



Dr. Sivaraman highlights the importance of learning statistics, in order to be able to analyze research papers and understand the significant results. Secondly, he asks students to develop skills or hobbies such as video editing which would come handy, especially in surgical specialties where one would want to record and publish the surgeries they perform. Also, being on record ensures that one doesn't cut corners. The same goes for documentation; Dr Sivaraman urges students to make a habit of documenting as much information as possible. He encourages students to socialize, to participate in functions, rituals, weddings of their loved ones, as a way of showing how they are important. Finally, he exhorts students to take care of their health. In his opinion, there should be a balance among three domains - your mind, body and soul, which he has been blessed to find at JIPMER.

Dr Rituraj Majumdar Senior Resident, Deptt of Anatomy, JIPMER



Meet Dr. Rituraj Majumdar, a doctor who hails from the land of sweets (West Bengal) and brought up amid the greenery of Assam. He began his medical journey at NEIGRIHMS. Belonging to a family of teachers, Anatomy became his sanctuary mainly because of his passion for teaching as well as the work-life balance the subject affords, which also allows him to pursue his passions such as traveling.

Armed with a sense of humour, his viva anecdotes are as amusing as a sitcom. Amidst the laughter, there's also a deep-rooted spirituality in him, thanks to his stay in Vrindavan right after MBBS, something that changed the course of his career and life. Here are a few wise words from him to help young adults struggling with both academics and beyond in MBBS. In his words, "It is important to be logical, direct and not get fooled emotionally. Hard work and perseverance always trump intelligence in the field of medicine."

According to Dr Rituraj, the best technique to study anatomy is to study every day, follow dissection thoroughly, pay attention in the dissection hall and never stop asking questions. One shouldn't study anatomy with the mindset of memorizing every minute branch of a nerve or vessel but to know the relevant content that'll help in future clinical practice. It's very important to keep in mind why the subject is being learnt.

Dr Siddhanth **Consultant, Deptt of Cardiothoracic & Vascular Surgery, Narayana Hospital, Nellore**

Dr Siddhanth has done his MCh. at JIPMER (2021-23) and shares why he decided to specialize in cardiac surgery, notorious for its immensely competitive nature and the abundance of high-intensity crisis situations. He tells us that cardiac surgery is among the very few specializations where you see, with your very eyes, the functioning of your organ of interest. In the beating of a heart lies an enthralling sight. A good part of one's job is to stop the heart that one is supposed to operate on, and the time window is just about half an hour. It doesn't get over there. There are many things that could go wrong, like failing to correct hypokalemia post-surgery can cause the heart to go into failure and the patient may die. As a cardiac surgeon, Dr Siddhanth emphasises that you've got to be on your toes. In his opinion, only whacky and mad people take cardiac surgery - people who love to manage things that could possibly go wrong.

He discourages medical students from chasing qualifications and degrees, instead highlighting the need to look beyond and contemplate the development of one's character and growth as a person. He tells us about his mentor and how he inspired Dr Siddhanth to become a surgeon. During his clerkship in the Surgery department, he once happened to see an old, lean gentleman cooking chicken masala in a room beside the OT. While a splenectomy was being performed within, this man calmly asked an assistant to add more masala to the curry. At a certain point, the harried Assistant Professor who had been operating, rushed out and called in the gentleman who was actually the HoD. He left the pantry, scrubbed in and remained the calmest person in the room as he successfully removed the massive 5 kg spleen. Completely unruffled, he exited the OT, headed to the pantry and as he tasted the chicken curry, quipped "I told you the salt was less." Dr Siddhanth remembers being spellbound and determined to become like this man (who would go on to mentor and guide him through his residency), who smoothly transitions through his roles in life, detached yet attached.



In keeping with his philosophy, Dr Siddhanth is currently writing a book called 'Not that residency manual' aimed at interns and residents, where he outlines his views in detail. To quote him, "(As a medical student or intern) You can't do what you're not supposed to do. But you sure can learn what you're not supposed to learn, read what you're not supposed to read and do in your head whatever you aren't supposed to do. That is freedom and the answer to many of our issues in learning and practicing medicine."

Dr Ankit Suniyal **Senior Resident, Deptt of Preventive & Social Medicine, AIIMS Delhi**



Every JIPMERite in the last decade is familiar with the name Ankit Suniyal. His question banks have been the saving grace for many an exam, for this author and many others. We explore more about the man behind this JIPMER institution, through an in-depth interview.

A firm believer of the dogma 'Prevention is better than cure', Dr Ankit is a community physician at AIIMS, New Delhi. He always wanted to address core medical issues plaguing Indian healthcare, like TB or malnutrition, before they snowballed into clinical manifestation. Dr. Ankit chose Community Medicine to serve as a frontline physician. His affinity for community engagement and his prowess as a communicator acted as catalysts. He points out how community medicine practitioners serve as the link between the underprivileged and the quality healthcare. So, if you are aspiring to become a community physician,

you now know the immense satisfaction your work offers.

To help MBBS students, Dr. Ankit has made comprehensive question banks and revision guides for several, if not all, undergraduate subjects. He tells us how students find it difficult to approach seniors for help, putting forth a theory that the isolation which these students face during their entrance exam preparation makes them retract from interacting with peers. It was this demographic he was targeting. And his efforts are clearly well received.

When asked about the changes he had noticed over the years in JIPMER, Dr. Ankit tells us that mental afflictions seem to be more common these days. Nevertheless, he was all praise for JIPMER's students, calling them some of the most multi-talented and capable people. He tells us how he perfected the art of video making during his undergraduate years, while also dabbling in the sport of hockey. When asked about how he could juggle studies and hobbies, he says it is important to prioritise activities and allot regular and sufficient time to every activity.

As he concludes, Dr. Ankit tells us how every student has their unique capabilities, which may sometimes not be revealed in their fullest extent as education has become more quantitative. He advises students to pay heed to their mental health and to use aids like meditation and Yoga to combat anxiety and depression. In his words, the best way to a content life and good health is through patience, self-belief and a constant desire to improve.

Sibanuj Borkotoky **Final year MBBS student**

Our guest for today is Sibanuj Borkotoky, from the batch of 2020. He is the founder of JIPMER's very own Quiz Club and an active quizzer and quiz master. As JIPMER's youngest student club, JQC has grown spectacularly and blossomed into a thriving community of students across batches who share an avid interest in not just medi-quizzing, but also other themes like trivia, sports and MELA. JQC conducts regular online and offline quizzes. The recently conducted IPL Quiz which attracted participants from colleges across India was a huge success.

Sibanuj (or Siba as he prefers) gives us a rundown on the Quiz Club's history. Having been an active quizzer since childhood, he arrived at JIPMER to find out that while medical quizzes were popular here, there was not much interest in other themes. Eventually, he found like-minded students across batches. With the intention of bringing them together and giving them a platform to both organize and participate in quizzes, he started the Quiz Club as he started his third year in college. He derives his inspiration from some of the quiz clubs at IITs, NITs and other medical colleges across the nation. The Quiz Club initially focused on trivia quizzing, but has come to embrace the mediquizzing side too.



Now, as he passes the baton of the Quiz Club to his juniors, he hopes that the legacy of quizzing culture will continue to thrive. And the future is only bright, as JQC continues to expand its reach and carve out a place for itself as one of India's best student quizzing societies.

mbbs **in memes**

This section exists solely due to the sweat and toil of one Rohan Purohit, the mastermind behind @jipmemes on Instagram. We thank him for his service.



After I accidentally answer a question in DH Discussions



Kabhi Kabhi lagta hai ki apun hi Bhagwan hai.

First years after standing for 2 hours in DH



THAT FEELING WHEN



Everyone: Diagrams are a must in anatomy exam

Me in the exam:



Juniors after seeing a random senior in hostel



When you try to actively avoid a senior but he stops you and keeps giving you advice about stuff you never asked



Seniors when they call juniors for work :

Juniors : we are busy sir, exams, records...

Seniors : we'll give you a treat

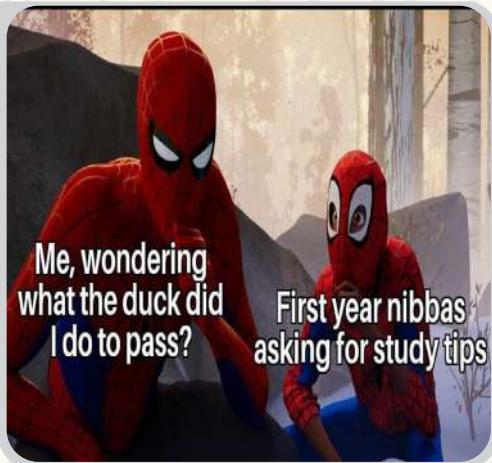
Juniors :



Seniors: Spandan will be a lot of fun with work and play.
Sports juniors in Spandan:



← how is 2nd year still not over



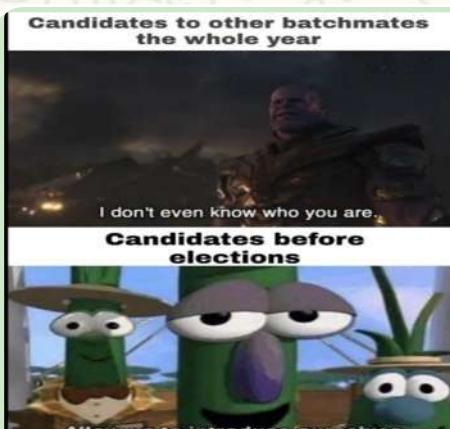
3rd sem nibbas when they enter Insti block for the first time



During Class



During Attendance



How I feel as a medical student wearing that white coat going to the wards and OT every week



No one:
Seniors sitting in Amphi during interaction



Patient: Unakku ozhunga tamil pesa kooda varala! Nee yen history edukka varra!? 🤪

Me who's trying his best to elicit pain history



← where did 3rd year go lol



MBBS student entering Labor room for the first time



Made with mematic

MFs not studying the entire week and then telling they "deserve" a weekend break



- Driving in White town be like

my ancestors watching me
use a GPS to get somewhere
ive been to 14 times



Made with mematic

Studying everything
for exam



Studying only
important questions



Flunking the
exam



Bunking the
exam



VIVA, INTERNALS,
BLAH BLAH
ON
MONDAY

Me, Enjoying
on
a
Sunday



← final year sucks



⋮



Me going through final exams in a sleep deprived state and grossly junk food diet

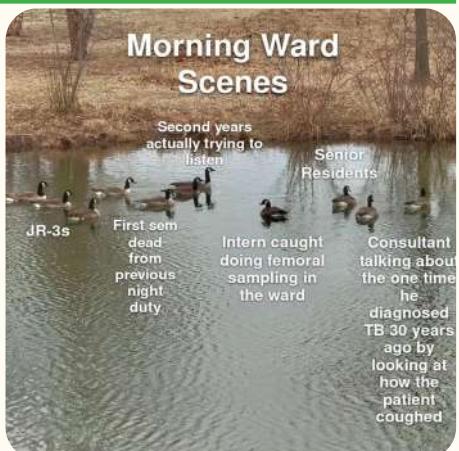


No one:
JIPMERites asking about exams:



← internship is a joke

MEDIA



"Wow you're posted in Labor room in Internship? What do you do?"

Me:



When you're sampling in the medicine ward as an intern and see med students presenting cases



DOCS



-Person collapses on the road



LINKS

ATLS Guidelines: intern version

- A: ABG
- B: BUSE
- C: CBC
- D: DRL
- E: ECHO NEGOTIATOR
- F: FOOD DELIVERY SERVICE



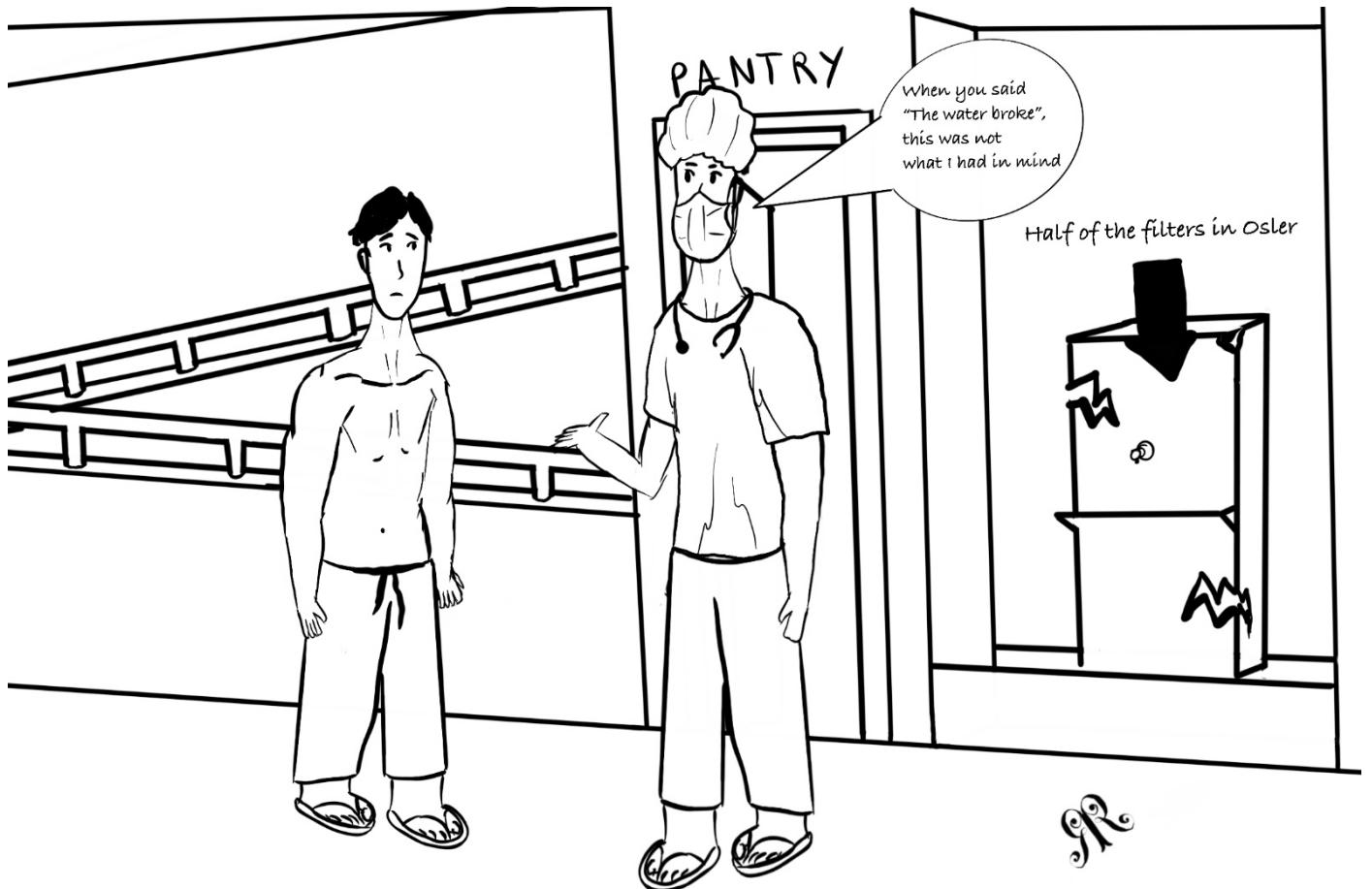
Intern me looking at all the happy final years who just finished their exams being all excited about joining internship



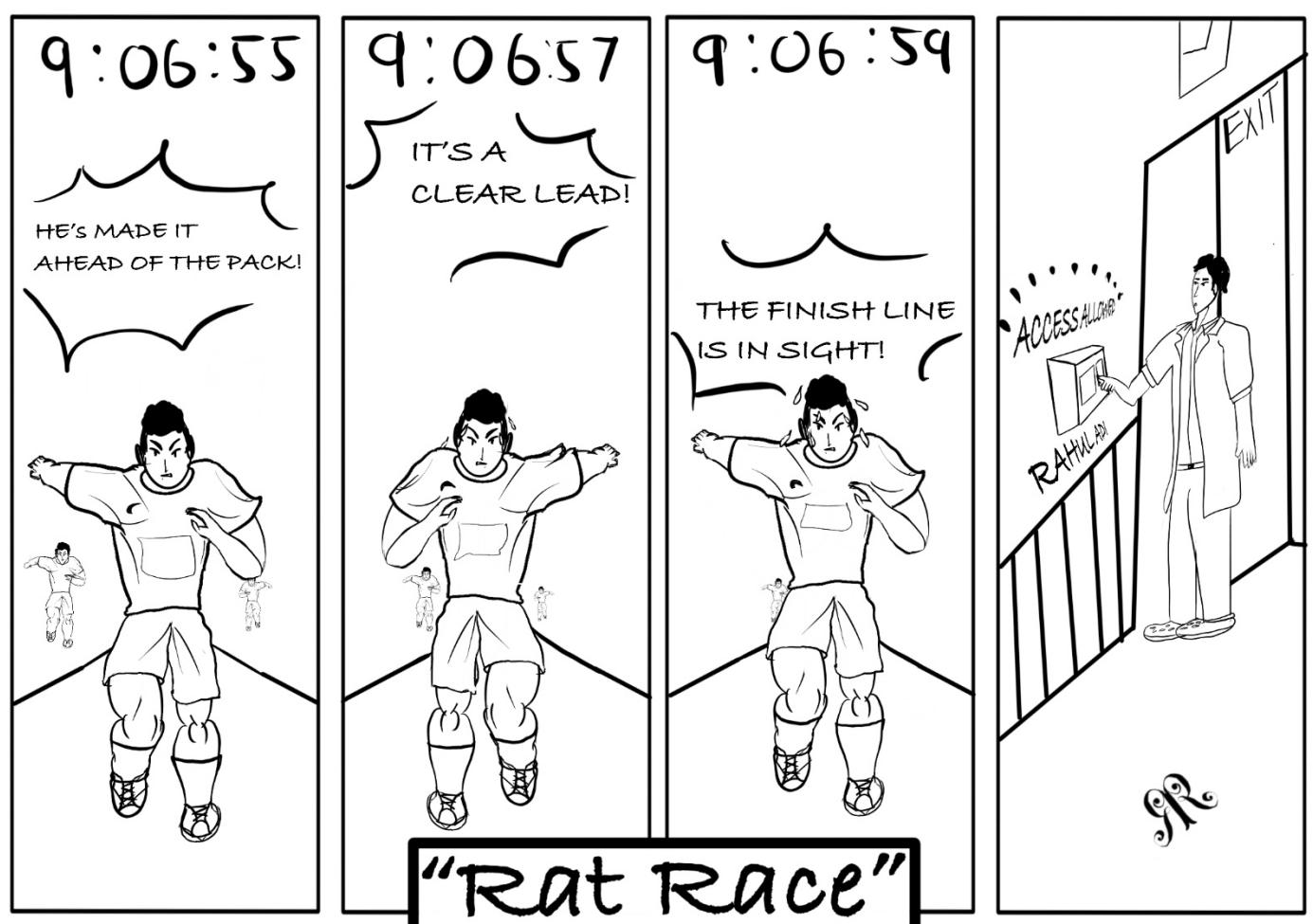
comic relief

If you haven't realized it already, you'll soon find out that life at JIPMER is filled with unfortunate incidents, so unfortunate that they're almost comical. Allow us to take you on a journey of the daily trials and tribulations of JIPMER student life.

Rinit Ravichandran
Harshali
Om Pappureddipalli
Wafiq Ahmad
Aditya S
Pratham Alex



THIRSTY HOSTEL BOYS



In a particularly shady corner of JIPMER campus,



MESS MEMBERS ATTENTION!

WANTED

CLEAN OR DIRTY

SPOON

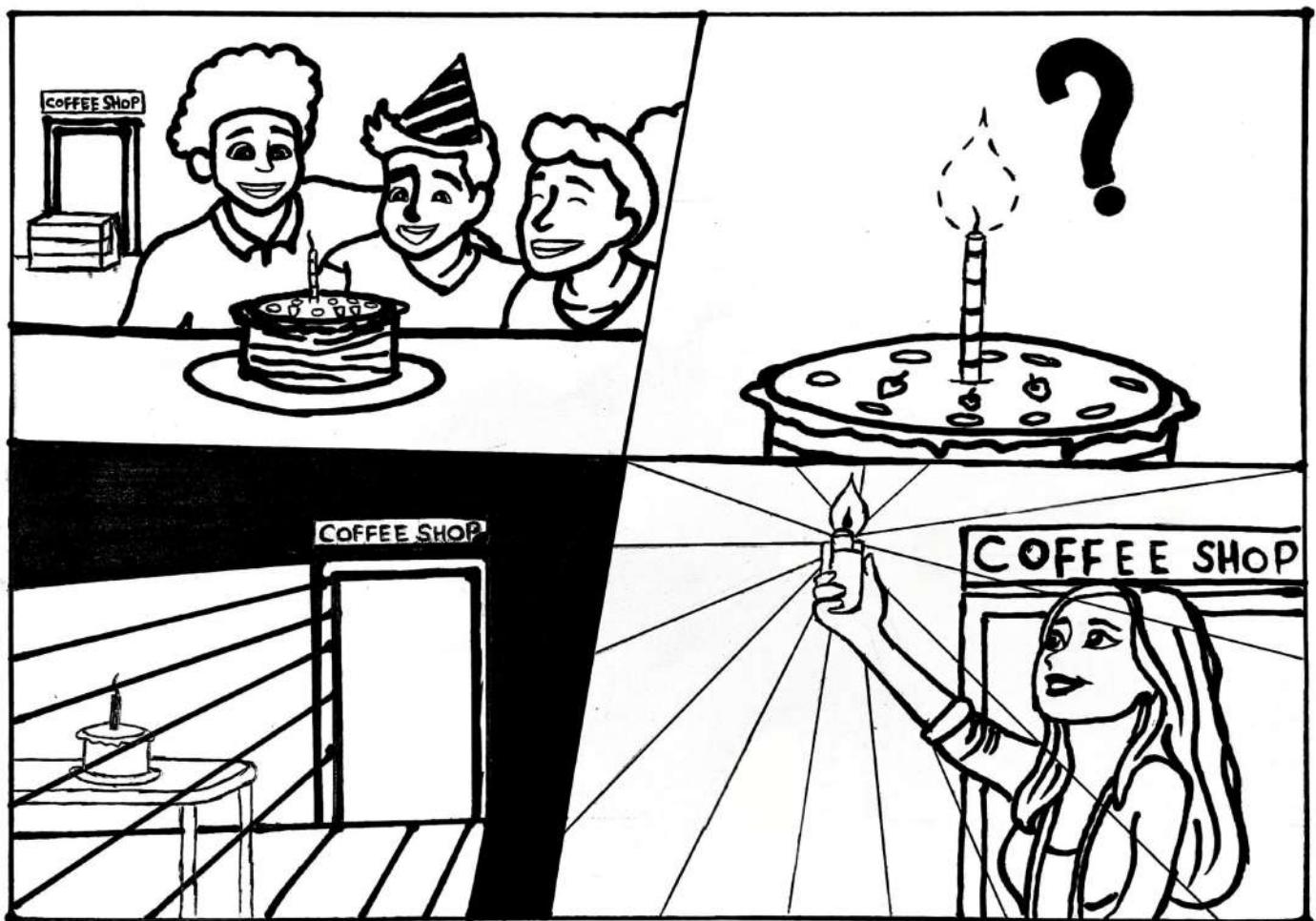
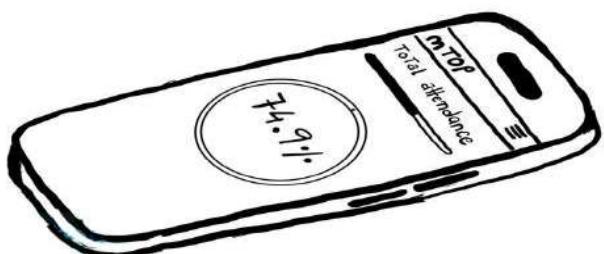
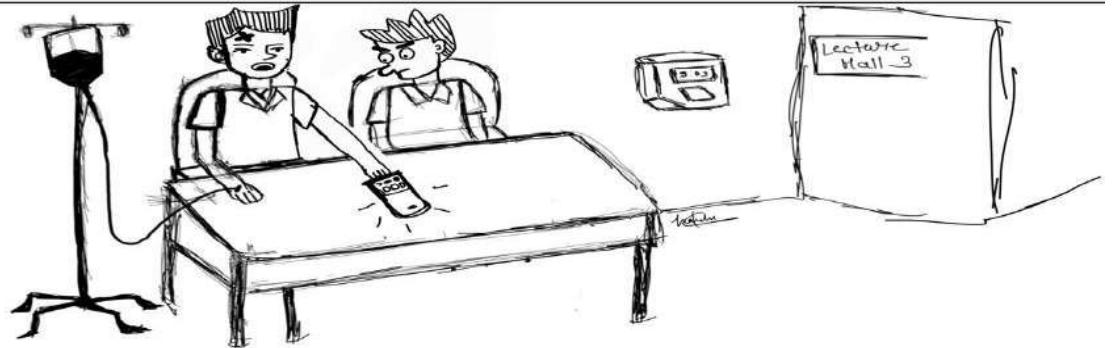
LAST SEEN: AT 8.05AM, IN COMMON MESS WITH A DISGUISE OF DAY OLD DAL.

WANTED FOR CRIMES SUCH AS CONSISTENT ABSENCE AND TARDINESS.

APPROACH WITH CAUTION AND A BAR OF SOAP.

Reward: Lunch with a lesser proportion of Insects or other wildlife

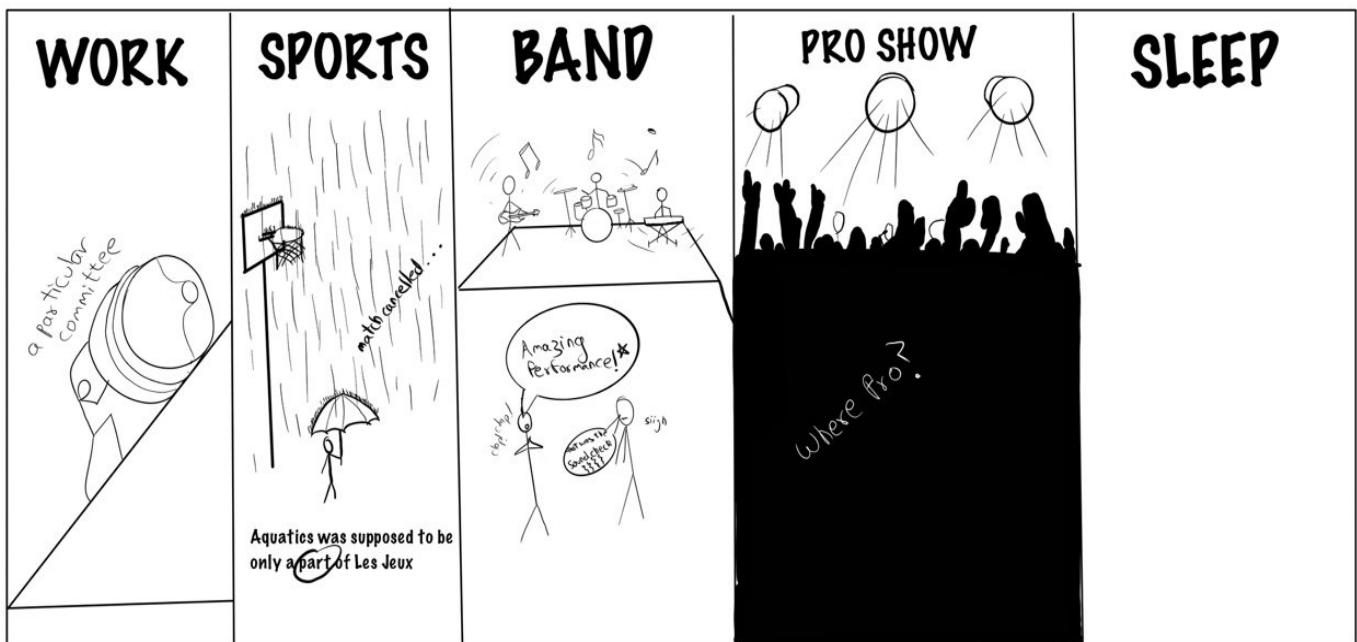




SOMEWHERE IN ARIANKUPPAM...



SPANDAN: ILLUSTRATED



Meanwhile in Ward 23...

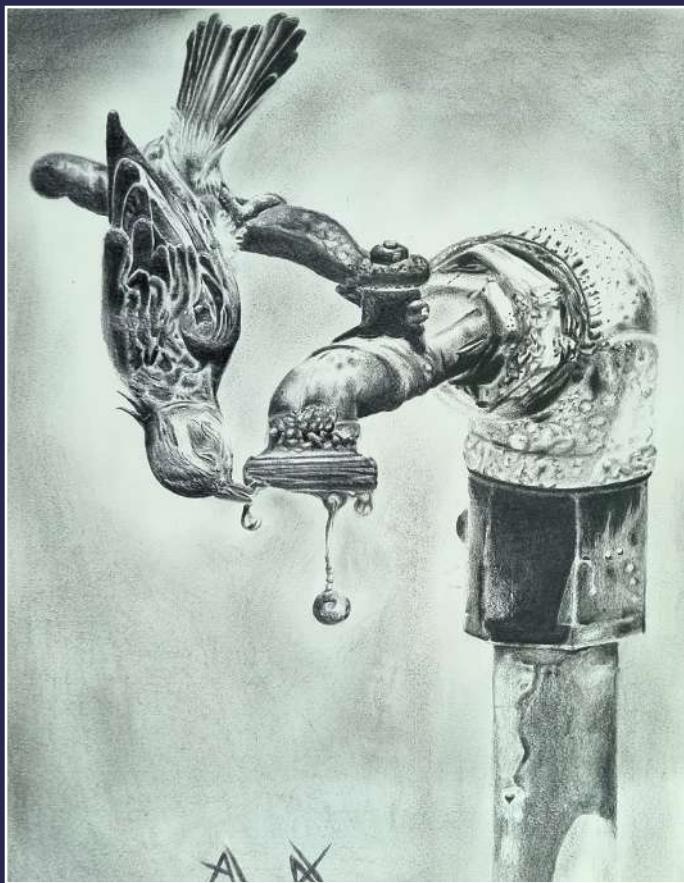
Doctor enakku BP
irukku doctor...

Ohh... Adhukku
mootharam
saapteengala??

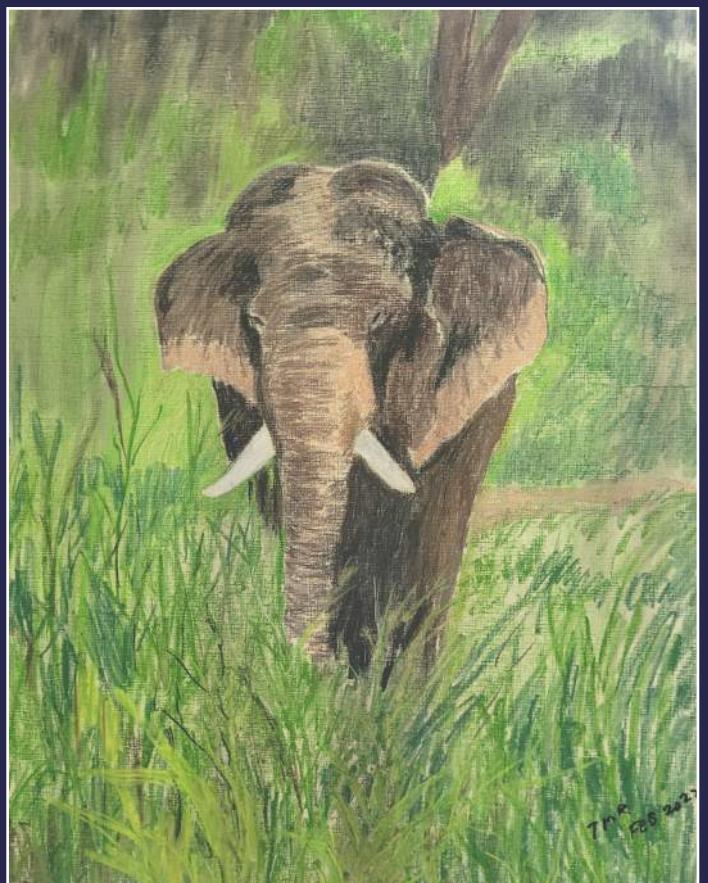
artwork



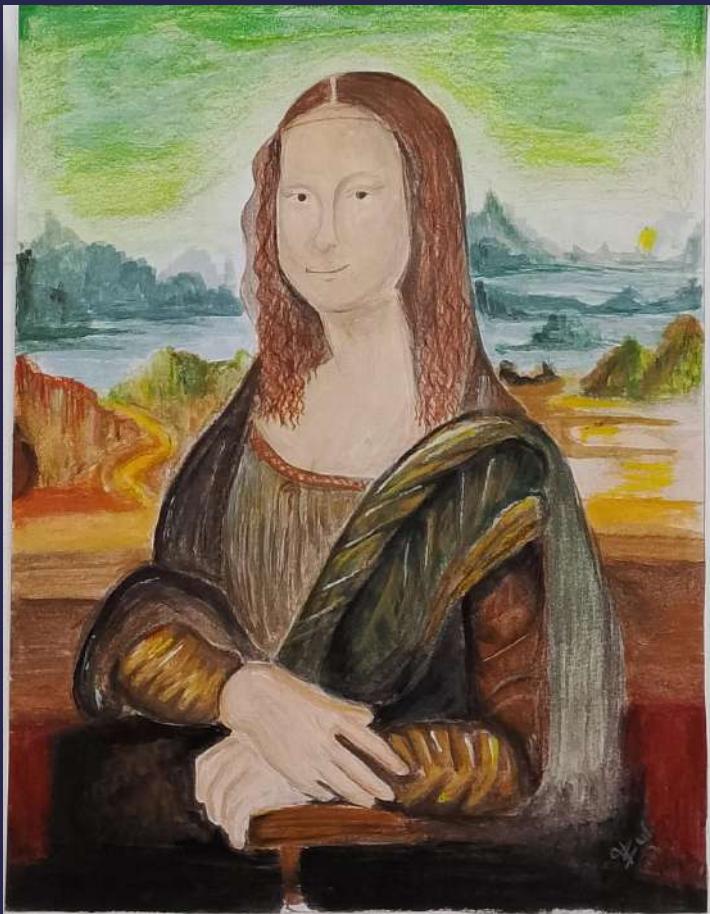
Subapreti
Batch of 2022



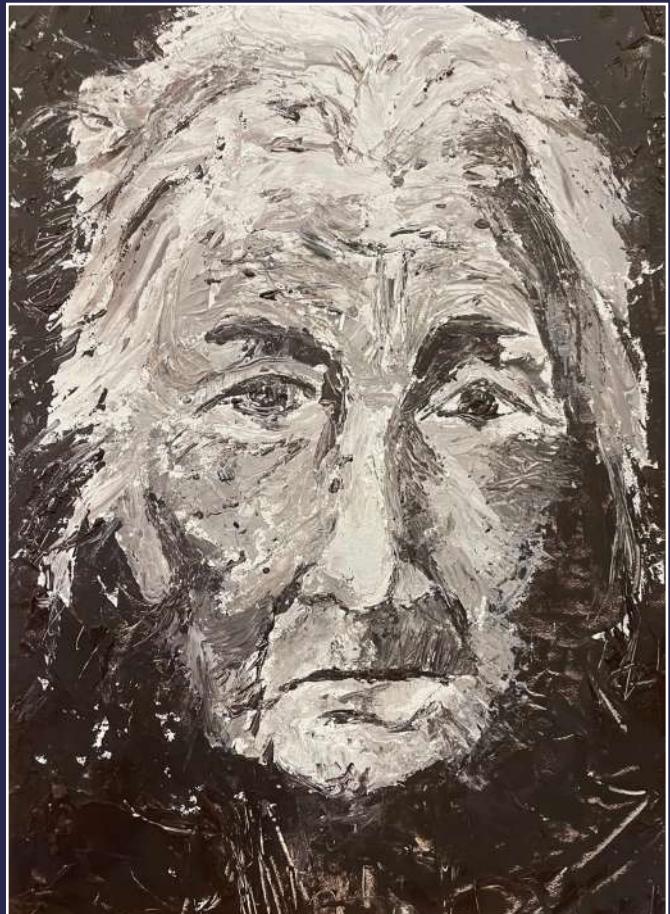
Pratham Alex
Batch of 2023



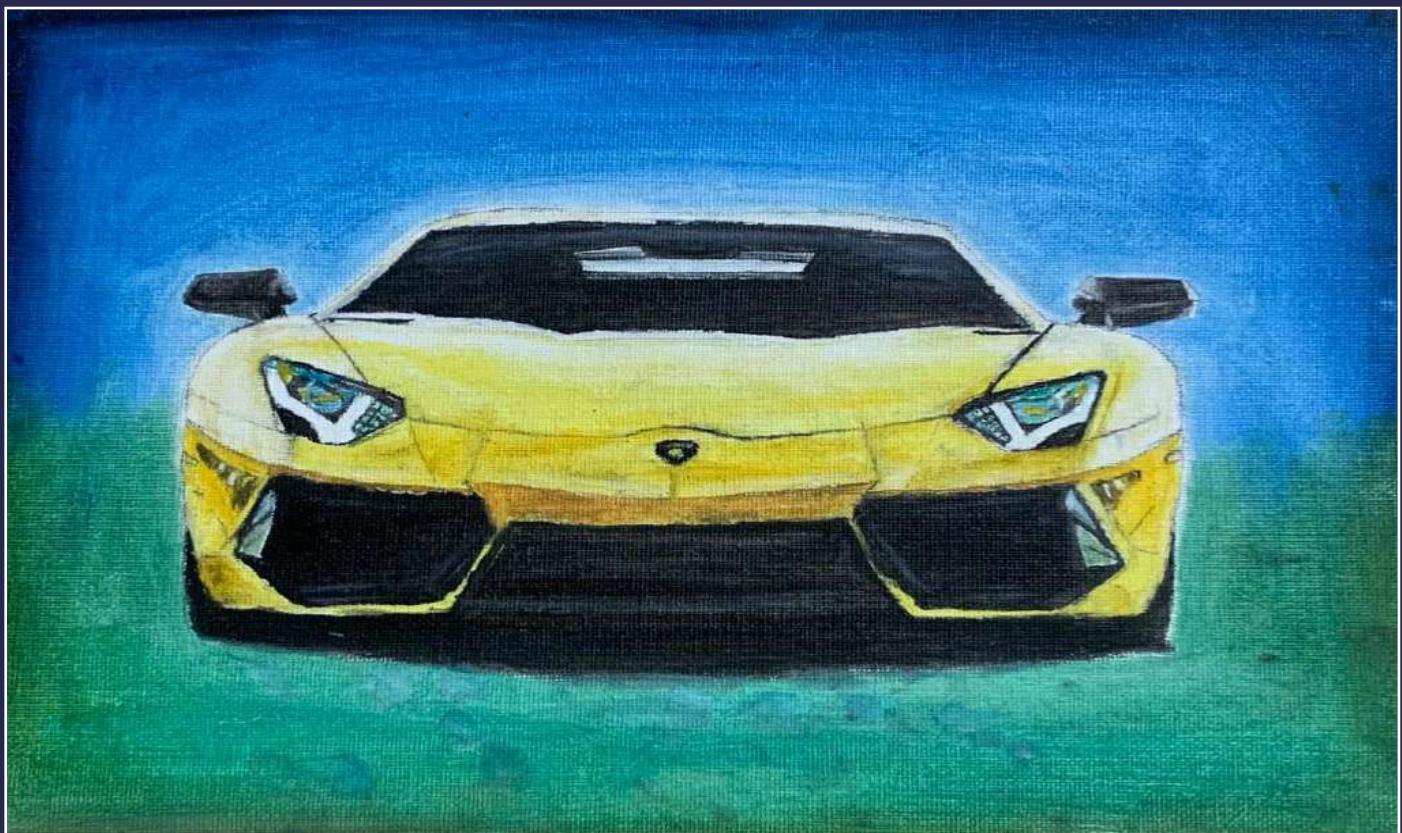
Dr T M Raghuram
Batch of 1971



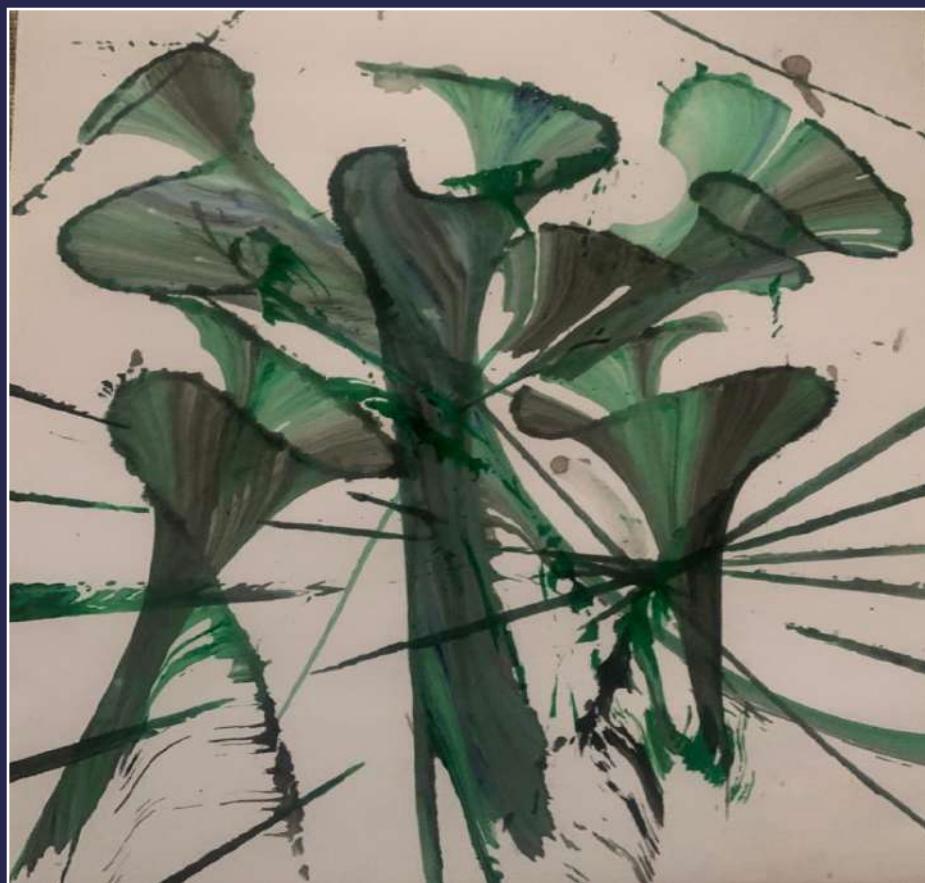
Subapreti
Batch of 2022



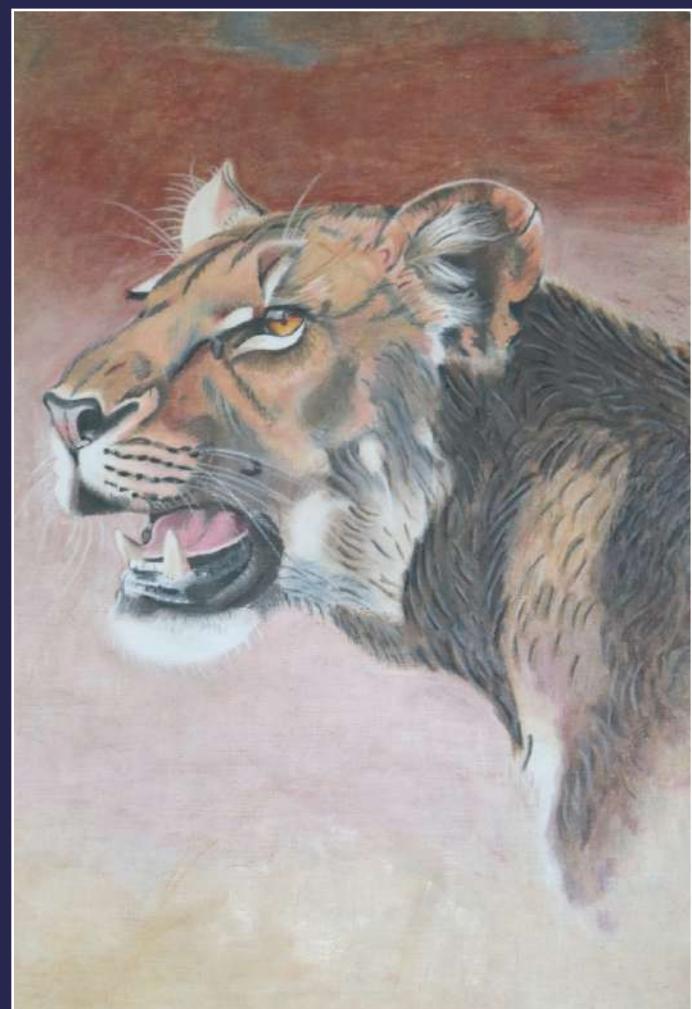
Dr Lakshmi Balakrishnan
Batch of 1986



Thridev Vinayaka
Batch of 2022



Thridev Vinayaka
Batch of 2022



NS Namitha
Batch of 2020

photography



Jashan Chatla
Batch of 2022



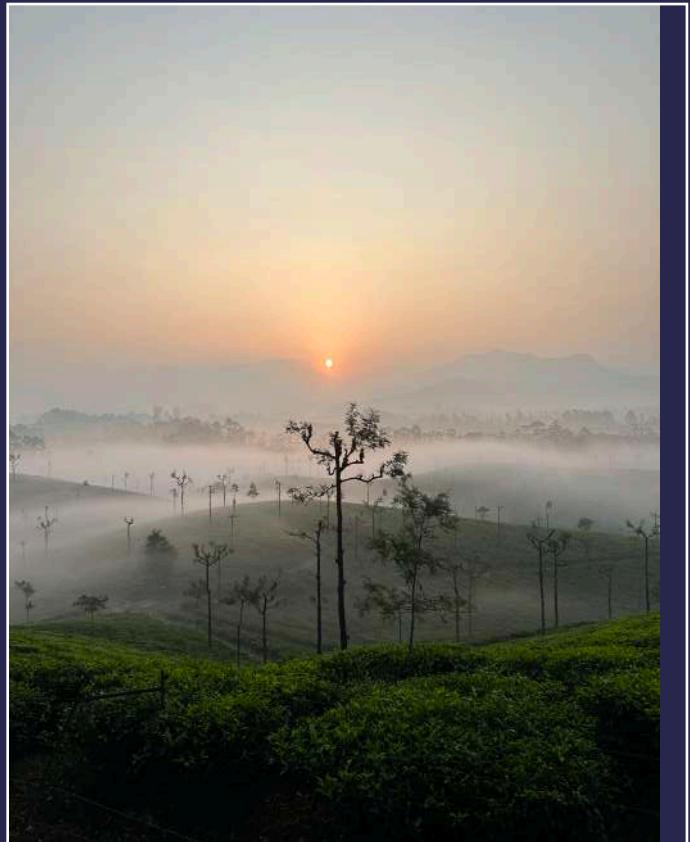
Dr Ashwath Duraiswamy
Batch of 1986



Dr Venkatesh Chandrasekaran
Professor, Deptt. of Pediatrics



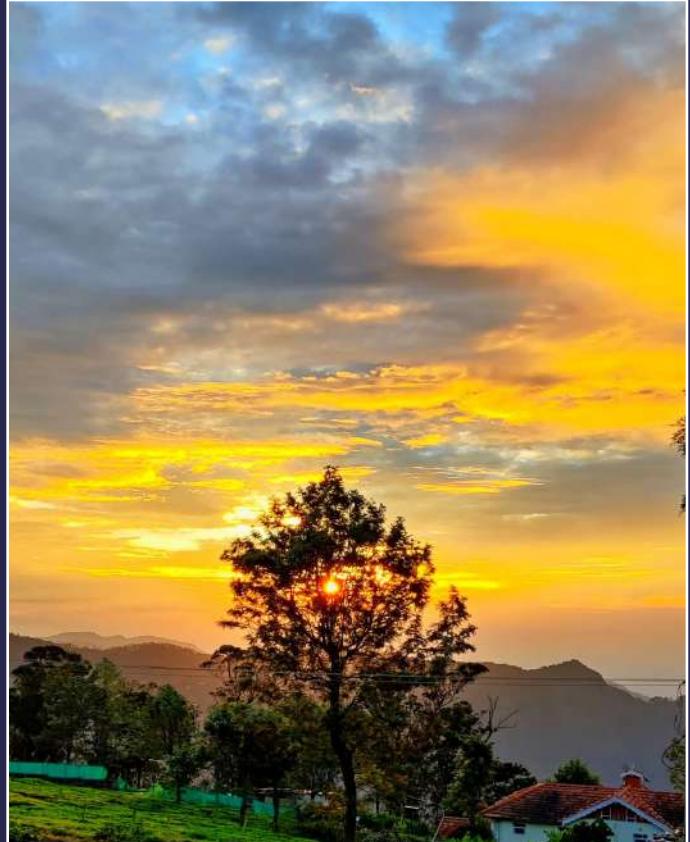
*Shriram Mahabal
Batch of 2019*



*Dr Venkatesh Chandrasekaran
Professor, Deptt. of Pediatrics*



*Dr Venkatesh Chandrasekaran
Professor, Deptt. of Pediatrics*



*Dr Ashwath Duraiswamy
Batch of 1986*



Shriram Mahabal
Batch of 2019



M Nihal
Batch of 2020



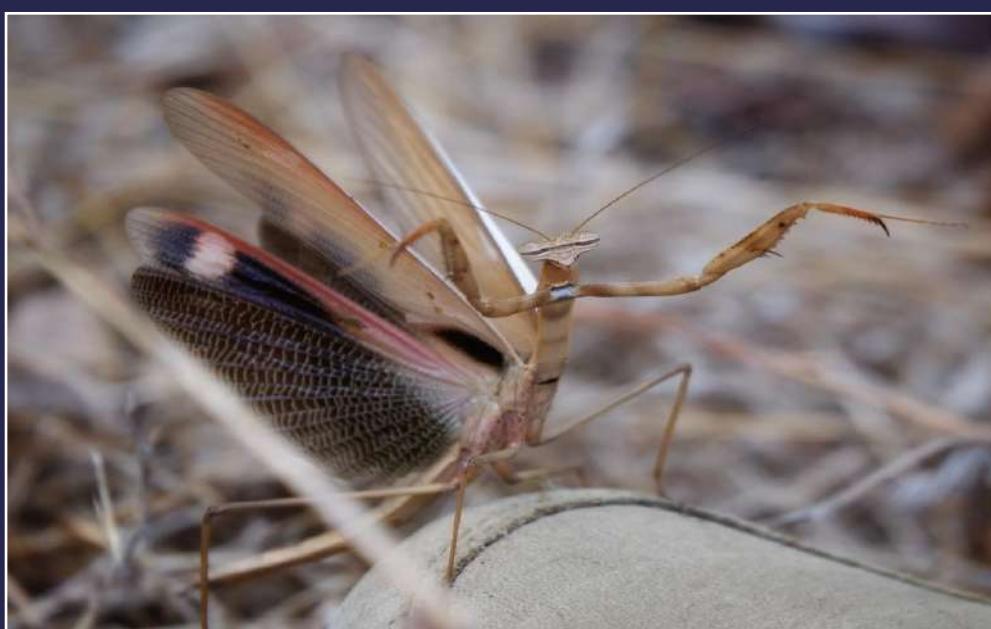
Dr Ashwath Duraiswamy
Batch of 1986

Jashan Chatla
Batch of 2022





Dr Ashwath Duraiswamy
Batch of 1986



Shriram Mahabal
Batch of 2019



Shriram Mahabal
Batch of 2019

Life Lessons

Everyday lessons from small lives

*Dr Nishad Plakkal
Professor of Neonatology, JIPMER*



Life sustains life: the day started well for this spider hiding inside the funnel of a flower, although the bee did not get to see another sunrise.

Life wants to thrive. This tiny splash of color rose from the broken glass and metal of a discarded lamp.





Life is exuberant. This Kalanchoe plant produces hundreds of baby plants over its lifetime.



Life is ordinary and extraordinary at the same time.
The Indian mallow with its yellow flowers is ubiquitous in Pondy and TN.

Pondy and TN.
This is its seed pod after it opens. An everyday miracle that goes unnoticed.



Life gets back at you. This is the eye of a frog, but in it there is also the sky and the land, the photographer craning his neck to get the shot, and his nephew and niece. A time capsule.



Life is rarely perfect. This huntsman spider was missing two legs but did not look any less exquisite to me.



Life is exquisite. Like this jewel wasp.

fin.