

WHILE several members of the first and original batch of Dhaka Medical College students completed their studies in 1951 a few groups, who came from the Calcutta and the Lake Medical Colleges received their degrees a year or so earlier. It fell on these fresh graduates from Dhaka and others from Calcutta and Patna, to fill the serious vacuum that had occurred in the medical and health services of the then East Pakistan, following the migration of many non-Muslim doctors to West Bengal. There was such a scarcity of doctors in the Dhaka Medical College Hospital in 1946-1949 that even as students of the 3rd and 4th year classes, some of us occasionally assisted the Surgeon in carrying out even major surgical procedures. With the exception of the Departments of surgery, and Radiology, which required the services of Mr Allinson of the United Kingdom and Doctors Novak, Terashenko and Foruta from some East European countries, all other departments were manned by nationals. Professors Asiruddin and K.S. Alam gradually took over in Surgery, and K.S. Haque in Radiology.

Our Professors in almost all of the Departments were well qualified; whatever little some may have lacked in teaching experience was adequately made up by their discipline and hard work. I can hardly recall one occasion, when a Professor did not show up for a lecture at 7.30 A.M. or did not present himself at 9 A.M. for ward rounds with us students. Clinical demonstrations were held regularly and without fail both in the Indoors and the Out Patients Departments. We had batches of only 5-6 students per Ward, so we received a good deal of personal attention from the Professors themselves. It was incumbent on students to write a full medical history for Ward cases assigned to them. This rule was strictly enforced. Physical findings were reviewed and demonstrated at the bed-side and differential diagnoses discussed. I cannot forget the lectures in Clinical Medicine given by Professor Nawab Ali and the demonstration of typical cases of the commonest diseases such as malaria, enteric fever, kala azar, lobar pneumonia, mitral stenosis, thyrotoxic goitre, portal cirrhosis and what have you. This was excellent teaching most suited for under-graduate students.

Our usual hours in the College extended from 7.30 A.M. to 4 P.M. and occasionally upto 5 P.M. We had free access to our teachers and there was hardly any conflict or agitation against any one of them, that I can recall. One of our most effective teachers was the Civil Surgeon-cum part-time Professor of Medical Jurisprudence, Dr Mohammad Hossain. His classes were a treat. He enthralled us with lively anecdotes of serious crimes. A case of arsenic poisoning, being passed over as one of cholera; the Bhawal Sannayasi case; the differences in the autopsy finding between suicide and homicide in bodies found hanging or drowned. Professor Habibuddin Ahmed, who met his end in such unfortunate circumstances, was an excellent teacher, a brilliant clinician and a most skilful surgeon.

Looking back, I recall with nostalgia our earliest days in one of the Palassey Barracks, where we were initially accommodated on arrival from Calcutta. The 12 or so hostel barracks came up later— adjacent to the Medical College compound, in the space presently hallowed by the Shaheed Minar and its grounds. Across the road were several thatched roofed restaurants with uncemented mud floors, where so many of us had our meals regularly. So many are indebted to Ali Miah because of his goodness — he offered meals even on the basis of deferred payments. Many owed him several hundreds of rupees over the years, which could be cleared, not infrequently after graduation!

For several years after 1947, it was not possible to find a bread or biscuits in Dhaka. A crisp bakhar-khani and amirti was a princely refreshment. Although my batch of students had lived in the comfortable and pucca brick building of what was once the Range Military Medicals Hostel in Calcutta, we did not seem to miss such comfort, once

we had reached the safety and security of Dhaka. Talking of security, one could safely walk back to the Hostel at midnight after the 3rd show at the Mukul Cinema Hall in Nawabpur.

We were recruited into the then East Pakistan Medical Service (Upper) soon after graduation at the handsome salary of Rs.250.00 per month, although our degree was not accorded recognition by the Pakistan Medical Council for some years. The then East Pakistan Government had done us a favour by giving us temporary registration. However, Dhaka Medical College graduates were not recruited to the then Pakistan Army Medical Corps for several years. Some of my classmates went into private practice to Chittagong, Rangpur, Rajshahi, Bogra and Patuakhali soon after graduation. Most of them have made a good and decent living, I am glad to say.

Chittagong and Rajshahi Medical College were started in the mid-fifties. Already there was a serious scarcity of jobs under the Medical Department. This had induced a number of our younger friends to

admitted, I was pressed for hostel accommodation immediately. When I regretted that I did not have an Aladdin's lamp to build a hostel within the next few days, I was asked why it was not possible to requisition the Ahsan Manzil for them. This of course was beyond my powers, I had explained Dr Qmar-uzzaman, who was then Principal of the Sir Salimullah Medical College, must have handled the matter very successfully, for I did not hear of this any more.

A committee consisting of three Directors of Health Services (Curative Preventive and METR) and the Director, Institute of Postgraduate Medicine and Research had been set up for the selection of candidates for all scholarships and fellowships for training abroad, with the DHS (METR) as Convenor. Advertisements were placed in national newspapers, candidates were asked to appear for interviews with their applications on a specified date and time. Decisions were taken immediately after interviews were held. Minutes were hand-carried to the Members of the Committee for

space by the erstwhile Pakistan P.W.D. Believe me, these two structures were vacated by my engineer friends in less than forty-eight hours of our request! Dr. Garst was also encouraged to develop an academic programme of studies and training leading to the degree of Master of Surgery in Orthopaedics. It is interesting that today we have several competent and qualified Orthopaedic surgeons in the country. In due course the Institute of Orthopaedic Surgery and Rehabilitation moved to its present premises in Shaymoli. It is gratifying to see now that we have here in Dhaka one of the largest Orthopaedic Hospitals in this part of the world with 450 beds.

Good medical and hospital practice require the support of a well-trained nursing staff. To meet with this requirement the Post-basic College of Nursing started functioning in 1972 within an empty wing of the Nurses Hostel of the Institute of Diseases of the Chest and Hospital, Mohakhali. There was no budgetary provision yet it was possible to get going. What a satisfaction to find the College of Nursing is now functioning with its own building and other facilities!

I believe a sound infrastructure now exists for the provision of an acceptable, if not an entirely adequate, health care service for Bangladesh. However, it seems that there is considerable scope for improving the existing services in most Government hospitals. Most people do not presently seem to have enough confidence in these institutions. Even individuals, who are quite hard-up financially, will avoid going to a Government hospital O.P.D. In Dhaka, if they can manage to find the necessary treatment facilities elsewhere. I remember this was not the case in the early 1950s, when even well-to-do patients came here from far-away places and were reasonably happy with the service.

I know we have to contend with many problems. Growth in the infrastructure has not kept pace with the explosion in the population. There is a constantly rising expectation of our people. Only a small portion of a grossly inadequate budget is available for medicines, supplies and the maintenance and replacement of existing hospital equipment and other facilities. Indeed this is a very good reason why the available resources must be used to the best advantage, strict vigilance maintained and vigorous efforts made to eliminate the misuse or loss of these public funds and resources at all levels. At the same time the budgetary provision for supplies, equipment and supporting facilities have to be substantially increased to enable the professional and para professional staff to provide for and deliver an acceptable level of medical care to the patients i.e. to function effectively.

It seems that these and related problems have been allowed to assume serious proportions jeopardizing the quality of medical care in the government Institutions. To give one example: when Pathologists are asked why they cannot provide a more extensive histopathology service in the medical colleges, I am told that neither formalin nor paraffin wax are available on a regular basis from the government medical stores. Apparently a huge supply is essential for the preparation of tissue blocks for histologic sectioning. Has an investigation been made of this rather serious lapse? Was it done deliberately or through negligence? Has any one been taken to task? Why an essential item such as formalin cannot be provided on a continuing basis?

I have said that there is much scope for improving our services. Many of our medical graduates have established a good name for themselves all over the world—in the United Kingdom, the United States of America and in several countries of Africa and the Middle East. The milieu has to be favourable, and the men and women, who work for an institution have to be happy with their working conditions. This includes the provision to each institution of enough supplies and equipment and facilities for their repair and maintenance and also an adequate administrative and management

Reminiscences of a Medical Teacher

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join Public Health Service. The Directorate of Public Health existed as a distinct entity until its amalgamation in 1958 with the office of the Surgeon-General to constitute the Directorate of Health Services. Dr. A.K.M. Abdul Wahed, our first Professor of Medicine, who had retired as Principal, Dhaka Medical College, and subsequently joined as the Principal, Khyber Medical College, Peshawar, returned to Dhaka as the first Director of Health Services, East Pakistan in 1958. However, soon after General Ayub Khan established Martial Law, Dr Wahed was designated as Adviser on Medical Education. Brig Ghani Haider was brought in as the Director of Health Services.

Following a decision to upgrade medical education to only one level, the former Licentiate or (LMF) Medical Schools were gradually closed down and Regular Degree Colleges were started in these places in course of time.

The Sir Salimullah Medical College (SSMC) was upgraded initially for the Condensed MBBS degree programme. The first batch of 150 students was admitted to the Regular MBBS degree Course at the SSMC after liberation in 1972. It had fallen on me as the first Director of Health Services, Medical Education, Training and Research of Bangladesh to implement this Government decision. On my very first visit to the institution soon after the first batch of students had been

their signature.

There are many interesting and exciting events of that period I could recall had I the time to do so. On this occasion I will just say that 1972 was a time for action. Activities which had earlier been carried out by the erstwhile Government of Pakistan, developed upon the newly established Ministry of Health, Government of Bangladesh. Within a short period of time administrative actions had been taken to set up amongst others, the Bangladesh Medical and Dental Council, the Bangladesh Medical Research Council and the Bangladesh College of Physicians and Surgeons. I was privileged to initiate action leading to the establishment of the Bangladesh College of Physicians and Surgeons by a Presidential Order. I had the honour to serve as the Founder-Secretary of the Bangladesh College of Physicians and Surgeons. Elections to the first Council of the College were held within a few months. It is good to note how well these institutions have taken root and grown in strength over the years. The Bangladesh College of Physicians and Surgeons has on its Rolls as of today as many as 499 Fellows and 273 Members. The load of clinical teaching and the practice of the clinical specialities in Bangladesh are being increasingly borne by them.

The Government of Bangladesh had to promptly arrange for the proper treatment, surgery and rehabilitation of a large number of freedom fighters in 1972. While a number, who required immediate or advanced treatment were sent away to the East European countries, facilities had to be created for the treatment, care and rehabilitation of many others within Bangladesh. It dawned on us immediately after liberation that there was not a single well trained Orthopaedic Surgeon in the whole of Bangladesh. The services of Dr. Ronald Garst were obtained by the government to set up the "Pongu" Hospital, initially within the Suhrawardy Hospital building.

As the Project Director of the Suhrawardy Hospital Complex, it was my responsibility to provide space, facilities and administrative support to this Christian Missionary, who had earlier developed Orthopaedic Hospitals in Ludhiana and Ajmere in India, over a period of 15 years. Within months, a standard brace workshop and a physiotherapy department were also set up in adjacent tin sheds, which had previously been used as storage



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