AMERICAN ASSOCIATION OF CARDIOLOGISTS OF INDIAN ORIGIN

MARCH 1996 NEWSLETTER

PRESIDENT'S PAGE

It is with great pleasure that I invite you to attend the Spring semi-annual meeting of the AACIO on March 24, 1996. The meeting will be held at the Radisson-Barcelo Hotel, Butler Ballroom, Orlando, Florida. By now you must have received the invitation and I urge you to attend the meeting and send your RSVP soon. It is not out of place to ask you to bring a friend and make him a life member. The life membership fee is $500 and entitles you to attend all future meetings free of charge. You are all familiar with the quote: "Strength is in Numbers". There will be an Indian dinner to welcome you all.

Since our inception 12 years ago we have come a long way. Our meeting in November 1995 during the A.H.A. Scientific session at Anaheim, CA. was a great success. The number of attendees present was the largest for the A.H.A. meeting and I was gratified by the enthusiasm shown by those who attended the meeting. The notable features of the meeting were implementation of the Young Investigator's Award, and also honoring a basic scientist, Dr. Sampath Parthasarathy, Ph.D. for the first time. We have to encourage biochemists, epidemiologists, statisticians, and other basic science researchers to join our organization so that we can grow together.

We have a large list of outstanding cardiologists who merit recognition and awards, and I am told that there are quite a large number of applications for the Young Investigators Award.

Dr. Jawahar Mehta recently attended a N.I.H. sponsored Conference on "ASIAN AND PACIFIC ISLANDERS AMERICAN HEALTH RESEARCH" which was held in Honolulu, Hawaii, from January 6th to 10th, 1996. A brief account of the proceedings of the meeting submitted by him is printed in the pages of this newsletter. The topic of Malignant Coronary Artery Disease is of paramount importance to all of us and I request you to read this item carefully.

Ivan A.D'Cruz, M.D., F.R.C-P., professor of Medicine, University of Tennessee is well known in the cardiology community. He deserves our congratulations for his book, "Echocardiographic Anatomy: Understanding Normal and Abnormal Echocardiograms" published by Appleton and Lange, Stamford, Connecticut- The foreward to this book written by Dr. Navin C. Nanda is published in this newsletter- He has also written an interesting commentary on "The Honorary System in the Bombay Teaching Hospitals."

Thanks to the efforts of Dr. Atul Laddu we are in the process of obtaining a complementary booth in the Exhibition Hall at the 1997 ACC Annual Meeting.

Numerically, we, the Cardiologists of Indian Origin, form a large part of the cardiology community in the U.S. We have outstanding members in the academic as well as in clinical fields. Many of our members provide valuable service in the inner cities and rural communities- A large number of us are members of the American College of Cardiology and American Heart Association. We have to actively participate in the working of these societies and try to have some representation on their committees, so that we can present problems which are unique to us.

I will be relinquishing the office of the President of the society at the A.C.C. meeting in March 1996 and the new office bearers Raja Dhurandhar and Atul Laddu will take over as President and Vice-President, along with Satinder Swaroop as Secretary and Sukh Sharma as Treasurer- I am sure we will continue to grow under their capable stewardship and I wish them the best.

Madhukar M. Deshmukh, M.D., F.R-C.P.

NIH Sponsored Conference on Asian and Pacific Islander American Health Research

The National Institute of Health sponsored a huge conference on Asian and Pacific Islander American Health Research in Honolulu, Hawaii from January 6-10, 1996. On the behest of Dr. Somani, Director of Health, State of Ohio, I had the pleasure of attending this conference. I was impressed with the large attendance consisting mostly of Chinese-Americans, Japanese-Americans, Philippinos-Americans, Vietnamese-Americans and Pacific Islanders. There were only three Indian-Americans (Dr. Somani, Dr. O.P. Sharma and myself) in attendance. The presentations at the 5 day conference related to the health care and social problems of Asian Americans. I presented the issue of Malignant Coronary Artery Disease in Asian Indians, which was warmly received. I stressed the need for more work in understanding the mechanism of CAD, and trials relating to prevention and therapy of this enormous problem among our people.

It became apparent that many Asian-Americans and some at NIH already recognize the enormity of the problem and need for further studies.

Over the years, I have developed a feeling that while many among us feel the need for further work, our efforts have been rather disjointed

Many of us have major expertise in clinical, epidemiological, and laboratory aspects of coronary artery disease. It would be nice to put our efforts together, and propose a joint (and yet reflecting diverse approaches) proposal to the NIH for funding. I must recognize the contribution of individuals, such as Dr. Enas Enas, Dr. Prakash Deedwani, Dr. A Koneti-Rao, Dr. Verma and many others, in attempting to develop a joint proposal for funding.

Many other Asian-American groups have received large amounts of funds for research, but the key to attract funds appears to develop a joint and unified approach to problems.

I very much hope that we will be able to put aside our own egos for a short while for the general good, and develop hypotheses and ways to test them in the clinical arena.

Individuals who are interested in this understanding are invited to contact me at (904) 376-1611 ext. 6843 or by fax at (904) 374-6113, or by mail at Division of Cardiology, University of Florida, Box 100277, Galnesville, Florida 32610.

Jawahar L. Mehta, M.D., Ph.D.

A.A.C.I.O.
GRATEFULLY ACKNOWLEDGES
THE GENEROUS DONATION
OF $900 FROM

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IN SUPPORT OF THE SEMI-ANNUAL AWARDS.

The Honorary System In Bombay Teaching Hospitals
Almost An Obituary

Ivan A D'Cruz, M.D. F.R.C.P. (Lond & Edin)
Professor of Medicine, University of Tennessee
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It is customary to lament the imminent extinction of a species, and accompany such sentiments of regret with a nostalgic account of how that species, in its heyday, somehow enriched or benefited the world it lived in.
I am informed that the honorary system in Bombay teaching hospitals, which began during the early decades of this century under the British Raj, is now about to end. During the last thirty years, the tide of full-timers has advanced there inexorably on all sides, engulfing the shores of academic medicine in all four Bombay medical colleges, until the very last survivors of the honorary system reach retirement age.

Honorary physicians attended the public teaching hospitals three or four hours every morning for which they received very meager honoraria. But the positions were much sought after, because of the prestige conferred in the competitive arena of private practice and the privilege of admitting those of one's private patients who could not afford private hospitals.

Most of us cardiologists or internists from Bombay grew up in the milieu of that honorary system. We were educated in clinical medicine by Honorary Physicians or Honorary Assistant Physicians. After three years of such clinical training, they examined us in the Final M.B.B.S. examination, launching us out into the turbulent seas of clinical practice. Those of us who became house physicians or registrars(interns or residents) learnt our postgraduate medical skills at the hands of the honoraries; we looked after their patients and helped them conduct their ward rounds and outpatient clinics.

Eventually, a couple of senior honoraries officiated as our examiners at the higher M.D. (specialty board) examinations. In those days the Bombay M.D. was a hazardous ordeal, the passing percentage being 10-15. Those who did pass, hoped to become honoraries themselves, with or without an intervening trip to England or America.

I was one of those who did become an honorary (at Tilak Medical College and Hospital) for many years, during which time the clinical departments of that and other Bombay institutions were manned by honoraries, except for the full-time professorial unit which employed a few full-timers. Whereas full-timers were paid full salaries, we honoraries were paid a minuscule stipend, but were expected to bear the same in-and out-patient load as the full-timers. At about lunch time, honoraries left the hospital after a busy morning of ward rounds and bedside clinical teaching of medical students. The full-timers spent leisurely afternoons in their offices chatting, sipping tea, with a little administrative paper-shuffling from time to time. The full-timers (Professors, Assistant Professors, or lecturers) but not Honoraries, had a staff of secretaries and peons to do their bidding to implement their obligatory output of bureaucratic paperwork or occasional excursions into academic writing.

But to return to the honoraries. In this article I shall attempt to convey some idea about what manner of men (and very few women) honoraries were, how they contributed to medical care and education in the city, and their role as leaders of the medical profession in their respective specialties.

Until the nineteen-twenties, the Grant Medical College (GMC) was the only medical college in Bombay, having been founded by the (British) Indian Medical Service in 1838. The Professors of Medicine were British physicians, Members or Fellows of the Royal College of Physicians, holding the rank of Colonel, though not actually on military duty. From all accounts, they were good clinicians in the British tradition and excellent role models for generations of students and house officers, the latter themselves all long dead or retired by now.

By the second and third decades of this century a few bright local graduates of G.M.C. were enterprising enough to voyage to England to take the M.R.C.P. exam, and smart enough to pass it. They usually returned to Bombay by the next ship and got attached to the JJ Hospital or its satellite hospitals (St. George or G.T.) as Honoraries.

A new era began with the starting of the King Edward Memorial (KEM) Hospital and G.S. Medical College in 1925. Unlike the G.M.C.- J.J. Hospital Complex, where a strong British influence prevailed

until (and indeed well after) 1947, the K.E.M. Hospital was entirely Indian in its staff at all levels. Over the half century since its founding, it was fortunate to have "the best and brightest" of the profession spend their entire careers there, having joined it fresh from the M.R.C.P. or after the Bombay M.D.

The National Medical College, started with patriotic fervor as a Licentiate Diploma institution in the twenties, evolved into an M.B.B.S. degree program in 1947. The Tilak Medical College and Hospital, formerly the Sion Municipal Hospital, became a Medical College of Bombay University in 1964. These two teaching hospitals, like the older ones, depended entirely (before 1958) or mainly on honoraries to treat their patients, teach their students and train their house staff. The honoraries recruited were the best in their specialties from the older two colleges, and so continued the high standards of the erstwhile British clinical tradition.

During the golden age of the honorary system - nineteen forties to seventies - these physicians brought not only excellence in clinical teaching and management but also glamour and class; in those that studied or worked under them, they inspired respect and emulation. As might be expected, brilliance was not universal among them; their ranks were interspersed with mediocrity, as in any other profession. But the best of them were very astute and intelligent clinicians, great teachers, leaders of the medical profession and charismatic role-models. Having been trained in fine British traditions, they had high ethical standards, although the contagion of fee-splitting, which first crept into Bombay about 1950, did gradually contaminate increasing numbers of them. The most illustrious of the honoraries became rich as well as famous lived in palatial houses or apartments and were chauffeur-driven around in large expensive cars. These worldly marks of success were often well merited. These men were usually outstanding clinicians, beloved and trusted by their long-term patients, held in great respect or even awe by other patients referred only for consultation. Except for a few notorious curmudgeons, they were supportive and friendly to former students or house officers; in return they expected and received respect and deference in good measure.

Some belonged to select former British clubs such as the Willingdon or C.C.I. Among their patients were maharajas, state ministers, film stars and business tycoons. Some were not only marvelous clinicians but also very knowledgeable, keeping abreast of all advances in their field. Others relied instead on influential community connections, an ingratiating bedside manner or generous fee-splitting agreements, to augment their practice.

There were some other honoraries who did not flaunt affluence, or perhaps did not achieve affluence. They may have been good doctors, but for one reason or another did not have overflowing waiting rooms.

Among the honorary cardiologists of Bombay I knew personally, in greater or lesser degree, were R.J. Vakil, K.K. Datey, K.G. Nair, I.J. Pinto, A.S. Vengsarkar at K.E.M. Hospital; V.V. Shah, R.C. Hansoti and K.D. Shah at Nair Hospital; Shantilal Shah, Tulpule and Goyal at J.J. Hospital. Some of these are still quite active in practice, as are the younger honorary cardiologists at Tilak Hospital, M.J. Gandhi, A.B. Mehta and Pahlajani. There are of course many other eminent ones, with whom I had little or no interaction during my years as medical student, resident and honorary physician in Bombay (mid-fifties to mid-seventies).

Lest it seem I have ignored or belittled Indian full-time cardiologists, I hasten to mention that, even in the sixties and seventies, there were a few outstanding physicians in that category. Over the past three or four decades, excellent academic work has continued to come forth from full-time groups in Vellore, Delhi, Chandigarh, Bombay and elsewhere. During the twenty years I have been away from the Indian scene, I have heard of several young academics of high ability pursuing full-time careers in various Indian centers. I wish them well in their research and professional endeavors, so that the standard of Indian cardiology may flourish high at international meetings and in leading journals, now and into the next century.

But it is fitting that we members of the AACIO with roots in Bombay, cast our memories back to a golden age there of clinical medicine and cardiology, when honoraries ruled the teaching hospitals, if not the profession itself; when our clinical abilities benefited from their wise axioms and aphorisms; when our professional attitude and demeanor were derived, by a kind of behavioral osmosis, from their fine examples; when our lives as students or house staff were enlivened because of endearing eccentricities or flamboyance of some of these outstanding senior colleagues of ours. Like the dinosaurs of sixty million years ago, they became extinct, not through their own fault, but because the world around them changed and stifled them with adversity, for which there was no remedy.

Echocardiographic Anatomy
Understanding Normal and Abnormal Echocardiograms

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Foreward

It gives me great pleasure to write this foreword for Dr. Ivan D'Cruz's book Echocardiographic Anatomy: Understanding Normal and Abnormal Echocardiograms. Dr. Ivan D'Cruz has been in the forefront of echocardiography for the past several years and has done pioneering work in relation to echocardiographic assessment of mitral annular calcification and pericardial effusion and cardiac tamponade. Because of his background and tremendous experience in echocardiography, he is very well suited to write a book of this type. With rapid advances occurring in echocardiography and other non-invasive modalities, it is essential to have a comprehensive knowledge of cardiac anatomy and a thorough understanding of the complex spatial interrelationships of various cardiac structures; this becomes even more important when one deals with the emerging, exciting technique of three and four dimensional echocardiography. Dr. D'Cruz's book superbly fulfills these needs: it consists of 22 chapters which cover all aspects of echocardiograpic anatomy. In addition, it is amply illustrated with high quality line drawings and graphic displays. There is no question in my mind that this book would be of great value to both cardiac sonographers and physician echocardiographers. It will not only help build a sound basis for enhancing technical and interpretive skills of echocardiographers by relating anatomic features to echocardiographic findings but also help them recognize and avoid pitfalls. I commend Dr. Ivan D'Cruz for doing a super job.

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Spring 1996 A.A.C.I.O. Awards

A.A.C.I.O. is proud to present the following awards during the semi-annual Spring Meeting on March 24th, 1996, at Orlando, Florida.

Our Young Investigators Award program appears to be catching up and we received four abstracts out of which two were chosen. The other two are of such good merit that we have decided to reconsider them with other entries for the Fall semi-annual Meeting in November 1996 in New Orleans. The following are the Young Investigators Awardees:

1) Prasad Chalasani, M.D., Emory University, Atlanta, Ga. "Five year Hemodynamic Follow Up After Heterotopic Heart Transplantation, Emory Experience."

2) Anil Nanda and Anita Nanda. "Transesophageal Three Dimensional Assessment of Normal and Stenosed Coronary Arteries."
Anita Nanda is a Freshman at Medical College of University of South Alabama, and Anil Nanda is a Freshman at Meharry Medical College, Nashville, Tennessee.

Each of the above presentations will last for 10 minutes and will receive remuneration of $500 and a plaque.

Two outstanding Scientists will be honored for their scientific achievements:

1) Pitambar Somani, M.D., Ph.D., is author of more than 100 articles in professional journals, holds 4 US patents, and serves on several editorial boards. He has served on numerous N.I.H. Study Sections and most recently served as U.N. Technical Advisor to the Government of Thailand. He taught at several medical schools in the US. including University of Miami and Marquette University. He joined Voinovich Administration in the State of Ohio in February 1991 and was nominated Director of Health for the State of Ohio. He has major interest in the health care of Asian Americans.

2) P. Syamasunder Rao, M.D. is an outstanding Pediatric Cardiologist. He has published more than 200 scientific papers, 160 abstracts, and contributed chapters in many books and monograms and has written a book on Tricuspid Atresia. He has held chairmanships of Pediatric Cardiology at three U.S. Universities. A.A.C.I.O. feels privileged to honor these two outstanding scientists.

Future Meetings Sponsored by International Society Of Cardiovascular Ultrasound (ISCU)

May 24-26, 1996
II World Congress of Echocardiography and Vascular Ultrasound, Beijing China. Cosponsored by the Chinese Medical Association

April 23-25, 1998
III World Congress of Echocardiography and Vascular Ultrasound, Rio de Janeiro, Brazil (prior to XIII World Congress of Cardiology, April 26-30, 1998). Cosponsored by the Brazilian Society of Echocardiography. President: Dr. Fernando Machado

For further information on any of these meetings contact: Dr. Navin C. Nanda, University of Alabama at Birmingham, Heart Station SW/S102, Birmingham AL 35233. Phone: (205) 934-8256; fax (205) 934-6747

AACIO Newsletter
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AACIO Newsletter March 1996

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