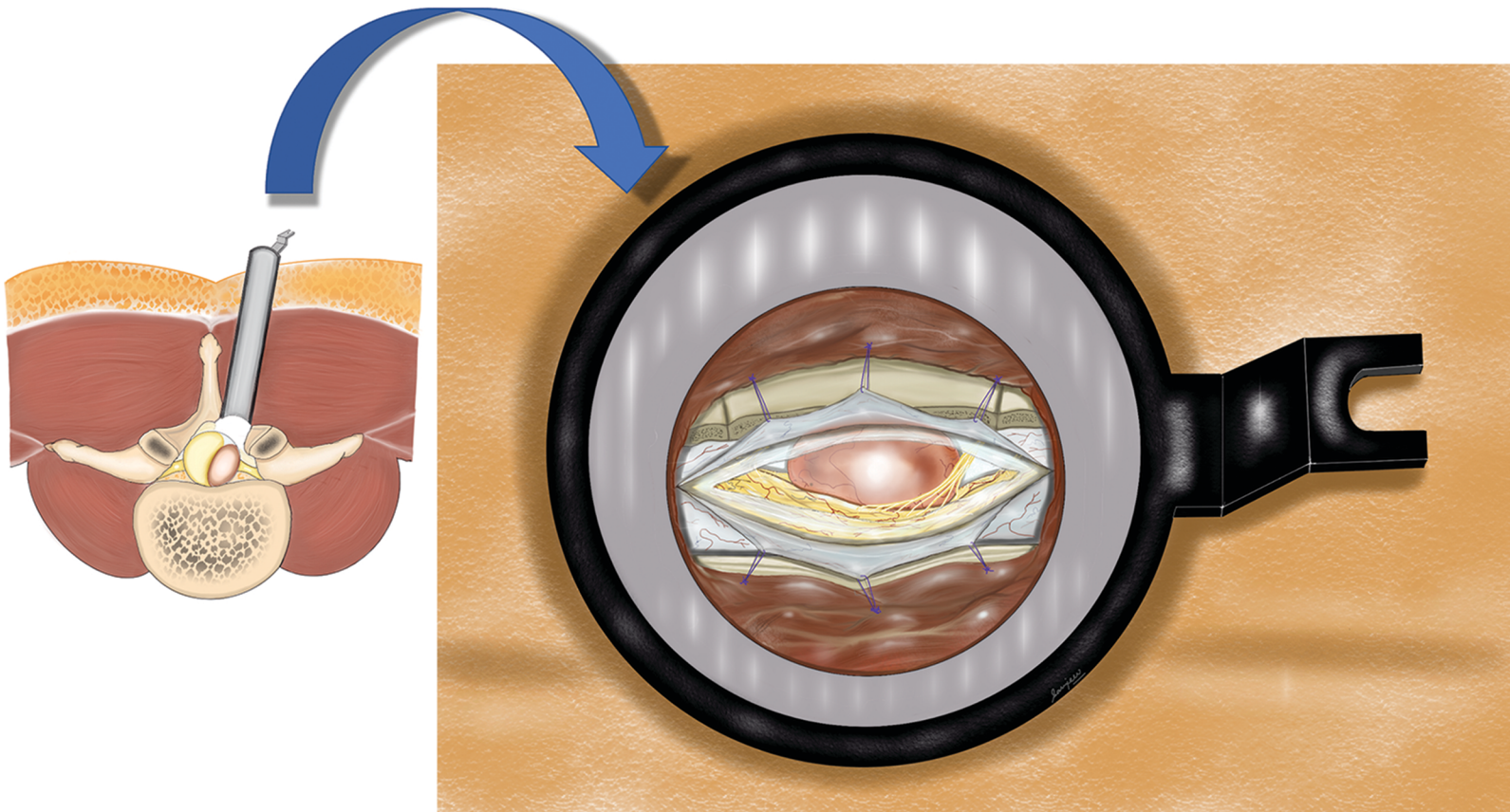


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Dr. Homi Minocher Dastur 1926-2022



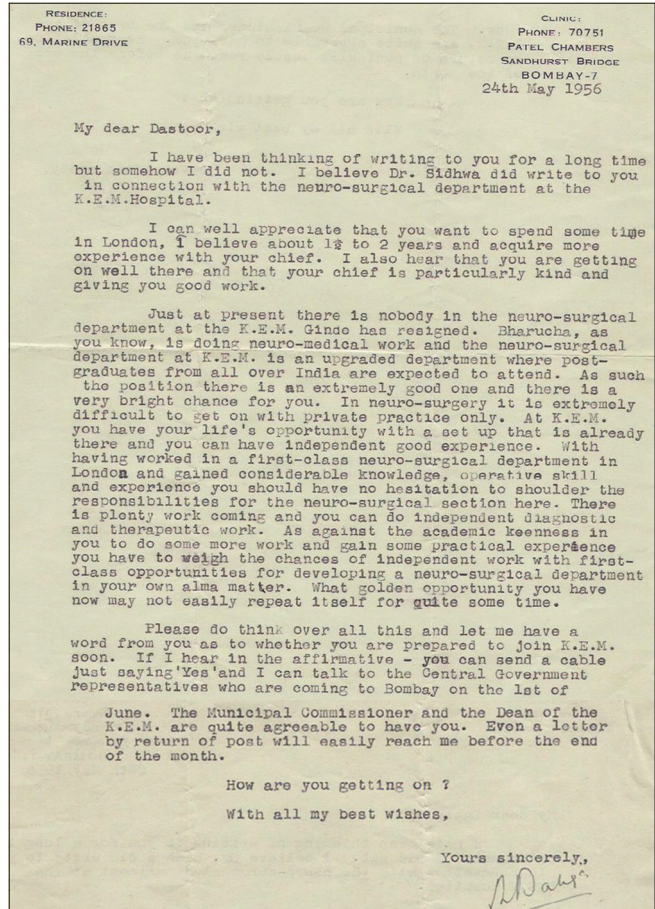
He was born in Karachi on August 16, 1926, and did his schooling in Bangalore.

He was an alumnus of Seth Gordhandas Sunderdas Medical College (GSMC) and King Edward VII Memorial Hospital (KEM). He trained under such giants in surgery as Dr. A. V. Baliga and Dr. Rustom N. Cooper.

After obtaining his M.S. Degree from the University of Bombay, he traveled to the UK. He worked with Dr. Wylie McKissock, a senior neurosurgeon in that country, and an acknowledged master of surgery on intracranial aneurysms. Dr. McKissock imparted to the young Dr. Dastur all that he could of his clinical expertise and surgical skills.

He also worked with Dr. James Bull, senior neuroradiologist at the hospital. This is where he acquired his legendary expertise in neuroradiology. It was not uncommon for Drs. Noshir Wadia, Gajendra Sinh, and Vijay Daftary to seek his opinion and advice on tricky neurosurgical problems presented at our monthly joint clinical meetings. It was salutary for me to see even Dr. Jimmy N. Sidhva, our neuroradiologist at Sir Jamsetjee Jejeebhoy Hospital and Grant Medical College to make such requests as: "Homi, what do you make of these X-ray films?" during these meetings.

While in Dr. McKissock's department, Dr. Dastur received a request from Dr. A. V. Baliga, then Acting Dean at GSMC-KEM. Dr. Baliga wished to start the Department of Neurosurgery. Dr. R. G. Ginde had started neurosurgery at KEM, but after a few years, he resigned and entered private practice. KEM was without a neurosurgeon. Dr. Eddie P. Bharucha had joined as Professor of neurology and needed a surgical colleague. Dr. Baliga asked Dr. Dastur to return and head this new department. Dr. Dastur heeded his teacher's plea and returned to Bombay.



Letter from Dr. A. V. Baliga inviting Dr. Dastur to start a department of neurosurgery at KEM

He started the Department of Neurosurgery in KEM in 1957 and was, for decades, the only full-time professor of neurosurgery in the city.

From the start, he took several steps that soon made his department unique not only in Bombay but throughout India.

1. He started a daily outpatient clinic. His reason for doing so was simple. Patients came to the department from long distances, often hundreds of kilometers. Many came in advanced stages of disease, with life-threatening increase in intracranial pressure or in an almost paralyzed state from spinal cord compression. If, as was the norm in the hospital, he had a once-a-week outpatient clinic, patients coming on the days following the scheduled clinic would have to wait a long time before he could see them. Death, blindness, and irremediably paralysis may have followed such delay. Fortunately, the Dean and the Municipal Corporation realized the great utility of daily outpatients clinic to our poor patients and sanctioned it.

Atkinson Morley Hospital,
Wimbledon, S.W.20.
31st May, 1957.

My dear Dastur,

Many thanks for your most interesting letter: I am glad that things are beginning to move in the right direction and am sure that, given a little time and patience, you will acquire most of the things you need to run a successful neurosurgical department. I am glad that the Municipal Commissioner is being helpful and you know that we shall be ready here or at the National to do anything we can to help you in the way of training ancillary staff. You may remember having heard me say before to young men that a period of five years is the usual one required, in which to establish oneself in any specialty, become adequately known and acquire a good flow of clinical material. I am sure this is right and when things seem to you to be going slowly try and remember it.

We are, at the moment, having the quietest spell I have ever known at the Atkinson Morley Hospital and, simultaneously, at the National. No waiting lists at all and empty beds in both places. Ormond Street, however, is busy with between 15 and 20 patients in our official number of 10 beds! You will already have heard of Till's sojourn with Cooper and there seems no doubt that he is very impressed and ready to start work. I am having a small conference this evening (over dinner at the Hanstown) with Drs. Sandifer and Hamilton Paterson, Till and Mrs. Walsh, to discuss putting chemo-pellidectomy into action at Great Ormond Street and Atkinson Morley Hospital right away so that we can run a parallel series with the stereotaxic electro-coagulation method of Leksell at the National. We now have all the apparatus for the latter but still need certain anatomical drawings before we can begin. Leksell is so dilatory that we are contemplating getting Mr. Walsh to fly over in the next few days to pick them up.

We have now registered over 70 aneurysms at Atkinson Morley Hospital to the of this month; so we are above the monthly average for 1956. Paine is working hard and has completed the series to mid-1956, bringing our total to that date to 500 aneurysms.

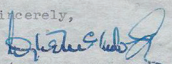
Hankinson is in for two posts in the Newcastle area, one a consultant neurosurgeon and the other a research job at consultant rates and I think he stands an extremely good chance of getting one of them. This will land me in trouble regarding a senior registrar at the National but I suppose we shall find a way round this if the situation does arise. The reorganized ward at the National is a great success and is beginning to work very well. I am already admitting certain number of subarachnoids there as well as 'strokes' and getting things going a little more quickly than has been the custom in the past.

It looks as if we were really going to get extensive alterations made to the neurosurgical department at the Atkinson Morley Hospital the latest scheme being to extend the balconies on the two lower floors to some 15 feet and throw the wards and balconies into one large floor space (on the same level) by removing the windows and the segment of wall beneath. The children's ward is to be re-established and there will be new improved kitchens and ancillaries. All this is to start in November and be completed within a year. Well - we shall see!

I am grateful for your information about Dastury but am afraid I have had to disappoint him as, by the time your letter arrived, Mr. McCaugh had already acquired a registrar. As Dastury had a promise of a place with Rowbotham in Newcastle I thought it best to write and tell him to accept this but that I would bear him in mind for a possible vacancy later.

Do not hesitate to write to me for any advice or help you think I may be able to give.

With kind regards,

Yours sincerely,

(Wylie McKissock)

Letter from Dr. Wylie McKissock after Dr. Dastur started work in Bombay

It meant more work for Dr. Dastur, who was then the sole neurosurgeon.

2. He started a system of record-keeping that remains unrivalled in the country. Each patient, on attending the outpatient clinic the first time, was given a unique number. For instance, the first patient in 1957 got the number NS 001/57. The next patient got NS 002/57 and so on. This number would hold good throughout the lifetime of the patient. It was placed on the patient's case paper, notes, radiology reports and folder, EEG report, operation notes, histopathology report, and follow-up notes. If the patient died, it would be placed on the autopsy notes. After every outpatient session, an alphabetical index ledger, based on the patient's first name, was updated. The first name was chosen as the last name changed in women after marriage. In it, there were the following columns:
Date NS No. Name of patient Age Sex Address Diagnosis
Separate indexes were maintained for each year.

Even if the patient was to come 30 years later, all that we needed to pull out all relevant details on the patient was the first name of the patient and the year in which(s) he attended the department for the first time. A quick search under the first alphabet of the first name in the annual index for that year would yield the NS No. Once this was available, all other records could be brought out. The entire procedure took not more than five to seven minutes.

And this was in 1957 - well before the advent of computerization!

To ensure that the records were maintained efficiently, he was able to get the post of stenographer sanctioned. Mr. Warriar was the first to hold this post. Each indoor case paper was summarized, and the summary typed out. One copy was attached to the indoor paper and sent to the hospital Medical Records Office. One copy was maintained in the file of inpatient records in the department. To this were added the progress notes in the hospital, results of tests, detailed operation notes, postoperative notes and a summary of the clinical findings when the patient went home. The referral note from the patient's doctor and a copy of Dr. Dastur's reply were also attached. At the end of the year, the papers pertaining to all patients treated during the year were bound. Similar bound volumes were prepared for patients treated only in the outdoor clinic.

3. He set up the tradition of keeping the referring physician informed of the patient's final diagnosis, treatment, condition on discharge and further necessary treatment. This was not common practice then. Dr. Dastur's letters were warmly welcomed by doctors who worked in distant towns and cities. His courtesy helped build a referral base that extended from Goa and parts of Andhra Pradesh to Madhya Pradesh and Rajasthan; Gujarat and Kutch to Orissa and Bengal.
4. He set the goals of the department and ensured that the priority was maintained:
 - a) patient care; b) education of medical students and resident doctors; and c) research
5. He set high standards in each of these areas and ensured that these were met.
6. He was able to secure the appointment of Dr. Anil D. Desai, consultant neurologist, to help him care for patients admitted to the wards. Drs. Dastur and Desai were the only consultants on the departmental staff for years.
7. He established the neuroradiology department, sitting it next to the operation theaters. Here he had the skull X-ray unit made by Elema-Schonander, Sweden, and the 90 - 90 radio-fluoroscopy system to serve as a myelogram table. All neuroradiology on our patients was carried out in the department itself and was of very high quality. Later, the NeuroDiagnost (Philips) and the C-Arm image intensifier were added. Dr. Anil Karapurkar developed our catheter angiography techniques to evolve interventional neuroradiology.
8. He set up the operation theaters from scratch. When he started, he was forced to operate in general surgery theaters after the surgeons had completed their list. It was often necessary to sterilize the theater as their final operations were for septic diseases. Neurosurgery emergencies were dealt with in verandahs outside the already occupied theaters. After persistent efforts over a couple of years he was given one theater dedicated to neurosurgery. As the

number of operations grew, two more theaters were added, one of these being reserved for surgery on infected patients.

These theaters were progressively upgraded using such ancillaries as sonography to detect lateral shift of the third ventricle; cryogenic unit for freezing brain tumors *in situ* using liquid nitrogen; the operation microscope and equipment for endoscopy.

I recall with admiration many simple means he adopted in the operation theater to make surgery safe for the patient. Here are two examples. The nursing sister helping him always had a sterile thermometer dipped into the container of normal saline used for irrigating the brain as Dr. Dastur would, without fail, ask for the irrigation fluid to be given to him “at the right temperature” – the body temperature. He often squirted it on to the gloved back of his hand before using it in the operation field. Closure of the dura was never started until two conditions had been met. Total hemostasis and a reassurance from the anesthetist that the blood pressure had been raised a little above the resting pressure in that individual.

His researches into tuberculosis of the nervous system, fungal infections of the nervous system, and other diseases led to a series of papers that are now classics on these subjects.^[1-14] A review of the department founded by him may also be of interest.^[15]



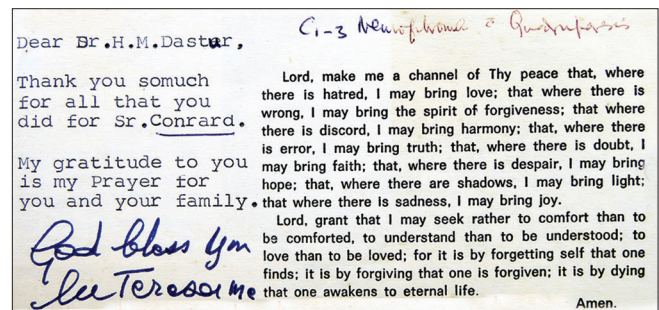
Dr. Dastur honored by Dr. Madjid Sami in Mumbai.

Above all, his strong ethical principles, consistently high standards, highly skillful surgery, and gentlemanly behavior even under difficult circumstances inspired generations of neurosurgeons, many of whom now head departments of neurosurgery in prestigious institutes. He taught us the principles of humanity by example. Let me give you two examples.

We had a well-to-do Parsi patient admitted to our ward for treatment of a prolapsed lumbar intervertebral disk compressing nerve roots to cause severe pain and disability. He recovered after surgery and was pain free. A week later, he sent a box of sweets to Dr. Dastur’s residence. Dr. Dastur was not at home. The maid servant had been instructed not to accept any gift except a small box of sweets sent by anyone. She accepted this box and placed it in the refrigerator. On Dr. Dastur’s return, she informed him of this box. When Dr. Dastur held the box, it felt unnaturally heavy. On opening it, beneath the layer of

sweets was bars of silver. An accompanying note explained that these were sent as a token of gratitude since treatment at the hospital had been free of cost. The next morning, Dr. Dastur obtained the patient’s address from our records and took leave for a few hours. He went to the patient’s home and gently explained that hospital rules did not permit him to receive this gift. The patient apologized for his ignorance of the rules and took the silver bars back.

After premature retirement from KEM, he joined Jaslok Hospital as a full-time neurosurgeon. He was provided a copy of the rules of the hospital. Our junior colleague, Dr. Shankar Gokhale, who had settled in Poona after obtaining his M.Ch. in neurosurgery from KEM, requested Dr. Dastur to come to Poona to see a patient. Dr. Dastur, happy to help his old student, willingly did so. After the consultation was over and explanations offered to the patient and relations, Dr. Dastur prepared to return to Mumbai. The family wished to pay his fees. Dr. Dastur placed before them the form provided by Jaslok Hospital detailing the amount to be charged for a visit. The family immediately paid up that sum. They took Dr. Gokhale aside and told him that the sum on the form was ridiculously low and not commensurate with the time and energy Dr. Dastur had spent for their patient. They wished to learn how much more was due. Dr. Gokhale gently informed them that it would be best not to discuss this further for Dr. Dastur would not go against his hospital’s rules.



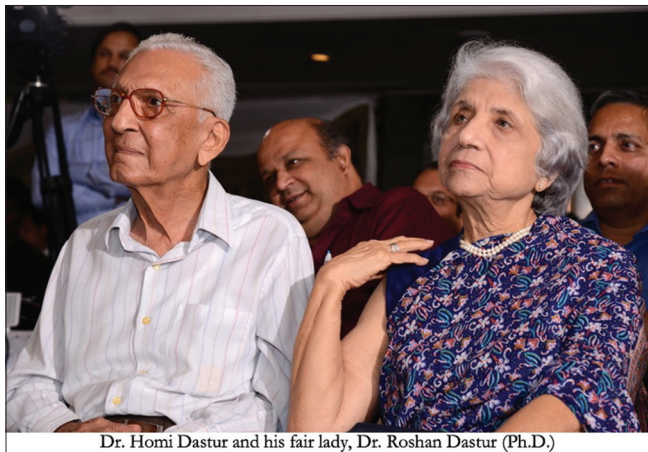
Note from Mother Teresa

He served his patients with dedication irrespective of their social or economic status. It is small wonder that they kept returning to him for their care and for those of friends and relatives needing neurosurgery.

Like many others, I was fascinated by his English and Gujarati – both spoken without blemish. He explained to me that his teacher of English in Bangalore had ensured that he spoke exactly as would a cultured Britisher. His *shuddha* Gujarati was devoid of any Parsi inflection thanks to his grandmother in Surat.

His extracurricular interests were equally interesting. Nature fascinated him, and he studied birds, trees, and flowers in detail. He was especially interested in orchids and had unsuccessfully tried to grow a variety in his garden. He would take his young daughters regularly to the Victoria Gardens in Byculla to inculcate in them his love for trees. When asked why he was so fond of trees, he answered simply: “Because they are always there for you.”

His love for Western classic music was frustrated in his last decades by gradually worsening deafness.



Dr. Homi Dastur and his fair lady, Dr. Roshan Dastur (Ph.D.)

He retired from neurosurgery in the fullness of time and enjoyed spending time in his daughter's home in Khandala, and in the little garden, he had developed in his own flat in Worli.

He had long been troubled by colonic diverticulitis. In the last few years of his life, carcinoma of the urinary bladder necessitated immunotherapy with its complications.

This gentleman and neurosurgeon who evoked general admiration passed away aged 96 years.

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Conflicts of interest

There are no conflicts of interest.

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