

After two years of hiatus due to the Pandemic, we have all gathered, physically to celebrate the much anticipated Foundation Day of BOGS. It brings unprecedented joy and delight to be able to celebrate this auspicious day in the BOGS calendar with our friends and colleagues. This is the first issue of BOGS Times being published by the new Team BOGS, which assumed charge in May 2022.

As always, we have a very respected stalwart, Prof Sajal Datta, sharing his memories, his life and times with us. We also have two emerging stars debating over the issue of whether 'Audit is essential to curb rising CS rates'. In the last two months, we have had quite a few interesting academic programmes, the accounts of which have been presented here.

Though we have a new team at the helm of affairs, the spirit and soul of our society and of the BOGS Times remains essentially the same.

May the good work continue.

Long live BOGS

Jai Hind

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Respected Seniors, my beloved colleagues and juniors,

Hearty welcome to you all on this auspicious day of our society - the 86th Foundation Day.

21 May 2022 is a red letter day for me. You have elected and honoured me as the 73rd President of the Bengal Obstetric and Gynaecological Society. I was installed as President on that day and our 'Chanakya' our beloved, the outgoing President, Dr Bhaskar Pal handed over the baton to me. I feel extremely proud and happy to serve this prestigious society from the forefront with my dedicated Team BOGS 2022-23.

Just to look back, in 1936 forty two doctors of Bengal under the leadership of Dr S K Lahiri, Dr B D Mukherjee and Dr M N Sarkar had a good dream to form this society on this golden day. My respectful pranam to all of them.

It is important and historic to know that just after a few months The Bengal Obstetric and Gynaecological Society along with the Bombay and Madras societies organized the first AICOG conference at Madras in the year 1936.

Thereafter on 6th January, 1950 at the 6th AICOG at Madras the Bengal, Bombay, Madras, Ahmedabad and Punjab societies formed "FOGSI", the parent body of the Obs & Gyane societies in India – now with 262 societies and more than 37000 members.

Today we will observe 86th Foundation Day with packed programme comprising of 23rd Dr Tapashi Nag Memorial Talent Search session, 37th Dr M N Sarkar Memorial Debate Competition, Keynote Lectures and 27th Dr Bamandas Mukherjee Memorial Oration.

Our theme for BOGS 22-23 is "Women's Health Nation's Wealth". Our society is now tuned in a high academic standard with active participation of ever energetic PGTs, some devoted and dedicated members and teachers of the medical colleges. We will continue more and more academics and social activities throughout my tenure as President with my dedicated team. We have our vibrant public awareness team who always feel that we have to do more and more health check up camps and public awareness programmes in the local and distant remote places of the society who need it badly.

In the meantime, I have passed 64 valuable days of my tenure as President. A bit of highlights about the programmes we have organized so far are as follows:

On 28 May 2022 'International Women's Health Day' was observed. An awareness programme was held at East Calcutta Girls College in zoom platform with students and faculties. On 5 June 2022 'World Environment Day Celebration' was observed at Pratishruti. On 11 June 2022 BOGS with CINI organized a health camp in a remote village 'Kendghutu', Baghmundi, located in the hilly terrain of Ayodhya Pahar in Purulia. One of our member Dr Kalipada Murmu did the hard job to check nearly 100 patients. Many thanks to him. On 15 June 2022 Dr Jajneswar



Chakraborty Memorial Oration along with CME on Adolescent Health was held at BOGS office 'Pratishruti'. On 21 June 2022 we celebrated 'World Yoga Day' also at Pratishruti. On 24 June 2022 Dr Sreemanta Banerjee Memorial Oration and clinical meeting with two interesting cases were held at SSKM Hospital. On 1 July 2022 we observed "National Doctors' Day" by garlanding the statue of Dr Bidhan Chandra Roy at DG Block, Sector II, Salt Lake and the photo of Dr B C Roy in our office. It was followed by a blood donation camp with the help of Rotary Club of Kankurgacchi. Twenty six persons donated blood on this occasion. On 11 July 2022 we organized a CME on World Population Day on zoom platform.

A matter of regret is that we are no longer the biggest society in eastern India. This matter gives me pain. Surely we, the team BOGS 22-23 will overcome it in our tenure. For the membership drive, renewal of membership will continue on a priority basis.

We are eagerly awaiting for the forthcoming 65th AICOG to be held between 4 and 8 January, 2023 at Biswa Bangla Prangan, Kolkata – our beloved city, our heartthrob and the City of Joy. Expecting lots of academics, lots of exchange of ideas and lots of festivities and fun. Our another forthcoming event is 'BOGS YUVACON' which will be held sometime after the AICOG in Kolkata.

I like to mention that our revered and respected teacher Prof Baidyanath Chakravarty had left us for heavenly abode on 15 April 2022. It's a great loss for us. But he will remain in our heart forever. We also lost our beloved didi Dr Krishna Chatterjee on 17 May 2022. May her soul rest in peace.

I thank all the members of my Team BOGS 22-23 for their constant devoted works for the society. I thank my office staffs Biswajit, Sanjoy, Jakir and Shiva for their constant help to run the office smoothly.

My sincere thanks to the entire pharma partners of BOGS for their support.

Long live BOGS

Dr Abinash Chandra Ray President, BOGS Respected Seniors and Dear Friends

"Arise, Awake and Stop Not till your goal is reached" — Swami Vivekananda

It is my honour and privilege to address you as the Honorary Secretary of The Bengal Obstetric and Gynaecological Society in this first edition Of BOGS Times of this Academic Year.

At the very onset I would like to thank all the members of the esteemed Society for giving me the opportunity to serve you all as your Hony Secretary for the year 2022-2023.

I would also like to take this opportunity to thank Dr Bhaskar Pal, President BOGS 2020-2022 and Hony Secretary Prof Ramprasad Dey and the entire "Team BOGS " 2020-2022 for a successful tenure in extremely difficult and testing time due to the Covid pandemic .

Team BOGS 2022-2023 which took over the charge on a warm and sultry 21st May afternoon is a mixture of youth and experience, of raw stamina and intelligence of an experienced work horse. Team BOGS 2022-2023 intends to scale new heights and intends to make our beloved society more user-friendly.

The Team has already hosted several events including the World Environment Day on 5th of June, Dr Jajneswar Chakraborty Memorial Oration on 15th June, Dr Sreemanta Banerjee Memorial Oration on 24th June, Doctors' Day Celebration and Voluntary Blood donation camp on 1st July where 26 volunteers donated blood. The World Population Day was held on virtual platform on 11th July which was addressed by Dr Debashis Bhattacharya DME and Dr Siddhartha Neogi, DHS, Department of Health and Family Welfare, Govt of West Bengal. A host of public awareness events including World Menstrual Hygiene day was Observed by our Society.

This 86th Foundation Day edition of BOGS Times contains important information on AICOG 2023, a scintillating Debate on Caesarean section audit with

arguments for and against by Dr Sanchaita Das and Dr Poushali Sanyal, a journey down memory lane by Prof Sajal Datta, Past President BOGS and other interesting features chronicled and articulated by the ever so efficient Bulletin and Website Subcommittee of Team BOGS.

The 86th Foundation Day celebration at ITC Sonar consists of 23rd Dr Tapashi Nag Memorial Talent Search Session (Free paper) and 37th Dr MN Sarkar Memorial Debate competition where a host of young speakers will participate. The 27th Dr Bamandas Mukherjee Memorial Oration will also be held at same venue.

The Theme of our Society this year is "Women's Health, Nation's Wealth" and all our academic activities will be based in and around the theme. There are several other activities in the pipeline and we hope that the members have a mixture of blissful academics and Public awareness through out this year.

As you all know that BOGS is hosting AICOG 2023 from 4th to 8th January 2023 at Biswabangla Mela Prangan in Kolkata. We earnestly solicit your active participation and involvement to make this event a grand success

Long Live BOGS! Jai Hind!

> **Dr Biswajyoti Guha** Hony Secretary, BOGS



We, deeply mourn the passing away of dear

Dr. Krishna Chatterjee, beloved wife of Dr. Alokendu Chatterjee, veteran BOGSIAN, and convey our sincere condolences to her bereaved family.

"No one is actually dead until the ripples they cause in the world die away" — Terry Pratchett

Although death has punctuated her life, she will be fondly remembered by all of us.

A respectful homage to Dr. Krishna Chatterjee on 26.5.22 on the day of her sradhya. She left for heavenly abode on 15.5.22.





AICOG 2023 UPDATES



Dear Friends,

The preparation for the much-awaited AICOG 2023 is in full swing.

The various committees are working hard and we are happy to inform you that the Scientific and Workshop programme will soon be finalized.

The venue inspection has been done by the organizing committee and vendors are in the process of being finalized.

The website www.aicog2023.com is being updated regularly and we urge you to visit it for current information about the conference. Online registration is going on in full swing and we advise you to take the advantage of the EARLY BIRD tariff which will be available till 15th of September.

We request all the BOGS members to participate in this prestigious conference which will showcase our home state in a very positive light and it can only be possible with your blessings and participation in large numbers.

> **Dr Bhaskar Pal** *Org Chair* AICOG 2023

Dr Basab Mukherjee *Org Secretary* AICOG 2023 **Dr Dibyendu Banerjee** *Org Secretary* AICOG 2023





CME on the occasion of World Population Day

On Monday 11th July 2022, BOGS celebrated the World Population Day 2022 on a virtual platform.

om.us/j/87228837301?pwd=ZU1qKy9RUThHd3NoUUNENkhhN09xdz09

The programme began with welcome address by Dr Abinash Chandra Ray, President, BOGS and Opening remarks by Dr Biswajyoti Guha, Hony Secretary, BOGS.

Foreword by Dr Debasis Bhattacharyya, Director of Medical Education, Dept. of Health & Family Welfare, Govt of West Bengal and Dr Siddhartha Niyogi, Director of Health Services, Dept. of Health & Family Welfare, Govt of West Bengal.

Dr Ramprasad Dey spoke on "Newer Contraceptives in the Family Planning Program" and Dr Alpana Chhetri spoke on "Strategies on Population Control". The Chairpersons for the session were Dr Bipasa Sen and Dr Saktirupa Chakraborty.

This was followed by a Panel discussion on "Resolving Unmet Needs in the 21st Century" which was moderated by Dr Ashis Kumar Mukhopadhyay. The panelists were Dr Mandira Dasgupta, Dr Sebanti Goswami, Dr Suranjan Chakrabarti, Dr Susmita Chattopadhyay and Dr Tulika Jha.

Dr Amit Basu, Hony. Jt Secretary, BOGS offered the Vote of Thanks. Dr Mariam Khanam coordinated the programme very well.

A total of 34 doctors tuned in live for the webinar.



World Menstrual Hygiene' Day on 28th May 2022, BOGS was a

World Menstrual Hygiene' Day on 28th May 2022, BOGS was a partner in the group discussion on Menstrual Hygiene organized by CINI. The discussion followed the international theme – 'It's time for action'.

Dr Basab Mukherjee, Vice President, BOGS deliberated on the myths and misconceptions of menstrual periods. College students participated in the discussion. Participants shared their problems in dealing with menstruation. Mr Shobhan Mukherjee, the 'Bengal Padman' shared the issues regarding quality of sanitary napkins.

Important take home messages on menstrual hygiene were generated in the two-hour session and more awareness was found to be the need of the hour.



World Environment Day

The World Environment Day was commemorated on Sunday, 5th June 2022 at "Pratishruti", AQ-10/3, Sector-V, Salt Lake City, Kolkata 700091.

BOGS celebrated the World Environment Day by planting saplings in the garden of "Pratishruti" as a pledge towards solidarity of environmental protection.

The event was attended by President, Dr Abinash Chandra Ray, Hony. Secretary, Dr Biswajyoti Guha, MC members, Dr Paulami Sanyal, Dr Nandini Chakrabarti and others including office staffs.

DEBATE | FOR THE MOTION | Dr Sanchaita Das AUDIT IS ESSENTIAL TO CURB RISING CAESAREAN SECTION RATES

Caesarean Section is a lifesaving procedure for the parturient mother and/or the baby. The World Health Organisation quotes a CS rate of 15 % as appropriate. However, in an appropriately equipped centre, the caesarean section rate is quoted at 19-22% to be deemed safe.

Although CS in general is a safe operation, the procedure can at times lead to serious complications. These include endometritis, wound complications, venous thromboembolism, return to theatre, anaesthetic complications, infertility and abdominal adhesions, etc which can lead to chronic abdominal and pelvic pain as well as a risk of injury to adjacent organs in future surgeries. The return to normal life is delayed in CS deliveries than in vaginal deliveries. Un-indicated CS alters unnecessarily the surgical history of the patient.

In cases like sudden fetal distress where vaginal delivery is not imminent or not possible, cord prolapse, history of more than 2 previous CS, obstructed labour, previous advanced fourth degree perineal tears, eclampsia where vaginal delivery is not possible/imminent, etc, delivery by CS is considered to be a safer and an appropriate option.

Developed nations with well-staffed and well-equipped units do regular audits on their CS with regards to their indication and standard of care in spite of functioning at a set benchmark.

To understand CS audit, we need to know what a medical audit is. Medical Audit is a quality improvement process that seeks to improve patient care and outcomes by reviewing medical care in order to identify scopes for improvement and provide a mechanism for realising them.

In West Bengal, there is no data on the rates of CS. However, it is an accepted fact that majority women undergo delivery by CS which is way above the recommended rates. Its high time we realise the need to get data on the mode of delivery and the incidence of CS in this part of the world.

The reasons for high CS rates in West Bengal are multifactorial. Safe care in labour involves a dedicated labour ward, dedicated 24-hour cover comprising of trained junior doctors, registrars, specialist nurses, provisions of CTG, anaesthetist, support staff and an on-site theatre team and operating room. A safe delivery suite should have provisions for enabling induction of labours and category 1 caesarean sections (where decision-to-delivery time is 30 minutes). Baring the major teaching hospitals and a handful of large private setups, these provisions are unfortunately absent in the rest of the healthcare setups where majority of the care are delivered in nursing homes. So, as an obstetrician to allow labour to continue in a setup where there are no on-site labour ward team, no provision for category 1 CS if needed is a difficult and an unsafe call.

Another factor for high CS rate is the nature of medical practice here. Most hospitals opt out of having salaried obstetricians who work exclusively in a single setup. Most practitioners, hence work in different sites that may span across the city and sometimes districts. Hence it is difficult for them to stay within reachable distance to the hospital all through in case of women in labour.

As we have a generation of women who have mostly delivered by CS, when it comes to their own daughter's pregnancy, most of the time mother of the pregnant woman counsels them against trial of vaginal delivery because they themselves have had no experience of it.

Many households still reel under the significant influence of astrology. Women request delivery on a particular day, date and time based on horoscopal considerations. Hence, they decide for planned CS delivery where they feel they have control over the time of birth.

Most patients are scared of the pain that comes with labour, and the uncertainty of the timeline of labour. Provision of epidural analgesia for 'painless' labour is 'painfully' absent in the state. So many voluntarily opt for planned CS delivery.

For patients voluntarily opting for planned CS, they are hardly informed of the pros and cons of CS delivery. So, their choice to go for CS delivery is rarely an informed choice.

There are no national guidelines for dealing with maternal request for CS in absence of medically valid indication.

Last but not the least, CS is a cen-

tre of many litigations, and the reasons span from failure of inform patients of the pros and cons of CS, absence of valid indication for the CS (which may include acknowledging lack of infrastructure in the medical facility to safely allow labour), lack of communication and effective documentation.

Keeping all of these points into considerations, there is an urgent need to audit CS in this state, because it is known without doubt that vaginal delivery is safer than a CS, provided all provisions are present to monitor labour and manage complications. An audit will determine the CS rate, which undoubtedly would be lot higher that it should, the indications (whether valid or not), any infrastructural constraints, workforce issues, etc.

An audit would enable instituting regional guidelines for safe management of labour, put pressure on the government to address infrastructural issues in healthcare facilities so that labour is managed appropriately, address staff training and increasing recruitment of trained workforce, increasing workforce and expansion of services.

There is no doubt that a state wise CS audit would bring out genuine constraints and safety issues that are making obstetricians reluctant to agree for a trial of vaginal delivery, and whose solutions are beyond the scope of obstetricians. It would bring out training, governance, infrastructural and social issues and would eventually take away the 'burden of guilt' on obstetricians of the higher CS rate in the state.

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DEBATE | AGAINST THE MOTION | Dr Poushali Sanyal AUDIT IS ESSENTIAL TO CURB RISING CAESAREAN SECTION RATES

Over the past decades, the unprece-dented and steady rise in the rates of CS have led to increased research, debate and concern among healthcare professionals, governments, policy-makers, scientists and clinicians. They have come up with strategies to control the plummeting CS rates, clinical Audit being one of them. However, it has met with mixed results globally. These days the proponents of Audit are projecting it as the "ONE AND ONLY" strategy to curb the rising CS rates. An audit is an effective strategy to explore the reasons behind Caesarean Sections and find out deficits in providing standard healthcare in institutions across the country. However, it is certainly not ESSENTIAL to curb the rising CS rates globally, especially in densely populated developing nations like India.

In order to understand why an audit is not essential, we must explore the percentage rise in births by CS globally. We also need to explore the main reasons behind an increase in Caesarean Sections in different countries. According to the latest data from 150 countries, currently 18.6% of all births occur by CS, ranging from 6% to 27.2% in the least and most developed regions, respectively.1 The rates of Caesarean deliveries have more than doubled in India, from 8% of deliveries in 2005 to 17% of deliveries in 2016.² The reasons for this increase are multifactorial and not well-understood. Changes in maternal characteristics and professional practice styles, increasing malpractice pressure, as well as economic, organizational, social and cultural factors have all been implicated in this trend.3 Unfortunately, an audit cannot correct most of these factors.

Broad health system deficiencies and lack of resources continue to be limiting factors to expand access and quality obstetric care. These problems are the result of faulty planning by the government, which an audit certainly cannot correct. Hence, the WHO Statement on Caesarean Section Rates published in 2015 emphasized that "Every effort should be made to provide caesarean sections to women in need, rather than striving to achieve a specific rate".⁴

Some countries like Egypt, Turkey, Dominican Republic, Georgia and China have all had over 30 percent points increase in their CS rates over the last

24 years.4 Some possible reasons for increasing CS rates in these countries are - fear of pain; concerns about genital modifications after vaginal delivery; misconception that CS is safer for the baby; the convenience for health professionals and also for the mother and family; fear of medical litigation and lower tolerance to any complications or outcomes other than the perfect baby. Other cultural factors are more country-specific. For example, in China, choosing the date of the baby's delivery on the basis of luck and fate for the future of the baby by some people is one of the explanations for scheduling a CS.⁵ Consulting an astrologer and deciding the date and time of delivery or the "Shubh Muharat" is one of the main indications for performing a Caesarean Section in the modern India. How can an audit analyse these country and person specific factors? Is it possible for an Audit to modify people's beliefs? To reduce Caesarean Section rates in India due to maternal request or astrological beliefs, we need to correctly educate these people that unnecessary superstitions and beliefs will lead to unnecessary surgical procedures, not conduct audits.

Evidence has shown that due to the complexities associated with Caesarean sections and many interconnected factors that lead to increasing CS rates, interventional tools such as audit to curb increasing CS rates has shown only moderate success till date.3 Studies have shown that audits conducted in European countries to reduce CS rates have been successful. In these cases, the population was smaller and more homogeneous and the indications for Caesarean Section were based on protocol, hence less complex. However, in the Asian and Latin American countries with a larger and more heterogeneous population, audits have been less popular and have shown less promising results.

Moreover, an audit takes into account only medical factors contributing to rise in CS rates. Considering solely medical factors in the complex scenario leading to Caesarean Sections in developing countries is likely to be a futile effort to reduce unnecessary CS. Factors associated with women's fears and lives and societal and cultural beliefs need to be included in the equation when conducting an audit.

Let's not forget that in India, clinical

audits have not been successful due to ambiguity in the process of data collection. The indications of CS vary widely in government and private hospitals, and data collection is not adequate and often spurious. Such data falsely affect the results of an audit.

In order to reduce Caesarean Sections worldwide, it is not an audit, but education of the patient and her family member about the benefits of vaginal birth, which is needed. The developed countries have robust antenatal classes for the pregnant patient and her partner where they are prepared for childbirth. The concept of painless labour is discussed with them by trained healthcare workers. These countries have a midwifery led antenatal care unit with a designated midwife who takes care of the pregnant woman throughout pregnancy and labour and also provides one to one care during labour. The referral system from midwifery led care to consultant led care is also foolproof. Moreover, it is the pregnant mother and not her relatives who decides her mode of birth. All these steps are necessary to curb CS rates, not merely an audit. The healthcare professionals also need to be trained well in the art of vaginal birth, both natural and instrumental, as well as obstetric decision making, in order to curb CS rates. There needs to be a team for vaginal birth in every birthing unit, not individualistic care by a consultant.

Hence, it is not an audit, but education of the pregnant woman, her relatives, and the healthcare professionals, that is ESSENTIAL to curb rising CS rates.

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A Rendezvous with a Teacher and Surgeon

DR SAJAL DATTA is known for his simplicity and his passion for teaching. After initial struggles in his career, he is now a well established and successful practitioner. But he is best known as a teacher who has spent most of his youth in training and preparing skilled gynaecological surgeons. He has always kept himself away from limelight. His down to earth attitude, quest for knowledge and zeal for teaching make him an "Educationist" in true sense of the term. Dr Jayita Chakrabarti and Dr Sharmistha Ganguly from BOGS recently had a dialogue with Dr Sajal Datta and BOGS presents the same in an unabridged form, so that many young budding surgeons can have a sneak peek into his life which is full of moral values.



- **BT:** Sir, let us begin the evening with some memories of your childhood and school days. Please tell us how you grew up into a medical aspirant.
- **SD:** I was born and brought up in a rural place named Bakhrahat which is around 12 kms from Thakurpukur. Ours was a very spacious house which earlier used to be called as zamindar bari. I grew among our cousins in a large joint family. We are 14 siblings. None of my ancestors had a medical background. I used to enact doctor patient role play with my siblings and neighbourhood kids.
- **BT:** Why did you choose to go for a medical career when no one else in your family was a doctor?
- SD: I was a very good student in school days. I shifted to Narendrapur RKM in class 8. Due to abrupt change in the academic environment, I had to struggle a lot initially. But eventually I scored very good marks in 11th and got into R G Kar Medical College.
- BT: Sir, How was your hostel life in R G Kar?
- **SD:** I never stayed at hostel. I belonged to a very conservative family. I stayed in a rented room and my sister Basanti helped me during my undergraduate days. I was a day scholar because my family wanted me to stay away from hostel lest I would fall in bad company. My 6 years of college life was restricted to RG Kar Tamer Lane and Amherst Street. At Amherst Street I met another homoeo student with whom I grew and shared all my feeling during those days. I was partly influenced by him and became interested in homoeopathy. He has presently established himself as a popular homoeopathy doctor in Dumdum airport area. I had many memorable moments during my college life.
- **BT:** How did you get into Obstetrics and Gynaecology?
- **SD:** I was among the few toppers in my batch and scored very good marks in Medicine and OG. During internship, I got the opportunity to do a D&C which was my first case in OG. I accidentally perforated the uterus in that case. I was very disheartened; but as I was sincere and hardworking, my seniors didn't scold me for that mishap. After this, I had the good fortune to do a forceps delivery in internship itself. I also remember that apart from OG, I was outstanding in Medicine. I knew the names of all the syndromes given in Harrison which I had read for the umpteenth time.

But one day, I came across an Astrology book, "*Beni Madhab Shil Ponjika*" and out of curiosity, I checked my zodiac sign. It was written that my destiny was with metals and instruments. That somehow made me think that perhaps Gynaecological surgery would be the best option for me and thereafter, I took House staffship in OG.

- **BT:** After MBBS, where did you go for PG?
- **SD:** I went to PGI Chandigarh after 2 months of my House staffship. Out of only a few available seats, I was selected as one among the 2 candidates eligible in general category. I also qualified for JIPMER, but I preferred to go to PGI because I didn't want to take coconut chutney for next few years of life.
- BT: Was there any discrimination or difficulties in PGI?
- SD: Yes, I had a very tough time initially because I was poor in Hindi like most Bengali students. I learnt a lot in PGI. My theoretical knowledge was very sound but surgical training was inadequate. However, my tenacity made me sail through MD and DNB in 1st attempt.
- BT: Any acquaintances from Bengal in PGI you met?
- **SD:** Dr Sukumar Barik and Dr Hiralal Konar were already in PGI when I stepped in. Dr Subhas Biswas, Dr Kusagradhi Ghosh, Dr Rajiv Dhall, Dr Narayan Jana and many others joined us later. We often used to have get together there after our duty hours. My mentor there was Dr S Barik and I learnt a lot from him. I am really indebted to him.
- BT: Did you get enough hands on in PGI?
- **SD:** Hardly 4 C-sections and all of them under supervision. But I was never disheartened because I knew that sincerity pays off and I learnt all the requisite surgical skills during my residency in Kolkata.
- **BT:** Sir, How did you start your surgical practice post PG?
- **SD:** After returning to Kolkata I again had to struggle searching for a job and a place for good surgical exposure. After roaming from one hospital to other, finally I started my individual practice for a few months. Eventually I joined RKMSP. While in RKM, I got an appointment to join as GDMO through PSC but I found out that I was losing my skills and the opportunity to excel in my own subject which used to be my passion since undergraduate days.





Finally I decided to continue in RKM as a registrar for 5 years and gained extensive surgical exposure. I got married during my residency period and stayed in RKM quarters after marriage. Initially it was tough for us to manage with a very nominal salary and a part of our income was through assisting senior doctors of our hospital. However we enjoyed our married life during those good old days.

When I was given honorary deputy visiting post at RKM, I was told to leave the family quarter. I was then in a soup and finding no other alternative, I decided to join as a RMO at Presidency Medical centre. There they allowed me lodging and with some extra income we could somehow manage. During those 4 and half years, I came in touch with many senior teachers and practitioners who helped me a lot to develop my own practice in later life. I will forever remain indebted to Dr Amol Bose who supported me during that phase of my career.

- **BT:** Why did you not think of going to UK like other colleagues and seniors in PGI?
- **SD:** I wanted to, but I didn't have the one year experience in a subject other than Obs Gyne which was required at that time. That made me ineligible to sit for the exam.
- **BT:** Since when are you attached to RKM and what makes you stay here in spite of poor remuneration?
- **SD:** I have been in RKM from 1987 till date. I joined as a registrar and now I am a Professor. My idea behind joining RKM was to teach students and learn good surgery from experts. I have worked for 16 years in an honorary post. I was satisfied with whatever I was earning at that time. I never had very high expectations and didn't need a luxurious life. I enjoyed every year spent in RKM because I always saw myself as a teacher and mentor. I find immense pleasure in teaching and guiding students. My happiness lies in my students' success and this is the reason which still binds me to RKM OG Dept.
- BT: How did you induct yourself into BOGS?
- SD: I was introduced by Dr Sudip Chakrabarty as a MC member to BOGS. Eventually I became President of BOGS during 2009 10. I along with Alakendu da, Pranati di and few of us were entrusted to find out proposed land for BOGS office given to us by GOVT. We then took trouble to find out that demarcated area from the bushy land, now where stands our BOGS office building, PRATISHRUTI. During my tenure, for the first time I managed to organise BOGSCON in HYATT which was a huge investment at that time but also a phenomenal success story. I got immense help from my colleagues during my tenure especially from Dr Kalidas Bakshi who was Hony Secretary at that time.
- **BT:** What are your expectations from BOGS now?

- **SD:** I want to see BOGS as the supreme body of Obs & Gyne in West Bengal. I want BOGS to take part in each and every policy making initiative and Government programme so that BOGS members and office bearers become indispensable in all maternal and neonatal health related issues. BOGS has improvised a lot in the last few years and I expect more as it has the potential.
- **BT:** Sir how do you spend your leisure time?
- **SD:** I like travelling and sightseeing. I also love to read books and watch TV. I am a foodie by nature. However health remains my top priority and staying fit and healthy is of utmost importance in life.

I have 2 lovely children. My daughter is very independent and confident. She is well settled in her job in Mumbai. My son is very caring and close to me. My wife is a perfect homemaker for me. I'm a complete family man.

- BT: Do you have any regrets in life?
- **SD:** I could not go to UK for MRCOG as I was ineligible at that time.

I wish to go for foreign trips which probably I will do after Covid threat is over.

- **BT:** Some names who have influenced you in this long journey.
- **SD:** Dr Anil Kanti Das, a General physician with whom I started my private practice. I used to go to his clinic to learn Medicine and see how he examined patients. In today's world that is what you call Observership.

After my postgraduation when I stepped into the world of independent practice, he acted like a Godfather and introduced me to the local people of Bakhrahat as a Gynaecologist. It is because of him that I could establish my practising career.

- **BT:** What is your message for the juniors and the budding young Gynaecologists?
- **SD:** Simplicity is the best policy. Have high ambitions and aspirations but never get disappointed if those are not fulfilled. Find happiness and satisfaction in what

you have earned by your own capability. You don't need a lot for this life. You need contentment and pleasure which comes from dedication to work and from a loving family.

BT: Thank you sir for your valuable time and sharing the old memories with us.







Annual General Body Meeting

On May 21, 2022, after ending a successful year, Dr Bhaskar Pal handed the reins of the Society to the Dr Abinash Chandra Ray who promised to take BOGS to greater heights in the years to come. The event was attended by 56 members.



30th Dr Jajneswar Chakraborty Memorial Oration

The 30th Dr Jajneswar Chakraborty Memorial Oration was organized at "Pratishruti", AQ-10/3, Sector-V, Salt Lake City, Kolkata- 700091, on Wednesday, 15th June 2022.

Dr Sambit Mukhopadhyay, MD, DNB, FRCOG, MMed (University of Nottingham), Consultant Gynaecologist & Honorary Senior Lecturer, Norfolk and Norwich University Hospital, Senior Lecturer, Norwich Medical School, University of East Anglia gave a lecture on "Evolution of Hysterectomy – from Soranus of Ephseus to 21st Century".

A total of 59 doctors attended the oration.



CME on Adolescent PCOS

The Adolescent Health Subcommittee of BOGS organized a CME on "Adolescent PCOS" on Wednesday, 15th June 2022 at "Pratishruti", AQ-10/3, Sector-V, Salt Lake City, Kolkata-700091.

Dr Jayita Chakrabarti spoke on "Hyperinsulinemia in PCOS". The Chairpersons for the session were Dr Bimal Chandra Bhadra, Dr Basab Mukherjee.

This was followed by a Panel discussion on "Adolescent PCOS" which was moderated by Dr Alpana Chhetri and Dr Ramna Banerjee. The panelists were Dr Jayati Mondal, Dr Nandini Chakrovorty (Bhattacharyya), Dr Rajasish Majumder, Dr Srabani Zoha, Dermatologist, Dr Susmita Das, Ms Sumana Basak Chakraborty, Dietician.

Dr Amit Basu, Hony. Jt Secretary, BOGS offered the Vote of Thanks. Dr Seetha Ramamurthy Pal, Hony Clinical Secretary coordinated the programme very well.

A total of 59 members attended the programme.









International Yoga Day

BOGS celebrated International Yoga Day on Tuesday, 21st June 2022 with a Yoga Session for members at the 1st floor Auditorium of Pratishruti. This was followed by a healthy breakfast meet.



38th Dr Sreemanta Banerjee Memorial Oration

The 38th Dr Sreemanta Banerjee Memorial Oration was conducted on Friday, 24th June 2022 at GLT, Dept. of Pathology, 2nd Floor, Outdoor Building, IPGME&R & SSKM Hospital, Kolkata.

Prof Sujoy Ghosh, MD, DM (Endocrinology), MRCP (UK), FRCP (London, Glasgow, Edinburgh), Specialty Certificate of Endocrinology & Diabetes (UK), FACE, Professor, Dept. of Endocrinology & Metabolism, IPGME & R, Kolkata, Editor in Chief (Elect): Journal of Indian Medical Association, National Joint Secretary Indian Thyroid Society, National Joint Secretary Research Society for the Study of Diabetes in India (RSSDI) gave the oration on "Sheehan Syndrome and Female Sexual Dysfunction"

A total of 65 doctors were enlightened by his lecture.





Doctors' Day Celebration

BOGS celebrated Doctors' Day in a unique way on Friday, 1st July 2022. BOGS members led by Dr Abinash Chandra Ray, President and Dr Biswajyoti Guha, Hony Secretary also paid their respect and take the pledge to continue to honour the profession by garlanding Dr B C Roy's Statue, next to Unnayan Bhavan, Salt Lake, Kolkata. BOGS in association with Life Care Blood Bank & Rotary Club of Calcutta Kankurgachi organized a voluntary blood donation camp at the 1st floor Auditorium of Pratishruti. 26 doctors donated blood on this auspicious day.



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watering to a second a second second प्राक्तानिदससं ज्यादशासना नातान 'লল্টিমবজ কৃমি ও ভুলি সংজ্ঞান আধিকারিক সমিতি'। বামমতি NEAR ARCHIGHT ALANICALCASH অস্তর্গত কেন্দুঘুটু লিন্ড লিক্ষা রাঙ্গণ কুলে শিবিরটি হয় শনিবার। শিৰিবেৰ পরিচালক, কলকাতার '>> টাকাৰ ডান্তগৱৰাৰু' পৰিচেৰাৰ প্রতিষ্ঠাতা সুজয় রায় জানান, শিবিনে আসা ১৩৫টি শিশুন প্রায় সকলেই অপুষ্টিতে ভগতে। সরকারি স্বাস্থ্য পরিকাঠামোর সক্ষে এখানকার শিশুদের সম্পৰ্ক কাৰ্যত নেই বলে দাবি তাদের। শিবিরে আসা ৬৫ জন মহিলার চিকিৎসা করেন 'বেজল গায়ানোকোলজিক্যাল সোসাইটি'র সদস্য, স্ত্রীরোগ বিশেষজ্ঞ কালীপদ मुम्। वार्याकनीच वयथ व लतामन দেওয়া হয়। সাস্থাপরীকার গাশাপাশি, শিশুদের নিয়ে নিজিয় খেলার মাধ্যমে শিক্ষার বিভিন্ন মানদন্তও খাচাই করা হয়।

Health Camp at Purulia

CINI in association with BOGS organized a one-day maternal and child health camp at Ayodhya Hill (Kendughetu Sishu Siksha School) on Saturday, 11th June 2022 from 9:30 am onward for those under-privileged tribal villages nested inside these beautiful landscapes.

Dr Kalipada Murmu attended the camp as representative of BOGS.





1st Clinical Meeting

The 1st Clinical Meeting was held on Friday, 24th June 2022 at GLT, Dept. of Pathology, 2nd Floor, Outdoor Building, IPGME&R & SSKM Hospital, Kolkata.

Dr Shreya Saha presented "Outcome of a Case of Global Hypokinesia in Pregnancy". Dr Swetha R presented a case of "Scar Pregnancy After IVF in Premenopausal Woman".

The Chairpersons for the session were Dr Gourisankar Kamilya, Dr Subhash Chandra Biswas, and Dr Sudhir Adhikari.

A total of 65 doctors attended the programme.

New Members Annual Members

Dr Shazia Iqbal, Dr Maumita Naha, Dr Suchismita Haldar, Dr Paramita Hazari, Dr Madhulima Saha, Dr Aadya Dixit, Dr Mendragurit Mourica Teja, Dr Raji Parameswari R, Dr Swagata Chattaraj, Dr Shruti Bhattacharyya, Dr Rupak Kumar Sarkar, Dr Mainak Kanjilal, Dr Zahangir Alam, Dr Minakshi Ghosh, Dr Kaustav Saha, Dr Sanchita Biswas, Dr Erum Ali, Dr Debleena Chattopadhyay, Dr Madhumita Mudi, Dr Sneha More, Dr Debrupa Basak, Dr Apoorva Anand, Dr Utsa Ghosh, Dr Somdutta Basu, Dr Bidisha Banerjee, Dr Rupsa Bhowmik, Dr Maitrayee Das

Academic Partners of BOGS 2022-2023



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