

Lt. Colonel Suresh Prasad Sarbadhikari

Pioneered of Overiotomy and Obstetric Surgery in the late 19th century Calcutta

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Abstract: *There would not be a large section of Bengalis who frown to unaware of the name of Nagendra Prasad Sarbadhikari as the Father of Indian Football. However, the name and contribution of another descendant of this family are still unknown. He is Dr. Suresh Prasad Sarbadhikari (13th April 1866–11th March 1921). He was born in the eighth month. The frail boy became known in society as ‘Atashe Chele.’ This birth refers to births that occur before 36 weeks or nine months. Premature infants are now more susceptible to physical issues like cerebral palsy. Hence, the early years were thus spent in a deteriorated and neglected physical state. However, despite hundreds of obstacles, he set a shining example in gynaecological medical science for the future. He was later recognised as the pioneer of overiotomy-obstetric surgery in India. His leadership of the Bengal Ambulance Crop was a landmark for treating the Indian Sepoys in Mesopotamia at the First World War. He consummately proved himself among the contemporary western physicians. King George V awarded him the title ‘Lieutenant Colonel’ of the Indian Medical Service in recognition of his exceptional accomplishments and success. This article offers a comparative examination of Suresh Prasad Sarbadhikari's inventions and accomplishments that helped him establish his well-known reputation as an Indian gynaecologist in the west.*

Keywords: *Carmichael Medical College, Medical Education Society, Obstetrics, Overiotomy*

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Introduction

The last two decades of the 19th century were a period of successfully mastering the westernization of Indian medical science. The campaign launched by Morehead, McLennan,

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John Tytler, O'Shaughnessy, and Henry Goodeve to create native doctors in the interest of Indian sepoys emanated through the Calcutta Medical College.¹ Major subjects in Western medical sciences such as anatomy, surgery, dissection, and pharmacy have now been eagerly glut by Indian native physicians to represent them as Medical Licentiate. Four hundred fifty-six native doctors became licentiate from this college between 1835 - 1858.² Although, the field that was still elusive to Indian native physicians was the treatment of gynaecological diseases. At that time, the average life expectancy of Indian women is 32 years. Although George Kittredge's (1833-1917) arrival into the Indian subcontinent began to focus on women's health care, the treatment of the disease that was the propulsion cause of increasing mortality of women was still unknown to Indian native licentiate.³ Some of the most citable names in the contemporary Indian history of gynaecological surgery are Dr. C. H. Joubert, Dr. MC Leod, Dr. Sanders, and Dr. Ernest Hart. Suresh Prasad Sarbadhikari was the first Indian physician renowned for his luster as a gynaecologist. He is the pioneer of Overiotomy surgery and played an inestimable role in Bengal and Indian Gynaecological development.⁴ This article tries to depict the history of his triumphant Overiotomy surgery in Bengal and various glimpses of deeds in his life.

Genealogical History

The term 'Sarbadhikari' has been used since the time of the Mughal rulers to identify a post associated with the revenue department.⁵ The founder of the Sarbadhikari family was Sureshwar Sarbadhikari, who inherited the title 'Sarbadhikari.' The title meant the head of all classes regarding rank, wealth, caste, and lineage. In the political arena, it was the rank of Diwan or Governor of Orissa. This family assists East India Company before and after the Battle of Plessey. The Presidency Magistrate of Bengal Rai Bahadur Shirish Chandra Sarbadhikari was one of the members of this family and the editor of 'Hindi Patriot' and 'Weekly Indian Nation,' the two oldest newspapers of India. He was also the author of 'History Of India,' the then school textbook of Bengal.⁶ Lt. Suresh Prasad Sarbadhikari was the fourth child of Suryaprasad Sarbadhikari and Hemlata Sarbadhikari. Surya Prasad was the oldest Indian practitioner who Graduated from the Medical College of Bengal (GMCB). In 1857, during the Sepoy Mutiny, Dr.

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Surya Prasad joined as a British government medical officer in the shipboard 'Fire Queen' troop against Babu Kumar Singh of Gazipur. In his book History of The Sepoy Revolt, General Kaye explains his vigorous activities. Also, he marched to Lucknow with Sir Joseph Fayerer and General Havelock.⁷ Surya Prasad Sarbadhikari had eight sons with two daughters, Lilabati and Surabala. All the brothers effectively made their fame through their endeavours work. Satya Prasad Sarbadhikari was the first person from India who received the highest honour from the Masonic Lodge of England, Ireland, and Wales. Also, the founding member of the Indian Association (1876) and the Indian National Congress (1885) was the elder brother of Suresh Prasad Sarbadhikari.⁸ The second son of Surya Prasad was Deba Prasad Sarbadhikari, Representing the University of Calcutta at the University Congress held in London in 1911. He was succeeded by Ashutosh Mukherjee as the Vice Chancellor of the University of Calcutta. He also accomplished the immense role of the Vice President of the Indian Association, the British Indian Association, and the Asiatic Society of Bengal.⁹ The third son was Krishna Prasad, a faculty member of Low College under Calcutta University. Suresh Prasad was the fourth child, and Nagendra Prasad Sarbadhikari was the fifth. Nagendra Prasad was known as the 'Father of Indian Football,' and another three were Binoy Prasad, Munindra Prasad, and Sushil Prasad. Respectively they are lawyers, poets, and Barrister.¹⁰ We can easily justify through this explanation that Suresh Prasad belonged to a high position in terms of heredity. We can get a glimpse of this higher position through his vigorous activities.

Early Life and Education

Suresh Prasad Sarbadhikari was born on Friday, 13th April 1866, in the village of Bhurshut Bamunpara in the Howrah district. There is a common proverb in Bengal that a child born before the full maturity of the fetus, i.e., before the completion of 10 months, does not live long. At the same time, the child spends his whole life in infirmity and disease. Suresh gets a place in his mother's womb for only eight months, and just after his birth, like a skinny flesh, the newborn baby was identified as dead at first sight by the village homemakers and midwives. In these circumstances, it had decided to bury this immovable child. In the meantime, one of the

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midwives found life in the newborn baby. This weak child, who miraculously survived after being born with just one lung, pursued his studies with excellent proficiency.¹¹ first studied at a government-aided institution in Baubazar and passed the entrance examination of Hare School. After that, he was admitted to Presidency College, and from here, he was admitted to Central College of Calcutta. As his father was a doctor, Suresh was more interested in studying medicine. However, the rest of the family wanted him to practice law. In the meantime, Suresh was diagnosed with chronic heart disease and pulsating arteries in his neck. Suresh informs his father in a letter that he wants to study medicine. Hearing this, Suresh's father kept him under house arrest so that he could not be allowed to study medicine. However, Suresh jumped out of the window of his house and fled to get admission to the medical college. He had the final test results in hand when he left his house.¹²

To know this interest of Suresh on medical education, finally his father endorse him to study medicine. Then he graduated from Vidyasagar's Metropolitan Institute. After that he gave entrance exam to get MD degree and expectedly Suresh won the first place in this test. Suresh became one of the affectionate student among the professors of Medical College like Dr. McLeod, Sanders and others. By examined Suresh's expertise on medical education, Dr. McLeod expressed his desire to send Suresh to read the IMS at foreign in his own expense. However, despite Suresh's strong desire to go for getting the IMS degree, his parents did not allow him to do so by keeping in mind for his weak health. After completing his MD, Suresh became the first Chief Physician at Mayo Hospital and later joined Chandni Hospital. But the propensity to not be a government employee for a long time made him an independent practitioner.¹³

Journey and Triumph to Overiotomy Surgery

Dr. SP Sarbadhikari initially started his medical career as a physician, he was later honoured as a well-known surgeon throughout India and abroad. Suresh Prasad's surgery experience began with treating an incurable gynaecological or Overiotomy disease of a Brahmin girl, who had been rejected by Dr. C.H.Jubert, one of the renowned gynaecologists of this time.¹⁴ He refused to perform the surgery as it was presumed to be the cause of the death of the Brahmin girl. Suresh

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Prasad, a young man who has just graduated from medical college, is not more than 30 years old. Unaware of the rejection from Dr. Jubert, he did the surgery of Overiotomy on this Brahmin girl. He operated, and it was successful.¹⁵ After the successful operations, the 12th meeting of The Calcutta Medical Society was held on 14 December 1892 in the theatre hall of Calcutta Medical College Hospital. Here Dr. C. H. Joubert greets Suresh for his successful mastering of Overiotomy Surgery. Dr. Raye also congratulated on the successful outcome of the results of operation. He commented, 'It was gratifying to find him so early in his career undertaking such a severe operation.'¹⁶ Dr H Hart, a well-known British surgeon left his comment in this regard to SP Sarbadhikari that 'Yong man, we are not supposed to undertake these cases till we killed a hundred. But you have beaten us all.'¹⁷

In this same meeting of Calcutta Medical Society, Dr. Sarbadhikari highlighted some of his experience of Overiotomy Surgery and some essential aspects and symptoms of this disease on the same, through his presented paper named 'A case of Ovaro – Hysterectomy, and exhibited Microscopic section from the Cervix Uteri.' He informed that, 'A Hindu lady, age 25, came under treatment nine weeks ago. She has had four children. She had been well till about ten months ago when her troubles began, and her courses became very irregular. A constant watery discharge often tinged with blood, at first scanty, but gradually increasing and getting fetid, alternating with leucorrhoeal discharges, lasted almost throughout the month from period to period. After three months she began to experience severe shooting pain in the hypogastrium and in the loins, which often kept her awake at night. Extreme nausea and vomiting set in, and soon became distressing. The quantity of blood in the discharge rapidly increased and the discharge itself became very fetid. Her appetite fell of much, and she began to emaciate perceptibly. Miss Hamilton was consulted, who diagnosed the cancer of the OS and cervix, and performed the operation of erosion. It gave relief from the pain and nausea for about a month or so ; the haemorrhage also ceased for the same period. At the end of that time all her trouble returned, and she became much worse...Nine weeks ago she came under my treatment. I found the hypogastrium very tender, the os very much thickened, rigid and dense but quite movable...On 24 October the patient was put under chloroform... I removed the ovaries to save trouble in

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future, owing to a minute cyst which was found in the left one...patient made a rapid recovery from chloroform. The temperature was normal for the first seven days... the next day the temperature rose to 100°F...the rise of temperature lasted for five days, the highest temperature being 100.8°F. After this she made an uninterrupted recovery.’¹⁸

Predominantly, there are some significant arguments that Suresh used to present before society through his paper. According to Dr. SP Sarbadhikari _

‘To point out that a woman having developed cancer at the early age of 25, which is rather rare. To bring forward a case of extra peritoneal treatment of the stump with success, without a drainage tube in the pelvis. And I should like to know whether, even if a six or seven weeks’ pregnancy could be diagnosed, excision of cancerous womb would not be the right thing to do, seeing the risks which the mother would run if the pregnancy were to be allowed to go on to the full term.’¹⁹

Therefore, Dr. Sarbadhikari focuses on the development of Overiotomy surgery in Bengal. He has successfully discovered the reality that the women from rural and semi-urban Bengali families who could not afford this expensive treatment often died. At that time, Calcutta Medical College was the only trusted institution to treat Bengalis. However, due to the unavailability of several seats, it has not been possible to fill the shortage of doctors for the increased demand. Also, doctors were incapable of treating the vast number of patients by their scheduled time. On 18 October 1886, the Calcutta School of Medicine was established, an institution separate from the Calcutta Medical College under British rule.²⁰

In 1887, the Calcutta School of Medicine was renamed ‘The Calcutta Medical School.’ In 1889, a society was formed, and its registration was completed under Act VI of 1882. Dr. Lal Madhav Mukherjee was elected President, and Dr. R. G. Kar was elected Secretary of the Management Committee of Calcutta Medical Society. Students of this school attended Mayo Hospital for their training, which was established in 1874.²¹ In 1895, another private medical school named the ‘College of Physicians and Surgeons of Bengal’ was formed. Where the duration of the study was four years, and there were only 12 students. This school was an

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Institution with 14-bed indoor facilities. In 1897, the school was shifted to 228 Upper Circular Road, near Science College, Calcutta. With the help of eminent doctors like Nilratan Sarkar, Krishna Kumar Bagchi, Amulya Charan Basu, and Kali Krishna Bagchi, On 20 December 1916, the Calcutta School of Medicine and College of Physicians and Surgeons of Bengal were merged into a single entity and renamed Belgachhia Medical College which was inaugurated by the then Governor of Bengal Lord Carmichael and with its first batch of 48 students. The college was later incorporated into Albert Victor Hospital of Belgachia at Calcutta. Suresh continues to practice as a surgeon in this hospital without remuneration. He received much praise from the eminent British surgeon Sir Victor Horsley. Later on, the college was renamed 'Carmichael Medical College .' In 1918, a society named 'Medical Education Society of Bengal' was formed to manage the Medical institutions in Bengal better. Suresh Prasad was the institution's first president, Dr. Radha Gobinda Kar was the next and Nil Ratan Sarkar was the president in 1927.²² On 12 May 1948, after the demise of Dr. R. G. Kar (19 December 1918), Carmichael Medical College was renamed R. G. Kar Medical College and Hospital. This medical college still has a reputation in Calcutta.²³

At the First Indian Medical Congress held at St. Xavier's College, Calcutta, from 24 to 29 December 1894, Dr. Suresh Prasad Sarbadhikari gave a detailed account of the development of the Overiotomy performed in Bengal during the last quarter of the 19th century. The section of Obstetrics and Gynaecology of this congress was presidentship by Surg-major H Peers Dimmock, IMS Professor of midwifery of Grand Medical College and Obstetrics Physician of JJ Hospital. He also congratulated Dr. SP Sarbadhikari for his great success in Bengal on Overiotomy. In this congress, Dr. Sarbadhikari highlighted an overview of the gynecological development of surgery through his paper named 'Overiotomy In Bengal.' He explained in this paper that the first Overiotomy surgery in Bengal was performed by Brigade - Surgeon - Lieutenant Colonel Kennet McLeod.²⁴ He performed this operation in Jessore in 1868, though it was unsuccessful. 40 to 60 percent of the total operations during this period have failed.

The progress of the gynaecological field in Calcutta had driven by the head of the Department of Midwifery and Gynaecology at Calcutta Medical College, Dr. Charles. He

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performed a total of 10 surgeries, although all of which were unsuccessful. Dr. Sarbadhikari noted, 'Most of the cases died of shock from a few hours to three days after operation - some from septicaemia, while two died of secondary haemorrhage.' He was often heard to say that it was Dr. Charles's dream to perform one Overiotomy someday successfully. The General Hospital was blamed for this failure. To accomplish this crux, Dr. Harvey founded Eden Hospital in Calcutta.²⁵ In 1878 and 1789, Dr. Pilcher performed a successful operation at Howrah Hospital, and Dr. Cayley performed two surgeries under the spray at Mayo Hospital, one was unsuccessful, and the other had a tedious recovery. In the same year, Dr. Harvey performed his first successful operation in the same year at Calcutta Medical College Hospital. He exhaustively applied antiseptic and glass drain in performing his operation. In 1880 Dr. Cayley and Dr. Harvey performed Overiotomy at Mayo Hospital and Medical College Hospital, Calcutta. In 1883 Eden Hospital was inaugurated, and Dr. Harvey was in charge of this. From 1884 to 1888 total of 23 surgery had been operated. Among those, only 8 cases were unsuccessful although 15 cases had been recovered. From 1888 to 1894 Dr. C. H. Joubert played an immense role in uplifting the Overiotomy in Bengal. During the mentioned period total of 61 operations were done, and only 10 cases were unsuccessful, but the successful outcome was 51. Also, at this time, Surgeon Major Peck, Dr. Jameson, and Dr. Harold Brown deserve special mention in this regard. If we prepare a statistic for the last 26 years, we find 140 cases of Overiotomy in Bengal, of which 101 cases had recovered, and 39 cases were unsuccessful.²⁶

During this time, the gradual progress of Overiotomy surgery had observed. However, in this case, Dr. Sarbadhikari notified a couple of obstacles. First was that the hospital environment caused disrepute to women from lower and upper-middle-class families. The other one was the high cost of Overiotomy treatment in the private dispensary, which was difficult to bear for women from lower wages families. Due to this, the death rate of women affected by this disease was much higher. In this regard, Dr. Sarvadhikari, referring to the condition of a Hindu clerk, said that

' I have known a Hindu clark on Rs 40 – 50 a month offers to spend all the wife or daughter or a sister, suffering from uterine or ovarian tumour treated at

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home...the Bengalis and particularly the Bengali women of the class I have mentioned, is by instincts unable to leave home and family for a hospital in the hour of sickness and suffering...The patient remains at home practically unhealed till death relieves her of her suffering.’²⁷

Lady Dufferin Hospital played an essential role in keeping women in the hospital while maintaining their family’s traditional prejudice to maintain women’s health and hygiene.^{28,29} One of the crucial obstacles was the economic crisis. Suresh has drawn attention to the point that most families neglected to undergo this surgery at the private dispensary by spending more money as there is a high risk of death at the General Hospital. So most women patients by their families would deliberately keep them at home without treatment and wait for their death.³⁰ Only death could save a sick woman from her disease. Through his presented paper, we can get an analytical and factual explanation of Overiotomy surgery in Bengal, performed in his dispensary at Calcutta. Before the committee members, Dr. SP Sarbadhikari placed a detailed record of seven cases of Laparotomy done on females in private practice over two and half years. Among them are four successful cases of Overiotomy: abdominal hysterectomy for cancer, oophorectomy for herniation of the ovary through a nasty abdominal wound, intraocular abscess, and obstruction of bowels, where these all surgery not performed in a specific season or a super specialty surgery room. These are performed in ordinary native houses, in crowded localities in the northern part of Calcutta, Which was famous for unhygienic excellence. However, the results have been most encouraging for Dr. Sarbadhikari. In his first case, an abdominal hysterectomy had been performed in a cowshed four yards from the sick room. However, in this case, the patient healed her wounds aseptically in three weeks.

In the case of the fourth surgery, an unwanted instance occurs. The surgery had been performed on an emaciated woman with the dyspeptic disease. However, he began to recover more quickly than other patients. Her wound healed within the first seven days of the operation, and her stitches were removed on the eighth day. It seemed unnecessary for Suresh to observe the patient from the tenth day onwards in view of his recovery. The unfortunate event happened on the twelfth day when the patient was almost healed. On this day, a festive and lively program

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was started at home to celebrate the patient's recovery; the patient had not been excluded, and vomiting was seen after consuming a sweet. The patient died within eight hours. The symptoms of death from the patient's body were not of the surgery but cholera. So Suresh counted this surgery as a success. In his paper, Dr. SP Sarbadhikari explains his successful operations through a tabulation form. Below, It has tried to depict here as the same.³¹

No & Caste	Date of Surgery	Age	Length of Incision	Adhesions	Amount of liquids and solids	HT [#]	Duration of disease	Time Under Treatment
1.HF*	March 4 th 1893	39	5½ inches	Slight posterity, cyst multi-ocular.	30 pints of fluid	99° F	4 Years	27 Days
2. HF	August 5 th 1893	36	7½ inches	Old and firm adhesions with intestine low down in the pelvis, posteriorly cyst multi-ocular and dermoid.	28 pints of fluid.	100°4F	3 Years	23 Days
3. HF	Nov. 10 th 1893	47	4½ inches	None, cyst uni-ocular	Liquid 20 pints.	99° 2F	3½ Years	19 Days
4. HF	August 5 th 1893	35	5 inches	Many, and fibrous at the side and back, cyst multi-ocular	42pints of liquid.	98° 8F	5 Years	10 Days
1.HF*	March 4 th 1893	39	5½ inches	Slight posterity, cyst multi-ocular.	30 pints of fluid	99° F	4 Years	27 Days
2. HF	August 5 th 1893	36	7½ inches	Old and firm adhesions with intestine low down in the pelvis,	28 pints of fluid.	100°4F	3 Years	23 Days

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				posteriorly multi-ocular dermoid.	cyst and				
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*HF – Hindu Female

#HT – Highest Temperature

We can quickly analyse in-depth the proses of surgery performed by Dr. Suresh Prasad Sarbadhikari through his presented paper. In the last portion of this paper, he explained all the segments of surgical procedures. He explained the incision, and its length, regarding drainage and the dressing process. Finally, Dr. Sarbadhikari congratulated Dr. Nilratan Sarkar on a successful Ovariectomy Surgery in Bengal. At the same time, he challenged only the environmental and structural responsibility of the general hospital for Ovariectomy surgery and commented that.

‘ I entreat my countrymen whose tastes incline them this way to think seriously of the number of native women, who, under the present circumstances, are more or less debarred from receiving the benefit of European surgery, and to do what they can in relieving these cases. One of my objects in bringing the paper before you is to shew that ovariectomy can be performed in private houses of natives with just as much hope of success as in well-appointed special hospitals. ³²

Sir Victor Horsley, a famous British scientist, praised Suresh Prasad for his remarkable achievements in maternity surgery without any remuneration.

Suresh Prasad in different viewpoint

He was a house surgeon at Mayo Hospital for two years before becoming known as a pioneer of Ovariectomy surgery. In this way, he served the British Government for the first two years of his career.^{33,34} Later, he became an active member of the British Medical Association and served as Vice President of the First Indian Medical Congress held in 1894. He played a prominent role as a representative for India at the International Medical Congress held in London. Towards the end

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of his career, he served as a Senate Member of Calcutta University and Professor of Surgery at Carmichael Medical College.³⁵ Among all the works of his career, the two that deserve special mention are The Establishment of R. G. Kar Medical College and Hospital at Calcutta and The formation of Bengal Ambulance Corps during the First World War for treatment of armies who were fighting against Turkey at Mesopotamia.³⁶

With the support of eminent doctor Nilratan Sarkar, Kali Krishna Bagchi, and Amulya Charan Basu, Dr. S. P. Sarbadhikari established the College of Physicians and Surgeons of Bengal in Calcutta. Later on, the college got incorporated into the Albert Victor Hospital. Dr. S.P. Sarbadhikari continued his practice as a surgeon at this hospital without accepting any remuneration.^{37,38.}

Jyotindranath Mukherjee was one of the nationalists from Bengal. In a nearby village, the lives of the villagers were in crisis due to tiger attacks. Jyotindranath attacked the tiger with only a dagger. The villagers were chasing the tiger to bring it before Jyotindranath. So they blew conch shells and beat empty canisters and metal plates to lure tigers out of the bush. As soon as the tiger came out of the bush, Jyotindranath pounced on it. In addition, he placed his left hand on the tiger's neck and used his right hand to stab the tiger in the neck and head with a knife. Tiger and Jyotindranath were engaged in combat with one another. The hidden villagers discovered the tiger dead and Jatindranath unconscious with more than 300 wounds after spotting both of them lying on the ground. The likelihood of survival was unexpectedly high. However, Dr. Suresh Prasad Sarvadhikari was able to heal him since he saw it as a challenge. He would usually make two trips to his home to administer the injection and tend to his wounds. Jyotindranath used all of his inner power, and Dr. S.P. Sarvadhikari used all of his expertise to save him.³⁹ Finally, Jyotindranath made it through the ordeal and became known at the time as 'Bagha Jatin.'

Eventually, the Calcutta School of Medicine and College of Physicians and Surgeons of Bengal were merged into a single entity. They were named 'Bengal Medical College,' inaugurated by the then Governor of Bengal, Lord Carmichael. Therefore, after a gap in 1918, this college was renamed Carmichael Medical College. In the same year, the Medical Society of Bengal was established to manage medical institutions better. Dr. S. P. Sarbadhikari was the first

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president, and Dr. Radha Govinda Kar's first secretary was selected. On 12 March 1948, after the death of Dr. R. G. Kar, this college was again renamed R. G. Kar Medical College and Hospital.⁴⁰

As we already know, Suresh Prasad was physically frail. However, he never let his weakness stop him and instead devoted himself to organizational work and worked hard for the masses, often under dire circumstances. Dr. Bidhan Chandra Roy served as the first Chief Minister of independent Bengal from 1948 to 1962; he was associated with Dr. Neelratan Sarkar and Suresh Prasad Sarvadhikari during his medical studies. He first encountered Dr. S. P. Sarbadhikari during the First World War times. At this time, Suresh circulated a humble appeal to the youths of Bengal to join as a volunteer and go to Mesopotamia to treat the Bengali army with the English army fighting against Turkey. He collected several hundred Bengali youth's signatures to join as volunteers. Own expense, he sent a telegram to the director General of the Indian Medical Service at the cost of Rs.300, in which he wrote, 'As regards me, I am prepared to take up my job from sweeper upward.' However, unable to estimate the war casualties, the Director General replied, 'Were you standing on your head or heels when you suggested that the combined strength of the Indian Medical Services and the Royal Army Medical Corps would not be able to manage this little war.'⁴¹

Nevertheless, within a few months after starting the war, this same Director General again telegraphed Suresh and sought his help to cure the affected armies. By this, he proves the brave spirit of the Bengali youth on the one hand; on the other hand, he undermines the British government's preconceived notion of the Bengali youth's reluctance to fight. After receiving the help invitation from the Director General, Suresh formed the Bengal Ambulance Corps with Bengali youth willing to join as volunteers.⁴² For this work, Suresh Prasad was awarded the CIE title by the then His Excellency King George V of the British Empire on 25 September 1919.⁴³

Conclusion

In the 19th century, Calcutta's educated elite class was interested in constantly adapting to western society by clinging to modern western trends. In this tumultuous endeavour, they

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thought that if they could not consider themselves homogenous with the western model of characteristics, then western delegated members would draw a big question mark on their acceptability. So the educated middle class had always agreed to mould themselves into a preconceived notion of society. Western medicine and the licentry doctor were identified as the western model of the elite. After the introduction of western medical science, the general surgeon was established as a prestigious position in Bengal and India. So at that time, the positive response was not available in treating Ineffable diseases of women in the 19th century. British doctors were initially reluctant to treat Indian women because, at this time, British doctors faced the biggest hurdle in treating Indian women: Impenetrable Zenana practice.⁴⁷ James Mill thinks that Hindus are backward, reason for being uncivilized and unable to be the brown-skinned Englishmen was the Inaccessibility of their treatment of women.⁴⁸ But, breaking away from this traditional notion, Dr. Suresh Prasad Sarbadhikari has chosen the duty of an obstetrician-gynaecologist to treat the deadly disease of women; Overiotomy. Dr. Bidhan Chandra commented in this context, 'It required a great deal of courage to be able to do so, particularly in the nineteenth of the last century.' He also expressed that Dr. Suresh Prasad Sarbadhikari 'Such was the men who never swerved from the path of duty. Who never relaxed his efforts in achieving what he had put his heart to.'⁴⁹

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