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**Introduction and Family Background:**

I was born on 29<sup>th</sup> Dec 1943 to Dr. Jacob and Accama Chandy in the then British protectorate of Bahrain Islands. My father was working as an Assistant to Dr. Paul W. Harrison, a close friend and classmate of Dr. Harvey Cushing who had, by then, established Neurosurgery as a separate speciality. We returned to India in the summer of 1944 by boat in the thick of the War to my father's home town in Kottayam. My grandfather was then the Principal of a Theological College. My father had initially travelled to the American west coast by troop ship, zigzagging all the way, avoiding German U boats. The next five years in Kottayam was difficult. Overseas letters were rare but finally we received news that dad would be returning after completion of his training.



*With Father and Son*

**Schooling:**

I vividly remember dad returning home in a hand-drawn rickshaw wearing a checked Jacket in the summer of 1949. After visits to the extended family and other social functions, we went by steam train from Shornur in the then Travancore Cochin State to Katpadi near Vellore. We lived in the sprawling Medical College Campus in Bagayam in a duplex stone building and our neighbor was Dr Paul Brand of Leprosy and Hand Surgery fame. Since there was no English medium school in Vellore I was tutored at home and

learnt to speak English from my playmate Christopher Brand. After six months I was admitted to the Bishop Cotton School, Bangalore as a day scholar, living with friends as a paying guest. After about three years I was moved to the Madras Christian College High School where I spent the next six years as a boarder. I saw my dad sporadically during my school days. When I was in the last year of school, in 1959, he had single-handedly set up a multidisciplinary department of Neurosciences and the first Masters candidate was already in training.

My six years at school was enjoyable with many extracurricular activities including Music. My scholastic performance was just 'above average'. Pre University was at Loyola College and after a year, I joined the Christian Medical College in 1960. My father was by then Deputy Director of CMC. I did not do well in the first two years but, Medicine fascinated me and I got the gold medal in General Medicine and the Neurology prize. The dissertation for the Neurology prize was on Autonomic Pain.

My father by then was Principal of the College. I secured the 7<sup>th</sup> position in the MBBS final exam in the University and started my internship on a salary of one hundred rupees a month. Internship was extremely busy and I was very happy and thoroughly enjoyed it. During the internship posting in Surgery Unit 3 under Dr. L.B.M. Joseph, I developed an interest in surgery and I did not look back after that.



*In College*

After completion of internship my father gifted me a tour of the USA for four weeks. This took away the mad desire to fly away to the USA. The American Hospitals were even paying for travel at that time! As I had been selected as a sponsored candidate I had to work in a small Mission Hospital in Kanakkari on the Kottayam Kochi highway. After a year I decided that speciality practice in a Teaching Hospital was preferable to being a successful General Practitioner in a small Mission Hospital. The second year of my scholarship obligation was spent in the Anatomy Department as Instructor in Anatomy. My father was Principal and Head of Neurological Sciences and I knew he was having difficulty with the then Director of CMC, an Englishman on matters of Institutional policy.

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On May 12<sup>th</sup> 1969, I got married in the traditional style in Kottayam. Sushie, officially Elizabeth, came to live with me at my father's staff quarters in CMC. I was nearing completion of the year as instructor in Anatomy. In the meantime, I applied for General Surgery in Madras and joined MMC first Unit for post graduation under Prof. Atma Rama Rao in July 1969. My father retired from the CMC in January 1970 and moved to his home town in Kottayam I passed the MS (Gen. Surgery) exams in September of 1971. In Jan. 1972, I joined CMC for training in neurosurgery. I had been selected for neurosurgery residency at the Montreal Neurological Institute in 1969. My father knew about this. One day he casually mentioned that if I went abroad for neurosurgical training, it would not be helpful for his training programme in India. I dropped the Montreal plan and decided to train in India.

The training program in Vellore was for 24 months during which time I saw neither night or day, sun, wind or rain! The working hours was over eighteen hours a day punctuated by periods of time with Professors Abraham, Mathai and Taori, all close associates of my father. However, no quarter was given and no quarter was asked. My wife threatened to put up a signboard in front of our house "Boarding and Lodging". I hardly saw my daughter Anju during this period.



*With Wife and Children*

Training was intense and severe on both body and mind. Clinical examination and diagnosis took pride of place followed by pneumoencephalograms, ventriculograms and carotid stick angiography. Investigative procedures were long and arduous for both patient and doctor. They were invasive and occasionally life threatening. Choosing the correct investigation was a skill I learnt over a period of time. Elective surgery started in two theaters at eight in the morning followed by emergencies every night There was no navigation, drills, microscope, head clamps and most often only monopolar coagulation. The brain was angry and fearful at times but usually dancing, bathed in clear CSF. I was very fortunate to

be trained by two master neurosurgeons, Prof. Mathai, Surgical Neurologist and Prof. Jacob Abraham, Surgeon Scientist. The two master teachers had differing techniques and contrasting styles, nevertheless, trained by the same person, my father, Prof. Jacob Chandy.

Saturday mornings started with brain cutting post mortem sessions followed by radiology, interspersed with basic science lectures taken by one of the registrars. There were no didactic lectures in neurosurgery and we were the neuroradiologists of the time. By January of 1974, the training period was over and silence descended into our lives and we were given time off to prepare for the examinations. Incidentally, the first text book of Neurosurgery, Youmans 3 Volumes came to our library that month. The library of books brought by father from Montreal faded into the Archives. On the evening of the second day of my examination conducted by Professors Ramamurthi, Dayananda Rao, Natarajan and Mathai, my colleague S.K. Ramachandran Nair and I were informed that we had passed. We were now qualified but I realized that a long, difficult and winding road lay ahead. I first called my wife to congratulate her for her immense patience and then called Kottayam. I knew my father was waiting for my call.

It was the normal practice in those days to continue working in your training hospital to gain more exposure and experience in ones work. Two days after my results were announced I joined the Christian Medical College as Lecturer in Neurosurgery in April 1974. I was posted to work under Prof. Jacob Abraham who gave me a free hand and I started enjoying my work. It was during this period that I was enamored by the stereotactic work at the Institute of Neurology in Madras and was wondering if I should spend some time there with Prof. Ramamurthi and Prof. Kalyanaraman. I discussed this with my father when I went home for a holiday when, he in his assertive style said that any procedure which destroys brain will not last, go and learn how to preserve brain. Learn to use the operating microscope!

It is interesting to note that before father retired, he attended a conference in the US in 1968 when he heard Dr. Donague speak on the management of spinal tumors with the operating microscope. He immediately ordered for a microscope for his Department (Zieus OPMI 1). Sometime at the end 1974, I wheeled in the microscope into the theater for a lumbar

neurofibroma and what struck me was the ebb and flow of CSF and the sheer beauty of neural tissue under illumination and magnification. I closed the dura under magnification and literally ran to tell Prof Abraham what I did. “Ahhh” he said, so that’s why the third case got cancelled!! It was thought at that time that microscopic surgery was time consuming and therefore not appropriate.

By the middle of 1975 I started getting restless, a year had passed and there was no chance in sight for a study leave opportunity abroad. We were expecting our second child and the salary of six hundred rupees a month did not help. Two contrasting opportunities suddenly sprung up from nowhere. One was a scholarship to train with Prof. Christian Kristianson in Norway for two years where I had to be alone and couldn’t take the family and the other was a Government of India deputation to Iran to help in their Medical services. There comes a fork in road and which path will you take? I didn’t ask my father about this one. Kristianson was his friend and colleague in Montreal and I knew what he would say. I chose Iran, new country, new language, new culture, ancient civilization and importantly some money at last!

In September of 1975, I resigned from CMC Vellore and left for Iran, leaving my wife at her home in Trivandrum. There was a team from India from all specialties and the Iranaians welcomed us and we started off at the Olympic Village in Tehran for briefing and language classes. I was posted in the North Eastern city of Tabriz close to Baku in the USSR. We became Tabrizi. Suddenly, I was alone with no support systems. I spent about a year and a half setting up a provincial head injury program. My wife and Anju joined us and we had a smashing time dancing, partying and enjoying the music and Persian poetry not to mention the Iranian Vodka, which was famous. After a dinner party the guests would settle down for poetry reading and all would go “Wah Wah”. The food was out of this world starting with Tabrizi Kofta and we decided that this was the heaven we were looking for! My wife returned to India and we had our second daughter Tina in October of 1975.

Most of the Deans of medical schools and neurosurgery program Directors in the United states look for young men and women with diverse experience outside biological sciences. In India this is unheard of but the point is that this can be done after qualifications also. Looking back, the

Iran experience overall was fantastic and gave me a lot of energy for my future work. After a year and a half in Tabriz we moved to Gorgan on the Caspian coast. Life was exciting and just as we were considering staying on, a few stray incidents of political opposition and unrest in July of 1978 made us change our plans. We left Iran in early December of 1978 a few weeks before the arrival of Ayatullah Khomeini and the exit of Shah Reza Pahlavi.

The return from Iran should be a chapter in itself. We arrived at our family home to a big welcome in Kottayam and just as I was wondering what to do I received an invitation from the Montreal Neurological Hospital (MNH) to join as the first Penfield Fellow in Neurosurgery. I joined MNH in January 1979 and was posted under Prof. Theodore Rasmussen, the renowned Epilepsy Surgeon of Rasmussen's encephalitis fame. I realized that the workup and investigations for those patients scheduled for epilepsy surgery was so exhaustive that I would find it difficult to replicate this in Vellore and so I requested TR to transfer me to Prof. Gilles Bertrand who was doing microsurgery of the cervical and lumbar discs, brain tumors, pituitary tumors, and aneurysms I found my niche! I enjoyed learning the microsurgical anatomy of the Brain which I knew I could easily import and transfer to Vellore and to India.

Soon, the second fork in the road was upon me! I was offered a residency position to do the Canadian Fellowship after two years, followed by opportunity to settle and work in Canada. As I was wrestling with this offer, one day, I got a letter from my father who was in Vellore. The letter said he had carcinoma prostate with secondaries in the groin and that there was nothing to worry. This news was a body blow and changed everything. It changed my Canada plans and I decided to come back and work somewhere close to home. "All things happen for the good"? I visited the All India Institute, New Delhi, Chitra Institute in Trivandrum and finally decided to rejoin my Alma mater Christian Medical College in April of 1980.

Return to CMC, Vellore in 1980 was fortuitous. It happened as an act of destiny or of God's will. My father's illness brought me back from Montreal to Vellore little realizing the tremendous opportunities that lay before me. The years 1980–1990 was spent with Dr. Jacob Abraham with whose encouragement, I could learn, develop and teach microsurgery of

the brain and spinal cord that I learned at Montreal. Several techniques seen and learnt in Montreal were transferred to Vellore. These included surgery of Spinal Cord AVM's, intramedullary tumours and various approaches to deep seated tumors of the brain and transphenoidal pituitary surgery. I became Professor and Head of Neurosurgical Unit I on retirement of Dr. K.V. Mathai in 1986 and had a short stint in the U K to study cerebrovascular surgery before this.

Dr. Marcus Devanandan was kind enough to lend me his operating microscope with its camera to capture amazing pictures of the Microsurgical Anatomy for presentation at conferences and meetings. Anterior approaches to the spine, discectomy, median corpectomy and odontoidectomy were also started at this time. From 1990 the focus of my work changed after taking over the Headship of the Department on retirement of Prof. Jacob Abraham. Heading a Department entails awesome responsibilities. There was tremendous breakthrough in technology at that time. I decided to focus on several areas of development and knew that I had to choose and nurture junior staff to take on each of these responsibilities and develop them on their own. One has to delegate responsibility knowing that eventually one may not get direct recognition. Delegation of responsibility to the correct people eventually results in a multiplier effect for the Department elevating it to the next level.

Intraoperative Monitoring was such an area and Dr. Srinivas Babu, a pure Neuro physiologist, was encouraged to take up this additional responsibility. He did extremely well in developing this sub specialty and I am looking forward to his comprehensive text book on Intra Operating Monitoring. This, of course was in addition to his research activities and Doctorate training program. CMC has one of the best intraoperative monitoring programs.

After a visit to Pittsburgh for training in Skull Base Surgery, I realized that further progress in this area will not be possible without a strong dedicated Intensive Care Unit and also a dedicated Neuro Rehabilitation Unit. The usual way forward would have been to find an Anaesthetist or Internal Medicine Specialist to develop this area. However, I encouraged Dr. Mathew Joseph who reluctantly agreed and with his hard work and administrative skills started his Unit of Intensive Care and Traumatology, which is now recognized as a frontrunner in the country.

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In 1986, before Prof. Dr. Mathai retired he had been able to obtain a grant for a CUSA Carbon dioxide Laser and a BRW frame. We started using the CUSA and the Carbon dioxide Laser, however the BRW frame was in cold storage. When I visited the US, I persuaded my friends through the kind intervention of Dr. Schwartz, who knew my father well, to demonstrate the use of the BRW frame. On my return to Vellore together with Dr. Rajshekar, we did our first CT guided Stereotaxic Biopsy, sent the tissue to Dr. Sushil Chandi, who smeared the tissue and made a diagnosis of high grade Glioma, thereby starting Image guided Stereotactic surgery in India, and so also smear diagnosis of tissue.

I delegated Dr. Rajshekar to move Stereotaxy forward and he did an admirable job focusing on this area, which resulted in doing a large numbers of patients under local anesthesia in the Radiology block where I managed to get a room dedicated for Stereotactic Biopsy. There were a large number of publications on the use of Stereotaxy both for Biopsy and treatment. The use of the frame for Stereotactic Craniotomy for lesions in eloquent areas was also started.

Neuropathology in C.M.C was established in the Dept. of General Pathology by Dr. Sushil M. Chandi (No relation of mine), who had his training in Montreal and who came back to Vellore in 1977-78, after training under Prof. Dr. Matheison. From then on, all specimens from neurology and neurosurgery went to him for diagnosis. A successor to Dr. Chandi was required, I decided to encourage Dr. Geeta Chacko who had completed MD Pathology to go into Neuro Pathology. She then started the Department of Neuro Pathology, under Neurological Sciences but located in the Pathology block. I gave her ten years to become one of the leading Neuro Pathologists in India with a Doctorate Training Program. With hard and focused work Neuropathology was able to develop tremendously under her leadership without being under the shackles of General Pathology. The clinical output and explosion of knowledge in the field were been fully utilized and my wish came true.

CMC began to flirt with computerization in 1990. The Labs and clinical areas were all running on Hard copies. My colleague Dr. Philip Korula, Prof. of Plastic Surgery was experimenting and putting into place a CHIPS (Computerized Hospital Information Patient System) into CMC.

I suggested to him that the Neuro Department could be a Pilot project for this new system and after gentle persuasion managed to have the Administration, second a fresh IT professional to our Department to start Computerization. Mr. Ebenezer Sunder Raj then started the first LAN system for our Department which was later adapted to the whole hospital. All the neuro residents became experts with the LAN system which has since revolutionized Medical Records and documentation all over the country.

There were a large number of young patients coming to CMC with a few attacks of seizures, whose CT scan showed a solitary small lesion in the brain and going by the publications available at that time were considered to be a micro tuberculoma. One day while I was talking to Dr. Subhashini Prabhakar in her office about these Micro Tuberculomas, she suggested that biopsy was a necessity. Since we had started using the BRW frame for Biopsy, we decided to do a biopsy on a small series of patients. The biopsy result turned out to be “Focal Encephalitis” with no definite evidence of Tuberculosis. We then decided that a Stereotactic Craniotomy was necessary to remove the lesion. This was done by Dr. Shanker Gopinath and to our amazement it turned out to be Cysticercosis! This was published and we showed that these lesions, in the clinical setting was indeed *Cysticercus granuloma* and not Tuberculoma.

After a few months, Dr. Rajshekar returned from the U.S after his study leave and Dr. Jacob Abraham and I decided to request Dr. Rajshekar to continue to work on “Solitary Cysticercosis”. Ever since, Dr. Rajshekar has continued to work on this subject to elucidate the diagnostic and management protocols. He added epidemiological data to this study. The advances in focused radiation in the West with the advent of frame based stereotaxy made me have a series of discussions with the then administration in CMC who were in the process of getting a Leksell radiation equipment. We negotiated the software from Radionics Inc. and set up an X Knife unit for both Radiosurgery and Stereotactic Radiotherapy. We sent Dr. Rajshekar for training in this modality and X Knife treatment was started successfully. In a similar manner, areas of special interest were given to the juniors for study and development. The question remains, should I be a generalist or become a specialist? Looking at history the answer is obvious.

My unfinished task during my headship was in Neuroradiology, Neuro Anaesthetics and Neuro rehabilitation. However by this time I had a total of over 250 publications and a host of Memberships and Fellowships including the Fellowship of the National Academy of Medical Sciences and the Sangam Lal Medal for Surgeons. During this period I became the Hon. Secretary of the NSI and the Trustee and Secretary of the CMC Council and later the President of the NSI. My father, in the meantime, had turned ninety and parents were beginning to feel insecure as my brother and sister were overseas. I felt they needed me and so I moved to Vaikom, close to Kottayam, as Chief Neurosurgeon and Director of Medical Services in January of 2001. In early 2002, my second daughter was married in Kottayam. My son and wife continued to live in Vellore for his schooling.

These years were difficult for me working in the Marxist heartland but I could spend quality time with my parents at weekends. This gave them a great deal of security and comfort. I came back to Vellore every month and thus spent over four years in Vaikom doing general Neurosurgery. I was able to develop the Brain and Spine Center in Vaikom where patients came from all over Kerala and most of all give comfort and security to my parents in the evening of their lives.

It was on a holiday to Muscat that I met my old friend Dr. Pawar who had recently joined the Apollo group and had been appointed as the first Director Medical Services in the new hospital in Dhaka, Bangladesh. He invited me to start Neurosurgery and set up the Department of Neurosurgery. This was again a fork in the road. In the meantime, my son completed school and had got admission in the Christian Medical College. My wife resigned from CMC from her job as Chief Technologist in Electrophysiology and we moved to Dhaka in 2005. I was now 61 years old and little did I know that both of us were about to start our second careers in a Corporate Hospital. We finally gained some financial stability we never dreamt of. We decided to eventually settle down in Vellore for obvious reasons and grappled with the changes that we faced in Dhaka.

Work in a Corporate Hospital is challenging, in that, apart from the patients, their problems, the pathology and anatomy of the brain and spinal cord, most other matters are different. We gradually settled down in the new environment, reminding ourselves to be ethical, disciplined and consistent. Money should only be considered as a by-product of one's

conscience and empathy for patients. We came to Dhaka for a year and now even after completion of twelve years we enjoy our work. My parents in the meantime passed away and our home town Kottayam and our family home went into oblivion. My son did Diploma and MD in Anesthesia! I was initially astounded, but gradually realized he has his own mind



*Grandchildren with their Parents*

and good for him for that! He got married to Arunima who finished MD in psychiatry and they are both planning to work in CMC for the time being. Our daughter Anju is a Consultant Radiologist and her husband Santosh is a Consultant Neurosurgeon and they both work in Adelaide and have two children Tara who is in school and Adil who is doing Medicine. Tina is married to Vijay who is a Consultant Endodontist. Tina manages his private practice in Melbourne. God has been Merciful to us in spite of our frailties. We have several future plans and aspirations but we take every day on its own merit hoping for good health and God's Grace.

### **Addendum:**

*A trainee's view of his mentor – contributed by Dr. Ari George Chacko, postgraduate student from 1988 to 1993 at CMC Vellore. He worked with Dr. Mathew J. Chandy till the latter's retirement in 2001. Currently, Dr. Ari is Professor of Neurosurgery and Head Neurosurgery Unit 1 at CMC, Vellore*

I first met Dr. Mathew J. Chandy (MJC) in 1988 when I requested an interview with him in connection with working as a junior doctor in Neurosurgery. Although I knew of him as an undergraduate student, when he had taken a few classes for us, I had not formed an impression of him. I had barely sat down when he looked at me impassively and asked, "Do you smoke?". I had just stubbed a cigarette out in front of his office and the odour of smoke was obviously around me – there was no point in bluffing. I said that I did. "Smoking and neurosurgery do not go together". Over the next 3 decades I would hear many such dictums and questions

from my mentor, some related to neurosurgery and others related to life in general.

“You are going to operate on the patient, not on the MRI”. Dr. Mathew Chandy did ward rounds every morning at 0800 hrs beginning in the Neurosurgery ICU. His rounds were efficient, a combination of patient care and teaching. The emphasis on analyzing symptomatology and clinical findings and then deciding upon surgery based on this analysis superseded any findings on the MRI. We learned very quickly from him, how to look for postoperative complications and the importance of reassuring anxious patients. In my practice now, I realize how important these components of patient care are with reference to patient outcomes and satisfaction. The night before surgery is not the time to enumerate all the deathly complications that might be expected.

“What is the temperature of the operating room?”...Dr Mathew Chandy loves neurosurgery and operating. He is in his elements in the operation room. To keep the nurses, technicians and anesthetists alert and active he would constantly throw out such questions. Although the Department of Neurosurgery at Christian Medical College, Vellore acquired an operating microscope in the early 1970s, it was MJC who put it to regular use and introduced microneurosurgery into the department. His techniques were perfect – neat, quick, safe and effective. As a first year resident, I remember him taking a video session in the conference room that captured my imagination – he showed us Gardner’s procedure for Chiari I malformation – a procedure that has been discontinued since. Documentation through photographs and videos were his forte and I believe that he constantly improved on his techniques by watching his own videos. As residents we learned microneurosurgery on the job as 1<sup>st</sup> or 2<sup>nd</sup> assistants watching him closely. He would reprimand us quite strongly if we took our eyes off the operative field while accepting an instrument from the nurse. Helping ourselves to instruments from the nurses table would prompt a sarcastic remark – “Your nurse will never learn to assist you with microsurgery”. The nurse was to place the instrument perfectly in the surgeon’s hand ready to use without any adjustments – or “fiddling” as he called it. New nurses would tentatively wave an instrument in the vicinity of the surgeon’s hand expecting him to reach out and take it. “I do not have eyes at the tips of my fingers”, he would yell out sharply.

Dr. Mathew Chandy was constantly looking for ways to improve surgical techniques and wanted to learn new techniques right until he retired from Vellore. Many of us are comfortable with what we do and rarely venture into the unknown. In the early 1980s, he introduced microscopic transsphenoidal pituitary surgery at Vellore, having spent time watching Jules Hardy in Montreal, Canada. Jules Hardy is credited to be the first neurosurgeon to use the microscope for this procedure in 1965 and repopularized it in North America after it fell into disuse in 1929 when Harvey Cushing was unhappy with it. We were thus very fortunate at Vellore to have learned the technique literally from the horse's mouth. The other surgeries pioneered by MJC at Vellore, consequent to familiarity with the microscope, were anterior cervical discectomies, the supracerebellar-infratentorial and the occipital-transtentorial approaches to the posterior 3<sup>rd</sup> ventricle and radical excision of intramedullary tumors with excellent outcomes.

“Residents are like potted plants. Some require shade and less water, others need more sunshine”. He was a mean judge of character and would quickly assess the personality and skills of residents and junior consultants. Some required tough handling, others a more gentle approach. In general, his attitude leaned towards extracting the best out of an individual – a rare quality in mentors.

In a high volume center, complications are inevitable with complex surgeries. As a senior-resident I was posted as the primary surgeon on a case of cervical spondylotic myelopathy for which the plan was to do a cervical laminectomy in the sitting position. The patient was quadriplegic postoperatively and I was devastated. After hearing my presentation the next morning in the ICU, MJC turned away and went to the next bed without uttering a word. We continued the rounds and 5 patients down the line he turned to me and said, “Ari, there are two ways of dealing with this complication. One – run in the other direction and ignore it. Two – spend time with the patient, get close to him and follow his progress closely”. He did not ban me from the operating room, on the contrary he posted me on a similar case the next day – it is vital not to destroy the confidence of junior doctors.

“You owe me a manuscript”, MJC told me over the phone. He had asked me to search our database for incidentally detected pituitary adenomas

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several weeks earlier and was following up on my progress. The culture and discipline of publishing in peer-reviewed journals was drilled into us by MJC – and he was continually thinking of interesting things to research or write about. “You’ll get hooked when you see your name in print”.

“How many patients do you think you will cure in your lifetime?” MJC asked me unexpectedly one day on rounds when I was a junior consultant. “About 10,000?”, I whispered tentatively, having no clue. He laughed. I subsequently learned that 20 years previously, Dr. Jacob Abraham, MJC’s mentor, had asked him the same question and when MJC gave a number similar to mine Jacob Abraham scornfully told him, “You’ll be lucky if you cure 400 patients in your lifetime”. As neurosurgeons, we strut around believing that we are God’s gift to the human race – have we made any difference to the outcomes in high grade gliomas and severe traumatic brain injury? On the contrary, our Community Health colleagues can cure entire villages from malaria and malnutrition.

Dr. Mathew Chandy and I have kept in touch ever since he left CMC Vellore in 2001 and I still learn from him – he is still my mentor. A few months ago we were discussing the fear I sometimes feel rising within me while I am operating on particularly vascular tumors – was it something I should be concerned about or was this alright? He looked at me solemnly, “Jim Corbett in his book *Maneaters of Kumaon* said that he never lost his fear of the tiger”. ■