

Train to trichur: An ode to the smile maker

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Abstract

Dr. Hirji S. Adenwalla was a missionary surgeon and the pioneer in cleft surgery in India. He was the medical director of the smile train here. Starting his career in a small hospital and bringing it up to the level of a medical college, teaching and enlightening thousands of surgeons in innovative methods of surgery and touching the lives of thousands of patients with affection and giving them a life of dignity.

This article traces his life as seen through the eyes of one of his fondest disciples. The wonderful moments I spent with him learning surgery and philosophy is an invaluable part of my life. Trichur for me became a spot of pilgrimage where this angel carried forth the work of the almighty.

He was a model of kindness, dedication, and consistency, and his legacy will live on forever through his thousands of students and the tens of thousands of smiles he left behind.

Keywords: Trichur, Cleft lip and palate, Charles Pinto, Adenwalla, Persia, Parsi, Cleft Craft, APSI, Jubilee Mission Hospital, Meher baba, Simavi, Rotary International.

Introduction

One of the last long journeys I undertook by train was to Trichur (Thrissur). As the train entered Kerala, I could feel the difference in the welcoming landscape, giving me a feeling of euphoria which overcame my anxiety at this first visit to my future teacher, mentor and guide. I reached the cultural capital of Kerala in the wee hours of the morning. I vividly remember taking an auto to Jubilee Mission Hospital and reaching the reception. On enquiring about Dr. Adenwalla, I was asked to wait. At about 7 O'clock someone came for me and took me to a bungalow right across the hospital.

This was the bungalow in which Dr. Hirji S. Adenwalla had lived since 1959. A typical house of the region, the interiors were immaculately neat, with all things prim and proper. I was transported into the past, surrounded by many antiques including a lazy chair with Parsi figures carved in the wood. This was the chair which Dr. Adenwalla used often in the evening in the patio with a tortoise coil lit under it for the mosquitos!

Born on June 5, 1930, at Ahmednagar, Maharashtra, he completed his professional education in Mumbai, completing his masters in surgery by 1955 from Seth Gordhandas Sunderdas Medical College and KEM Hospital. He was a senior registrar at the Bai Jerbai Wadia Hospital (His father was the Dean of this hospital) where he trained in Paediatric surgery under the tutelage of doctors like Arthur de Sa, Katrak, and Rustom Irani and in plastic surgery from Charles Pinto. Dr. Pinto's work kindled in him a lifelong passion for the treatment of cleft lip and palate.

Dr. Adenwalla gave me a warm welcome and asked me about my trip. Mrs. Gulnar Adenwalla floated in asking us to come to the breakfast table. The warmth which I received instantly created a bond for life. I remember taking very conservative helpings which at once stirred Mrs. Adenwalla to personally serve me saying, "Baba if you don't eat, how will you work?" Dr. Adenwalla asked me about my

arrangements for stay at which again Mrs. Adenwalla ordered, "He will stay here, of course". That was that and over the years it remained the same. On one of my visits, they had to urgently go somewhere and I was ordered to stay put at the house with their housekeeper (Wilson) instructed to take care of me. On this particular visit, with free time on my hands, I took the opportunity to explore Trichur and also visit the nearby Guruvayur temple.



Pic. 1: An old picture of Jubilee mission hospital



Fig. 2: Dr.HSA examining patients in the old hospital

Jubilee Mission Medical College (established in 2003) was a small 20 bedded dispensary in the sixties. Dr. Adenwalla landed here bowing to peer pressure though he was himself keen to join Dr. Albert Schweitzer as a missionary in Africa. Through his dynamic all-round surgical mettle, he developed this center into a major hospital, catering especially to the poor masses. For the last 40 years of his life, Dr. Adenwalla restricted his work to the wholesome treatment of cleft lip and palate.

I had the good fortune to train in micro-surgery under Dr. Rajeev B. Ahuja at LNJP, New Delhi, who has been my guide since then. He suggested that I apply for a fellowship in Trauma. I applied for and was awarded the IX IPRAS travelling fellowship of APSI. My co awardee, Dr. Prabhat Srivastava suggested we visit Ganga Hospital in Coimbatore for this training. At Ganga Hospital (the old hospital in swanambika layout) we were one of the first trainees of the hard-task master Dr. S. Raja Sabhapathy. Dr. SRS did not allow us a minute of rest, drilling us with his experience and expertise of years and creaming it off with some very wise maxims from time to time. The only relaxation we had was when he took us out to dinner with his family, a great honour indeed. I was surprised when one day he suggested we go to a workshop on cleft surgery being conducted in another hospital. We sat in the auditorium watching surgeries done by Charles Bradley from Chicago and Dr. Adenwalla. I was so impressed that I walked up to Dr. Adenwalla and touched his feet. His aura attracted me so much that I requested permission to visit him at his center in Trichur. I really don't know how to thank SRS for the support and guidance he has given me throughout my career and not just for this introduction.

Dr. Adenwalla used to wear a white cotton half shirt and shorts all the time (except on formal occasions, when he was the impeccably attired gentleman). On the very first day he "requested" me to assist him with the cases he was about to operate. He was a follower of the old school, performing everything step to perfection. He would put eye ointment and suture the eyelids together before making the first incision! I learnt why we have springs on the "Dingmans" mouth gag!

He used catgut lengths for the palate repair with lane needles (slit eye) by fixing them in the mouth gag spring (carrier). After placing all the sutures, he would start tying them one after the other. I also discovered later that he was thrilled to have trainees and observers and would keep asking them for their inputs. Only a master can appreciate new thoughts and keep incorporating the good ones in his armamentarium.

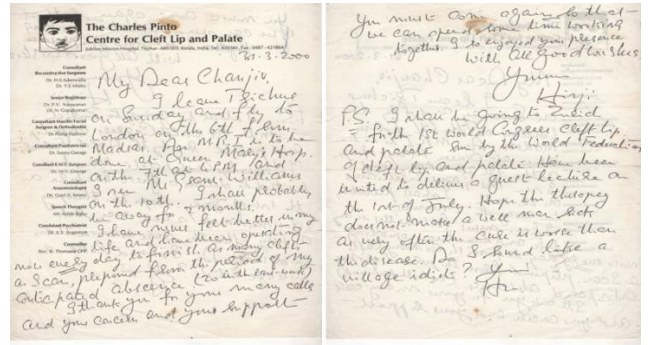


Fig. 3 and 4: One of the letters from Dad

He was passionate about the palate. His extensive mobilisation of the nasal layer with utmost ease to bring together even the widest of cleft palates was magical. He used to say that one day every surgeon meets his Waterloo palate but he was still waiting for one. The uvula, according to him, was an enigma within an enigma, referring to the doubts regarding its functional role in the speech. He felt that adequate importance had never been given to the uvula. He devised his own original technique of uvula repair and coached me till I was his shadow. His maxim was that the tissues as well as the surgeon should be tension free.

He was particularly fond of some instruments. One such instrument was called as simply known as "the gadget", after his seniors. It was the first instrument I acquired on my return! In fact, I discarded most of the other raspatories after I went for this one. Another instrument which he had managed to break and was not able to replace was the "Rhabadoir". On one of my later trips to Paris he requested me to look for it with an old family of instrument makers who used to make it. Following his instructions, I followed the Sienne from the Notre Dame to the book market and onward to the street across leading to a narrow side lane, only to learn that this family had also closed shop.

During the rounds he discussed the intricacies of cleft craft with us while seeing his patients and their relatives. He was fondly called the "Saheb-Doctor" by the patients and their relatives in view of his appearance, affection and love towards the patients. The rounds also gave me an opportunity to be introduced to the staff and doctors. One of his friends was Dr. Mistry who was a regular to run into. He would speak with respect for all his teachers and extolled their virtues at every opportunity. His kindergarten friend was the famous laproscopic surgeon Dr. TE Udwardia (Padam Bhushan) whom he referred to as Thempton.



Pic 5: With Dr.Charles Pinto, his mentor



Pic 6: Bedside help

As the Founder President of the Indian Society of Cleft Lip, Palate and Craniofacial Anomalies, he, along with his like-minded friends like Suresh Tambewekar (I had the opportunity to work with him in Bombay Hospital. He was kind enough to give me the actual proceeding of the famous 1954 Munich cleft meeting), was instrumental in bringing together all the different specialties involved in cleft care under one umbrella. It was for the first time that I worked with a “Latham device” in the maxillo facial department in Trichur (thanks to Dr.Phillip Mathew). All the specialties worked hand in hand under Dr.Adenwalla’s guidance to deliver the optimal results in the Charles Pinto Center.

After the hospital there was a round of tea in the house (in the verandah or the lawn). This was followed by a walk, mostly in the stadium. Tired after my day long sojourn, I was taken aback how he could almost run in his walk making it difficult for me to keep pace. In spite of suffering from a serious ailment (Please excuse me the privacy of not sharing his personal health information). This was also the time of humanitarian and divine instruction. I gathered what was showered upon me and have stored it all carefully and delicately in a special part of my heart. It was during these interactions that he started calling me “son”. The first time he did so sent a thrill to my heart. I reciprocated by addressing him as “dad”. Once we had an argument on the APSI yahoo group about the benefits and problems of “the smile train”. Surajit Bhattacharya, who was the editor of IJPS at that time, wrote that in this case he could not intervene between the

father and the son and the powers that be! This ability to have a healthy argument drove us even closer.

Growing under his tutelage I spent more and more time on books related to clefts. On one of my visits to him, he showed me the first print of a book by Sir Harold Gilles. We shared a cartoon in the book where a patient is on the OT table with lights and all the staff in their OT dress on all fours searching for something. The caption read, “Where is that dame cartilage graft now”. His house was a library with antique as well as the latest books. I would spend the late hours each night reading up, not to miss the storehouse of knowledge available there and still wake up on time for the next long day. Reading and Poetry were his passions. I enamored him by rolling out “Lochinvar”, “The Daffodils” and many other poems from memory. We discussed the romanticism in English poetry and also debated the critical aspects. He was enamoured when I shared with him as to how “Paradise Lost” was written.

One periodical I found in the house was “Parsiana”, a magazine about and for the Parsi community. It disturbed me to see that only about 66,000 persons of this once thriving and prosperous community survived on that day (1996). I was interested also because one of my sister in laws is (was) a Parsi. One of the reasons for this decline could be that if a Parsi marries a non Parsi he/she is excommunicated from the fold and ceases to be a Parsi (This rule has finally changed). Due to their dwindling numbers and inter-marriages to keep the community pure, the community ended up having a lot of medical issues.



Pic 7: Some books and the magazine “Parsiana”

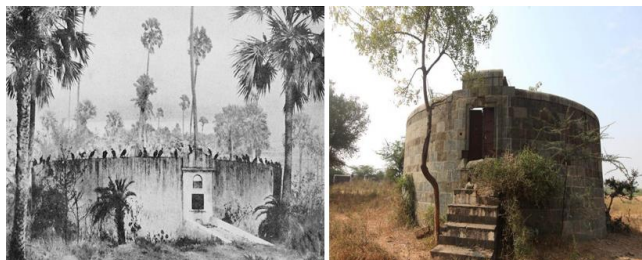
One especially sensitive issue with Dad was “Alexander the Great”. For the followers of Zoroaster (Zarathurstra), Alexander was an anarchist and a rogue as he burnt 10 of the 16 Parsi holy books, which have been lost to the world. The main Zoroastrian holy book, called the Avesta, was written in the Avestan language, which is closely related to Vedic Sanskrit. The religion founded by Zoroaster was the first major world religion and has had significant influence on other religious and philosophical systems, including Christianity, Judaism, Islam, the Bahá’í Faith. His teachings challenged the existing traditions of the Indo-Iranian religion and inaugurated a movement that eventually became the dominant religion in ancient Persia.

The Parsis are a very progressive community and have played a major role in the development of our country.

Originating in Iran (Persia) some migrated to India. The bonds with the land of origin were never completely severed.



Pic 8: “The well of silence” in Iran (then and now)



Pic 9: “The well of silence” in Mumbai (then and now)

He used the Millard rotation advancement procedure for unilateral cleft lip introducing technical refinements of his own. I love his finesse of creating the notch-free vermilion and have used and propagated it since. He believed, like his mentor Charles Pinto, that in the repair of the cleft lip it was the nose that separated the men from the boys. The use of a closed primary rhinoplasty for the improvement of the ala and repositioning of the deviated septum through an aggressive approach was a landmark in cleft repair. For the microform cleft lip, he devised a cutaneous Millard technique for minimal intervention to obtain the best scars. He was a wizard, weaving magic on these unfortunate children with grotesque deformities, dramatically transforming their lives and enabling them to merge unobtrusively into society.

His surgical prowess was appreciated by Ralph Millard jr. who mentioned his work in his path-breaking masterpiece “Cleft Craft”. A master of the rotation advancement technique, he used to say that there is no lip which cannot be operated with Millard’s technique. I was exposed only to the modified Randall (or triangular flap) technique during my MCh training. Being a die and cast method, you had to plan to perfection to get the desired result. With the Millard, I found a lot of scope for play and have done only Millard subsequently.

On one of the evening walks he related to me the story of Millard’s first presentation of his technique after the Korean War. Millard was given a fixed time slot for his presentation and try as he might, he could not cut it down to that. So he sat at the end of the hall and when his name was called he started walking to the dais and also speaking aloud the introductory part of his lecture bridging that vital time gap. He managed to finish in time. Although the chairpersons were scowling at him, they could not do much.

He was extremely humble in spite of being an outstanding surgeon and a great orator. He mesmerised

audiences at conferences and as a teacher he enthralled his trainees. I remember with pride his delivering the “Shushruta” oration at APSICON, where he got a standing ovation. If ever I discussed a point with him, he would ask detailed questions, saying he was a student still and trying to understand. In all humility, he named the cleft center after his mentor Charles Pinto and as you are all aware, even his email. His humane personality left an indelible memory in every person with whom he was acquainted.



Pic 10: Delivering the oration at APSI meeting.



Pic 11: With his wife Gulnar after the oration.

He was very fond of sweets and would literally beg his wife for another piece of “chicki” after meals. I went on my first mission with MSF to Jordan in 2008. I was fascinated by the Arabic sweets and “Baklava”. I mailed him some sweets from there. Subsequently, I mailed him sweets from wherever I travelled! My wife made it a point to ensure that I regularly mailed him Punjabi sweets and also carry some with me when whenever we were supposed to meet at a conference.

Although a strict disciplinarian from the old school, he adapted himself to the modern ways in a novel way. His emails were received by his assistant (who was Dr. NH Antia’s assistant earlier) printed out and presented to him. The replies which he dictated were emailed by the assistant! He often grumbled that the art of writing letters was dying out and would be over soon. We very fondly exchanged hand

written letters in spite of the email being used for urgent matters.

During one of my visits I got acquainted with Dr. P.V.Narayanan who had joined him at the hospital. I took a liking to his gentle ways and would share with him some details of the department of which he was not yet aware. I showed him an old pair of spectacles lying in a table desk in the OT which had belonged to Sir Harold Gilles. They were handed down to Eric Peet and to Charles Pinto and then to Dad. Dad told me that I could have them after he was no more.

Besides his work, he cared for his family. He liked good food and the occasional drink. I very hesitantly presented him a bottle of scotch on my first visit, not knowing if he drank or not. He showed it to his wife and made such a big deal of this very minor gesture. He was a man with simple tastes who appreciated the little things of life.

I learnt from him that strength lay in compassion and generosity and not in achievement and arrogance. He shared with me some books on “Meher baba”, whom he believed in. He had met Baba in Ahmednagar and Baba’s Avatar concept was an inclusive philosophy which he followed. He related to me a tale about Baba. A rich man once requested Baba to set foot in his new car and bless it. Cars were rare in those times and only the very rich could afford them. Baba said yes but first asked him to drop some stuff for him in your car to a nearby place. On Baba’s instruction his disciples filled the car with cow dung. A great lesson in humility, which was lost neither on the car owner, nor on Baba’s disciples.

He appreciated vocally my thoughts about the importance of always standing up for what is right and fair. We would compare his earlier days with how I worked in a general hospital performing all kinds of surgeries and patient care drawing a parallel. I shared with him that at one of my MSF missions I performed emergency deliveries and C-sections along with my reconstructive work and micro surgery. He would then inspire me with tales of the old missionary hospital and shared that he had also at one time wanted to be a missionary. He was a man with a mission!

Growing with him and imbibing knowledge and expertise from him at every step, I made Trichur a pilgrimage spot for myself and kept invading him again and again. I also cornered him at conferences and spent quality time with him and his wife. I propagated his “Teach a man to fish” model to all my students and colleagues. Although I invited him to visit my modest home many times, it just could not happen. I will always regret this all my life. The incident nearest to a visit was during the Chandigarh cleft meet. I had the opportunity to take Gulnar ji and Marjorie (Ian Jackson’s wife) around town and to visit my aunt at her farmhouse. We had a cup of tea in the lush garden of my aunt’s house. Gulnar ji recently reminded me of this visit and I am trying to rake up some photos.



Pic 12: In his room with pictures



Pic 13 Receiving the Joseph McCarthy Award

In 2001 Jubilee Mission Hospital and Dr. Adenwalla became Smile Train’s first Indian partners. He served on Smile Train’s Medical Advisory Board in New York and was a founding member of the Medical Advisory Council in India. Smile Train helped Dr. Adenwalla receive the international recognition he never sought for himself, bringing him to speak at international conferences in cleft care. Through his discourses, he empowered doctors around the world for cleft work by sharing his techniques and experiences. I recall how Mr. Satish Kalra visited me in Jalandhar in the late 1990s with a proposal to work with the Smile Train. Being in a government job, I took the proposal to the Health Secretary in Chandigarh. She did not even listen to me with the deserved attention and refused the proposal summarily. When I shared this with dad, he highlighted his own frustration about the politics in medicine and work. He then told me about how he was sidelined for heading the surgical division by the administrator running the hospital (name not mentioned on purpose) after a lifetime of building up the institution.

As a medical missionary, he treated all his patients with the greatest compassion, ensuring that none was turned away for want of funds. In his earlier days, when he had to charge a patient for the treatment, he would look into all aspects of the patient’s family and their ability to pay before levying a charge. Very often he would then decide to help the patients

from his funds rather than make them pay. In due course he garnered financial support for such treatment from Dutch organizations such as Simavi and Rotary International and later on from Smile Train.

Numerous associations and organisations shared his glory by honouring him for his achievements, from which he modestly shied away. However, the only reward that never failed to win his appreciation was the Smiles on the faces of his patients and their parents after he had waved his magic wand on them.

Dr. Adenwalla left us grieving on May 27, 2020 with his boots on, still working for the children he loved so much. I feel blessed and fortunate to have been associated with him and have a bond of affection with him. I could not agree more with his daughter Meher when she wrote, “He was a model of kindness, dedication, and consistency, and his legacy will live on forever through his thousands of students and the tens of thousands of smiles he left behind.”

Conflicts of Interest

None declared.

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References

1. Avatar Meher Baba: A Biography. Avatar Meher Baba Perpetual Public Charitable Trust, Ahmednagar, India. All quotes of Meher Baba copyright © Avatar Meher Baba

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2. Adenwalla HS. Icon of this issue - Dr. Charles Pinto. *Indian J Plast Surg* 2009;42 Suppl(Suppl):S8
3. Patel CV, Adenwalla HS. Treatment of fractured clavicle by immediate partial sub periosteal resection. *J Postgrad Med* 1972;18(1):32-4.
4. Dr MJr, Early proponents of the rotation advancement principle. In: Millard Dr. Jr. ed. *Cleft Craft. The Evolution of its surgery. The Unilateral Deformity*. Boston: Little Brown; 1976 208–209
5. Dr MJr, Refining the V-Y palate repositioning. In: Millard Dr. Jr. ed. *Cleft Craft: III. Alveolar and Palatal Deformities*. Boston: Little Brown; 1976 438
6. Narayanan PV, Adenwalla HS. Notch-free vermilion after unilateral cleft lip repair: The Charles Pinto centre protocol. *Indian J Plast Surg* 2008;41(2):167-70
7. Adenwalla HS, Narayanan P.V. Primary unilateral cleft lip repair. *Indian J Plast Surg* 2009;42(Suppl):562-70
8. Adenwalla HS, Narayanan, PV, Primary cleft palate repair. In: Varghese M, ed. *Surgical Correction of Facial Deformities*. New Delhi: Jaypee Brothers Medical Publishers (P) LTD; 2010 153–164
9. Adenwalla HS. Mayo clinic. *Indian J Plast Surg* 2015;48(2):227-30

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