Pramod Karan Sethi was born on November 28, 1927, the sixth of eight children of Nihal Karan Sethi (professor of physics in Varanasi) and his wife Maina. His choice of medicine as a career was prompted by his lack of talent for mathematics. He graduated from Sarojini Naidu Medical College in Agra in 1949, and obtained his master of surgery from the same institute in 1952. Proceeding to Britain, he received his Fellowship of the Royal College of Surgeons in Edinburgh in 1954.

On his return to India he was appointed to the staff of Sawai Man Singh Hospital and Medical College in Jaipur, where he continued till his retirement. When the department of orthopaedics was started in these institutions in 1958, he was asked to head it. The need for rehabilitation of his patients after completion of medical therapy prompted him to set up the physiotherapy and occupational therapy sections, using donations from grateful patients. Dr Sethi was able to get Mr Mohammed Khan, a nurse skilled in mechanics, to join him after training in Mumbai. Mr Khan set up a workshop where callipers, braces and other aids for the handicapped were custom-made for patients.

This was a particularly fortunate association, as it was to lead to the production of artificial limbs and eventually to the creation of the Jaipur foot. Patients provided conventional artificial limbs soon discarded them as they disallowed traditional activities that involved squatting on the floor, sitting cross-legged, working barefoot in farms and in wet mud. It was necessary to develop an artificial leg and foot that required no shoe, was flexible, permitted walking and working on uneven terrain, and was not damaged by water or wet soil. As Dr Sethi and Mr Khan grappled with this problem, they were fortunate in being able to enrol Mr Ram Chandra, a craft instructor, into their team. Casting a wide net, Dr Sethi and other members of the team learnt from others on a similar quest. Dr G M Muller’s use of rubber in the rehabilitation of amputees provided an impetus to their efforts. Considerable research on the use of a variety of rubber formulations, aluminium, silastic and other materials followed. Many experiments were made on their usage. The rest is history.

Dr Sethi and his team consciously decided not to patent their invention.

Whilst numerous unsung patients were the beneficiaries of the Jaipur foot, I cannot help referring briefly to the contribution of Dr Sethi and his team in enabling Ms Sudha Chandran’s return to bharatnatyam. You can find a detailed account in the section entitled “Survivors” in The Times of India of August 3, 2003. Using the foot designed in Jaipur, Ms Chandran was able to overcome despondency and embark on her subsequent career, starting with the programme on January 28, 1984 at the South India Welfare Society of Mumbai. It is reported that when she reached the stage, “she just forgot that her leg was artificial and stared dancing swiftly. People kept on staring at her without a blink. At the end of the show, the hall echoed with the sound of claps.” (1)

These and other forays into what we term medical and materials research provided Dr Sethi exceptional insights. In his essay entitled “The doctor in the 21st century” in Seminar of April 2001 (2), he summarised what he had learnt:

Modern research is an expensive business and requires external funding. Being a government employee, I could only turn to our official research funding organisations. But my experience of facing the exalted committees who sit in judgement over research proposals was so disheartening that I had to back out. Only work which they consider worthwhile is funded and this, in turn, is determined by what our politicians and bureaucracy want.

This is administered research at its worst and having been a member of the governing body of the Indian Council of Medical Research (ICMR) and seen from inside the machinations which go on, I came out frustrated and angry. The scientist-turned-bureaucrat is often a pompous fool and, having failed to achieve anything worthwhile himself, gets a vicarious pleasure in showing his superiority. Instead of scouting for talent, which ought to be their major objective (and we have no dearth of talent in our country), they sit back and wait for people to come and kow-tow before them...

It was only when my work earned the approval of the West that it began to be appreciated locally. Which brings us to another enigma that our researchers face. It is considered respectable to work on problems which engage the attention of the advanced countries, howsoever irrelevant these might be for our own. This explains why most of the research done here is borrowed, meaningless and second rate.
The Magsaysay Award to Dr Sethi in 1981 awakened Indian medical bureaucrats. Among the honours subsequently showered on him were the Dr BC Roy award, the Padma Shri and the Rotary International’s award for world understanding and peace. The last award recognised the utility of the Jaipur foot in the rehabilitation of persons whose legs were blown off by mines in 25 other countries.

Let me turn to Dr Sethi’s contributions that are of special interest to readers of this journal. In his essay in Seminar referred to earlier, he stated:

I was brought up and educated in the colonial era. I practised conventional Western medicine in an urban environment. I have been a witness to the heady post-World War II days when, with the emergence of some effective antibacterial medicines, diseases which were formerly lethal, such as pneumonia or tuberculosis, could be effectively treated. Western medicine, which used to be more or less at par with traditional systems of medicine before these discoveries, suddenly surged ahead. I was full of optimism that soon we would have answers to most problems which beset the health of our people.

I am now getting somewhat disillusioned. Not only are we nowhere near to achieving our earlier dreams of conquering diseases or providing an equitable service to our people, we are actually witnessing the congealing of what was at one time considered a healing profession into something mechanistic and often commercial. The healer who provided comfort and support to the sick is becoming a relic of the past. We may have become more efficient but, in the process, somewhere down the line, we have become less humane. And we, who at one time occupied a lofty position in society, are under attack. Where have things gone wrong, and why, is something I have often asked myself.

These disappointments with current mores were also referred to during conversations and discussions. He wondered why more of us are not driven by the spirit that led the Aroles or Baba Amte or Dr Noshir Antia into little trodden paths that led to alleviation of suffering of the poor and the neglected. Why does Mammon have such a strong hold on the popular medical mind? Why is it that we are driven to amass more wealth than we can possibly use? Why do we genuflect before powerful political figures and ignore the humble teacher or village doctor? Why have machines replaced clinical acumen? Why are five-star hospitals burgeoning even as public sector teaching hospitals—once the bedrock of medical education and practice—decline and rot? What kind of doctors do modern medical colleges produce?

Alas! the answers eluded him. As ill health stalked him and progressively robbed him of the ability to stride boldly and purposefully wherever he wished, he had to abandon surgery that had enabled him to help countless patients. Eventually he was constrained to seeing patients in his clinic—being unable to do ward rounds. He withdrew into himself. The end was sudden. He was watching a cricket match on the television. A much-beloved relative entered his home and asked him the score. As he turned to reply, he collapsed and passed away.

References
1. http://www.disabilityindia.org/djstoriesaug06D.cfm

Acknowledgements
I was privileged to work with Dr Sethi on a committee set up by Dr Samiran Nundy. I was fortunate in having subsequent interactions with him on a variety of issues. Especially cherished is the period my wife and I spent as guests of Mrs Sulochana and Dr Sethi at their home in Jaipur. We were enfolded into their family.

I treasure essays kindly sent to me by him and his essay in Seminar. A comprehensive biographical sketch of Dr Sethi is available at the site of the Magsaysay Foundation (http://www.rmaf.org.ph/Awardees/Biography/BiographySethiPra.htm).

BODHI

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