



Book Review: In Ernest Quest - EJ Borges, Legendary and Revered Cancer Surgeon

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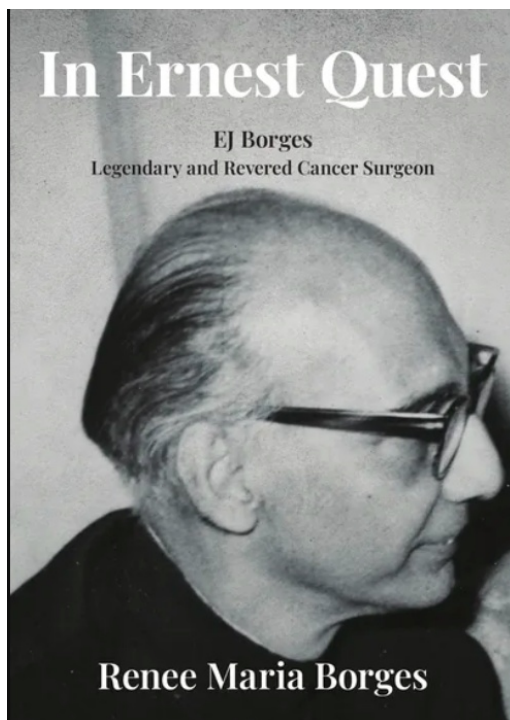
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In Ernest Quest: EJ Borges - Legendary and Revered Cancer Surgeon

Author: Dr. Renee Maria Borges
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In Parel, Mumbai, ambulances, buses, taxis, surgeons, technicians, physicians, nurses, therapists, tiffin-deliverers, laundrymen, barbers, ward-boys, physicists, patients and relatives, etc. that head to the Tata Memorial Hospital, Mumbai, for cancer diagnosis and treatment take the same, very busy and very, very crowded 'Dr E Borges Road'.

In Goa, from the National Institute of Oceanography, close to the Raj Bhavan,

the road that leads through a posh residential locality, passing the Manipal Hospital and the International Centre, cutting through the sprawling University campus at Bambolim till the premises of the Goa Medical College and Hospital, with a view of the Arabian Sea and the Zuari River from a height, is also 'Dr E Borges Road'.

Many deserving doctors have been awarded the Padmashri. Dr Borges is one

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of the few who, when he died, (in 1969, when Mumbai was under curfew due to Shiv Sena riots), drew tens of thousands of crying people towards his house, disregarding the midday sun to have a final darshan of a Dev-Manus (man of God). The Tata Memorial Hospital (TMH) for decades now has been and is still considered The Best in Asia, certainly in India, for treatment of cancer. Outstation people set up temporary 'homes' on the pavements outside its walls. Scholars come from far off countries to study methods and management techniques of complicated cases. Here, your income/contacts/influence/position doesn't matter: you are treated just as well, be you minstrel or minister, paying full fees or availing charity.

The ethos of excellence and fairness, meticulousness and propriety has not got diluted over long years, because the foundation of professionalism and ethics was laid by Dr Borges, who led by personal example, setting the highest standards for future healthcare workers. He had worked there from 1941-1969.

Dr Borges was a cancer surgeon at a time when surgery was the only hope for those afflicted by cancer. Radiation- and chemotherapy were then nascent in the treatment of cancer. His daughter, an accomplished scientist herself, writes:

'He lived and breathed kindness and compassion, and wielded his surgical knife with a rare skill...His life was a mission, to heal the sick...While he fought to save every patient's life, he accepted a patient's death and his own with equanimity.'

He had sworn to secrecy the doctors and nurses treating him for his own terminal stage cancer: he told his wife he was being operated upon for an ulcer. It was only a few days before the end that she was told the truth. He had worked until he could,

with more concern for others than for himself.

In the first chapter, through the author's memories, we see the kind of music and literature he liked, and how he transmitted his refined interests to his five children. Dinner times were educative, with quizzes and discussions, and fun, with songs and laughter. There are details of the books they read, the shelves where they were housed, the magazines subscribed to, recitations of poems, etc. Classical music and the arts were natural environmental factors.

Following her own memories are those of her siblings':

"...(he) wore his fame and the honours that were bestowed on him very lightly. He was embarrassed to wear the ostentatious uniforms on both occasions when he was knighted by the Vatican. We had to make sure none of the neighbours were watching as he dived into the car, driven by a hired chauffeur to the church for the ceremonies."

His wife must have been an efficient manager, to have brought up five highly successful children: Onco-pathologist Dr Anita, Economist Nina, Educationist Rita, Cardiologist Dr Eric, and Scientist Renee, the author.

His successor in TMH, Dr Praful Desai, himself a giant in his field, said:

"...TMH never had bed numbers. We referred to all patients only by name...Most of his surgery, whether breast or abdomen, was like poetry in motion."

Ernest was committed socially, and excellent at time management. He balanced his extremely busy schedule, yet made time to give speeches, and attend weddings and other functions.

From Dr. Borges' secretary and his nurse, we get to know how hard he worked, the long hours and how particular he was with details. We also learn that he was impatient, short-tempered even, if things weren't perfect.

He taught by showing. In 1963, he contributed to the Fourth Edition of The Textbook of Gynecology, edited by DM Masani. An entire section was on Malignant Growths of Genital Organs...(with)... several chapters: Carcinoma of the Cervix; Carcinoma of the Body of the Uterus; Carcinoma of Vulva, Vagina and Fallopian Tube; etc. Each chapter had statistics derived from TMH and exudes confidence and experience. It goes straight into practical recommendations...'which type of surgeries are appropriate for which stages...even for which types of patients, whether stout or lean.' To write thus with 12 hour schedules, 'he must have been extremely focussed and remarkably efficient'.

'His scars (or rather lack of scars) after thyroid surgery were legendary...(he believed)...There was no sense in super radical surgery if you could achieve the same results with lesser morbidity by another treatment.'

'...was finicky about asepsis...He often did the dressings himself...the reason his wounds...seldom got infected was his attention to...dissection along tissue planes, tying all bleeding ports and leaving very little devitalized tissue behind...Once thermal cauterization became the norm in surgery... this changed.'

Under the sub-heading EXTRACTS FROM SELECTED PAPERS, the author has covered the following topics, with her commentaries that make reading easy for lay people: Lobectomy for Abscess of the Lung, Cardiophageal Surgery, Resection for Esophageal Cancer – With a Review of 113 Consecutive Resections, Carcinoma of

the Esophagus in India, Cancer of the Rectum, Resection of the Rectum for Cancer Without an Abdominal Colostomy, Primary Malignant Tumours of the Bone —Clinical Study of 330 Cases.

The footnotes by themselves are of value to one who is interested in the who-why-how of medical science's progress in India and the world.

I re-read the section on TALKS. Again, the commentaries help understand the technical details and the background. In The Role of Ultra-Radical Surgery in Cancer, are some disturbing sentences:

'In an era where there were no suitable prostheses available, radical surgeries such as hemipelvectomies, hip disarticulations, or translumbar amputations, in which only the upper torso of the patient was left behind, seemed barbaric and deplorable.'

'Since what was done in the 'West' was often imitated slavishly, the talk may also have targeted Ernest's Indian colleagues and it drips with the most ferocious sarcasm.'

'At the end of one of these very logical procedures so little of the human form remains that it might be said that it is the patient that is sent for histological examination and the specimen is put to bed.'

In CANCER OF THE STOMACH, I read:

'To evaluate...extended operations, we have to answer...Is the operative mortality within reasonable limits? Is the cure rate appreciably higher? What is the morbidity after these operations?'

The next page gives possible answers to be considered. For early detection and chemotherapy, the methods today are far advanced, but even way back then, he

assured his patients by 'stating categorically that Cancer Can be Cured...if detected in the early stages and treated adequately and competently.' How and why he missed diagnosing his own cancer will remain a mystery. That 'new' is not always an 'advancement' was something he stressed on.

Alongside, he was deeply religious. He played an important role in the Catholic Church's activities in India. He wrote extensively on Medico-Moral Issues and there is an important part on A Visit to the Medical Bureau at Lourdes. As a population that is easily swayed by faith, faith-healers, quacks and superstitions, this part of the book touches upon what Dr and Mrs Borges experienced (possibly) wanting a miracle to cure their baby son of poliomyelitis. The combination of unwavering faith and common-sense, the balance and clarity of thought is something every doctor, nurse, therapist and technician must consider when patients are treated, especially for chronic conditions that lead them to despair.

An extremely important chapter is on Birth

Control and Contraception. The social milieu of that era, the influence and attitude of the Church, the pressures of politics and personal views are discussed pointedly and clearly by the author, using and putting together facts from Dr Borges' notes and talks. For one who had received the honorific Privy Chamberlain with Cape and Sword from the Vatican, Dr Borges understood his religion like few Indians did.

He died as he lived, doing unto others as he wanted others to do unto him. He got treated by and was cared for by his colleagues and students at TMH when he was terminally ill. Heads of State, Judges, Cardinals, eminent persons and common people grieved deeply at his passing.

This book might have been a daughter's offering to her father's memory, (and she's a high achiever herself, in her own right an intellectual) but having read it thoroughly, I am convinced that such a book should be part of every medical college library and compulsory reading for anyone interested in Medical Humanities. It is valuable as much for the prose as for the content.