Professor Deepali Dutta
Memorial Oration
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11 November 2018

Department of Psychiatry,
Gauhati Medical College Hospital, Guwahati
Professor Deepali Dutta Memorial Oration
Suresh Chakravarty, Shyamanta Das, editors

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Dear

Professor (Dr.) Atindra Kr. Adhikari,
Principal-cum-Chief Superintendent

and

Professor (Dr.) Suresh Chakravarty,
Professor and Head of the Department of Psychiatry
Gauhati Medical College Hospital (GMCH), Guwahati

It is with great humility and gratitude, my siblings (Sukanya Bora and Sumon Kalyan Dutta), our dear father, Dr. Sarat Chandra Dutta (Former Professor and Head of the Department of Urology, GMCH) and I, accept your invitation to the First “Professor Deepali Dutta Memorial Oration” honouring our late mother.

Our mother Dr. Deepali Dutta, was a personality whose life simply cannot be summarised in a few words. Besides being a caring parent, she was a revolutionary educator, administrator, and leader for psychiatric education in India. Psychiatry was introduced to Assam and the North East India by her.

We strongly feel her departure in many ways. As a young MBBS graduate, she clearly re-directed me into the field of psychiatry. I remember her constantly reiterating to me “my son neuroscience is the future of medicine, not surgery, O/B or cardiology” and she was right.
Her students, Dr. Dipesh Bhagabati, Dr. Hemendra Ram Phookun, Dr. Shailendra Kumar Talukdar, Dr. Hiranya Kumar Goswami, and Dr. Suresh Chakravarty have all been a big influence and especially my very own career as a psychiatrist. It is indeed reassuring to know that the future of psychiatry continues to sparkle in Assam today and will continue to do so for years to come. We will be forever indebted to her for her legacy.

On behalf of my family, I want to wish this premier event a great success and long lasting future tradition.

Wishing you the very best.

Sincerely,

Dr. Eamon Dutta, MD  
Director  
Peachford Hospital  
Atlanta, GA 30338  
USA
ABOUT THE ORATOR

Prof. Punyadhar Das

Qualified in 1972 from Assam Medical College, Dibrugarh, awarded an overseas scholarship to do post-graduation in Psychiatry in UK in 1974 and completed the course studying in Cambridge, Prof. Punyadhar Das got the membership of the Royal College of Psychiatrists and worked for a while in UK. Then returned to India in 1979 and joined Gauhati Medical College, where he worked in various capacities till he took voluntary retirement in 2005 as Professor and Head, Department of Psychiatry. Then he went to New Zealand and worked there as a Consultant in Psychiatry till 2008. On returning back to India he has gone back again to academic psychiatry and joined Agartala Government Medical College as Professor & Head, Department of Psychiatry. He retired from this position in August 2018.

He was president of Assam State Branch of Indian Psychiatric Society from 1995 to 1997. He was Member of Education Sub-Committee of Indian Psychiatric Society from 1988 to 1990. He also served as a member of the Board of Governors, LGB Institute of Mental Health, Tezpur from 1996 to 2005.

Prof. Das went to Australia in 1997 on a WHO Fellowship to the University of Brisbane. He was Post Graduate Examiner in Psychiatry at various universities as well. He has a score of academic publications to his credit.
Prof. Das’ literary activity

Prof. Das has two published novels in book form, named JAJABAR and WEEPING WILLOW, as well as about 20 novels and 20-25 stories in different special issues of Assamese papers. Some of the stories and novels are BARAF SARISIL JETIA, ITIHASAR ULANGA PRAHAR, SESH PRAHARI, ABADDHA SAMAY, BOKULAR PHUL, KOPILI KOPILI, SUKRESWAR GHAT, CHAKRABYUH, SESH GHATAR SELUA PAR. Prof. Das is the author of the prize winning story PUJA in Dainik Asom story competition 1968. Noted film director Abdul Majid made a feature film, UTTARKAL from one of Prof. Das’ stories, UTTARAN, published in Asom Bani.
To,
Prof. Punyadhar Das
MBBS, MRCP (Psych.)

Sir,
Department of Psychiatry, Gauhati Medical College and Hospital, is very pleased and honoured to invite you as a speaker of the first ever Prof. Deepali Dutta Memorial Oration on "Existentialism and Logotherapy," to be held on 11th of November, 2018, in the O & G Seminar Hall of Gauhati Medical College and Hospital.

Professor Deepali Dutta, the doyen of Psychiatry of North East as well as India, had left for her heavenly abode on 11th November, 2017. She was the pioneer in establishing the Indian Psychiatric Society (IPS), Assam State Branch, as well as the Department of Psychiatry, Gauhati Medical College, and served the Department of Psychiatry, GMCH from 1965 to 1988, as Head of the Department of the same. She also served Assam Medical College, Gauhati Medical College and Silchar Medical College of Assam in the capacity of Principal, and also was the Director of Medical Education (DME), Govt. of Assam, till her retirement in 1993. She was a brilliant academician, researcher, a good administrator, great social worker and a litterateur too. Apart from being an active member of IPS, she was also the President of IPS, the lone president elected till now to the highest national body of Psychiatry from the North East Region.

Sir, we are humbled to remember your sincere service to the Dept. of Psychiatry, GMCH from 1979 till your retirement in 2005, as Professor and Head of the Department. We happily remember your significant contribution towards the psychiatric education in Assam as the longest serving HOD of Psychiatry, Gauhati Medical College, which is the pioneer department to start Post-Graduate course in Psychiatry in the NE Region way back in 1989 and thereby helped in producing human resources in Psychiatry.

We also fondly remember your contribution towards the first ever initiative to start the District Mental Health Program (DMHP) under National Mental Health Program (NMHP) in the District of Nagaon, Assam, way back in 1996 using the limited resources of the Dept. of Psychiatry, GMCH as the nodal centre of the program, and you, shoudering the responsibility of being the nodal officer, so smoothly and efficiently.

Your contribution to the society is manifold. You are a prolific writer too, other than being an educationist, a good administrator, a good organizer and a great physician. Your contribution to Assamese literature is of worth mentioning here. Starting from the prize winning story, "Pojja" in Dainik Assam Story Competition in 1968, you have nearly 20 novels and 20-25 stories published in different special issues of Assamese magazines in your long literary career, a few of which are of worth mentioning here-JAJABAR, WEEPING WILLOW, BOROF SORISIL JETIA, UTTORON, etc. "Uttoron" was later made into a movie, "UTTARKAL."

Sir, we fondly remember you as a good human being and our words fall short to describe your tremendous contribution to the society at large and to the field of Psychiatry. In particular, Lastly, we congratulate you and express our sincere thanks once again for your kind presence amongst us today.

On behalf of the entire Department of Psychiatry, GMCH,

Prof. Suresh Chakravarty
HOD, Dept. of Psychiatry
Gauhati Medical College & Hospital
Guwahati-32, Assam
WHERE HAS THE GOLDEN CHILDHOOD GONE

DEEPALI DUTTA

“We are guilty of many errors and many faults but our worst crime is abandoning our children, neglecting the fountain of life. Many of the things we need can wait. The child cannot. Right now is the time when his bones are being formed, his blood is being made. To him we cannot answer ‘TOMORROW his name is TODAY’.

Gabriel Mistral
Nobel Prize winner Chilean poet.

My first born is now an over ambitious twenty-four-year-old-professional for whom the sky is the limit. Second son is a narcissistic mirror-gazing twenty one roaming amidst a galaxy of
like-minded friends. My daughter is a sparkling, bubbling young lady of “sixteen going on seventeen”.

All three of them have provided me with more than enough material for being involved in this nerve-wrecking-soul-searching exercise of selecting the topic for my Indian Psychiatric Society’s presidential speech of 1990. Also their activities, their feelings their despair and aspirations have prompted me to this little investigative work to search for the unknown destination where the Myth the Golden Childhood has gone. For this I am thoroughly indebted to them.

Dear friends between you and me, my husband Lion Dr. S. C. Dutta who was a renowned footballer of yester year and the founder professor of the department of Urology at Gauhati Medical College and myself have no hesitation to confess that writing about the children is as though a job as bearing, rearing and parenting them. So kindly bear with me if my thoughts occasionally “RUN AMOK” and sound a bit “incoherent” like our beloved patients. As very rightly said by famous poet Ogden Nash.

Children aren’t happy with nothing to ignore,
And that’s what parents are created for.

Perhaps I should be cautious to quote Wordsworth’s age old saying “The child is the father of man” lest the modern bright young ones may place their immediate charter demand saying “Move over darlings now we have to father the society”. A bit precociously I presume.

A child is often considered as something divine something celestial like a rose bud full of fragrance and of hope to bloom into a beautiful flower, something so precious that no iron safe of the
world is safe enough to preserve him. His home coming is a real big event right from the beginning of conception. The mother, the father and others in the family keep on praying to God Almighty so that this newly born life does not have to face a lot of earthly discomfort in his sojourn to the earth. To welcome him needs a lot of team work. The people concerned try their level best to make meticulous arrangements that even if he arrives at an awkward hour at an awkward place he would get full attention and care. Doctors and midwives who are instrumental to bring the child to this world are put on red alert. So a child’s home coming is a magnus event, an event to remember, an event to ruminate with loving nostalgia later. In some hindu community konch shell’s sound heralds his arrival to this world which sets off flurry of action—people getting busier and bussier feeding, dressing, cuddling, nurturing and meeting each and every biological need of their new visitor. So much emphasis is put on his home coming that the mother who had painfully carried the child for nine long months in her womb is blissfully forgotten.

This vivid colourful home coming of a child is ofcourse of a privileged child—a child who is born out of socially acceptable wedlock, a child who is wanted by the parents, for whom there is no dearth of love, affection and nutrition, a child who is lucky to be born into a congenial home environment which fulfills the norm of our national policy of family welfare as he is one of the “wanted two”.

Unwanted Children : Are they children of a Lesser God ?

But there is another group of children whose arrival into this world fails to evoke any positive response I have enumerated above. Negligence, anxiety, adversity in all spheres are waiting to greet them. They may be termed as “unwanted child” but by which
category and by whom are few tricky unanswered questions. A
closer scrutiny and an indepth analysis of the group of children is a
crying need of today’s world and a pressing challenge for
psychologists and psychiatrist all over as their number is increasing
at a galloping speed.

In Hindu religion common belief prevails that God has created
man after his own image. Does that mean that the spastics,
physically deformed, Down’s syndrome child are made as the
replicas of few lesser gods. There are the “unfinished children.”

The list of these children of lesser god is :-

1. An illegitimate child born out of wedlock.
2. A child of a divorcee or widow who does not have the
   means of keeping the child alive.
3. A child born after an episode of rape.
4. The so called unfinished children.
5. A child who is exposed to the danger of drugs, radiation,
   more recently AIDS infection, cardiac, cancerous mothers
   and such conditions which warrant medical termination of
   pregnancy.
6. A new generation of unwanted children due to our national
   policy of family welfare who unluckily comes after the
   “wanted two”.

John Bowlby (1951) in his monograph “Maternal care and
mental health” first pointed out that for normal mental health a
child must have prolonged, continuous and intimate warmth of
maternal affection. A child’s deprivation from maternal love results
in faulty capacity to form interpersonal relationship which may be
the nidus of future delinquent behaviour. Thus ‘Broken Home’
becomes a basic concept in understanding human psychology and
contemplating psychotherapy. Henry Walton (1962) tried to be more explicit in defining ‘Broken Home’ as “absence of one or both the parents before the age of 14 or the strife between the parents so gross that in the initial interview it becomes evident that there is regular violence between parents”.

Goldferb (1955) emphasized how family provides the child with a psychological climate for mature growth of foresight and conceptual thinking. Normal parental relationship is the basis of the Super Ego formation which is believed to be the “internalized voice of the parents”. So early loss of a parental figure may lead to a sort of confusion because of loss of ego ideal with which the normal child should identify himself.

Ferenczi (1929) opined that “the neglected child” lacks the appeal to live. He compulsively seeks love of which he has been deprived in his early childhood. His ego development remains imperfect. His weakened Ego fails to thrive to face the day to day realities of life. Ultimately he could put an end to this surrounding misery by the only means i.e. by “killing himself”—even symbolically.

**Stimulus hunger/Stroke hunger**

Many behavioral scientists and philosophers like Spitz (1945) Martin Buber, R. D. Laing, Eric Berne Jean Piaget (1968), Anna Freud (1926), Melanie Klein and many others enriched our knowledge in understanding our new generation.

Infants deprived of handling over a long period will tend at length to sink into an irreversible decline and are prone to succumb eventually from intercurrent disease. This conceptualised the idea of ‘stimulus hunger’. The most favoured form of stimuli are those provided by
physical intimacy, colloquially, “If you are not stroked your spinal cord will be shrivelled up”.

Similar phenomenon was seen in adults who were subjected to sensory and social deprivation. These transient psychoses are experimental “model psychosis”. Even hardened criminals are scared of consequences of solitary cell. Biologically also if reticular activating system of the brain stem is not sufficiently stimulated degenerative changes in nerve may occur if not structurally but due to disuse. Hence a biological chain may be postulated leading from emotional and sensory deprivation through apathy and degenerative changes to death. In this sense stimulus hunger has the same relationship to survival of the human organism as food hunger.

After the period of close intimacy with the mother is over the individual for the rest of his life is confronted with a dilemma upon whose horn his destiny and survival are continually being tossed. On one horn is the social, psychological and biological forces which stand in the way of continued physical intimacy in the infantile style. On the other is his perpetual striving for its attainment. Under most circumstances he will compromise. The process of compromise may take many forms of ego defensive mechanism like sublimation, projection etc. result is a partial transformation of infantile “stimulus hunger” into something which may be called “recognition hunger”. Each person becomes more and more individual in his quest for recognition. A movie star may require hundreds of letters from his admirers to keep his “spinal cord straight” while a silent scientist can keep himself mentally and physically healthy with one letter of appreciation from his research guide (Erich Berne).
Happy childhood in Indian context

Since the epic days of Mahabharata, Ramayana and since the very dawn of Indus valley civilization, Indian culture gave a lot of emphasis on the process of child bearing, rearing and education. Earliest Ashram of Indian life is Brahmacharyashram when the child at a school going age goes to the ‘Gurugriha’ to learn facts and philosophy of life as well as to pick up the trick of the trade. Their lives were governed by strict discipline of a long list of Do’s and Do not’s. Even then Indian system was differential towards children of poor, low class and mentally handicapped who were supposed to be ‘animal like human beings’ like fish, trees etc. of course, one exception in Mahabharata, the great king Dhritarastra who was a ‘Janmandha’ (congenitally blind) was not deprived from the prestigious throne of Hastinapur.

In ancient India formal education was considered as privilege of the upper class and high born. The classic tale of Eklavya, a son of low caste hunter, tells us how being poor and being of low birth order he was not admitted into the elite group. But with hard work through non formal education he mastered the trick of archery. But even then he was made to pay heavily by his Guru who wanted his right thumb as ‘GURUDOKSHINA’ (modern tuition fee). His mastery of archery went to shambles.

It is heartening to note that modern India has come a long way from all these upper class dominated social pride and prejudice. Indian democratic constitution and policy of secularism have given every citizen including the child and the deprived ones the right to live their own lives freely and happily. At national level we perceive child’s right essentially as the important foundation for nation’s all round development both material and spiritual. Every attempt is
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being made all over the world for safeguarding of the fundamental rights of children. Practically speaking drafting of child’s right is actually drafting of adult responsibilities and adult action. As such although it sounds simple it is essential that children’s rights be reviewed not in isolation but within the context of national development and progress.

UN declaration of children’s right

Very briefly I would like to refresh the memory regarding children’s rights as enumerated by world bodies like UNICEF and Working Group of UN Commission of Human Rights. These are civil, political, economic, social, cultural, the right to a name and a nationality, protection from torture and exploit, right to the highest attainable standard of health and right to receive health care.

November 20, 1989 marks the thirtieth anniversary of the Adoption of Declaration of the Rights of Children by the United Nations. Exactly a decade ago in the International year of the Child, 1979. Polish government proposed the safeguarding of children which was ratified by the legislatures of atleast 20 countries. Except by definition that a child is below 18 years of age—they do not have political right. As our august audience is very much aware of all the rights, I refrain elaborating them. But I would like to draw your attention that since 18 years is a prolonged period of life punctuated with various stages of development, it is necessary to draw distinctions somewhere between infants, children, adolescents and early adults. United Nations Declaration needs to make some laterations to adjust these four diverse groups.

The convention takes care of right to special care of children who are orphan, deprived, handicapped, who are potential victims of sexual exploitation and abuse. Among the cultural rights are the right
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to education, access to appropriate information, recreation, pursuit of artistic and creative talents.

It is evident that if we can achieve even 25 to 30 per cent of these laid out principles today, topic of my talk would have been different. Working for the cause of children both normal and deprived, I now realize that the “Myth of happy childhood, is slowly receding beyond the perceivable horizon. I shall never be able to present before you a rosy picture of existing status of our children and hope of a pink future for them.

Here is a list of grim facts about our children in India

* India’s children population is perhaps the largest in the world. 45% of our 700 million population comes to 315 million children. In a recent statistics it was estimated that 60 million children are both mentally and physically impaired posing a great concern almost of the magnitude of an endemic form. This figure excludes the estimated 20 million moderately and severally mentally retarded.

* Infant mortality rate stands at 150 deaths per 100 live births.

* Out of 13 million under 5 deaths annually 42 million die in India.

* The girl child’s survival is even more endangered. In 30 days of life the mortality of boys and girls are roughly equal. In five years female child’s mortality is double that of males.

* Health is wealth—a sermon which we read in pages of every school text book, emanates from every adult lip. But ironically how many of us believe this dictum? Survey’s of National
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Institute of Nutrition tell us that 85% of the children suffer from varying degree of malnutrition and another 15% children in rural areas suffer from ‘invisible malnutrition’.

* Thirty thousand children go blind annually due to vitamin A deficiency.

* 40 million people are still affected by goitre due to iodine deficiency inspite of National Goitre Control Programme.

* 30% children die due to communicable diseases from six known such diseases inspite of ‘Universal Immunization Programme’. ‘Post Partum Programme’ and ‘Maternal and child health programme’.

* ORT is not yet an acceptable line of treatment inspite of all the publicity and as a result ‘diarrhoea’ is still the greatest child killer.

* 30 million children are orphan and destitute children as per 1986 report on “children in difficult circumstances” submitted by Tata Institute of Social Science.

* The number of disabled children of all modalities are increasing at an alarming speed as informed by 1984 UNICEF report of which 2.5 lakh are blind, 2.5 lakh are deaf, 5 lakhs physically handicapped and 13-14 million mentally retarded of moderate and severe variety.

* Largest number of child-labour has been prevalent in India. Government figure varies from 14-17 million. They are the bread earner of the family and their working hour is more than 12 hours and their wages is 1/2 to 1/3 of the normal wage, the so called “Starvation wage” (Asian Labour Monitor). They are
PROFESSOR DEEPAWI DUTTA MEMORIAL ORATION

frequently subjected to corporal punishment of all kinds for noncompliance of master’s order or for inability to carry out the adults job to master’s satisfaction.

* Literacy rate in India has improved since independence, 57% in male and 29% in female except in Kerala and Mizoram which claim 100 literacy. 20% of children who never go to school are girls.

* Enrolment into a school is a false yardstick to measure the literacy of a country by as it does not tell us the whole story. 63% drops out at primary level and 77% at higher school level.

* The special school for deprived and handicapped children are so few that most of them remain as a source of unmitigable suffering of the family for life long.

Untold story of an Indian girl child

Except North Eastern India birth of a girl child in the family is considered as a beginning of a woe-begotten story. She is the epitome of personified misery, an unwanted menace, a potential case of Dowry death, a future Roop Kanwar of Deorala Satidaha fame, an object of rape to fulfill the lust of the man as in tribal girls in Bhumuka (Assam) or the Harijan women elsewhere. She is chained to the household chores by virtue of being a girl. She becomes a slave to the male chauvinistic ego. She is the second class citizen who can not be considered on equal footing like a son. A startling revelation made a study conducted in an advance city like Bombay makes us ponder which way Indian society is heading for. Amniocentesis done to detect congenital abnormalities of foetus in utero is an accepted progressive scientific technique all over the
world towards creation of a healthy, intelligent new society in eugenic style. But the study revealed that MTP done out of 8000 (eight thousand) amniocentesis cases 7999 (Seven thousand nine hundred ninety nine) were girl fetuses. This happened in India, the traditional worshippers of devis on pedestals of temples.

Another equally startling finding of Prof. K. Mahadevan of Tirupati University at a seminar organised by National Media Care was that a daughter is purposefully neglected when she falls ill with the hope that she will die and along with her death all the anxiety of marriage and dowry will be buried. This finding is supported by findings of other researchers of U.P. where it was proved that infant mortality due to differential care may affect the girl child.

In case of girls, child marriage is still rampant as the parents loose their sleep if they can not be married off at the age of 15-16 years. Then with early marriage and premature motherhood different issues of social injustice crop up. In many Indian states girls are made victim of dowry death, satidaha and are treated as saleable commodities.

It appears SAARC’s instruction to the people with their slogan “A GIRL CHILD WANTED IN THE YEAR 1989” is a timely one for Indian parents.

**Generation gap-deviant behaviour/identity crisis**

One of the most striking features of young ones is their spontaneity and their free expression. Martin Buber commented “Youth are the megaphones of today’s society, crying out against injustice which most of us (adults) suffer in silence”.


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Young generation does not create a new image. It works as a mirror reflecting the actual image of the family as well as of the society. The external manifestation of their feelings, attitude and values attract the attention of the society as their expressions are crude and original without any camouflage or through any defensive mechanism. While some will consider these expressions as “deviant behaviours”, professionals like us would brand them as “identity crisis” yet village elders would accept them as a natural phenomenon and prescribe traditional remedy like “get them married”, as these deviant behaviours are often equated with deprivation of physical love. And as such marriage is considered as “panacea” of all abnormal mental and anti-social maladies.

The lamentations of the older generation on generation gap is nothing new. It existed since the time of Plato and Aristotle. Socrates (470-399 B. C.) who was the friend, philosopher and guide of youngsters expressed his frustration “our youths are more interested in worldly comforts. They do not pay respect to the olders. They are really mean”.

Hesiod (720 B. C.) expressed similar opinion “if today’s youngsters become tomorrow’s leader then I predict that our country’s future is very dark. The world is coming to its end very soon.”

In the relics of Babylon we encounter similar inscription in 5000 B. C. “The hearts of our youngsters are getting rotten. The present day youngsters are lazy and vindictive. It is doubtful whether they shall be able to maintain our culture alive.”

Inspite of all these sacristic criticism the world does exist and human race, culture and tradition are not dead as yet nor they are showing any signs of decay. Of course they have undergone
tremendous change. Life and living is not a static phenomenon—so changes are inevitable. We are now at the cross road of old traditional values and modern alien computer culture. John Denver a new-wave poet wrote:

I love your eyes, your cherry lips
The love that always lingers
Your way with words and random blips
Your skilled computer fingers.

Now the children are likely to grow in “Electronic Cottage’ with different perceptions and materialistic conceptions. According to Alvin Toffler:

“A strategic new society is erupting in our midst. Its concept of time, space, work, sex, religion are all incessantly changing with resulting mass disorientation. Much conflict between parents and child today can be traced to the accelerated change”.

The time is racing at a galloping rhythm, traditional man has become more scientific, more nearer to the knowledge of atom than to that of the soul, to the spiritual ultimate. Man has forgotten to enjoy nature and has come so very far away from nature.

We have already become a class of youth-critique like female-critique, politician-critique and so on. We watch their every step and try to burden them with our over-valued ideas and principles of our time when life was less complex, less competitive and more easy to live. We tend to forget it is human nature that past is always glorified, present is “could have been best” and future is always suspected, with “a tinge of insecurity”.

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Where lies the remedy

We, the older generation behave like a “Freudian hypertrophied Super Ego in Melancholia” a harsh critique of all their activities. Now a days a lot has been discussed about youth psychology as if it is like an unwanted head of a hydra clutching its ominous claws to embrace and destroy our innocent youth. But youth psychology is not synonymous with youth unrest, drug behaviour or sociopathic behaviour.

Our new wave behaviour experts like Eric Berne, Tom Harris, Amy Harris, Alvin Toffler and others have warned us about the “Future Shock” informed us about the “Third wave generation” analyzing human behaviour as “games which people play”, reassuring us by saying “I’m OK-Your’re OK” and advising us how we can “Stay OK”. These are new ideas, very practical and reality orientated ideas by which perhaps one can explain complex behaviour of our future generation.

As it has been rightly said that the future of the family today is infact part of the general crisis due to rapid industrialization. In western countries also the picture is as grim as in our country. Everything has been so mechanized, so electronic that every western household has become “an Electronic Cottage.” Now American thinkers suggest retracing this industrial pathway to civilization, sex education de-libralizing abortion by spear-heading ante-feminist movement, forcibly driving women back to kitchen, banning on contraceptive, curbing the freedom of thought and retracing backward to pre-1955 level since affluence breeds population of “sole living”, encourages “child free home” in U.S.A., Germany, U.K. and even in U.S.S.R. These are the steps suggested by western
new wave thinkers for “remassifying the rapidly demassifying society.”

According to Alvin Toffler the first wave child saw his parents at work, second wave child being segregated in school is completely divorced from real work life. His small story tells us the exact feeling of a child’s mind.

“One executive decided to bring his son to his office and treated him with lunch at the luxurious canteen. The child saw luxurious carpeted office, indirect lighting, elegant receptionist, expensive restaurant with its liveried waiters and exhorbitantly priced menu. Finally he blurted out “Daddy how come you are so rich and we are so poor.”

The western world is also starting to believe that a little poverty, a little want, a little hardship, a little closeness to nature are the essences that make life easier, simpler and happier.

I am very much tempted to narrate one of my own experience in Edinburgh while I was doing my membership. We were demonstrated a 16 year old teenager who played truant from school and on whom psychotherapy was going on for few years with no perceivable result. Our professor Dr. Mathivan and Dr. Wolff told us that since these boys were maladjusted with normal school routine they should be sent to a “special school for truant children.” I was nonplussed at this most innovative method of tackling this boy who did not like school. When asked what exactly would be done in India I frankly admitted in India this would not at all be a problem. Our Nobel Prize winning literary person Rabindra Nath Tagore never had any formal schooling. Our Assamese social reformer Sankar Deba was a truant student. In our country the family would have employed the child as a home help in paddy field.
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or a cowherd boy or even a helper in a grocery shop. This would surely be the simplest solution of this problem as the child is happy because he does not have to go to school, that family is equally happy as he is helping the family by earning “two paisa”. I personally feel that Indian Government’s education policy should try to solve such problems without adopting the western methods but against our own traditional back-drops and within our socioeconomic framework.

Even the western scientists are now of the opinion that the alienation of youth today is caused primarily from being forced to accept a non productive role in society during an extremely prolonged adolescence. Perhaps this point should be taken up seriously by world bodies like UNICEF and other international children forums.

I would like to narrate the comment of one of my youngsters. Her was a post boy but made extremely ambitious by his ambitious parents who were uneducated. After a glorifying academic achievement he started analysing his father critically and found him to be uneducated, uncivilized village cobbler not worthy to be his father. Even he disliked the strong smell of hair oil used by his father. Violence breded violence and the son had to be brought in chain for psychiatric consultation. When asked what was his problem out came his reply “Doctor this is the problem of the tree and the seedlings”. How beautifully this insane adolescent meant the effect of generation gap, the universal conflict between the old and the new.

Before I conclude dear friends, I hope this galaxy of psychiatrists, behavioural scientists, educationists, parents guardians, child lovers would share some of my thoughts and agree with the
topic of my speech on the Golden Childhood which is no longer there, which has already become a myth. I must admit my own fear that perhaps as a member of old generation, I have been analysing the innocence of our young ones too critically. As one coloured American Negro student lamented “kindly try to look at my problem looking thorough my eyes and wearing my skin only then you will understand how I feel and shy I behave in this manner”. Perhaps same is true in case of a child. We could be more correct if we could feel and perceive the world and the life through a child’s eye.

I would like to end this speech by pleading to the younger generation although old is not always gold by today’s standard they should not ignore the old the past : My parents did not know about Starwar, Robot, Supersonic Jet, LSD and COBOL but they had thorough knowledge of Assamese life style, Indian philosophy, religious rites, way to Nirvana of which I had the least knowledge.

Knowledge is never wasted. Only time to time redressing or polishings is necessary to suit the current trend. The great humorist G. K. Chesterton said “my tailor is my true assessor as he is the person who measures me off and on.” So we the older generation must measure our children from time to time and the measuring tape must be shortened or lengthened as and when necessary.

Ladies and Gentleman, here, I conclude with a famous piece of poetry by Khalil Gibran:—

“Your children are not your children
They are sons and daughters of
Life’s longing for itself
For their soul dwells in the house of tomorrow
Which you cannot visit, not even in your dream

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You may strive to be life them
But seek not to make them like you
For life does not flow backward
Nor tarries with yesterday.”

1. Delivered at 42nd Annual Conference of Indian Psychiatric Society held at Chandigarh, on January 5, 1990.
2. Principal & Head, Department of Psychiatry, Silchar Medical College, Silchar-788014, Assam.

Acknowledgement

I am indebted to all researchers and thinkers of the world who have contributed towards understanding a complex subject ‘the human child’. The world health bodies, national bodies and press media which have enriched my knowledge. All my colleagues, family members and friends who helped me in preparing this manuscript.

Citation

Dutta D. Where has the golden childhood gone. Indian J Psychiatry. 1990;32:4-12.
A tribute to Prof. Deepali Dutta, our beloved teacher

Aparajeeta Baruah

During my early years in the field of Psychiatry, I was often asked the same question by many “why Psychiatry as a career”? Every time while answering, I would visualise the smiling face of Deepali Dutta Baideu. Yes, it was Prof. Deepali Dutta who had inspired me to choose Psychiatry as my career. The stories of many mentally sick persons narrated so meticulously by her, had inspired me during my teenage years to become a Psychiatrist and help the needy. Of course there was another very personal reason – my beloved elder sister who was suffering from seizure disorder from her early years, then developing psychosis later, the stress of treating and managing her, the failure and hopelessness faced by my entire family on many occasions may be another reason which had motivated me to help many other families needing help for their patients like my own family.
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Around the year 1977-78, during my fourth year in MBBS course in Assam Medical College (AMC), the Annual Conference of Indian Psychiatric Society (IPS) Assam State Branch, then known as Assam Psychiatric Society was organised in AMC, Dibrugarh, and I still remember myself and Dr. Ajanta Goswami, another first year MBBS student, and a renowned Psychiatrist based in USA today, both of us acted as volunteers during the conference just to be around Dr. Deepali Dutta and Prof. Ajita Chakravarty, another renowned Psychiatrist from Kolkata. Both of us were asked by Prof. Indreswar Dutta Sir to take care of them, to take them out for sightseeing and shopping which we enjoyed thoroughly and felt really proud to be given such an important responsibility. I still remember Deepali Baideu spoke in a very mesmerising tone on her topic in the conference which had attracted the whole audience present there. Indreswar Dutta sir was another doyen of Psychiatry from Assam whom we had lost at the prime of his days.

Then in 1989, I had joined the MD course in Psychiatry at Gauhati Medical College (GMC). It was Deepali Baideu whose untiring effort had led her to start the PG course in Psychiatry in Assam, Deepali Baideu had the patience and perseverance to motivate the MCI and Govt. of Assam for starting the PG course in Psychiatry, which was of course not an easy task. She was the Professor and Head of the Department when I had joined. I still remember the initial conversation I had with her, attending her ward rounds, we all were nervous before the ward round as nobody could predict on what topic she will start her round that day, it may be on Academics, or on cleanliness of the ward or on our behaviour towards a patient or his attendant, often she scolded the team in front of everyone, but now I have realised that it had reflected her love and sincerity for her job.
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I would say I was bit unlucky as a few months after I joined there, Baideu was promoted as Principal of Silchar Medical College and had left GMC and we all had missed her. She was the first Lady Principal in a medical college of Assam.

Just after my joining at GMC, she was awarded the prestigious “Bharat Shiromoni Award” for her meritorious and outstanding services in the field of Mental Health and I remember we all the ladies of the department accompanied her to a function organised by the Lady Doctors’ forum of GMC in her honour where she was felicitated warmly by the senior members.

I will call myself lucky again as in my second year, Baideu joined back as Principal, GMC. During my MD final examination, Baidew was again posted in AMC, it was the time of ‘Assam Movement’ and on the day of my final practical examination, one of the External Examiner could not attend the same due to a sudden Assam Bandh Call, luckily Baideu was available at her Guwahati residence and she had agreed to be the second External Examiner along with Dr. Mukherjee from Kolkata. I still remember, during my Neurology case crossing she tried to help me by sign languages which was also noticed by the other External Examiner and he was taken by surprise, anyway everything turned out to be working in my favour that day and I could clear the examination nicely.

For me and for most of the people in the department Baideu was a mother figure, let it be the faculties, junior doctors, nurses, ward boys or girls. Everyone could easily confide in her. She took care of everyone.

Deepali Baideu was one of the Founder Member of Assam Psychiatric Society; she relentlessly tried to bring awareness on Mental Health-related issues to the Community through her various
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articles on Newspapers, through her short stories in many publications and through her Radio and TV programmes.

She became the president of IPS in its Golden Jubilee year in 1989-90 and presided over the Chandigarh Annual Conference Session.

When I joined Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH), Tezpur in 1991, many of our patients used to address me as Deepali Baideu as Deepali Baideu’s name was synonymous to Assam Psychiatry. This process of calling me as Deepali Baideu continued for many years, which I really enjoyed. This experience of addressing us as Dipali Baideu was shared by many of our contemporary lady Psychiatrists.

I felt sorry to see a sick looking Baideu when she came to Tezpur in 2004 to attend Annual Conference of IPS East Zone (CEZIPS), organised by LGBRIMH. She was suffering from many diseases by then. Here I would like to convey my regards and thank Prof. Sarat Dutta Sir, who untiringly accompanied Baideu wherever she went, supporting her in all her endeavours. His helping hand is the core of Baideu’s success.

It is almost one year now Deepali Baideu is no more with us. But Assam Psychiatry will remain incomplete without her name inscribed in it in Golden Letters; we may show our respect and gratitude to her by taking up her incomplete works and fulfil her vision to take Assam Psychiatry to its maximum height.

We all miss you Baideu.

Long Live IPS Assam State Branch along with the name of Dr. Deepali Dutta.
Prof. Dr. (Mrs.) Deepali Dutta: the doyen of psychiatry in Assam

Suresh Chakravarty

In the year 1953, a young Medico of Assam Medical College had been locked inside her hostel room by her classmate in a funny morning as a punishment. The punishment was that she had to complete a short story in Assamese in that day for ongoing college week as she got the highest mark in Assamese among all students in her matriculation examination. They provided her with food and tea through the windows of her hostel room. In the evening she came out with the short story in her hand. The story got the first prize in college week competition. The name of the story was “Reveri”. She has lost the original copy of the first story of her life although its English translation was published in next year ‘Amcol’ the magazine of Assam Medical College students union. She went to Edinborough in 1961 for higher studies but got married to one young energetic
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sportsman who was senior to her in medical profession. Not only that she became the mother of her first child in UK itself before she completed her post graduate studies. She was the first woman principal of medical colleges of Assam, she was the first woman Director, she was the founder secretary of Assam Psychiatric Society, she was the founder of…… the list goes on.

She was none other than Professor Deepali Ditta, MBBS, MRCP, DIP, Psyche, FRC Psyche, MWPA, FIPS.

She was my beloved teacher, almost the teacher of all the psychiatrist of Assam till 1991. Popularly known as Baideo, Deepali Baideo and outside of Assam known by all as Deepali Dee.

Born in 1936 in the far East of Assam in small town called Doomdooma. Dr. Deepali Dutta’s father was Late Hem Borkakoti. She did her primary education in a school in Doomdooma, Ballika Bidyalaya and after her matriculation came to Cotton College, Guwahati to join in pre-university classes. After her successful completion of P.U. exam, she joined Assam Medical College in 1953. After completion of MBBS, she temporally joined the pathology department of Assam Medical College as demonstrator and in 1961, she was selected for higher studies in psychiatry in Edinborough (UK). During her stay there she met one of her seniors who also went there to study FRCS. Dr. Deepali Dutta got married to Dr. Sarat Dutta (founder and Ex professor and HOD department of Urology, Guwahati Medical College, a great footballer, sportsman, a veteran lion and District governor of Lions Club) in the year 1962.

Dr. Deepali Dutta came back from UK and joined Gauhati Medical College as faculty of medicines. She later on, with her incessant effort and perseverations established department of psychiatry in
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Guwahati Medical college with six beds, cutting the umbilical cord from the dept. of medicine

In 1973, Dr. Ajita Chakraborty was IPS president, Dr. Ajit Sikdar was Eastern Zonal representative. Both of them requested Dr. Deepali Dutta to organize the Eastern Zonal conference of IPS at Guwahati. The department of Psychiatry Guwahati Medical college & Hospital had six beds and two faculty members in that time Dr. Deepali Dutta as an Assistant professor and Dr. Paramananda Goswami as Registrar. Dr. Dutta organized two days conference in Hotel Bely View in Guwahati. The conference was a great success not only having its stormy academic sessions but also two days of great cultural nights by two legendary son of Assam. The first night was celebrated as Dr. Bhupen Hazarika night and second night was performed by songs and drama division by Rudra Baruah. That was the first conference held in GMCH of Zonal nature. In the conference the legendary psychiatrist Dr. N.C.Bordoloi gave a proposal as that 10 to 12 people has gathered in the conference it is the high time that Assam should have its own IPS branch. The proposal was accepted by all. Immediately a society was formed comprising –

Dr. N.C. Bordoloi as president
Dr. Umesh Ch. Sarma as Vice president
Dr. Deepali Dutta as Hon. Secretary
Dr. P.N. Goswami as joint secretary
Dr. Bijoy Prasad Bora as treasurer

That was the genesis of Assam Psychiatric Society which later came to be known as Indian Psychiatric Society, Assam State Branch.

Prof. Deepali Dutta was known for her dynamic leadership and motherly figure for her followers. Not only did she established the
department of psychiatry in Guwahati Medical College but she also established it as the first department having post graduate studies among Medical College of Assam in 1987 single handedly. She had very friendly and cordial relationships with her fellow colleagues not only in Assam but all over India. Due to her graceful nature she was accepted by all and attained the highest position of Indian Psychiatric society as president IPS in 1990. Her presidential speech, ‘Where has the golden childhood gone’ which she concluded with a piece of poetry by Khalil Gibran still remains in the heart of her listeners. She was a founder & president of Guwahati Mental Welfare and Society, Vice president federation for Welfare of Mentally handicapped in India, Counsellor Assam State woman Commission, member Assam State Commission, Consumer year 1997. She was also involved in social works. Under her guidance Mon Vikash Kendra, a school for mentally retarded children were established in Kahilipara Guwahati and she was the founder president. She is also involved in Lions Club Narengi.

Prof. Deepali Dutta is a great clinician with very soothing voice. She used to address every patient by their name. At some point of time people of Assam perceived psychiatry as Dr. Deepali Dutta. Such was the bond between her and her patients.

Prof. Deepali Dutta was the first lady principal of Medical College of Assam. She has served all the medical college SMCH, AMCH, GMCH during her service period. She was also the first lady DME Assam. Her creativity is not limited to the field of psychiatry, but to administration and social work. She had two assamese short story collection in her name “Mon Gohan” and “Mon Bolai” of which few of them has been made as radio drama. She was also the editor of a Magazine ‘Mon Xomiksha’.
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Prof. Deepali Dutta was a great teacher and great guide to her post graduate students. She took care of them like her own children. We are lucky and feel proud to have her as our beloved teacher. A simple example may be relevant in this context – I and Dr. Hiranya Kr. Goswami (Prof & HOD department of psychiatry AMC) was the first batch of post-graduate students of psychiatry in GMCH. At that time there was some need in infrastructure. She sent us to Guwahati University for Psychology classes. Prof. Man Sing, Prof. O.P. Sing were the faculty of psychology there and they took our classes in their rooms. She was also ornamental to send us to NIMHANS, Bangalore for studying community and rehabilitation psychiatry, forensic psychiatry and child psychiatry. We reached Bangalore with a letter from her. The hospitality we got from the esteemed teachers of NIMHANS like Prof. S.M. Channabasavanna, Prof. R.S. Murthy, Prof. Mohan Isaac, Prof. Chandrasekhar still remains in our hearts. Prof. R.S. Murthy and Mohan Isaac sir was so kind to us that they provided the NIMHANS guest house (students were not entitled) for initial few days and ordered the employee to prepare our food till we get accommodated in boys’ hostel. In the last week before we left NIMHANS, Prof. Channabasavanna (he was director during that time) took our forensic classes. He used to call us at 8 am in the morning regularly. He used to sit in his armchair of the Director’s room and gives lecture incessantly on particular topics. Surprisingly, before we left for Guwahati he handed us some Journals of IJP (he was the editor of IJP 1984 - 88). Such a great teacher he was. We bought a trunk to accommodate the journals. The regular students of NIMHANS were very much surprised when they heard that Prof. Channabasavanna is taking our classes in his own room. He hardly had any time to see the academic activities as a Director. We knew that this was due to the great
effort of Prof. Deepali Dutta and her reputations and influence among fellow colleagues outside Assam.

Prof. Dutta was a successful mother of three children the first one Dr. Emon Kalyan Dutta who himself is a psychiatrist settled in Atlanta USA, her second son Mr.Suman Kalyan Dutta is an young entrepreneur and an established singer, her only daughter Sukanya Bora (Rim Zim) is settled in Fedrick USA. Her Husband Prof. Sarat Ch. Dutta completely supported her throughout her eventful life.

Madam had left us for her heavenly abode on 11th November 2017. I was in FAAMCH during that time. Next day I was sitting in the outdoor when a lady, retired school teacher, came to OPD for her ailment. I wrote her a prescription and handed it over to her but she didn’t show any signs of leaving the room after a long pause she asked “Sir baideo dhukal nohoi?” I replied positively. She then talked about baideo’s short stories and how she spends her leisure time engrossed in them and about baideo’s support during her previous ailments and started crying. That was Prof. Deepali Dutta. Even today psychiatry in Assam and Deepli Dutta's name are the two sides of the same coin for the people of Assam. This is her legacy.
My debt of gratitude to Dr. Deepali Dutta

Mythili Hazarika

Dr. Deepali Dutta needs no introduction. Most likely, everyone here has their own story to tell about her. I, too, have mine. I met Dr. Deepali Dutta in 1998 at a conference in Vivekananda Kendra. Even though she was my father’s contemporary and knew each other, this was the first time I was meeting her and in a professional setting. I had just completed my Masters in Clinical Psychology from Pune University and had no knowledge about the status of clinical psychology in Assam or the North east. So, out of sheer professional curiosity I asked the panelists, one of whom was Dr. Deepali Dutta, about how important they thought the role of clinical psychology was in the treatment and rehabilitation of mentally ill patients and what was the status of clinical psychology in Assam. Her responses to these questions were very enthusiastic and positive and eventually formed the bedrock of my present professional status. She stressed that the role of clinical psychologist was crucial as well as mandatory, but that due to a dearth of trained professionals, posts of clinical
psychologists remained vacant in Guwahati Medical College and Hospital. Sensing the enthusiasm of a fresh graduate in me, she prompted the then Head of the Department of Psychiatry, Dr. Punyadhar Das, to guide me through the application process for that post. I remember her saying that “with your educational background and passion for the subject you can apply for the post immediately”. It was at that moment that I decided I would pursue my professional career in my hometown and focus on meeting the mental health care needs of the Assamese community. Since then the Department of Psychiatry has now grown to accommodate several more clinical psychologists though I am the only one till date. She was a pioneer in the growth of clinical psychology in Assam. And so, with these words, I would like to acknowledge my sincere debt of gratitude to Dr. Deepali Dutta for that momentous interaction which essentially paved the way for my two decades long career in clinical psychology.
The legacy of Deepali Dutta

Shyamanta Das

In the early 80’s, Deepali Dutta reported occurrence of Koro from Assam.[1,2] She coined the term in vernacular language, Jinjinia bemar. This is considered the second epidemic of Koro in India.[3] We encountered similar presentations in Silchar, almost three decades later.[4] Her pioneering works from our part of the globe[1,2] inspired us to report the same that is now considered the fifth epidemic of Koro in India with epicenter in Assam.[3] Subsequently, such reports started pouring in from other parts as well.[5]

As we all know by now that she not only started the psychiatry department in Gauhati Medical College Hospital (GMCH), Guwahati but also initiated postgraduate training in the same institute. Since then only began the first of its kind systemic research work in the field of psychiatry from this part of the globe in the forms of postgraduate theses.
Two pioneering works under her guidance on ‘suicide’ and ‘hysteria’ were carried out by Suresh Chakravarty and Hiranya Kumar Goswami.[6,7] These research works were later published in the journal that also has its root in the same department that was her creation.

Dysphrenia, renamed the Open Journal of Psychiatry & Allied Sciences (OJPAS®),[8] was born as an in-house magazine of the Department of Psychiatry, GMCH, then known as 7+5=13.[9-11] Today, OJPAS® has a global presence. Just like the legend, Deepali Dutta. Her legacy continues. Here, we presented only few such examples. Many more remains untold!

The legend and the legacy: To the right of Deepali Dutta is Maheshwar Nath Tripathi and to her left is Alok Pratap while the author, Shyamanta Das is standing behind.
REFERENCES

Glimpses