



Video Journal of ISMSICS

Kunwar V.S. Dhaliwal, DOMS, DNB, MNAMS, Editor, Journal of ISMSICS

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- [Surgery for Double Pterygium](#)
- [Removal of dermoid cyst](#)
- [Removal of Bitot's spots with Fugo Blade](#)
- [Limbal Dermoid Ablation](#)
- [Cysticercus Excision](#)
- [Fugolysis of Meibomian Glands](#)
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- [Preventing Argentinian Flag](#)
- [Singh's Technique of Ptosis Surgery](#)
- [Ptosis surgery through conjunctival fornix](#)
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- [Mullerectomy for congenital lid retraction](#)
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- [Congenital Distichiasis managed with Fugo Blade](#)
- [Inferior Oblique Myomectomy](#)

The Mind Behind Tropical Ophthalmology!

'A good life is one inspired by love, and guided by knowledge.'

Bertrand Russell

Dr. Daljit Singh. The name that sends a spark in the mind of every young scientist. I might fall short of words to describe the limits he pushed Indian Ophthalmology to, at global level. Because his innovations, magnitude and quality of work, fan following amongst colleagues as well as patients, have surpassed the limits of any language, No word can describe his aptitude.

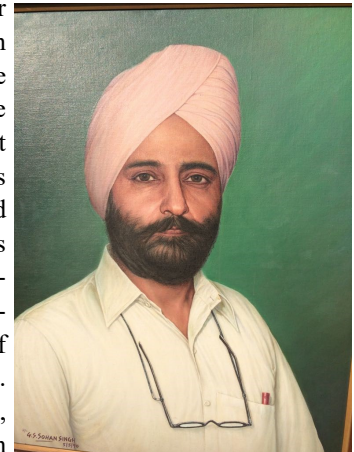
It's a chilled winter morning and through the windows of my OPD in Punjab, I can see nothing but fog. The outside temperature is around 6 degrees Celsius. All that I can imagine to be functioning in this extreme weather in Punjab is Dr. Daljit Singh's operation theatre.

But today, Ophthalmology in Punjab is at a standstill. With our icon missing, the early morning OT running without the legend himself, and patients looking for their own Dr. Daljit Singh, the day ahead cannot be imagined.

Dr. Daljit Singh was born in 1934 to a family that was connected to education and learning. His father was a professor at Khalsa College, Amritsar. In his interview with Ocular Surgery News India in 2009, he shared that it was his elder brother's wife's advice to his father to make him an Eye Surgeon, which he took up this profession. Her advice changed the outlook of his life. He took up the profession as a duty and a mission and he prepared himself for the same.

After completing his studies, he worked in remote villages in Primary Health Centers and understood the life of a villager. The limited means of a commoner led to delays in the treatment and patients landed into severe complications. Never in his life, had he questioned

a villager for the delay in treatment. He was of the view that treatment has to be started as early as possible without enumerating the ills of the patient. For decades, he had been running a free charitable service for the under privileged every Thursday.



He worked as faculty of Government Medical Colleges at Amritsar and Patiala and worked on incisions, suturing techniques and different suturing materials. He pioneered IOL implants in the country. He made famous in this world, his innovative steel sutures and Iris claw lens. 5 years back, a patient turned into my OPD with an Iris claw lens and steel sutures and my next question was 'Were you operated in Amritsar?' And to my surprise, the patient replied, 'Of course, don't you know Dr. Daljit Singh?' Never in my life had I heard a patient remembering his operating surgeon by his name after 28 years of surgery. From that day, Amritsar has 2 meanings in my mind, Golden Temple and Dr. Daljit Singh. Because like Golden Temple is the Apex of Sikhism in this world, Dr. Daljit Singh is the Apex of Ophthalmology and knowing him personally in itself is a pilgrimage.

He started IOL implantation in 1976 and successfully operated thousands of patients. He operated upon Giani Zail Singh, President of India, who was advised to visit USA for the surgeries but he believed in Dr. Daljit Singh. He achieved a visual acuity of 6/6 after the surgeries and was more than satisfied with the

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success of the surgeries. He started implanting IOL's in high myopia in 1979 and faced a lot of criticism for his surgery from Retina Specialists till 1993, when reports of such operations came from the western world too. This surgery is today famous by the name 'Refractive Lens Exchange'. He was a pioneer in implanting IOL's in pediatric patients, long before the world thought of it.

His latest researches in the field of Glaucoma, Cornea and Ocular Surface are another milestone. His innovative applications of Fugo Blade are an eye opener to the whole world. He not only believed in adopting new technology, but also innovating new tasks with the same. So much so, that even the machine didn't know it could do all these wonders. His surgeries with Fugo Blade have been included in the playlist. Each surgery is a piece of art and cannot be described in words. He believed in the existence of corneal channels and conjunctival lymphatics and had devised alternate treatment modalities for corneal edema due to bullous keratopathy. His experiments with injecting Trypan Blue into the Singh's Canals opens to us a whole new era of Cornea and Glaucoma treatment modalities.

Padamshree Dr. Daljit Singh is no more with us. But legends like him never die. They live in millions of pupils that are a passage to light and enable a patient to see this beautiful world. They live in hearts of hundreds of their students, who exhibit their mannerisms in every aspect of life. They live in the science to which they dedicated their whole life.

I might not have done justice to many aspects of his life but believe me, it's not even possible.

Salutes to the great personality!

Kunwar VS Dhaliwal,

Editor, Journal of ISMSICS,

Vice Chairman, Scientific Committee, ISMSICS.

Videos:

- [New Strabismus procedures](#)
- [Capsulotomy with Fugo Blade](#)
- [Tenon's cyst management](#)
- [Dermoid Orbit at Medial Canthus](#)
- [Buphthalmos Surgery—Complication Management](#)
- [Large naevus on Punctum—Removal with Fugo](#)
- [Cannula for Reverse Cyclodialysis](#)
- [Dissection Free Glaucoma Surgery—Singh's Microtract Filtration](#)
- [Ab Interno Microtract Filtration in Sturge Weber Syndrome](#)
- [Myotomy for Orbicularis Spasm](#)
- [Lymphatics in Glaucoma Surgery](#)
- [Baervelt Shunt and Atwal ABA Procedure](#)
- [Lymphatics and Glaucoma Surgery—Dr. Singh's Study](#)
- [Sclero Conjunctival Lymphatics](#)
- [Surgery for Entropion—Trichiasis with Fugo Blade](#)
- [Ossified Dermoid Removal with Fugo Blade](#)
- [Excision Biopsy of Lid Margin Nodule](#)
- [Congenital Fused Lids](#)
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“His innovative applications of Fugo Blade are an eye opener to the whole world.”

Volume II, Issue I

The Perpetual Eye Camps

In the general context of third world ophthalmology, and particularly Indian ophthalmology, the need of organizing eye camps is an established fact. The need, of having to conduct camp surgery, is because of the long distances the poor, illiterate and ill - informed have to travel, to reach the operating centres. The concept is to provide free or subsidized cheap quality eye care (including surgery) at the doorstep of the patient and be able to perform large volume surgery to minimize the ever- increasing backlog of cataract surgery. In the beginning Govt. Hospitals, Medical Colleges and organizations conducted camps in far-flung areas. Then NGOs, social service organizations, various clubs and institutions joined the cause. Even individuals started organizing eye camps with the help of willing surgeons.

Eye camps have been an extraordinary means of high volume cataract surgery, and have been excellent training grounds for post graduates and young ophthalmologists. With time, because of factors like the application of CPA to the medical profession, the developing sense of consumerism in the minds of people many a surgeon has been rethinking about his participation in these camps. It is even possible that the insurance companies might not provide the professional indemnity insurance cover for surgery in camp OTs. Camp OTs, previously improvised in the temple, school, dharamshala or panchayat ghar are an obsolete phenomenon. The sterilization of those camp OTs was never of desirable standards. Once the camp was over, the organizers did not have alternate arrangement for patients needing the post operative services of the surgeon. The negative publicity that goes with the non availability of the surgeon, once the camp is over, as also the lack of proper acknowledgment of the surgeon's services by the organizers, press and the general public at large, also burdens the surgical psyche and are pertinent dissuading factors for the operating surgeon.

We organize Free Outreach Eye Check up Camps in far flung villages. A local body like a sports club or an organization of young people is involved for the logistics in the village. The information regarding the camp is given out to the villagers by regular announcements from the public address system of the local Gurudwara or Mandir. The adjoining villages are also similarly involved. On the day of the camp they even organize a tea and light refreshment free langar for the visiting patients. A complete eye check up of each patient is performed. Free medicines are provided to all the patients who require these. After refraction, the needy patients are registered for the provision of free spectacles, and these are provided within a week. The patients requiring surgery are examined for their economic status and accordingly called to the base hospital three at a time, and given appointments for the same. On any given day, we do not operate more than five cases and keep two slots vacant for our paid cases. Every camp patient is sub-

jected to the same surgical protocol that our regular paid patients get. For the post operative care, they can come back to the base hospital on Thursday evenings.

In addition to Free Outreach Base in camps, we started a free eye clinic in our hospital in January 1997. It has been functioning every Thursday evening from 4PM to 7PM. In this clinic POOR patients, who cannot afford to visit a private clinic otherwise, are examined and managed free. The management includes free medicines and free or subsidized surgery. The announcement about the starting of this free clinic was initially made by pasting posters at prominent places like all private clinics, nursing homes, hospitals, temples, bus stands, railway has been taken over by the social media now, with the rich and those having access to the social media referring to us all the poor and needy around them. The rich are dissuaded from coming to this clinic by giving alternate appointments and are rather motivated to sponsor free surgery for poor patients. Most of the medicine that is required for free distribution is out of the physician's samples. Many a cooperative pharmaceutical companies maintain our stocks by providing bulk supplies of free samples. Medicines required for post-operative treatment are on the house, but if a patient says he can buy the medicines he is given the prescription. Laboratory tests are conducted free for our poor patients, as also free glasses for our surgery cases. The large numbers of patients visiting the free clinic made us extend the timings of the clinic by two hours.

The practice of medicine is not merely a profession - it is an instrument of service to humanity as well. Our care & concern of our patients must extend beyond the scope of Ophthalmology. Our patients are our friends, neighbors and family. To care less is to practice something other than medicine. Our profession embodies the tenets of all religions of the world and automatically puts its practitioner on the path of 'NIRVANA'. Medical profession provides us the facility of practicing the religious tenet of 'KIRT KARNI, NAAM JAPNA & VAND ke CHHAKNA' as laid down by our great Gurus, without having to resorting to rituals. 'Kirt karni' is an ethical practice of the profession, 'Naam japna' is regular updating & thorough knowledge of the ophthalmic science & 'Vand ke chhakna' is the provision of our services to the poor, down trodden & the needy through media such as eye camps & free clinics at the base hospitals.

To cater to One's inner call for service to the less privileged of the society, one neednot go out for eye camps. Working under those substandard conditions, many an illustrious career and reputations are jeopardized. Outreach eye checkup camps with surgery cases being transported to

The Perpetual Eye Camps—Continued

the base hospitals can also be organized. With free clinics in every hospital or clinic at least once a week and with outreach eye check-up camps, each one of us is able to organize more than fifty-two free clinics and camps a year. This way, the poorest have an access to all the modern facilities like slit lamps, keratometers, autorefractometers, ultrasound scans, perimeters, computers, operating microscopes, phaco, lasers, etc., hitherto available only to the rich. The poor patient does not run the risk of being labeled 'lost to follow-up' at the end of the eye camp and can come to the surgeon again & again, as per the demands of his problem. A pertinent issue that is solved once for all is that there is an optimum utilization of ophthalmic personnel and every surgeon remains busy all round the year.

National Society for Prevention of Blindness has laid down certain conditions for organizing eye camps. One of these is that eye camps must be organized at distant places, at least 30 Kms from static operating centres. This is to provide services at the doorstep of the patient. In the present day Punjab there is no place that is more than 20 Kms from a government or a private eye operating centre.

So regular free eye clinics at the base hospital or 'The Perpetual Eye Camp' as I prefer to call it is the 'in thing'.

I am not a rich person who can just squander away his earnings & savings. I am neither a believer in the conventional sense (You may even call me an atheist.), nor do I claim to be the first to run such free clinics and conduct these free eye camps. These are the results of my experiments with Ophthalmology & Life. These free clinics have provided my family and me 'another purpose' in life.

I wish more & more surgeons take up these projects of social responsibility.

Ranjit S. Dhaliwal,
MD, DOMS,
Eye Infirmary, Nabha.

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embodies the
tenets of all
religions of the
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Painting by Dr. Daljit Singh



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