

# Professor Mrs. Sunanda Mitra

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Entering the portals of the Post Graduate Institute of Medical Education and Research, otherwise known as PGI, as a trainee in plastic surgery, was foreboding and somewhat overpowering.

The expectations and competitiveness often was stressful, to say the least. In this, a beacon of light was Professor Mrs. Sunanda Mitra (→**Fig. 1**), comforting, homely, and someone you could leave your “guard” down.

This was the mid-eighties when plastic surgery was transiting through the phase from tube pedicles to myocutaneous flaps and being introduced to free tissue transfers.



**Fig. 1** Prof. Mrs. Sunanda Mitra.

Professor Mrs. Mitra’s interest was in head and neck cancer and its reconstruction, managing patients of hand deformities following leprosy, and clefts. Oral cancer management was shouldered by plastic surgeons then, there being no head and neck surgery. She introduced me, and many others, to head and neck cancer reconstruction, guiding me through the nuances of a “pect major” and a “deltopectoral flap.” She allowed her students to execute procedures under her watchful eye and allowed them to explore their own surgical nuances or “style,” unlike in other units.

Mrs. Sunanda Mitra was born in *Made* near *Nashik* and did her schooling at *Kohlapur* in Maharashtra. She joined *B.J. Medical College* for her MBBS graduation in *Pune* in 1956 and joined *Master of Surgery* in general surgery at *J. J. Hospital, Mumbai*, in 1963 (→**Fig. 2**). After her Masters she went to the *U.K.* and trained at the *Royal Victoria Infirmary and Hospital for Sick Children, Great Ormond street* in *London*. In 1972, she joined as a lecturer in *General Surgery* at *PGI, Chandigarh*, and then went on to do her *MCh* in *Plastic Surgery* under *Prof. Balakrishnan*. She was married to *Prof. S.K. Mitra*, whom she met in *England*, who later was *Head of Pediatric Surgery*, also at *PGI*, till his retirement. Mrs. Sunanda Mitra spent the better part of her life at *PGI*, being a faculty for nearly 28 years till her retirement.

*Chandigarh* was itself an eye-opener for many of us, coming from all corners of the country. The clean, wide, streets and walkways. Beautiful green avenues, with no posters or banners, an eyesore in all other cities in our country. *PGI* was situated at one corner adjacent to *Punjab University*. The proximity of two academic centers, and the reputation for academic excellence made them one of the prime landmarks of the city. The modernistic *Le Corbusier’s* architecture of cement and brick was also uniformly characteristic, and soothing.

When I joined *PGI* in 1987, the faculty consisted of *Prof. C. P. Sawhney*, a strict disciplinarian, academically focused,

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**Fig. 2** Goculdas Tejpal Hospital Surgical Unit 1965 in erstwhile Bombay.

Prof. P.S. Chari, tall, both physically as well in his knowledge of literature, Prof. Sunanda Mitra, soft, cheerful, and

accommodating, Prof. Ashok Govila, temperamental, innovative, and Dr. Ramesh Sharma, cheerful and friendly as he was at the interphase between student and faculty having joined recently (► **Fig. 3**).

The environment of competitiveness was “cutthroat,” with each student trying to outdo the other. The treatment planning session held every Saturday morning was one such. Preparation and plans of each student, whom you could see flipping through journals late in the night at the library, and keeping one eye over their shoulder, to prevent anyone to sense his plan. The protocol was to start from the most junior, move up, and then similarly, the faculty would give their plans. At each step Dr. Sawhney would stop one in their tracks, and sometimes summarily “dismiss” your so-called “plan,” one which you had carefully prepared studying deep into the night in the library, tucked within pages of some journal.

Much was learnt during those interactions. The faculty, too, would go through the “grinder,” and I realized the strength of reasoning, logic, and understanding of fundamentals in these sessions.

I will not say training is complete in any institution, but providing the fundamentals of reasoning, and the power of questioning, built a foundation on which each of us grew.

Madam, as Mrs. Mitra was fondly called, was very sympathetic toward her patients, often going out of her



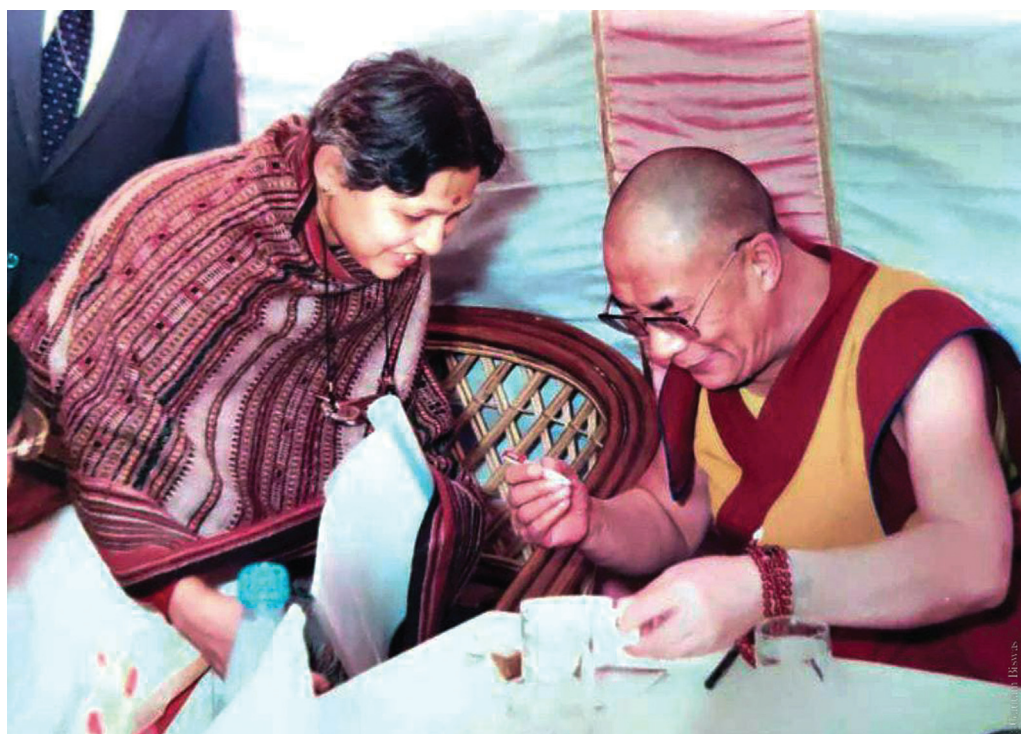
**Fig. 3** Faculty and trainees PGI Chandigarh 1988.



**Fig. 4** Mrs. Mitra with her extended family—Departmental get-together at Kansal Forest Chandigarh.

way to help them. She had a special soft corner for the children who visited her outpatient department. Often I would see her retrieving a bar of chocolate or sweets from her bag for them.

Mrs. Mitra was distressed about the number of visits a patient would be making to the clinics, some travelling for days from deep corners of Punjab or Himachal Pradesh or Uttar Pradesh, especially patients with clefts. Lip repair,



**Fig. 5** Meeting His Holiness the Dalai Lama during a Chandigarh visit.

followed by the palate and later secondary procedures meant several visits, admissions, surgeries, and follow-ups. She started what was addressed as the “whole in one,” combining all this in one stage. We did have multiple discussions, on the timing of the procedure, of how to use the vomerine flaps, and what were the speech and facial growth outcomes. The results were quite encouraging. Unfortunately, her pioneering work was not published.

Madam, though being in one of the recognized academic centers, was rarely seen in scientific meetings. She did run a national program for leprosy, and we learnt the nuances of diagnosing and decompressing nerves involved, and tendon transfers for these crippled hands. This program involved infrequent visits to a leprosy center, at the beautiful hill station Kasauli, which we looked forward to, both from a clinical standpoint as well as the excuse to travel out and enjoy the serenity.

In 1993, I returned back to the folds of PGI as a Faculty. My bonding with Mrs. Mitra was so close that she put me up at her residence. All residents had a separate bonding with her, her home being always open to them (► **Fig. 4**). They became

a part of her extended family, and were often invited for a romp in her garden, with numerous fruit trees, and for a sumptuous meal, cooked by Prof. Mr. Mitra.

Shifting out from Chandigarh following their retirement, moving to Patna and then to Kolkata, was like uprooting a flowering tree. Possibly, she could not adapt to these changes, and her health deteriorated. She fought a long battle with parkinsonism and diabetic dementia. Prof. Mr. Mitra was always by her side, an inseparable bond. I did meet her on my infrequent visits to Kolkata, and noticed the spark, cheerfulness had greatly mellowed.

She moved back to Chandigarh with her daughter, and breathed her last on January 11, 2021.

Mrs. Sunanda Mitra (► **Fig. 5**) will be remembered by all her patients, students, and others who had the opportunity to meet her for her warmth, the open arms she welcomed everyone, compassion, and her zeal to “live life at her own terms.”

**Conflict of Interest**  
None declared.